



EXPLORING CHALLENGES FACED BY PHYSICALLY DISABLED WOMEN IN UTILIZING ANTENAL SERVICES IN KABALE MUNICIPLAITY

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Abstract

Introduction: The right to utilize ANC services is included in Sustainable Development goals to improve maternal and neonatal health outcomes. According to Uganda MOH, every pregnant woman has got to attend four ANC visits in order to utilize the whole ANC package. Irrespective of the policy framework and laws that have been put in place for every pregnant woman to utilize antenatal care services from health care facilities, physically disabled pregnant women globally, and Uganda in particular, still underutilize ANC services from health care facilities. This is brought by challenges faced by Physically Disabled Pregnant Women (PDPW) when utilizing ANC services in health care facilities. Most studies on ANC services utilization are general rather than being specific to physically disabled pregnant women.

Objectives: To investigate the extent of utilization of ANC services among physically disabled pregnant women (PDPWs) in health care facilities in Kabale Municipality between February, 2019 and February 2020.

Methods: A purely qualitative method employing a descriptive phenomenological design was used. A sample 15 respondents, both Physically Disabled Pregnant Women (PDPWs) and health workers were purposively selected and interviewed. Data was collected from 7 PDPWs and 8 health workers using individual interviews, focus group discussion and observation. Data was transcribed and analyzed thematically.

Results: The extent of utilization of ANC services by PDPWs is very low. This low ANC services utilization was due to challenges faced by PDPWs in attempt utilize ANC services from health care facilities. The revealed challenges were unmodified health care facilities, inadequate income, low



levels of education among others. It was discovered that negative intra-personal attitudes of PDPW make them not to utilize ANC services from health care facilities. Inter-personal attitudes of health workers were quite positive and supportive towards ANC services by PDPW.

Conclusion: *There is low level of ANC services utilization among Physically Disabled Pregnant Women (PDPWs). This is mainly due to challenges they faced, in attempt to utilize ANC services, in health care facilities.*

Keywords: *Antenatal care, Utilization, Physically Disabled Women*

1. INTRODUCTION

1.1. Background of the Study

Antenatal care services are the first steps taken towards ensuring the health of a mother and the fetus during pregnancy as their health right (WHO & UNICEF, 2015). Physically disabled pregnant women globally underutilize ANC services in private and public health care facilities compared to other pregnant women (Apolot, 2019). World Health Organization (WHO) and World Bank (2011), stated that globally, persons with disability consists 15% of the World's population. They, again, stated that a third of these persons are women with disabilities living in absolute poverty. Limited utilization of ANC services by Physically Disabled Pregnant Women (PDPW) put them at a high risk of losing their lives and unborn babies. Physically disabled pregnant women, like any other disabled persons, emphasize that 'nothing for them without them.' Being the most affected persons, they know where most help is needed to enable utilization of ANC packages. Irrespective of under-utilization of ANC services among PDPW, there is still inadequate research focusing on utilization of ANC services among PDPW globally and Uganda in particular.

According to WHO (2016) disability report, the most commonly observed disability is physical disability (loss and limited use of limbs -35.3%) plus spine injuries. Physical disability is different and physically disabled people need different mobility aids like wheel chairs, crutches, and walkers to ease mobility to access and utilize public services. Chemo, (2017) in his study done in Tororo Uganda, recommended that physically disabled pregnant women should be consulted before any intervention for rehabilitation. This is because physically disabled persons are different and need different interventions. Revised Warner (2010), a hand book for community-based rehabilitation workers, emphasized a slogan of persons with a disability "Nothing for us without us". Persons with disabilities need to be consulted before any intervention for them is done, because they know where the opportunity cost is high. Mobility aids are expensive for individual PDPW. For this reason, most organizations like National Union of disabled persons, National Action of Physical disability (UNAPD) and their respective Government donate mobility devices like wheel chairs and crutches, among others.



According to Tawiah (2011) antenatal care services are mainly concerned with disease prevention, early diagnosis and treatment of general medical and pregnancy associated disorders. The purpose is to care for the mother and infant by trained health workers. According to WHO (2010), ANC services provide an opportunity for health promotion. The mother gets to know the benefits and risks associated with ANC services utilization and not utilizing. Most pregnant women will utilize ANC services after knowing the benefits associated with its package utilization for their health and fetus.

Physically disabled pregnant women have got to utilize ANC services as their health right and key component for achieving sustained development goals (WHO and NICEF, 2015). Women with physical disabilities globally are double marginalized in many areas of life including health domain. They cannot utilize antenatal care services as required which increases morbidity and mortality rates. Amnesty International (2010), revealed that women with physical disabilities participate less in utilizing antenatal care services yet it's their health right. The author further argued that difficulties in accessing and utilizing health care services among women with physical disabilities is frequently reported, even among physically disabled pregnant women with insurance. Less has been known why utilization of ANC services among physically disabled pregnant women globally is low as recommended by WHO, (2001).

Historically, early human rights activists in United Nations looked at pregnant women and mothers with disabilities as instruments of help. Persons with disabilities were excluded from early human rights instruments and left for respective Governments to care for their disabled. Persons with disabilities received limited or no care from their respective Governments because of limited research on their number and special needs. Parker (2013) reported that, the United Nations in order to address the PWDs rights, had to adopt the three declarations which aimed at equalization of opportunities for PWDs. All persons with disabilities were entitled to equal opportunities and human rights like other persons.

In Africa, persons with disabilities had no rights in all angles of life, were taken as cursed, objects of pity and charity (Ndeezi, 2014). Disabled people generally are seen as people who need medical attention because of their physical look. Physically disabled people were considered as family and community burden because the community had to supply all their survival needs yet contributing nothing to their families in terms of labor and income (Chemo, 2017). Physically disabled pregnant women in Kabale Municipality are more disadvantaged because Kabale Regional Referral Hospital, where most PDPW are referred to for further medical attention, is located on Makangahill, making it more difficult for PDPW to access and utilize ANC services without mobility support.

According to Loranza (2014), Uganda has achieved some financial success for maternal and child health services in recent years. Donors have pledged to improve child and maternal health services worldwide. Ugandan budget



allocation for maternal care has been increasing since 2010 to improve obstetric care and staff training in rural health care facilities. The Ministry of Health Uganda, (2013) adopted a goal oriented ANC model, focusing on every pregnant woman to attend at least four visits starting early in the first trimester and receiving all necessary antenatal care package however, according to UDHS (2016), only 47 percent of mothers attend ANC four times, 17 percent made their first visit during the first three months while 41 percent of pregnant women have their first visit during the 5th month of pregnancy while 37 percent do not attend ANC. The physically disabled pregnant women's ANC service utilization percentage is not even reflected in the ANC model which shows the need for research about ANC services utilization by PDPW. This specific call for research on utilization of ANC services by physically disabled women in Uganda, led to this research which focused specifically on challenges faced by PDPW in utilizing ANC services in health care facilities in Kabale Municipality.

