FACTORS ASSOCIATED WITH THE USE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES BY WOMEN AND GIRLS LIVING WITH DISABILITIES IN CONAKRY REGION, REPUBLIC OF GUINEA

Diallo Abdoulaye [1], Diallo Oumou Ousmane [2], Magassouba Aboubacar Sidiki [3], Toure Almamy Amara[3], Sylla Younoussa [3], Diakite Djiba [3], Kaba Dieney Fadima [4], Femi Rufus Tinuola [5]

[1] Central University of Nicaragua, [2] University of Northwestern, US, [3] University of Conakry, Guinea
[4] Ministry of Health and Public Hygiene, Guinea, [5] Federal University Gusau, Nigeria

1.0 ABSTRACT

The right to access sexual and reproductive health services is for all, including the people with disabilities. Despite this call of the International Convention on the Rights of Persons with Disabilities, women and girls living with disabilities still face limited access to sexual and reproductive health services in Guinea. This study analyzed the factors associated with the use of sexual and reproductive health services by women and girls living with disabilities in the city of Conakry, Guinea. The study was conducted in the five (5) communes of the capital city, Conakry, in 2024. A quantitative cross-sectional method was used, targeting 310 women of childbearing age. Quantitative data were collected using a structured questionnaire. Data were analyzed using descriptive and inferential statistics. Factors associated with the use of SRH services were studied using multivariate logistic regression analysis. Among the 310 disabled women surveyed, 21% used any SRH services. Multivariate analysis showed that women who were married (AOR = 3.49, CI: 1.75-7.26), had a physical disability (AOR = 3.09, CI: 1.14-9.98), were enrolled in a health insurance (AOR = 2.82, CI: 1.37-5. 81), had heard of sexual and reproductive health (AOR = 3.33, CI: 1.46 - 7.80), and those developing income-generating activities (AOR=2.57, CI: 1.25 - 5.38) were more likely to use sexual and reproductive health services. This study provided evidence that the use of SRH services by women with disabilities was very low in the city of Conakry. To increase the use of SRH services by women living with disability, it is necessary to promote the implementation of a health insurance policy, strengthen communication for social and behavioral change, as well as income-generating activities.

Keywords: *Factors, Guinea, disability, sexual and reproductive health, services.*

1.1 BACKGROUND

Disability is the generic term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a state of health) and that individual's contextual factors (environmental and personal factors) (World Health Organization & World Bank, 2011). Persons with disabilities are defined as those with long-term physical, mental, intellectual or sensory impairments whose interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (OHCHR, 2006). An estimated 1.3 billion people, or 1 in 6 of the world's population, have a significant disability (WHO, 2023).

In Guinea, people living with a disability represent 1.48% of the general population, and almost half of them are women (RGPH, 2017). People living with a disability remain one of the most marginalized and socially excluded groups, and this disadvantage cuts across a number of areas: they are generally in poorer health, have lower levels of education, fewer economic opportunities and higher poverty rates than non-disabled people (Ganle et al., 2021). Guinea has ratified the International Convention on the Rights of Persons with Disabilities since 2008. The country has passed a law on the protection and promotion of people living with disabilities, prohibiting any discrimination in favor of people living with disabilities in access to health services (Red Cross, 2023). However, the implementation of these commitments in favor of people living with disabilities is still weak, with little evidence. This lack of data is a major obstacle to the implementation of effective assistance programs in their favor. Like other segments of society, people living with disabilities also aspire to well-being and equality (Conde, 2017).

Sexual and reproductive health is an integral part of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Tlaleng, 2020). For a long time, sexual and reproductive health rights (SRHR) have been largely ignored, including by the disability rights movement, and neglected in policy, planning and service provision by social, health and welfare services. This follows a long silence in the early days of disability activism, when sexual and reproductive health rights (SRHR) were considered an isolated matter. The Sustainable Development Goals (SDGs) for 2030, adopted in 2015 by the international community, emphasize the need to "leave no one behind", regardless of gender, age, ability, wealth or geographical location (United Nation, 2030 Agenda for SDG.). Among these goals, at the intersection of SDG 5, which focuses on gender equality and the empowerment of women and girls, SDG 3 promotes healthy lives, including sexual and reproductive health, which is closely linked to and contributes to universal health coverage. When the SRHR are examined from a disability and gender perspective, widespread violations of the SRHR have been reported to severely affect women and girls living with disabilities. These range from forced and/or coerced sterilization, to gender-based violence, to lack of access to basic SRHR services and information (Frohmader & Ortoleva, s. d.).

