Federation of Deaf Women Empowerment Network - Kenya

Policy brief
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IMPROVING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH EDUCATION FOR ADOLESCENTS WITH DISABILITIES

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Key messages and recommendations

- ***Problem:*** *Adolescents with disabilities are often left out of conversations regarding sexual and reproductive health from childhood and even into adolescence and adulthood. This leaves them vulnerable to abuse, illness and other forms of violation.*
- ***Recommendations:*** *In advocating for the sexual and reproductive health and rights of children and adolescents with disabilities, changes need to be made at all levels from fighting discrimination within society, recognising and advocating their autonomy as well as enacting policies that place the sexual and reproductive health rights of vulnerable groups such as children with disabilities at the forefront. Families, schools, government and policy makers must, therefore, all work together to ensure that children and adolescents with disabilities are provided with adequate, accessible information and avenues through which to access services.*

Introduction

The past few years have seen improved efforts worldwide to increase access to sexual and reproductive health education for the general population but especially for women and girls. With almost a quarter of Kenya's population falling within the adolescent age group (10 - 19 years), it is imperative that efforts are made to address their sexual and reproductive health needs beginning with access to accurate information. As such, the National Adolescent Sexual and Reproductive Health Policy was produced in 2015 with the aim of ensuring that adolescents have access to comprehensive SRH information and services throughout the country. The policy has 8 key objectives:

- Promote adolescent sexual and reproductive health and rights
- Increase access to ASRH information and age-appropriate comprehensive sexuality education
- Reduce STIs including HPV and HIV
- Reduce early and unintended pregnancies

- Reduce harmful traditional practices
- Reduce drug and substance abuse
- Reduce sexual and gender-based violence (SGBV) and improve response
- Address SRHR needs of marginalised and vulnerable adolescents

The 2015 policy defined marginalised and vulnerable adolescents as "those at high risk of lacking adequate care and protection including: orphans and street children; adolescents with disabilities; adolescents living with HIV and AIDS; adolescents living in informal settlements; adolescents in the labour market; adolescents who are sexually exploited; adolescents living below the poverty line and children affected by disaster, civil unrest or war as well as those living as refugees"[1]. It further singled out the challenges faced by adolescents living with disabilities due to lack of accessible information as well as lack of skills by healthcare providers in attending to them.

Over the past year the COVID-19 pandemic brought to the forefront many challenges faced by adolescents. For example, Kenya saw a sharp increase in the number of child sexual abuse cases as well as a rise in the number of teenage pregnancies[2]. As adolescents living with disabilities are at higher risk of abuse and violence, an assumption can be made that children within this community were even more greatly affected than those in the general population. It is therefore important that this group of adolescents is addressed with urgency in order to ensure their well-being and growth.

The issues and solutions brought forth in this policy brief were collated following a discussion with women living with a wide range of disabilities including physical, psychiatric, Deaf and visual impairments. They shared their personal lived experiences both past and present as well as interventions that could be made across several spheres of their lives and those of adolescents with disabilities.

Framing the issues

Stigma and discrimination: Women living with disabilities reported being stigmatized from the very basic family unit with this resulting in widespread discrimination within their communities and as well as in learning institutions and extending even further to employment. This appeared to stem from a lack of understanding of various disabilities as well as harmful cultural myths and practices resulting in them being left behind in various domains of life. Additionally, this lack of understanding led to a lack of agency with them being excluded in making decisions that directly affect their lives, including but not limited to sexual and reproductive health.

Lack of educational facilities and resources: From the discussions with women living with disabilities, a common experience was difficulty in accessing education. To begin with, many children living with disabilities started school significantly later than their peers. This appeared to be either due to perceived developmental delays, inadequate funds to cater to special needs or, for those requiring special schools, lack of access to these facilities[4]. Consequently, most of the women present reported, they were in classes with people well below their age causing them to feel further ostracized. Another consequence of this was that frequently, they began to experience puberty prior to learning about what changes to expect as this information is taught in higher

primary school classes. Per their accounts, parents had difficulties navigating conversations around puberty and sexual and reproductive health, leaving this duty to be taught in school by teachers. The women reported that as children, many people only saw them as labels and had difficulty viewing them as whole beings who would eventually develop into adolescents and adults with sexual and reproductive health needs. This experience was even more challenging for children with visual impairments and deafness where material was not made accessible. This highlights the need to have age appropriate and accessible sexual and reproductive health education in all learning facilities as well as at home so as to equip children with disabilities with adequate information.

Communication barriers: Many of the women present reported experiencing communication barriers in their daily lives. However, the most incapacitating effect was experienced with healthcare providers where there is a need to acquire accurate and timely medical information while simultaneously maintaining privacy and confidentiality. Particularly for members with hearing loss, communication with healthcare providers was very challenging as there are often no sign language interpreters in health facilities. Additionally, there were reports of doctors being unwilling to find ways to communicate and often exhibiting a lack of empathy in communicating with not just those from the Deaf community but generally with people living with disabilities. As such, they were forced to incur further costs in seeking a second or third opinion so as to find an understanding and empathetic healthcare provider. The need for communication is important as it could lead to poor health outcomes when inadequate of inaccurate medical information is passed on to patients.