UBOS, (2010, Article 25-. 199) revealed some gaps in Government efforts to ensure access to health care facilities by persons with disabilities, which included among others inaccessible health facilities, inadequate translation of public health information into accessible formats, limited human resource (e.g., psychiatrists, ophthalmologists, neurologists and others.) for addressing specific health needs of persons with disabilities. The limited funds to meet the health special needs of people with disabilities, makes it hard for the Government to enable PWDs enjoy all their human rights.

Physically disabled pregnant women like any other pregnant woman are to have at least four ANC visits during pregnancy which include: first visit (0-16 weeks), second visit (16-28 weeks), third visit between 28-36 weeks and fourth visit after 36 weeks. However, in case of any complication pregnant women need not to wait for the next appointment date on antenatal card (Lancet, 2001). Due to social and physical challenges, PDPW fail to attend all the recommend four visits by Uganda ministry of health which make PDPW miss ANC package. Low utilization of ANC services from health care facilities put PDPW at a risk of losing their lives and fetus. The social-ecological model of health promotion reveals that the intra-personal and inter-personal attitude on utilization of ANC services affects PDPW attendance according to UNICEF,2015. Today, there is very limited empirical research to witness physically disabled pregnant women utilizing ANC services from health care facilities as their health right (Disability act, 2006) and challenges faced when utilizing ANC services from public and private health facilities in Uganda and Kabale Municipality in particular. This limits PDPW knowledge on ANC services benefits and limited attendance increases morbidity rates among PDPW. Opio & Chemo (2017) in their study on antenatal care services delivery and utilization in Tororo, Uganda recommends that more studies on challenges faced by PDPW during utilization of ANC services should be conducted because little is known about their utilization knowledge and recent research overlooked them as minority. Therefore, to address the above knowledge gap and in-depth



understanding about challenges faced by PDPW when utilizing ANC services in health care facilities in Kabale Municipality and to enable health promoters and human rights advocates to take necessary programmatic interventions, this study was carried out in selected private and public health care facilities according to study selection criteria.

1.2 Objectives of the study

The study had the following specific objectives;

- 1) To investigate the extent of utilization of ANC services among Physically Disabled Pregnant Women (PDPW) in health care facilities of Kabale Municipality between February, 2019 and February, 2020.
- 2) To examine challenges faced by Physically Disabled Pregnant Women (PDPW) in utilizing ANC services in health care facilities of Kabale Municipality between February, 2019 and February, 2020.
- 3) To analyze the Intrapersonal attitudes of Physically Disabled Pregnant Women (PDPW) toward utilization of ANC services in health facilities of Kabale Municipality between February, 2019 and February, 2020.
- 4) To analyze the Interpersonal attitudes of health workers toward Physically Disabled Pregnant Women (PDPW) when utilization ANC services in health facilities of Kabale Municipality between February, 2019 and February, 2020.

2. REVIEW OF LITERATURE

2.1 Extent of Utilization of ANC Services Among PDPW

United Nations Convention on reproductive emphasizes equal rights of all pregnant women in utilization of ANC services. Every pregnant woman is to have at least four antenatal visits. Physically disabled pregnant women mainly utilize ANC services during the last stages of pregnancy. Reviewed literatures show that physically disabled pregnant women do not adequately utilize ANC services as required. This is mainly due to the challenges faced like mobility, limited income, negative attitudes, and unmodified healthcare facilities among others.

According to UNAPD accessibility journal of 2019, physically disabled pregnant women utilize ANC services less often than other pregnant women due to accessibility challenges faced in attempt to utilize ANC services from health care facilities. Apolot (2019), in a study done in Kibuku, Uganda, discovered that PDPW less often utilize ANC and that the low utilization is attributed to their nature of disability. Physically disabled women need mobility aids, support personnel and yet they have limited income. This makes PDPW to attend ANC in the last trimesters of their pregnancy and some of them never utilize at all. According to Opio, (2017), in a study done in Tororo District, Uganda, physically disabled pregnant women utilize ANC services late and sometimes never. Kawungezi, (2015) reported that most



pregnant women do not complete the required four visits, unless an emergency crops in. This is attributed to economic constraint and distance to health care facilities. Physically disabled pregnant women prefer traditional birth attendants who are near and accessible which puts them at a higher risk of losing their lives and fetus.

According to Asiimwe, (2015) in her study done in Western Uganda, some physically disabled pregnant women will never utilize ANC services in health care facilities, if their first home deliveries were successful. Most PDPW because of mobility challenge prefer traditional birth attendants who are within their home settings. Similarly, Gibson & Mykiuk, (2013) during their study on health care access and support, discovered that most PDPW prefer traditional birth attendants because, are ignorant of risks involved in not utilizing ANC services from health care facilities.

2.2 Challenges Faced by PDPW in Utilizing ANC Services

Literature reviewed show that most challenges faced by physically disabled pregnant women in utilizing ANC services from health care facilities are: unmodified environment, limited income, nature of disability, among others. Amnesty International, (2014) in their deadly delivery report, argued that, difficulty in accessing and utilizing health care services by women with physical disability is frequently reported, even PWDs with insurance fails to utilize ANC services as required by WHO (2002). This is similar to the study done in Uganda by Apolot (2019). Due to mobility challenge PDPW fail to access health care facilities. Unmodified roads, health facilities and equipment make PDPW to relax until when a problem raises during pregnancy.

Similarly, Kasolo, et al., (2014) found out that physical geography of health care facilities is the major barrier affecting access to health care service utilization among physically disabled pregnant women. This is a great mobility challenge. Physical disability limits movement and physically disabled pregnant women cannot access a health facility without assistive/mobility devices like wheel chairs and crutches, among others. Human supports, such as pushing the wheel chair or carrying mother kit, are needed to ease movement (Parker et al., 2015). Most developing countries cannot modify their health care facilities to accommodate physically disabled pregnant women due to opportunity costs involved. This makes public health facilities inaccessible for physically disabled pregnant women when utilizing ANC services.

According to Chemo (2017), Physically disabled pregnant women in developing countries, due to general poverty, cannot afford costs of services in private health facilities. This agrees with the views of Addai and Magoma (2016). Physically disabled pregnant women need money for transport to far off health care facilities, to buy and repair mobility aids. With little and sometimes non income generating activities, ANC services utilization of PDPW from a health facility becomes a challenge. Opio, (2017) reported that high transport costs, poor road conditions and uneven distribution of health



care facilities, to mention but a few increase travels times and the difficulty in accessing health service facility by a physically disabled woman. In Uganda accessibility and utilization of ANC services among PDPW remains a significant challenge to health care service delivery due to limited funds to pay in private health care facilities and to transport themselves to the public health facilities (Jeel, 2017).

Genle, (2014) looked at the construction and operation of roads still a challenge for physically disabled persons who uses mobility aids. All public roads have no provision for persons with disabilities like a wheel chair user, white cane user and a crawling person. This makes PWDs always to rely on human support for movement. Thierry, (2012) in his study done in Zimbabwe reported that So many physically disabled persons fail to utilize the health care facilities due to physical accessibility. This shows social exclusion and indeed a violation of PWDs right to appropriate and quality health care as required by the Ministry of Health globally and Uganda in particular.

