

Analytical paper on the effects of COVID-19 on access to maternal, sexual and reproductive health services for persons with disabilities.

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The effects of COVID 19 on maternal, sexual and reproductive health of persons with disabilities.

Introduction

This paper highlights the effects of COVID 19 on access to maternal, sexual and reproductive health services, as well as its interlinkages with the wellbeing of persons with disabilities in Uganda.

On the 11th of March, COVID 19 was declared by the World health organization as a global pandemic and Governments were tasked to put in place all appropriate measures to prevent the disease from spreading to the entire population (WHO 2020). The COVID-19 emergency public health measures in response to the crisis implemented by the Government of Uganda may have resulted into unprecedented restrictions on access to MSRHR services, which may disproportionately affect persons with disabilities in Uganda (Wilson 2019). The COVID-19 has rapidly altered the land scape programming of MSRHR services and affected the delivery/provision and access to MSRHR services for persons with disabilities (Kathryn et al, 2020).

The prioritisation of sexual and reproductive health services

Although sexual and reproductive health services and medicines are lifesaving, the pressures from the COVID-19 in Uganda could disrupt essential health services including maternal health, HIV/AIDS testing and counselling, contraception, safe abortion care and post abortion (Ravelo, 2020). Because of poverty, persons with disabilities may experience low purchasing power for contraception, including condoms amidst the COVID-19 response, putting them at risk of sexually transmitted infections (Purdy 2020).

Misinformation about COVID 19 and its transmission as well as lack of trust in the health system may risks keeping patients and pregnant people with disabilities seeking for MSRHR services from accessing treatment.

COVID-19 restrictions may lead to the reduction of access to essential new born, child health, adolescent health and maternal, sexual and reproductive health services. Several hospitals may limit the number of prenatal consultations leading to unwanted pregnancies for persons with disabilities.

Global crisis on health and the wellbeing of persons with disabilities mutually reenforce each other, and there is a clear interlink between access to MSRHR services as well as other services that cater for the wellbeing of persons with disabilities. The discussion below takes into account

the entire wellbeing of persons with disabilities. It is no doubt that despite the existing mechanisms to prevent the COVID 19 virus in Uganda, confirmed cases are rising day by day and we now have 40,591 confirmed cases, 334 have lost their lives, 15,099 recoveries and 901,884 have been tested for the COVID-19 virus (Worldometer, 2020). However, there is no disaggregated data based on disability in terms of the numbers that have been tested and confirmed. This may limit policy planning and management. Community transmissions are likely to stretch the health sector in spite of its systemic weak structures (Tim Kelsall et al., 2020). Across the nation, the pandemic is revealing the extent to which the Government of Uganda is committed to implement the obligations it accepted upon ratification of the CRPD and the political commitments brought about by the Sustainable Development Goals of promoting equity, inclusion and live no one behind in promoting the wellbeing of persons with disabilities (UN CRPD 2006; UN Sustainable Development Goals 2015).

As a result of the COVID 19, a number of restrictions have been imposed in the name of lockdowns, curfews and closure of schools. These preventive measures do not consider the interests and support needs of persons with disabilities. There is no policy or safety framework put in place to promote the interests and wellbeing of persons with disabilities during the COVID 19 and its post recovery.

The idea of closure of schools as well as the new guidelines issued to facilitate continuous learning at home may have excluded a number of categories of children with disabilities contrary to Article 24 of the CRPD, Article 23 of the CRC, Goal four of the Sustainable Development Goals on inclusive and quality education and general Comment no.4 on promoting inclusive education for persons with disabilities (Article 24 of the Convention on the Rights of Persons with Disabilities, Article 23 of the Convention on the Rights of a Child, Goal four of the Sustainable Development Goals, and General Comment no.4 by the Committee on the Rights of Persons with Disabilities). The guidelines established by the World health organization suggest for online learning, but this may be very problematic to most learners in Uganda because most of them do not have computers and smart phones that are accessible to their disabilities, internet is very expensive for the children with disabilities and the parents to afford. In trying to be innovative to the context of Uganda, the Ministry of education has found mechanisms of promoting continuous learning at home and has issued guidelines to that effect. The learning will mostly take place on televisions and radios (Alex Kakooza, permanent Secretary to the ministry of education, Circular 307, 20th April 2020). The guidelines do not specifically mention how they are going to include children with hearing impairments especially with the absence of sign language interpretation. The delivery of learning will affect children with visual impairments especially with regard to the new mathematical symbols and English punctuation. Other children with psychosocial and developmental disabilities have not also been catered for. The minister of education says that they have delivered print materials to the districts, but she has not highlighted whether this information is in accessible formats of braille and large print for the blind and partially sighted, alternative and augmentative communication and easy to read for children with developmental disabilities and sign language for the deaf. The Universal primary education policy requires that persons with disabilities are prioritized in the education system. Children with disabilities have a right to education on an equal basis with others, without discrimination and the

obligation on the part of the Government of Uganda to implement accessible and inclusive education still persists even during the time of crisis (Article 30 of the Constitution of Uganda). The ministry of education therefore must find ways and means to ensure that Ugandans with disabilities continue to access inclusive education during the COVID 19 crisis.