The use of sexual and reproductive health services by women with disabilities represents a major challenge in Guinea. Similarly, very few quantitative studies have been carried out on this subject. Thus, a contextual analysis is needed to better protect the right to sexual and reproductive health of women and girls living with disabilities. Hence the initiation of this study, which aims to identify the factors associated with the use of sexual and reproductive health services by women and girls living with a disability in the Conakry region in 2024.

1.2 METHODS

Research Design

This was a quantitative, cross-sectional, analytical study. It was carried out from January to November 2024. The study was carried out in the Conakry region, the capital of Guinea, covering an area of 450 sq.km2 with a population of 2,095,705 inhabitants. This region is made up of 5 urban communes such as Ratoma, Dixinn, Matam, Matoto and Kaloum. The Conakry region was chosen because of the high prevalence of people living with disabilities, which stands at 14.2%, compared with the national trend of 1.5% (RGPH, 2017). Women aged 15-49 years old living in the five communes of the Conakry region represented the study population.

Sampling

A non-probability sampling method was used for this study. The choice of snowball sampling is justified by the fact that there is no exhaustive list of women and girls with disabilities in Guinea, and that only these women can answer the study questions. A group of disabled women and girls was selected first. From this group, other women and girls were recruited, and so on until the desired number of respondents was reached. Women and girls aged 15-49 living with a disability were included in the study. A structured interview containing 38 closed questions was used to recruit 310 participants aged 15-49.

Study Variables

The use of sexual and reproductive health services by women and girls living with disabilities by type of service was the dependent variable. The types of service used sought were prenatal consultation (ANC), postnatal consultation (PANC), postpartum family planning counseling (PPFP) and use of a PFPP method. These variables were all binary (1=Yes, 2=No). Independent variables of interest included age, occupation, marital status, level of education, types of disability, knowledge of sexual and reproductive health services including family planning methods. In addition, the empowerment of women and girls living with disabilities was included as independent variables, as this represents a priority for improving health outcomes. Empowerment was assessed according to the Women's Empowerment Index composed of 6 variables: involvement in decision-making, membership of an association or community group, interest in kind or in cash, income-generating activity, ownership of a house or plot of land, position of responsibility in society. Type of disability and level of severity have been grouped into profound, severe, moderate and mild according to the classification made by the Washington Group on disability statistics.

Data collection and analysis

Face-to-face interviews were used for individual data collection. A total of 5 graduate students in medicine and social sciences were recruited and trained in data collection. Interviewers were selected on the basis of their experience in quantitative surveys. The questionnaire was designed on the basis of similar studies carried out in Cameroon and Nepal (Mac-Seing, 2021; Ranganathan & Caduff, 2023; Shiwakoti et al., 2021). A pre-test of the questionnaire was carried out to improve the flow of questions. The questionnaire was digitized on ODK software and then deployed on the interviewers' android phones. The questionnaires included information on the socio-demographic characteristics of women living with a disability, disability-related characteristics, knowledge of sexual and reproductive health, accessibility to health facilities, empowerment and use of sexual and reproductive health services (Shiwakoti et al., 2021). Data collection took place from September, 1 to November 7, 2024.

Collected data were imported into R software. The Chi-square test (Fisher's exact test) was performed to check the association between dependent and independent variables. Multivariate analysis was performed for variables that were significant ($p<0.05$) with a 95% confidence interval (CI) in the bivariate analysis after checking for collinearity. Variables with a $p<0.2$ in the bivariate analysis were reintegrated into the multivariate model.

Ethical Approval

Approval was obtained from Guinea's Comité National d'Ethique pour la Recherche en Santé (CNERS) following a review of the research protocol. Written consent was obtained from all study participants.