Another sighted challenge was by Addai, (2013) that, information accessibility by most PWDs is limited due to denied education at the lower levels of life. PWDs do not to enjoy their education right and lack of education makes it a challenge for PWDs to read written health information tips, lowers their self-esteem to mix with other community members. Lack of health information make PWDs miss out important health information about ANC package and its utilization benefit to their health and that of the fetus. This puts PDPW at the risk of losing their lives and babies to be born.

The study related to above was by Wadowi, (2015) in Malasia, he discovered that physically disabled pregnant women, unfortunately have difficulty in finding any information on health subject due to low level of education. That because of mobility challenges, physically disabled children are not taken to regular schools when young. By not reading and writing, PDPW miss out health information for behavioral change. The health belief model reveals that people will always take a health action after knowing the benefits of that action and the dangers of missing such an action.

Lizzie Long (2012), a member of National Council of disabled persons of Zimbabwe, said that disabled women are taken as children and cannot make their own decisions towards their own health issues. This excludes them from education, health care, land ownership and others. Yet physically disabled pregnant women and mothers need information about their right to learn how to take better care of their health themselves, to learn what they can do when sick, to get doctors, nurses and hospital administrators to change their attitudes and make health care more accessible and available for women with disabilities. Unless channels of communication are simplified for all people to understand and to transfer health writing to local languages understood by all, PWDs will always miss out health information.

American College of Obstetrician and Gynecologist in 2013 observed that, physicians do not have enough information and knowledge about how



pregnancy and birth affect a woman with a physical disability. In addition, it is difficult for most physicians to know how to manage the impact of pregnancy of a disabled woman. Moreover, the woman may be the first woman with a disability in that obstetrician's (OB's) practice. Since the number of pregnant women with disabilities is still low, a pregnant woman with a disability will rarely find a practitioner who has any knowledge of the interactions of her specific disability and pregnancy. Indeed, pregnant disabled women are rare compared to other pregnant women. PDPW not being a day's concern in health facilities the Government may not find a reason to put more attention on their antenatal care service delivery. Lack of awareness raising on what is disability and its management makes not only health workers not to know how to attend PWDs medically but too the community has failed to know its responsibility towards PWDs.

Similar to above study is the one done by Cunningham, Gant and Leveno et al. (2013) who argued that Medical Workers do not know much about disability and pregnancy. The book of obstetrics reveals that lack of training during residency and exposure to pregnant women with disabilities among practitioners, bring a challenge on disability issues for example, in the 18th edition of Williams Obstetrics Cunningham, Gant and Leveno et al. 2013), there is no mention of pregnant women having any physical disability and her pregnancy management. This shows limited research on disability and pregnancy. Revised Maxwell, (2014), in her health handbook for women with disabilities, states that doctors and other health workers are not usually trained to understand the health needs of a disabled pregnant woman. This makes it hard to help women with disabilities when seeking for medical care because during obstetrics residency physicians do not get training about disabilities. This can lead to any inaccurate assumptions by health workers.

Lack of health information by physically disabled women who have no stable income to pay for special classes makes PDPW to miss out health tips about pregnancy, family planning and nutrition among others. Cubert, (2012) states that information concerning pregnant women with disabilities remains limited because disabled pregnant women have no stable incomes to enable them pay medical expenses, buy health journals and buy mobility devices to access and utilize medical health facilities for health tips. Physically disabled women's not utilizing appropriate health care services, including health education and disease prevention programs is due to lack of health insurance or coverage for necessary services such as specialty care, long-term care, care coordination, prescription medications, durable medical equipment, and assistive technologies. Human rights advocates should realize the need for Lobbying and advocating for Women with physical disabilities rights and assistive devices to help in movement.

Byers (2012), an obstetrician and Gynecologist, urges that pregnant women with disabilities tend to be in poor health and use health care at a significantly lower rate than people who do not have disabilities. They also experience a higher prevalence of secondary conditions and use preventive services at a lower rate than others. Moreover, people with disabilities are



affected disproportionately by barriers to care. These barriers include health care provider stereotypes about disability, lack of appropriate training, and a lack of accessible medical facilities and examination equipment, sign language interpreters, and individualized accommodations. The society disables them the more by not being friendly to accommodate their individual differences and needs.

Foley (2013), in a handbook of Multiple Sclerosis, states that the health care system in the United States is complex, highly fragmented, and sometimes overly restrictive in terms of program eligibility. This leaves some pregnant women with disabilities with no health care coverage and others with cost-sharing obligations. This limits PDPW ANC package that would prevent them from obtaining health-preserving prescription medications, medical equipment, specialty care, dental and vision care, long-term care, and care coordination.

Gulick (2016) noted that absence of professional training on disability competency issues of health care practitioners is one of the most significant barriers that prevent people with disabilities from utilizing appropriate and effective antenatal health care. Disability competency is not a core curriculum requirement for accreditation or receipt of Federal funding for most medical and dental schools and other professional health care training institutions and hospitals to participate in federally funded medical student internship and residency programs. In addition, applicants who seek either a medical or other professional health care license are generally not required to demonstrate disability competency. Federal agencies such as the Health Resources and Services Administration (HRSA) have not identified people with disabilities or subgroups of people with disabilities as "underserved health care populations." As a result, recent medical school graduates are not eligible for Federal loan forgiveness programs sponsored by these agencies if they work with programs that serve people with disabilities, and they are not provided with incentives to work in these settings. Federal funding is limited for the development of core curriculums on disability competency for medical, dental, and other professional health education institutions. This leaves PDPW not to receive required health services including ANC services for pregnant women.

Opio (2017), in his study in Tororo revealed that, most physically disabled women due to unmodified health care facilities make them to prefer traditional birth attendants who find PDPW in their homes. Lack of modified environment to accommodate the disabled persons makes PDPW not to access and utilize ANC services from health care facilities. Jane Maxwell, Julia Waffs, Belser (2015), in their handbook for women with disabilities, argues that women with disabilities cannot use community health facilities, banks, and hospitals as most buildings have no ramps, hand draws, elevators or lifts to ease movement of a physically disabled pregnant woman to the examination room and wash rooms.



Most PDPW are single mothers with no permanent income. They depend on family support for their basic needs of life including mobility support. According to Nulumba (2016), limited community and family support in form of: transport facilitation, wheel chair pusher, food and clothes makes it a challenge for PDPW to utilize the ANC services in health care facilities. Family members tend to be not supportive once a woman with disability gets pregnant, because they see it as a double burden to care for both the PDPW and baby to be born.