The lack of public information on the preventive measures of the COVID 19 in accessible formats to persons with disabilities is a big challenge. This is illustrated by the international disability alliance in her letter dated 27th April 2020 to the United Nations Secretary general asking him to take action to ensure that public information on the preventive measures is made accessible to all persons with disabilities. The International disability alliance has requested the UN and the World Health organization to ensure that information delivered on COVID 19 on all platform including the social media is made accessible, and to urge member states to ensure that they provide information in accessible formats to persons with disabilities (Lucia et al, 2020). There is an information gap on the preventive measures provided by the media especially on radios and television. Like any other pandemic, COVID 19 manifests several challenges in Uganda, in the name of misbeliefs, stigma, myths and cultural beliefs. These if not constantly scrutinized may pose a threat to the health, life and wellbeing of persons with disabilities because of the people's perceptions about the protective measures. The communication on the preventive measures is not written in braille for the blind, large print for partially sighted persons, captioning for the deafblind, hard of hearing and persons with dyslexia, easy to read, symbols and pictures for persons with intellectual and psychosocial disabilities. There is no description of the hand washing process to enable the blind understand the process of washing their hands, yet this is very key in preventing them from contracting the COVID 19 virus.

The lockdown has affected the transport system, and the most affected population are women with disabilities. Transportation to healthcare facilities is a huge challenge, since taxis and boda-bodas the renown public transport system is no longer working. Women with disabilities therefore cannot access health services especially those living with HIV/AIDS, those requiring reproductive health services as well as expectant mothers with disabilities in need of antenatal care and safe labour. Women have resorted to delivering babies at home utilizing traditional birth attendants which is a great risk to maternal health and child mortality. In this situation, risks such as the transmission of COVID 19 from the mother to the new born baby or from the traditional birth attendant to the mother and the baby, using unsterilized instruments, delivering in unhygienic environments are very high. Therefore, it is very important to establish the lived experiences of persons with disabilities in access to MSRH services amidst lock down restrictions resulting from the COVID-19 pandemic, which the study seeks to address.

New trends of COVID-19

Since March 2021, new trends have evolved regarding the containment of the virus. The introduction of the COVID-19 vaccine has brought hope to the Ugandan population and this has led to the reduction of restrictions that were previously imposed on Ugandans as a result of the COVID-19 virus. However, since vaccines are fewer than the population, a small number of people categorised as at high risk of contracting the virus including teachers, health workers, security personnel, members of parliament, older persons and those with underlying health

conditions such as diabetes, hypertension, liver disease, heart disease and Kidney have been prioritized to receive the vaccine. Even though the COVID-19 pandemic has disproportionately affected persons with disabilities, acknowledging that disability is associated with poor health conditions, persons with disabilities are not prioritized in the vaccination process. Therefore, it is very unlikely that in the post recovery plan of the COVID-19, persons with disabilities will be prioritized during access to MSRHR services.

In spite of the fewer vaccines than the existing population, Uganda is experiencing a second wave of the COVID-19 pandemic. It has manifested itself in three types, thus the UK Variant, Indian Variant and the South African Variant. It is affecting both the young and old. Uganda's health sector including referral hospitals and health centres are over whelmed with the number of patients admitted every day. Emergency units including intensive care units are extremely full and have almost no capacity to handle high dependency patients. There is no Oxygen. This means that a number of COVID-19 patients are in serious, critical conditions, while many die every day.

As a result, the Government of Uganda is likely to put more restrictions in the year 2021 in the name of lockdown, curfews and closure of schools to reduce the spread of the virus. Fruits such as Ginger, lemons and Gallic have increased in prices yet the poverty levels among individuals with disabilities is still high. The only remedy is to stay home as a means of protection.

Knowledge gaps

This study attempts to address the following knowledge gaps: The exclusion of persons with disabilities in the policy, plans and service delivery that guide the implementation of MSRHR services is a fundamental gap towards implementing inclusive MSRHR services that accommodate the needs of persons with disabilities. The failure to involve persons with disabilities in the process of policy making, implementation and monitoring of access to MSRHR services has contributed to the non-recognition of MSRHR issues and needs that affect them during service delivery. The lack of prioritization of persons with disabilities during access to MSRHR services including COVID-19 prevention and recovery program such as vaccination is a critical issue in research that ought to be addressed. The lack of involvement of men as research subjects on access to MSRHR services for persons with disabilities is a fundamental gap since husbands play a big role in supporting their wives with disabilities throughout the entire period of pregnancy, delivery and child care. Their involvement can create lasting change since they experience the same barriers of accessing MSRHR services as their wives. The failure to incorporate the lived experiences of persons with disabilities in the training curriculum of medical professionals including their successes is to blame for the negative attitudes of service providers as well as the failure to mainstream disability in MSRHR services. The poor infrastructural development of health facilities including health centres and hospitals, in accessible MSRHR information is attributed to the failure to consult persons with disabilities as well as the accessibility standards during construction. The geographical location of health facilities brings into play the concepts of rural urban dynamism, with the distance, poverty and privatisation of MSRHR services that prevent persons with disabilities from accessing appropriate MSRHR services from skilled personnel. Since disability is linked to poverty, most

of expectant mothers living in the urban areas prefer using traditional birth attendants during labour which might be a danger to the new born child.