1.3 FINDINGS

Socio-demographic characteristics of respondents

The mean age of the respondents was 35, and 61% were under 35. Among the 310 respondents, two-thirds (68%) had no professional activity, 48% were married, and 51.3% were educated. All our respondents belonged to the Muslim religion. Only 19% of respondents registered onto a health insurance scheme. Women with physical disabilities were the most represented at 72%, followed by vision (30%). One third, 31, 7 and 30% suffered from mild, moderate, profound and severe disabilities respectively (Table 1).

Knowledge of SRH Services

More than half (51.9%) of respondents confirmed they had heard of sexual and reproductive health services. Almost three out of seven (42.3%) women had their girlfriend as a source of information on sexual and reproductive health services, and almost half (48.3%) had a low perception of sexual and reproductive health services. Over 80% of participants had heard of HIV/AIDS. More than half (52.6%) had no knowledge of family planning services, and the most common contraceptive method was the pills (67.3%). These data are presented on Table 2 below:

Table 2: Distribution of respondents according to knowledge of SRH services (n=310).

Variables	Frequency	Percentage
Ever heard about SRH		
No	161	51.9
Yes	149	48.1
Sources of SRH information		
Friend	58	38.9
Parent/family member	21	14.1
Health agent	35	23.5
Teacher	19	12.8
Women's group	44	29.5
Radio	63	42.3
Internet	36	24.2
Newspapers	9	6.0
Book	3	2.0
Perception of SRH knowledge		
Good	10	6.7
Poor	72	48.3
Satisfactory	67	45.0
Knowledge about HIV/AIDS		
No	55	17.7
Yes	255	82.3
Knowledge about FP		
No	163	52.6
Yes	147	47.4
Knowledge about FP products		
Pills	99	67.3
DMPA-IM	13	8.8
DMPA-SC	33	22.4
Implants	75	51.0
IUD	21	14.3
Condoms	78	53.1
Tubal ligation	1	0.7

(Author's Survey, 2024) Empowerment related characteristics

Almost three out of five (59.7%) of the respondents were involved in decision-making within their family. Over half (57.1%) were not members of any associations or community groups, and only 5.2% held positions of responsibility. The majority (69.4%) earned no interest, either in kind or in cash, and only 32.9% developed an income-generating activity (Table 3).

Table 3: Distribution of respondents by empowerment characteristics (n=310)

Variables	Frequency	Percentage
Involve in decision making		
No	125	40.3
Yes	185	59.7
Membership of a community association		
Non	177	57.1
Yes	133	42.9
Interest in kind/cash		
No	215	69.4
Yes	95	30.6
Income generating activity		
No	208	67.1
Yes	102	32.9
Owner of a house/land		
No	252	81.3
Yes	58	18.7
Positions of responsibility		
No	294	94.8
Yes	16	5.2

SRH use among women with disabilities

The use of SRH services among women living with a disability was very low at 21.3%. Maternal and neonatal health services were the most widely used (69.7%), followed by family planning (57.6%), sexually transmitted diseases (33.3%), post-abortion care (12.1%) and infertility prevention and treatment (9.1%). Several reasons for low utilization of SRH services were reported by participants. These included lack of knowledge about the service (54.1%), absence of an expressed need (45.9%), distance from the health facility (11.9%) and the unsuitability of health facilities for the needs of disabled women and girls (9%) (Table 4).

Table 4: Distribution of Respondents by Use of SRH Services (n=310)