Ndeezi (2014), in his book, disability movement in Uganda emphasizes that lack of equalization of opportunities for persons with disabilities in all areas of life (sports, education, primary health care,), develop self-denial and lack of self-esteem among disabled persons. He goes on to say that equalization of opportunities for PWDs include information access because knowledge open peoples mind concerning their rights and dangers of not utilizing their rights. This explains why most physically disabled women due to lack of health education do not know the benefit of ANC services utilization.

Apolot (2019), in Makerere University, in her study on utilization of ANC service among PDPW found interesting results in Kibuku, Uganda. With a similar study in Canada by Challot (2019), on the health care access and support in her study in for disabled women says that access and utilization of ANC services by physically disabled women remains a challenge because of mobility problem and not able to care for their children without family help. Rugoho & Maphosa (2015) in a related study discovered that women with disabilities were discouraged from having children because of doubts regarding their capabilities to provide care for their children. Disability was taken to be a hereditary condition and thought a child would be at risks of inheriting a hereditary condition thus a vicious cycle of dependency burden to their families. Despite the call for universal access to reproductive health services at the 4th international conference on population and development in Cairo in 1994, and the right to access quality and standard ANC services. ANC services utilization among PDPW remained a challenge because families and care takers were not willing to provide a physical and moral support to enable the PDPW utilize ANC services from health care facilities due to the extra burden expected after the child birth.

2.3 Intrapersonal Attitudes Among PDPW

Most physically disabled pregnant women according to reviewed literature, they have a negative attitude towards utilization of ANC services in health care facilities. This is due to challenges faced in attempt to utilize ANC services in health care facilities. Asimwe (2015), also found out that in Western Uganda, the ability of a woman to utilize antenatal care services depend on the number of children she has ever produced from a health care setting. A physically disabled woman who has never produced from a health facility, will find no reason to utilize ANC services from health facilities. Such intrapersonal attitude is worsened by unfriendly environment like no road provisions for wheel chair users, no special toilets for disabled pregnant women and others. Chemo (2017), reported that physically



disabled pregnant women due to mobility challenge prefer traditional birth attendants who are near and accessible.

UNICEF (2015), revealed that improved emergency obstetric care for pregnant women with disabilities give many physically disabled women a positive attitude to utilize ANC services in health care facilities. The most important intervention for ANC services utilization is to make sure that a trained ANC service provider with midwifery skills is present at every antenatal clinic to build trust in the health facility. Ostensen (2016) reported that availability of transport to referral hospitals for emergency cases of PDPW who have mobility challenge due to the physical nature of their disability, builds a positive attitude among PDPW to utilize ANC services in health care facilities. Chemo (2017) reported that advocating and lobbying for enough antenatal care packages, drugs and mobility aids builds trust in the health facility. Intrapersonal positive attitude of PDPW depends on health education acquired. If the PDW is sensitized on benefits and risks involved in and not utilizing ANC services from health care facility. This make PDPW change their attitude positives. She is counseled, plus safer breastfeeding practices. Physically disabled women by utilizing ANC services gets to know their roles, rights and this builds a positive attitude towards utilization of ANC services from health care facilities.

Non-Government Organizations' are called upon to empower PWDs in many angles of life in order to realize and enjoy PWDs rights. WHO, (1987), the Government of Uganda enacted the Non-Government Organizations (NGOs) Statute to facilitate registration of NGOs? As a result of that policy framework many international and national NGOs have registered in Uganda. These include National Union of Disabled Persons of Uganda (NUDIPU), Uganda National Association of the Blind (UNAB), and Uganda National Association of the Deaf (UNAD), Mental Health Uganda and Epilepsy Support Association of Uganda. Others include Uganda National Action on Physical Disabilities (UNAPD), National Union of Women with Disabilities of Uganda (NUWODU), among others. These help in provision of assistive devices, free Medication, provision of health information but still equalization of opportunities for PWDs in sectors like health and education is limited.

UNC, (2002) eliminating all forms of discrimination against all women in the field of health care including antenatal services. Adequate nutrition, free ANC service during pregnancy and special needs attention should be given to disabled pregnant women. Palomaki, (2009) goes on to say in her book of new maternal thyroid deficiency during pregnancy and subsequent neuropsychological development of the child, that Disability Community Advocacy should include Long-term health care reform with voices of pregnant women with disabilities. Not only to advocate for improved health care insurance coverage, eligibility, and core benefits, but also to resolve issues of access to critical accommodations that ensure that health care is effective, such as payment coverage for sign language interpreters and requirements that providers demonstrate disability cultural competency.



2.4 Interpersonal Attitudes of Health Workers Towards PDPW

The reviewed literature show that the negative attitude of health workers is mainly brought about by the physical nature of disability. Most health workers, have a negative belief that a crippled pregnant woman cannot have a normal delivery because of her physical look. Most literature reviewed report that, health workers beliefs on disability depend on their communities' attitude towards physically disabled pregnant women. Curriculum of health workers does not go deeper into disability issues and management.

A physically disabled mother Maxwell, (2014) in her health hand book for women with disabilities in England reported that, lack of exposure to physically disabled pregnant women among practitioners during training limits them disability knowledge. Burns, (2012) a gynecology in North America defended the above reporter that, during residential and exposure of most medical workers disability cases are rear. That they depend on based on assumptions. This shows that limited knowledge of health workers on what is disability, issues and management bring a negative attitude towards physically disabled pregnant women.

Chemo, (2017) a study done in Eastern Uganda, attribute physically disabled pregnant women inability to access health care services due to a complex web of discrimination made up of negative social attitudes and cultural assumptions. Kawugezi, (2015) physically disabled woman socially are seen as objects of mercy and pity and are expected not to have a sexual feeling like any other human being. The negative attitude towards PDPW makes them to hide the pregnancy and wait upon God's mercy. Mare, (2012) in the similar study argues that negative attitude and practices of healthcare providers towards physically disabled pregnant women is one of the central challenges reported. These negative attitudes, practices and disrespectful of PDPW are due to community not knowing what is disability, its role and disability management.

According to Opio, (2017) a study done in Tororo, PDPWs families and community negative attitude deny PDPW many life opportunities including regular education, sex and marriage, social gathering. This is where physically disabled women would get health information including ANC package and its utilization benefits to the mother and her fetus.

Physically disabled pregnant women ANC services utilization rights are violated by negative attitude of health workers (Rogoho & Maphosa, 2015). Warner (2014), a health hand book for disability management, reveals that the negative attitude of the community such as; PDW are vulnerable regarding sexual and reproduction, a belief that sexual relationships are difficult to manage and having a disability; add further dimensions to them. Health workers being in the same communities have got the same community belief. This affects services provision to PDPW in health care facilities. This is why PDW are neglected in their communities for marriage and child bearing. This is why some PDPW hide pregnancies from



community members and do not utilize ANC services in health care facilities at all.

According to Ahumuza et al, (2014) most health workers in private health facilities have a negative attitude that physically disabled women are poor to afford their medical costs.) They are seen as family dependents. Marison, (2014) discovered that most PDPW when they seek ANC services from private health facilities, are seen as poor to afford and immediately are referred to public health care facilities. This demoralizes PDPW to utilize ANC services from health facilities where they know that, will be referred immediately.

