



Intersecting Sexual and Reproductive Health and Disability:

Examining the Needs, Risks and Capacities of Refugees with Disabilities in Kenya, Nepal and Uganda

Research. Rethink. Resolve.

Study question

What are the specific **risks**, **needs** and **barriers** for refugees with disabilities to access sexual and reproductive health (SRH) services in humanitarian settings, and what are the **capacities** and practical ways that the challenges can be addressed?



Sites and partners

- **Kenya: Kakuma Refugee Camp**
 - International Rescue Committee
- **Nepal: Bhutanese Refugee Camp**
 - AMDA Nepal, with UNHCR, in partnership with three organizations of persons with disabilities (DPOs)
- **Uganda: Kampala**
 - Refugee Law Project
- Local advisory committees established.
- Local ethics approval received from relevant government entities.



Photo: Consultative Trip, Nepal.

Target population

- Refugees with disabilities, including those with **physical, intellectual, sensory and mental impairments.**
 - Women aged 20-49 years
 - Men aged 20-59 years
 - Girls aged 15-19 years
 - Boys aged 15-19 years
- Caregivers/family members that care for adolescent or adult refugees with disabilities.



Photo: Data collectors at work, Uganda.

Participatory activities

- **Group activities**

- Refugees with **physical, vision** and **mild mental** impairments
- Refugees with **hearing** impairments
- Refugees with **mild intellectual** impairments

- **Individual interviews**

- Refugees with **multiple impairments**, including those unable to leave their homes

- **Focus group discussions**

- **Caregivers/family members**

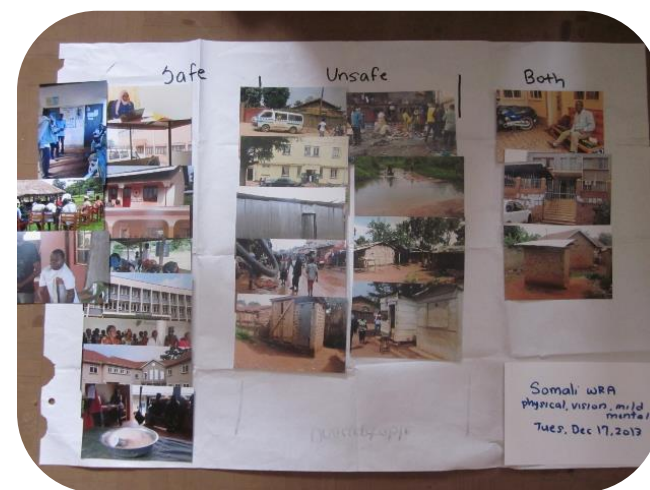


Photo: Safety mapping exercise, Uganda.

Findings: Awareness of SRH

- **Varying degrees of awareness** around SRH, especially around the reproductive anatomy, family planning and sexually transmitted infections.
- **HIV and condom use for HIV prevention** was most widely known across age, language, sex and impairment group.
- **Adolescents with education** in Kenya had better knowledge of SRH as compared to other groups.
- **Lack of awareness and misconceptions** common in Uganda, especially among those isolated in their homes.
- Despite awareness gaps, refugees with disabilities across age, sex and impairment group showed **interest in learning more**.



Findings: Experiences around use of health/SRH services

- **Provider attitudes** were the most significant barrier preventing refugees with disabilities from accessing health and SRH services.
- Other reported barriers to accessing services included:
 - **Long wait times** (Kenya and Uganda)
 - **Costs** of seeking care (Uganda)
 - **Refugee status** (Uganda)
 - **Communication with health providers** (all three sites)
 - **Lack of transport** (Kenya and Uganda)
 - **Limited physical accessibility** (all three sites)



Findings: Experiences of women and girls with disabilities who become pregnant

- Pregnant women with disabilities are often **discriminated by providers** for becoming pregnant and bearing children.
- Health providers in Uganda were often said to make **derogatory remarks** to pregnant women with disabilities.
- Some caregivers were **concerned about the additional responsibilities** they would incur when their family member bore children.
- Several women with disabilities were observed to have **less stable relationships and raising children without a partner** in Uganda and Nepal, raising protection concerns.



Findings: Safety concerns

- **Risks of sexual violence** were reported in:
 - Kenya: Bush, latrine
 - Nepal: Forest/jungle
 - Uganda: Toilets and the neighborhood
- Adolescent girls in Kenya and Nepal alluded to **risks of molestation**.
- Participants in Kenya were most **aware of the benefits of seeking medical care** after experiencing sexual assault, while participants in Nepal were least familiar.



Photo: Latrine in a refugee neighborhood, Uganda.



Findings: Ability to exercise SRH rights

- **Ability of women with disabilities to exercise their SRH rights was mixed**, ranging from full autonomy to none.
- Participants in Uganda mentioned the **possibility of forced abortion** for women and girls with disabilities who had unplanned pregnancies, or **forced use of family planning methods**.
- **Marital status** was the larger factor that determined how women and girls with disabilities would be treated and received by families and the community if they became pregnant.



Findings: Protective factors

- Home-based participants in Kenya and refugees with mental impairments in Uganda cited **caregivers, counselors and activities** that offered emotional and mental respite.
- Over-all, **practices of self-help were limited.**



Support group for refugees with disabilities in Kampala



Findings: Participant recommendations to improve their SRH experience

- **Training health providers on respectful communication skills** with persons with disabilities.
- **Employing sign language and other language interpreters** in health facilities.
- **Shortening wait times** for health services.
- **Expanding SRH awareness-raising activities.**
- **Providing spaces for peer-learning, as well as leadership, skills-building and income-generation opportunities.**



Photo: Leader of an organization of refugees with disabilities, Uganda.

Donors and governments supporting agencies that service refugees:

- **Facilitate disability inclusion** by providing funds for staff learning; creating incentives for partnerships with DPOs; and facilitating dialogue on improved SRH service quality and better outreach to refugees with disabilities.
- **Support agencies to empower refugees with disabilities** and their families through providing funds for income generation, vocational training, SRH education and other learning opportunities.
- **Promote reflection and accountability on disability inclusion** through monitoring and reporting processes.



Agencies servicing refugees, including through providing SRH services:

- **Address disability as a cross-cutting issue and allocate a budget line for disability inclusion.**
- **Implement staff training** on respectful communications.
- **Provide outreach to home-based refugees with disabilities.**
- **Address security risks and provide information on the benefits of seeking medical care** after sexual assault.
- Increase opportunities for **income generation, vocational training, leadership skills, disability rights knowledge, sexuality education and peer interaction** for refugees with disabilities and their families.
- **Disaggregate data** by disability, sex and age.
- **Develop partnerships with DPOs.**



Organizations of persons with disabilities and disability-focused organizations:

- **Offer technical expertise** to agencies servicing refugees on how staff can better communicate with and foster inclusion of persons with different types of impairments.
- **Engage in formal interactions and strengthen referrals** with groups that have expertise in SRH service provision, to advocate for accessible and more equitable services for refugees with disabilities.
- **Advocate for refugee inclusion in national disability inclusion efforts.**



Engaging persons with disabilities as part of the study team...



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