Variables	Frequency	Percentage
SRH service utilization (N = 310)		
No	244	78.7
Yes	66	21.3
Types of SRH services (n=66)		
Maternal and neonatal health care	46	69.7
Family planning services	38	57.6
Infertility prevention and treatment	6	9.1
Post-abortion care	8	12.1
STD/HIV/AIDS	22	33.3
Reasons for not using SRH service (n=244)		
No need	112	45.9
Remote health facility	29	11.9
Health facility not suitable for people with disabilities	22	9.0
Lack of knowledge	132	54.1
Pregnancy and childbirth experience		
No	93	30.0
Yes	217	70.0
ANC service uptake during last pregnancy		
No	7	3.2
Yes	210	96.8
Place of delivery (n=217)		
Private clinic	40	18.4
Home	45	20.7
Public health facility	132	60.8
Person in charge of delivery (n=217)		
Traditional birth attendant	10	4.6
Health agent	176	81.1
Family member	22	10.1
Relative/friend	9	4.1
Post partum service (n=217)		
No	25	11.5
Yes	192	88.5
Post partum FP counseling (n=217)		
No	82	37.8
Yes	135	62.2
Post partum FP method uptake (n=217)		
No	154	71.0
Yes	63	29.0

Factors associated with the use of sexual and reproductive health services

A total of 12 independent variables identified as factors were included in the bivariate analysis with a p-value of more than 0.2%. After controlling for confounding variables, 5 variables were significantly associated with the use of sexual and reproductive health services in the multivariate analysis by logistic regression with a p-value less than or equal to 0.05%. These variables were marital status, health insurance enrolment, physical disability, knowledge of sexual and reproductive health and income-generating activity.

Women who were married (AOR = 3.49, CI: 1.75-7.26), had a physical disability (AOR = 3.09, CI: 1.14-9.98) were enrolled in health insurance (AOR = 2.82, CI: 1.37-5.81), had heard of sexual and reproductive health (AOR = 3. 33, CI: 1.46 - 7.80), and those developing income-generating activities (AOR=2.57, CI: 1.25 - 5.38) were more likely to use sexual and reproductive health services than their counterparts. In contrast, women with education (AOR = 0.44, CI: 0.20-0.92) were 56% less likely to use sexual and reproductive health services than their counterparts (Table 5)

Table 5: Distribution of respondents according to results of multivariate analysis by logistic regression

Variables	AOR	95% CI	p-value
Age			0.08
<35	—	—	
>=35	0.52	0.25 – 1.08	
Marital status			<0.001
Single	—	—	
Married	3.49	1.75 – 7.26	
Education			0.03
No	—	—	
Yes	0.44	0.20 – 0.92	
Insurance enrollment			0.005
No	—	—	
Yes	2.82	1.37 – 5.81	
Physical disability			0.026
No	—	—	
Yes	3.09	1.14 – 9.98	
Knowledge of SRH services			0.004
No	—	—	
Yes	3.33	1.46 – 7.80	
Perception of SRH knowledge			0.2
Good/Satisfactory	—	—	
Poor	0.56	0.25 – 1.24	
Income generating activity			0.01
No	—	—	
Yes	2.57	1.25 – 5.38	

AOR = adjusted odds ratio; Ref= reference category; CI= confidence interval

1.4 DISCUSSION

The United Nations Convention on the Rights of Persons with Disabilities guarantees persons with disabilities the basic human rights of access to "the same range, quality and standard of free or affordable sexual and reproductive health care as provided to others" (UN,2006). While this recognition may have helped raise global awareness about the marginalization and rights of people with disabilities, available data suggests that people with disabilities still face many challenges in accessing and using essential sexual and reproductive health services (Ganle et al., 2021).

This study highlighted the low use of SRH services among women and girls living with disabilities in the city of Conakry. Only 21.3% of women of childbearing age living with a disability claimed to have used SRH services. Lack of awareness of SRH services, the inadaptation of services to the needs of women with disabilities and socio-economic barriers could explain this low trend. This result is comparable to the study carried out in Cameroon on access to SRH services in the city of Yaoundé, where 20% of disabled women used SRH services (DeBeaudrap et al., 2019). In this study, physical disability was associated with SRH service use. Physical disability was the most common at 71%. The high frequency of this type of disability and the logistical means offered to these women to facilitate their travel to seek SRH services would justify this trend. This result is similar to that obtained by a study carried out in Guinea in 2017, where physical disability was most represented in urban areas at 65% (Conde, 2017).