Chemo (2017) discovered that availability of ANC services package in form of drugs, mother kits among others builds trust in PDPW. Trust in the health facility will encourages ANC services utilization of physically disabled pregnant women in health care facility.

They can be empowered so as to start their own income generating activities. Physically disabled pregnant women need money for repairing and buying mobility devices, medication and little savings

3. METHODOLOGY

3.1 Study Design

The researchers used a purely qualitative approach using descriptive phenomenological design. According to Patton, (2015) qualitative research methods are a set of procedures designed to describe and interpret the experiences of participants in a context specific setting. Qualitative approach was selected because it uses a small sample size, thus well suited for the Physically Disabled Pregnant Women (PDPW) who are few in number. Secondly, due to the focus of this study, centered on the depths of the information, qualitative approach was highly necessary (Creswell, 2013).

3.2 Area of Study

The study was done in selected private and public health care facilities in Kabale Municipality. These health care facilities were selected because they are the facilities where physically disabled pregnant women utilize ANC services from. The facilities are summarized in **Table 1** below;

Table 1: Selected Public and Private Healthcare Facilities Studied

S. No	Health Care Facility	Category	Location
01	Kabale Regional Referral Hospital	Public facility	Makanga hill
02	Mwanjari Health Centre II	Public facility	Mwanjari parish
03	Kamukira Health Centre IV	Public facility	Kamukira village
03	Rugarama Hospital	Private	Lower



04	Surgery and Family Planning Medical Centre	Private facility	Rugarama Kigongicentre
05	Kirigime Health Centre	Private facility	Kirigime village

Source: primary data

3.3 Study Population

According to Martens, (2010) the term population refers to the general unit from where a sample is drawn. For this study, the population comprised of Physically Disabled Pregnant Women (PDPW), mothers and health workers in Kabale Municipality. Health workers in the private and public health facilities were targeted because of their legal obligation to provide ANC services under health policies and rights.

3.4 Inclusion and Exclusion Criteria

3.4.1 Inclusion Criteria

The selected participant had to be:

- (1) Physically disabled pregnant women utilizing ANC services in private or public health care facilities in Kabale Municipality at the time of the study.
- (2) Physically disabled mothers who had ever utilized ANC services in Kabale Municipality, at least once in the last two years.
- (3) A health worker working in private or public health care facilities in Kabale Municipality at the time of the study.

3.4.2 Exclusion Criteria

The following categories were excluded;

- (1) Physically disabled pregnant women not utilizing ANC services in private or public health care facilities in Kabale Municipality
- (2) Physically disabled mothers who had never utilized ANC services in Kabale Municipality, at least once in the last 2 years.
- (3) A health worker who was not working in private or public health care facilities in Kabale Municipality, at the time of study

3.5 Sample size Determination

Adopting from Patton, (2015) where a sample size is a part of a population methodologically selected for the purpose of drawing a conclusion about the population and its characteristics. In this study 15 participants were recruited based on their knowledge and experience on utilization of ANC services among PDPW in private and public health care facilities in Kabale Municipality. Adopting from Creswell, (2014) qualitative research uses smaller sample because the general aim is to acquire information that is useful for understanding the complexity, depth of variation or context surrounding the phenomenon, therefore the recruited 15 participants qualified for a qualitative study. This sample size included 6 physically



disabled mothers, 1 physically disabled pregnant woman, 6 mid-wives, 1 senior mid-wife and 1 medical doctor.

3.6 Study Variables

Dependent variables of this study was the utilization of ANC services whereas Independent variables were level of disability, unmodified health care facilities and equipment, level of education of PDPW, income level and attitudes towards disability, among others. Intervening variables like age, number of children and policies were assumed to be constant.

3.7 Data Collection Tools and Procedures

3.7.1 Data Collection Tools

Adopting from Yin, (2011) where a tool is an instrument or technique used to collect data that is reliable and valid. Data for the study was collected using individual in-depth interviews guide, focus group discussion guide and non-participatory observation guide.

3.7.2 Data Collection Procedures

With the in-depth interview guides, open ended questions were utilized to ease probing. For individual interviews, the researchers approached each participant differently and lasted for one and half hours according to agreed time and venue. The use of in-depth interviews allowed the researchers to explore, probe for questions that shed light on challenges faced by PDPW in utilizing ANC services in public and private health care facilities in Kabale Municipality. Individual in-depth interviews composed of one physically disabled pregnant woman, six physically disabled mothers, one medical doctor, one senior mid-wife and four mid-wives were conducted for this study.

Focus group in-depth interviews were conducted in groups; focus group in-depth interviews were conducted according to agreed convenient time and date of participants. They lasted for one and a half hours.

Qualitative complete observation or non-participatory method was utilized by the researchers to collect information which could not be got using in-depth interviews. The researcher observed the environmental nature of the selected health care facilities like: toilets, examination beds, delivery beds and walk ways in relation to the level or nature of physically disabled pregnant woman and mothers.

3.8 Quality Controls

Quality was guaranteed through a number of ways, including but not limited to triangulation of methods

3.9 Data Entry, Analysis and Presentation

According to Denise et al, (2001) data analysis is the process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested. After every interview session, data was transcribed immediately and then reviewed to match the original data for data clarity and trustworthiness. The results from the field were presented



descriptively to derive final meaning and quick understanding of the information. Coding and editing were done to remove mistakes, repetitions and unnecessary phrases to validate the accuracy of the information by the researcher's peer.

Researchers' personal knowledge and experience on physical disability, bias and pre-conceived notions about this topic were suspended by reflective bracketing. Creswell, (2013) bracketing helps to set aside researcher's personal knowledge of previous research findings and theories about the related research to suspend personal bias.

3.10 Ethical Considerations

Ethical approval was sought from Uganda Martyrs University, Faculty of Health Sciences. Participation in the study was voluntary and signed consents were made. Confidentiality was well guaranteed by the researchers.

4. RESULTS

4.1 Participants' Characteristics

The study had 15 participants and their biodata in terms of age, gender, occupation, level of education and marital status are reflected in **table 2** below

Table 2: Participants' Characteristics

S. No	Variables	Frequency
01	Sex	
	▪ Male	01
	▪ Female	14
	Total	15
02	Age	
	▪ Below 25years	02
	▪ Above 25years	13
	Total	15
03	Educational level	
	▪ No education	03
	▪ Primary education	04
	▪ Post-primary education	08
	Total	15
04	Occupation	
	▪ Employed	08
	▪ Not employed	07
	Total	15
05	Children	
	▪ With children	13
	▪ Without children	02

Source: Primary Data

There was only one male respondent in the study. Majority (n=13) of the study participants were above 25 years. Eight (8) participants had post primary education, four had primary education and three had no education.



Eight (8) participants were employed while seven (7) were not. Majority (n=13) of the study participants had children.

The thematic analysis of the interviews resulted into five main themes with sub-themes in line with the study objectives as described below.