Lack of autonomy: Around the world, people with disabilities repeatedly deal with a lack of autonomy over their bodies and lives. As with discrimination, this emanates from a general lack of understanding as well as the inability of the general population to acknowledge them as whole beings with similar needs and not just the disabilities that they have. Autonomy is key to sexual and reproductive health as it is the very essence of human rights. Unfortunately, in many societies, people with disabilities have seen their rights infringed upon through practices such as forced sterilization, force abortions and sexual assault carried out by medical professionals, teachers and even family members. This was reflected in the discussions held with women with disabilities where they all reported either having been advised against procreation due to their disability or knowing someone within their community who had undergone at least one form of the aforementioned violations. This situation was worsened by the fact victims and their family members often feel they have no legal recourse due to lack of action by law enforcement who they reported were often reluctant to even investigate these cases.

Recommendations

In working to ensure that the sexual and reproductive health rights of adolescents with disabilities are protected, it is essential that we work in collaboration with people in various aspects of their lives so as to form a cohesive movement. As such, the following solutions were offered:

Recommendation 1: Domestic level

This refers to the family unit whether nuclear or extended as well as those who are in children's homes and special facilities. For many people, education starts from this basic level as children learn from their siblings, peers, parents and close family members and other caregivers. In order to ensure that children with disabilities get adequate support, parents and caregivers must understand their children's disabilities and be able to communicate with them while at the same time promoting equality and non-discrimination at home. To aid this the following propositions were made:

- Ensure that adequate information is availed to caregivers through health workers and other advocates.
- Create sign language learning centres in each county and encourage parents to learn so as to communicate with their deaf children.
- Sensitize parents on the SRHR needs of children and create an environment that encourages open discussion on matters such as menstrual hygiene.

Recommendation 2: Educational facilities

For many children, the bulk of learning takes place in school once they leave their homes. This is therefore a crucial setting where changes can take place in order to make SRHR education more accessible. The following interventions were proposed:

- Incorporate the recommendations from the 2015 National Adolescent Sexual and Reproductive Health Policy.
- Ensure that teachers are sensitized on the needs and special circumstances of children living with different disabilities.
- Ensure that there is at least one teacher or staff member to whom children with disabilities can directly report to for sensitive matters.
- Promoting inclusivity in education thereby reducing stigmatization of children with disabilities.
- Ensure that schools buildings and facilities are accessible for those with physical disabilities.
- Recognize that children with disabilities often start school later than their peers and therefore may encounter puberty before learning about it. As such, create forums and classes where age-appropriate sexual and reproductive health is taught to adolescents living with disabilities to equip them with information.
- Provide materials for feminine hygiene in schools free of charge to minimize interruption of education. Many children with disabilities are from low socio-economic backgrounds and may therefore not be able to afford menstrual hygiene products causing girls to miss school and lag behind in education.
- Ensure that adequate hygiene is maintained throughout the school particularly in washroom facilities.
- Consider provision of contraception to adolescents as studies show a decreasing age of sexual debut across the board[3].

Recommendation 4: Healthcare facilities and workers

Health care workers are a key source of information in addition to provision of health services. In this respect, they have a major role to play in advocating for the SRHR needs of people living with disabilities, especially adolescents.

- Provide sign language classes during medical training as well as education on caring for and communicating with people with disabilities.
- Ensure that all health facilities are accessible.
- Ensure that there is at least one sign language interpreter in all health facilities at all times.
- Safeguard the autonomy of adolescents living with disabilities through providing thorough and adequate information and ensuring that they are included in decisions affecting their health and give their consent.
- Encourage communication and thorough explaining of procedures particularly for patients with visual impairments. In this regard, a strong call was made to doctors performing gynaecological procedures as these are often invasive and uncomfortable.

Recommendation: Government and policy makers

While each of the above proposals call on individual and, in some instances, collective action from certain groups of people, nationwide change can only be instituted from the top through policies and direct funding to initiatives. As such government institutions such as the Ministry of Education have a great role to play in ensuring that adolescents with disabilities have access to SRHR education and their needs are met.

- Ensure that voices of people with disabilities are included in policy making. In doing so, it is vital that women's voices are included as often, women with disabilities are heavily discriminated. Furthermore, they are well equipped to offer insights into experiences that they lived through as adolescents thereby making the path easier for adolescents with disabilities.
- Provide incentives to schools so as to ensure that all schools are accessible for children with various disabilities.
- Ensure that counties have facilities where sign language is available and affordable.
- Create an SRHR curriculum that has particular focus on children from vulnerable groups such as those with disabilities. Similarly, create material that is accessible to those with vision impairments and deafness.
- Ensure that there are clear avenues where children who have been sexually assaulted can seek justice and be protected from perpetrators. This is especially important as children with disabilities are often abused by those close to them. Law enforcement officers should be sensitized on these matters and have a dedicated desk where crimes committed against children with disabilities can be reported.

Conclusion

The sexual and reproductive health and rights of people with disabilities are basic tenets of human rights that should be begin with providing education to children and adolescents with disabilities. As highlighted, each member of society has a role to play in ensuring that real equality and fairness is achieved and that the rights of this vulnerable group are safeguarded. We call on the government to uphold its duty in caring for all members of society starting with ensuring that sexual and reproductive health education is instituted in schools and targeted to vulnerable groups of children.

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