The study showed that marriage is one of the factors linked to the use of SRH services by women with disabilities. Marital status significantly influences the use of SRH services as they are six times more likely to use these services than single or unmarried women (Darebo et al., 2024; Seidu et al., 2023). Married women living with disability may receive support from their husband for SRH services. Empowerment is a facilitator for the use of SRH services. In our study, only a third of disabled women were engaged in income-generating activities. Disability being a factor that reduces an individual's productivity (Conde, 2017), the lack of integration of people living with disabilities in economic activities contributes to the low utilization of SRH services. Giving disabled people the means to generate income enables them to be financially independent and fully integrated into society (Tinta & Kolanisi, 2023).

This study revealed a strong association between disabled women's enrolment in health insurance and their use of SRH services. This rate, although low in our study, only 19%, of health insurance enrollment also has a significant impact on access to and use of services by people with disabilities (Miller et al., 2014; Seidu et al., 2023). Knowledge of SRH services had an impact on disabled women's use of these services. Delayed use, or non-use, of health facilities is linked to a lack of information about the disease and the care available. Women who had access to information on SRH services were more likely to use SRH services than their counterparts with disabilities (Shiwakoti et al., 2021).

Study limitations

This study has a number of limitations. It was conducted in the Conakry region, which is totally urban. Being a cross-sectional study, it cannot establish causal links. Also, snowball sampling (non-probabilistic) could lead to selection bias. Thus, the sample cannot be representative of all disabled women of Guinea (Abreu, 2023). It is possible that the sample over-represents women who already have a social network or a link with support structures. However, data collection was carried out in the 5 urban communes of the Conakry region, not all of which have support structures.

Further studies could establish causal links, and target disabled women living in rural areas.

1.5 CONCLUSION

This study provided evidence that the use of SRH services by women with disabilities was very low in the city of Conakry, with only one-fifth of women using SRH services. Several factors are associated with the low utilization of SRH services by women with disabilities. To increase the use of SRH services by women living with a disability, it is necessary to promote the implementation of a health insurance policy, strengthen communication and raise awareness among disabled people of their own rights, and the availability and use of services. It is also possible to empower disabled women through income-generating activities to ensure their own social and health care.

1.6 RECOMMENDATIONS

Women and girls living with disability have the right to access and utilized sexual and reproductive health services. Government, civil society organizations and non-governmental organizations should joint their efforts to create positive environment for women and girls living with disability so they can access to sexual and reproductive services anywhere and anytime they need. Based on the results of this studies, the following recommendations can be made:

a. Reinforce the capacity of organizations of women with disability on communication strategies to allow them inform their peers around sexual and reproductive health services.

b. Adapt health facility (public and private) infrastructures to the needs of people with disabilities, particularly women with disabilities. This can be done by construction ramps and disabled-friendly toilets in health facilities.

c. Reduce the consultation fees by developing social insurance schemes for people living with disability.

d. Empower disabled women and girls 'organizations on income generating activities and financial management.

e. Enforce government policies implementation on social protection of people living with disability.

f. Promote women and girls living with disability to access leadership position in their communities.

1.7 APPENDIX 1

Table 1: Distribution of respondents by socio-demographic characteristics (n=310)

Variables	Frequency	Percentage
Age		
<35	189	61.0
>=35	121	39.0
Professional activity		
No	100	32.3
Yes	210	67.7
Marital status		
Never married	160	51.6
Ever Married	150	48.4
Formal Education		
No	151	48.7
Yes	159	51.3
Health insurance		
No	250	80.9
Yes	59	19.1
Type of disability		
Physical disability	222	71.6
Visual disability	92	29.7
Mental disability	2	0.6
Severity level		
Mild	100	32.3
Moderate	95	30.6
Deep	21	6.8
Severe	94	30.3

Source: Author's Survey, 2024.