4.2 Extent of ANC Services Utilization Among PDPW

Purposive maximum variation led to the selection of Physically Disabled Pregnant Women and mothers (PDPW) who have ever utilized ANC services at least once in one of the private or public health facilities in Kabale Municipality in the past two years. **Table 3** below shows the summary.

Table 3: Purposive Maximum Variation Sample of the 7PDPWs

S. No	Codes	Respondent Category	Number of ANC visits Per Category
01	<i>(PDPW 1)</i>	<i>Physically disabled pregnant woman</i>	<i>Had 2Visits _ in the 1st trimester</i>
02	<i>(PDPW 2)</i>	<i>Physically disabled mother _ 1</i>	<i>Had 2visits _ in the 3rd trimester</i>
03	<i>(PDPW 3)</i>	<i>Physically disabled mother _ 2</i>	<i>Had 2visits _ in the 3rd trimester</i>
04	<i>(PDPW 4)</i>	<i>Physically disabled mother _ 3</i>	<i>Had 1visit _ in the 3rd trimester</i>
05	<i>(PDPW 5)</i>	<i>Physically disabled mother _ 4</i>	<i>Had 1visit _ in the 2nd trimester</i>
06	<i>(PDPW 6)</i>	<i>Physically disabled mother _ 5</i>	<i>Had 1visit _ in the 1st trimester</i>
07	<i>(PDPW 7)</i>	<i>Physically disabled mother _ 6</i>	<i>Had 1visit _ in the 3rd trimester</i>

Source: Primary Data

The theme ‘extent of ANC services utilization’ included two sub- themes: Utilizing ANC services and not utilizing ANC services.

Sub-theme 1: Utilizing ANC services

All the physically disabled mothers reported that, they do not utilize all the required ANC visits, as they don’t usually complete all their ANC visits (See table 3 above). Physically disabled pregnant women utilize ANC services in the 3rd trimester because of the challenges they face when utilizing ANC services from health care facilities. Findings revealed that, challenges faced by these people when utilizing ANC services are the major causes of low ANC services utilization. They further reported that they utilize ANC late because PDPW fear the consequences of delivering from their homes. Otherwise, they would not go to the health facilities at all, as explained by two physically disabled women and a health worker below.

One physically disabled woman explained;

“[...] I was told that, during birth a child can come in a wrong position and if not in the health facility, both the mother and the baby can die. This fear makes me to always attend ANC services



*in the last stages because I have no option [...]”***(Physically disabled mother 3, On 24th September at Kirigime PWD unit)**

Another physically disabled pregnant woman said:

“[...] I was told by the health worker that; with my nature of disability, I cannot have a normal delivery. I have to make sure that I deliver from the health care center. That’s why I attend towards last stages [...]” **(Physically disabled mother 1, on 29th September 2019 at Kamukira health care facility).**

Again, this was reported by all health workers, that PDPW, do not utilize all the four visits. Physically disabled pregnant women come when, an emergency crops in.

A health worker reported;

“[...] physically disabled pregnant women always utilize ANC services in their last stages. They utilize ANC services in the 1st trimester only when a complication develops” **(Health worker 3, on 27th September 2019 in her health facility office)**

Sub-theme 2: Not Utilizing ANC Services

All the respondent physically disabled women and mothers revealed that, other physically disabled mothers do not utilize ANC services at all. Physically disabled mothers focus group interview revealed that the challenges they faced when utilizing ANC services from health care facilities have led them to look for alternative ANC services providers like Traditional Birth Attendants (TBA). This was confirmed by the health worker below.

A health worker said;

*“[...] the numbers of physically disabled women utilizing ANC services are few, sometimes; we receive one in the whole year. This shows that some do not utilize ANC services in health care facilities at all [...]”***(Health worker 1, on 29th September in a health facility main hall)**

The above quotes show that PDPW utilize less ANC services and some never utilize it at all. This puts them at a high risk of losing their lives and unborn babies.

4.3 Challenges Faced by PDPW When Utilizing ANC Services

The challenges faced by physically disabled pregnant women when utilizing ANC services is sub- divided into five themes. These themes include: Nature of disability, unmodified health facilities, level of education, inadequate income and level of satisfaction with medical recordings as described below.

Theme 1: Nature of Physical Disability



Table 4: Nature of Disability and Movement Techniques of PDPWs

Codes	Nature of disability	Movement techniques
(PDPW 1)	Un even legs due to cerebral pulse	Moves side ways
(PDPW 2)	Two legs crippled by polio	Uses a wheel chair
(PDPW 3)	Hip dislocation during an accident	Uses two crutches
(PDPW 4)	Mild stiff legs	Walks slowly
(PDPW 5)	Both legs severely affected	Crawls
(PDPW 6)	Very short legs	walks slowly
(PDPW 7)	One leg crippled by polio	Uses two crutches

Source: Primary data

Table 4 show that physical disability is different and each category require different mobility devices. All physically disabled pregnant women reported that, their mobility challenge is worse during pregnancy. During pregnancy, PDPW feel too heavy, and cannot move to the health care facilities on their own. From the researcher's observation, it's hard for the above categories to use public means of transport to the health care facilities. Most public vehicles have no provisions for PDPW and their mobility devices. For example, a crawling PDPW has got to be lifted into the car. The same car has no space for her wheel chair and yet this wheel chair is needed for movement while accessing ANC services. This is explained by a physically disabled woman below.

"[...] I do not use any public means of transport; they have no space for my wheel chair. I use my wheel chair to and from Kabale referral hospital, where I am always referred whenever I'm pregnant. To my big challenge, the facility is located on a hill (Makanga hill). This requires me to hire a wheel chair pusher to and from the health facility. Again, if the wheel chair has a mechanical problem, I will not access the health facility. With this nature of my disability, I cannot utilize ANC services from health care facilities without physical support [...]" (PDPW 2, on 27th September 2019 at Kirigime unit)

This explanation and observed data confirm that physical disability affects PDPW movement to and from health care facilities.

Theme 2: Level of Education

This theme, 'level of education', reveal that PDPW have got low education due to limited movement. All physically disabled women participants reported that, when growing up, they did not attend regular schools like other children due to mobility challenge to access the schools. Thus, low level of education makes PDPW to miss important health information concerning ANC services utilization benefits and risks. Even then, those who attend; some of theme cannot understand health information on the facility charts. Therefore, physically disabled pregnant women, by not knowing the consequences of not utilizing ANC services from health care facilities, find no reason to utilize ANC services. Two physically disabled mothers explained this situation as below;



One physically disabled woman explained;

“[...] we physically disabled women remain indoors due to our family over protection. I do not access regular and sex education. Like any other human being, I reached a stage when I needed to play sex and a child. But I did not know anything about pregnancy and antenatal care services benefits”. **(Physically disabled mother 4, on 3rd October 2019 at Kigugiri Unit)**

Supplemented by another physically disabled mother;

*“[...] when I go to the health facility to utilize ANC care services, I see pictures of pregnant women on health facility wall, with wordings I cannot read. They are written in English and Rukiga which I cannot understand. And too, when health workers prescribe for me treatment, I do not understand but just take the prescribed doze [...]”***(Physically disabled mother 5 at Kikugiri PWDs Unit on 1st October 2019)**

The above explanations show that PDPW miss out health information because of low level of education. They miss basic health education which would encourage their ANC services utilization from health care facilities.

Theme 3: Unmodified Health Care Facilities

Focus group data of physically disabled mothers revealed that unfriendly health facilities and equipment like Examination beds, toilets, bathrooms and walk- ways, among others discouraged PDPW to utilize ANC services. All PDPW reported that, they failed to use the health care facilities after a struggle in accessing the health care facility. For example, all reported that, they find challenges in using medical examination and delivery beds. Facility beds are too high for PDPW to climb and a wheel chair user cannot use unmodified pit latrine. These are shown on figures in appendix E (Figure 7 - examination bed, figure 3 - delivery bed, figure 5 - toilet, figure 6 – steps).

Observed data revealed that, in all the visited private and public health care facilities there is no modified special needs medical beds, toilets and bathrooms for PDPW. Another cited issue from observed data was this; one of the public health care facility had modified toilets but were being used by hospital staff instead of people with special needs. Unclean toilets promote diseases and infections to PDPW.

Short and crawling PDPW cannot open a toilet door with a high handle. This leads to two options: (1) PDPW will choose not to eat and drink (starve themselves) in order not to use the health facility toilet. (2) They may choose to remain home and use TBAs and Traditional healers. This is confirmed by a lamenting physically disabled mother as below.

“[...] I go to Makanga (Kabale referral hospital). When the worse have come to the worst, I make sure I do not eat supper and breakfast until when I come back home. Because I know when nature calls, I will have nowhere to go for either short or long call.



Sometimes medical workers just give us medicine to swallow without asking us whether we have eaten anything, but I refuse and say I will take these drugs from home, because I know I have not eaten. As a crawling woman using my hands to crawl, I cannot use general unclean toilets. These same hands I use them for eating. I have no hand protective cloths; still I cannot crawl in a dirty toilet.” (In-depth interview with PDPW 5, at Kamukira unit on 29th September 2019)

Focus group in-depth interview with health workers also reported that, physically disabled pregnant women cannot climb medical beds like examination and delivery beds. Health workers reported that, they do not have special needs medical beds. Whether disabled or not, they use the same medical standard beds. As explained by a health worker below.

A health worker said the following;

“[...] when a PDPW comes to utilize ANC services from our health facility, we carry her to a nearby room because they cannot access the usual examination room. The steps to the usual examination room are always a challenge to physically disabled pregnant women. Secondly PDPW have got to be lifted on and off the examination beds”(Health worker 5, on 2nd October in health in children’s ward)

This contradicts the accessibility and health rights of PDPW. Uganda accessibility standards of 2014 emphasize that all public buildings should be modified to accommodate persons with disabilities. This revealed that, if policies and laws are not implemented, utilization of ANC services among PDPW in public and private health care facilities will always remain a paper work.

Theme 4: Inadequate Income

Physically disabled women’s income generating activity is baskets and mats weaving, as shown on photo 2 in appendix E. Weaving brings little money to buy salt and soap. Yet more money is needed for medical expenses, paying support personals, repairing and buying mobility devices, among others. With inadequate income, PDPW are told by public health workers to buy medicine and equipment like jik and gloves. This makes them loose trust in the health facilities. This was confirmed by a physically disabled pregnant woman and a health worker in their quote below.

A physically disabled woman said:

“[...] utilizing ANC services in private health facilities, I have to be with enough money for medical consultation and drugs. Even if private health facility is near me, I have no money to utilize its services. Some times when I go to the public facility, they tell me to buy drugs myself, this makes me to lose trust in the health facility [...]”(PDPW1, on 5th October 2019 at Kamukira health centre IV)



A health worker confirmed the situation;

*“For the whole of last year up to now, all pregnant women utilizing ANC services from this health facility, have got to buy the requirements and drugs themselves. Our health facility has never received drugs, gloves, jik and mother kits since the year 2018 ending. Kamukira health centre IV has no functional theatre. An emergency can come during delivery and no functional theatre; we use our own money to transfer a mother to Kabale referral by special means to save the life of the mother and the baby. We call ambulance numbers of Kabale referral hospital but no one picks at night. Lack of enough equipment demoralizes health workers due to fear of infectious diseases. Rugarama and Rushoroza private health facilities, no longer act quickly to send us their ambulances to transport a pregnant woman to Kabale referral hospital because of delayed payments from Kabale referral hospital and Kabale District as a whole [...]”***(Confirmed on 30th September 2019 by health worker 4, during in-depth interview in Kamukira labor ward)**

The confirmation of MW4, show that health workers are too discouraged to offer their services to pregnant women with no protective gargets due to health occupational hazards. Delivering a Mother without gloves puts a medical person into a health occupational risk of getting infections and viruses. And a health care facility with no equipment and drugs, make PDPW to lose trust in the health care facility and look alternative ANC services in TBA and traditional healers.

Theme 5: Dissatisfaction with Medical Recordings

Another cited theme was ‘medical recording.’ This challenges physically disabled pregnant women when utilizing ANC services in health care facilities. ANC cards and child birth records have got particulars to be filled by all pregnant women, mainly husbands/fathers name. But most PDPW have no official husbands.

All physically disabled mothers’ participants reported that, they do not feel happy because they have no official husbands. Men who impregnate them, warn them never to reveal their identities. PDPWs went on to say that, men do not want to be associated with a physically disabled woman.

Physically disabled women focus group interviews also emphasized that, they have night husbands. Night husbands do not want community members to know of their relationships with PDPW. This makes PDPW reluctant to utilize ANC services because they have no name to fill on the medical forms on the father’s space. All PDPW participants said that their children are like darkling because, they have no biological fathers. This was further explained by one of the physically disabled mothers.

A physically disabled mother explained;



*“[...] I hate the hospital medical form, especially the part where am to fill the Fathers name; they should print ours with no particulars for fathers. Utilizing ANC services from health care facilities make people to know the owner of the pregnancy. Remember our night husbands worn us, never to reveal their identity. For example, the father of my son told me that, the day, I reveal his identity as the father of my son, will take away his son. Yet my son is my happiness and future hope ...”***(Physically disabled mother 6, in Kirigime unit when interviewed on 30th September 2019)**

This quote shows that medical recordings reveal PDPWs secrete husbands, which lead to low ANC services utilization among PDPW from health care facilities.

4.4 Intra-personal Attitudes of PDPW toward Utilization of ANC Services

Physically disabled pregnant women have a negative intra-personal attitude towards themselves. Physical disability affects movement and their physical look. This has made PDPW to consider themselves as unfortunate and being hated by their creator. PDPW have no self-love and lack of self-love brings self-denial of many services including ANC services utilization. A physically disabled mother lamented as below.