1.8 REFERENCES

Abreu, G. de. (2023, juillet 27). L'échantillonnage boule de neige : Dévoiler les secrets d'un outil de recherche puissant. Mind the Graph Blog. https://mindthegraph.com/blog/fr/echantillonnage-en-boule-de-neige/

Conde,K. 2017. (s. d.). Consulté 21 janvier 2024, à l'adresse https://portail.sante.gov.gn/wp-content/uploads/2023/07/Rapport-final-%C3%A9tude-facteurs-d_exclusion-des-PPH-aux-soins-de-sant%C3%A9.pdf

Darebo, T. D., Birhanu, Z., Alemayehu, M., Balcha, B., Worku, A., Assele, D. D., & Spigt, M. (2024). Utilization of sexual and reproductive health services among construction worker women in southern Ethiopia. BMC Women's Health, 24(1), 201. https://doi.org/10.1186/s12905-024-03042-x

DeBeaudrap, P., Mouté, C., Pasquier, E., Mac-Seing, M., Mukangwije, P., & Beninguisse, G. (2019). Disability and Access to Sexual and Reproductive Health Services in Cameroon : A Mediation Analysis of the Role of Socioeconomic Factors. International Journal of Environmental Research and Public Health, 16(3), 417. https://doi.org/10.3390/ijerph16030417

Frohmader, C., & Ortoleva, S. (s. d.). The Sexual and Reproductive Rights of Women and Girls with Disabilities.

Ganle, J. K., Ofori, C., & Dery, S. (2021). Testing the effect of an integrated-intervention to promote access to sexual and reproductive healthcare and rights among women with disabilities in Ghana : A quasi-experimental study protocol. Reproductive Health, 18(1), 206. https://doi.org/10.1186/s12978-021-01253-1

Mac-Seing, M. (2021). Legislation, health policy, and the utilisation of sexual and reproductive health services by people with disabilities : A mixed methods study in post-conflict Northern Uganda. https://papyrus.bib.umontreal.ca/xmlui/handle/1866/26397

Miller, N. A., Kirk, A., Kaiser, M. J., & Glos, L. (2014). The Relation Between Health Insurance and Health Care Disparities Among Adults With Disabilities. American Journal of Public Health, 104(3), e85-e93. https://doi.org/10.2105/AJPH.2013.301478

OHCHR. (2006). Convention relative aux droits des personnes handicapées. OHCHR. https://www.ohchr.org/fr/instruments-mechanisms/instruments/convention-rights-persons-disabilities

Ranganathan, P., & Caduff, C. (2023). Designing and validating a research questionnaire—Part 1. Perspectives in Clinical Research, 14(3), 152-155. https://doi.org/10.4103/picr.picr_140_23

Red Cross, R. (2023). Red Cross. www.ecoi.net

RGPH. (2017). Institut National de la Statistique. https://www.stat-guinee.org/

Seidu, A.-A., Malau-Aduli, B. S., McBain-Rigg, K., Malau-Aduli, A. E. O., & Emeto, T. I. (2023). "God is my only health insurance" : A mixed-methods study on the experiences of persons with disability in accessing sexual and reproductive health services in Ghana. Frontiers in Public Health, 11, 1232046. https://doi.org/10.3389/fpubh.2023.1232046

Shiwakoti, R., Gurung, Y. B., Poudel, R. C., Neupane, S., Thapa, R. K., Deuja, S., & Pathak, R. S. (2021). Factors affecting utilization of sexual and reproductive health services among women with disabilities- a mixed-method cross-sectional study from Ilam district, Nepal. BMC Health Services Research, 21(1), 1361. https://doi.org/10.1186/s12913-021-07382-4

Tinta, N., & Kolanisi, U. (2023). Overcoming barriers for people with disabilities participating in income-generating activities : A proposed development framework. African Journal of Disability, 12. https://doi.org/10.4102/ajod.v12i0.1133

Tlaleng, M. (2020). Droits en matière de santé sexuelle et procréative. UN. https://www.ohchr.org/fr/special-procedures/sr-health/tlaleng-mofokeng-special-rapporteur-right-health

United Nation, 2030 Agenda for SDG. (s. d.). Consulté 26 janvier 2024, à l'adresse https://destinet.eu/resources/21252030-agenda-for-sustainable-development-web.pdf/download/fr/1/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf?action=view

WHO. (2023). Handicap. https://www.who.int/fr/news-room/fact-sheets/detail/disability-and-health

World Health Organization & World Bank. (2011). World report on disability 2011. https://apps.who.int/iris/handle/10665/44575

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