A Physically disabled mother lamented;

“[...] why me among other women to have a physical disability? I do not care whether I utilize ANC services in a health care facility. Even I fall sick like an animal, I do not go for medical treatment. I get my local herbs like an animal. Even the one who created me did not like me. I was born as am [...]” **(In-depth interview with physically disabled mother7, held on 28th September 2019 at Kamukira unit)**

This lamentation reveals how intra-personal negative attitude leads to low level of utilization of ANC services among PDPW from health care facilities.

4.5 Inter-personal Attitudes of Health Workers toward PDPWs

This theme four ‘inter-personal attitude of health workers’ revealed that, all health workers participants have a positive attitude towards ANC services utilization by PDPW in their health care facilities. They see PDPW like any other pregnant women who wants to utilize ANC services. Health workers went on to report that, ANC services are for all pregnant women irrespective of individual differences.

One health worker said;

*“When a physically disabled pregnant woman comes to utilize ANC services from this health care facility, we receive her as other pregnant women and assess her from the room which she can access with ease. We don’t segregate but help [...]”***(Health worker 6 on 4th October at the health facility boardroom)**



5. DISCUSSION

5.1 Extent of ANC Services Utilization Among PDPWs

Study findings revealed low extent of ANC services utilization among PDPW. Physically disabled pregnant women do not utilize all the required MOH four visits. They utilize mainly in the last stages of pregnancy and others never at all. The study discovered that, the challenges faced by PDPW when utilizing ANC services from health care facilities are the major cause of a low ANC services utilization in health care facilities in Kabale Municipality. This is in line with studies of UNAPD, 2019; Apolot, 2019 and Opio, 2017, among others. They, too, discovered low extent of ANC services utilization among PDPW, which were due to challenges faced, in attempt to utilize ANC services in health care facilities. Asiimwe (2015), Gibson & Mykirk (2014) similarly discovered a low ANC services utilization among PDPW, which was caused by their past experiences in ANC services utilization. A physically disabled woman who had ever successfully utilized ANC services from alternative source like traditional birth attendants, will find no reason to utilize ANC services in health care facilities. This violates PDPW right to ANC services utilization and puts them at a high risk of losing their lives and fetus.

5.2 Challenges Faced by PDPWs When Utilizing ANC Services

Study findings discovered challenges faced by physically disabled pregnant women as: unmodified health facilities and equipment, nature of disability, inadequate income, low level of education, level of satisfaction with medical records among others. These challenges were discovered in reviewed literature by different researchers globally (Addai, 2013; Apolot, 2019; Opio, 2017; UNICEF, 2015; Ndeezi, 2014; Kasolo, et al., 2014 and Gulik, 2016). They discovered challenges which made PDPW not to utilize all the four visits.

The mentioned challenges are worsened by the nature of physical disability which limits movement. Limited movement limits level of education and health information like ANC services utilization benefits. Lack of regular education limits skills and knowledge for employable skills and quality products. PDPW cannot afford private ANC services; they have no transport to utilize free ANC services in public health care facilities.

Medical recordings especially ANC visit cards with husbands/ fathers' particulars emerged among the challenges faced by PDPW. All PDPW reported that, ministry of health should design special ANC visit cards with no husband's particulars. They have the so called 'night husbands' who do not want to be identified by the community members, as their husbands. This make PDPW not to utilize ANC services in health care facilities for fear to register the secret husbands on their ANC cards, which cards can be seen by health workers and care takers.



5.3 Intra-Personal Attitudes of PDPWs Towards ANC Services Utilization

Reviewed literature show that negative intra-personal attitudes of PDPW towards utilization of ANC services in health care facilities is due to challenges faced by PDPW in their attempt to utilize ANC services. UNICEF (2015) reported that positive intra-personal attitudes among PDPW depend on their capability to utilize available ANC services in health care facilities. As special needs pregnant women, they need modified health care facilities. According to Apollot (2019), the PDPW positive intra-personal attitude towards ANC services utilization in health care facilities, depend on challenges faced during their past deliveries. If past deliveries in health care facilities have been successful with limited challenges, they then continue to utilize the services in future. This, often led to a positive intra-personal attitude towards ANC services utilization among them. However, this is contrary to this study findings, which discovered that physically disabled pregnant women have negative intra-personal attitudes towards ANC services utilization in health care facilities. The findings show that PDPW have no self-love, because of the physical disability which affects their physical looks and mobility. Lack of self-love make PDPW not to easily respond to health action including ANC services utilization.

5.4 Inter-personal Attitudes of Health Workers Towards PDPWs

Study findings revealed positive attitudes of health workers towards PDPWs' utilization of ANC services. This is not in line with reviewed literature, (Chemo, 2017; Opio, 2017; Kawugezi, 2014) which showed negative attitudes of health workers due to reasons like; lack of disability knowledge and some cultural beliefs.

6. STUDY LIMITATIONS

The study has the following limitations;

- 1) Being a purely, qualitative research, results of this investigation is not generalizable.
- 2) The information obtained might not have exhausted all aspects of ANC utilization by PDPW, thus the findings are limited to the scope of this study.

7. CONCLUSION

There is low extent of ANC services utilization among Physically Disabled Pregnant Women (PDPWs). This is mainly due to challenges they faced, in attempt to utilize ANC services, in health care facilities. These are unmodified health care facilities and their equipment, among others, make PDPW to develop negative intra-personal attitudes towards utilizing ANC services in health facilities. Physically disabled pregnant women in Kabale Municipality are more disadvantaged due to its topography. Being a hilly area, its PDPW cannot access health care facilities without mobility aids and



human support. Unless these faced challenges are addressed by respective governments, PDPWs will continue to churn ANC services from healthcare facilities. This puts them at, even, a greater high risk of losing their lives and fetus. Health promoters and human rights advocates have got to explore challenges faced by PDPW in utilizing ANC services in health care facilities. PDPW underutilize ANC services in health care facilities compared to other pregnant women. Yet, their low utilization of ANC services is overlooked by many researchers. This study of PDPW utilizing ANC services in health care facilities in Kabale Municipality was done in response to the reviewed literature gap. This study can be accessed in Uganda Martyrs University library and online Publication.

8. RECOMMENDATIONS

The authors recommend the following measures to be in place;

- 1) Disability Identification and Assessment
- 2) Community Standby Ambulance
- 3) Education and Training of PDPWs
- 4) Health Facilities and Equipment Modification
- 5) Supply of Mobility Aids to PDPWs
- 6) Change of intra-personal Attitudes Among PDPWs

9. POLICY IMPLICATION OF THE STUDY

Evidence-based information on utilization of ANC services, among PDPW, creates a way for lobbying and advocating on their behalf.

From this study finding, it is clear that health policies and laws without physical and social support (by PDPW) cannot translate into increased ANC services utilization in health care facility.

10. DECLARATION

The authors declare no conflict of interest

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