

Barriers Affecting Students with Special Needs in Accessing Comprehensive Sexual and Reproductive Health Services and Rights on Campus a Case of Kwame Nkrumah University

Misheck Samakao
Kwame Nkrumah University

Abstract:- Students with special needs face a lot of obstacles during their studies on campus. In many institutions of higher learning there is often little attention given in the provision of the services with respect to students living with disabilities. Students with special needs are 3-4 times at higher risks of contracting HIV/AIDS as compared to the ordinary students. The institutions of higher learning mostly do not take this reality into consideration in terms of planning and repackaging of services in order to meet this challenge.

Students with special needs suffer gross violation of human rights during their period of study in institutions of higher education leading to high levels of stigma, high exposure to HIV/AIDS risks, high unhygienic conditions and poor sanitary services, lack of attention and even denial of access to health, sexual and reproductive health services on campus both directly and indirectly.

The study used qualitative research methodology. Both probabilistic and non-probability techniques were used as sampling techniques.

The findings of the study showed that students living with disabilities had difficulties in accessing comprehensive sexual and reproductive health (CSRH) services. They reported long distances to the facility, stigma, negative attitudes from medical staff including communication barriers and myths.

It was recommended that comprehensive sexual and reproductive health services need to be repackaged effectively in order to meet the demand from students living with disabilities on campus. There was also need to create more robust awareness and sensitization programs to specifically address challenges faced by students with special needs. The study contributed to the body of empirical knowledge relevant to policy makers, academicians and planners in the fight of HIV/AIDS pandemic.

Keywords:- Comprehensive Reproductive Health, Disability, Students with Special Needs, Accessibility, Availability, HIV/AIDS, Vulnerability, Barriers.

Table of Acronyms

CSRH: Comprehensive Sexual and Reproductive Health
PEP: Post –Exposure Prophylaxis
HIV: Human Immunodeficiency virus
AIDS: Acquired immunodeficiency syndrome
SNE: Students with Special Needs
AU: African Union
KNU: Kwame Nkrumah university
MOH: Ministry of Health
HEI: Higher education Institution

I. INTRODUCTION

Universities are known to be places of high levels of freedom with students experiencing high levels of civilization. With the African Agenda of 2063 providing free access to comprehensive sexual and reproductive health services to all youths in society, there appears to be a big challenge with respect to accessibility and availability for comprehensive sexual and reproductive health for students with special needs (Obasi et al, 2019). Students with special needs are also human beings with feelings just like any other including sexual desires. In fact, they have even more complicated limitations. When it comes to sexual drives, it becomes very difficult to fully socialise and get the services they need through peer interaction. This is because they face stigma and isolations from the rest of the student's community and their peer. However, sometimes it is the medical personnel who would subject them to long queues, lack of confidentiality and failure to exercise courtesy and privacy, including serious language and communication barriers (Karimu 2017).

In universities and colleges, students with special needs have suffered many limitations with respect to accessibility and availability of comprehensive sexual and reproductive health services, thereby leading to high sexual risky behaviour and increasing their exposure to infections of diseases and unwanted pregnancies (Burke et al. 2017).

A. Statement of Problem

Students with special needs have had challenges in accessing their sexual and reproductive health services on campus. They face amongst other factors, stigma, lack of information, language barriers, lack of privacy and sometimes long queues and shortages of the stock

(Abdurahman et al. 2022). Despite the university being the centre of civilization, it has continued to record high HIV risks cases as the students with special need are increasing in population but still cannot get what they need. If this situation is not addressed, Students with special needs (SNE) will be highly exposed to human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and other sexually transmitted Infections (STIs) as they have limited access to the Comprehensive Sexual Reproductive Health services on campus. Since SNE are already vulnerable, this situation if left unchecked might lead to high pregnancy rates and high HIV/AIDS infections rates

B. Objectives

- To establish the availability of CSRH services on campus for students living with disabilities.
- To assess levels of awareness of the CSRH amongst students living with disabilities
- To ascertain levels of accessibility to CSRH affecting students with special needs on campus
- To ascertain the barriers affecting students with special needs in accessing CSRH on campus
- To determine measures that could mitigate the barriers affecting students with special needs in accessing Comprehensive Sexual Reproductive Health Services on campus.

II. SIGNIFICANCE OF THE STUDY

This study is very critical as it shall help SNE to have access to CSRH services on campus. It shall also create awareness and enhance planning for the effective provision of health care services to students with special need. Above all, this study is basically going to help ensure prevention of unwanted pregnancies and also prevention of sexually transmitted diseases from the students living with disabilities. Furthermore, planners, policy makers and health care providers will be empowered to repackage their services to effectively provide additional help to SNEs on campus.

III. RESEARCH METHODOLOGY

The study used qualitative research methodology. An in-depth explorative view was used to explore, describe and explain the phenomenon under investigation through the sharing of experiences, values and opinions. The study was anchored on phenomenological philosophical perspective as it focused on real life situation searching for human experiences in a normal environmental setup.

A. Sampling, Data Collection and Analysis

The sample size used was 38 and it comprised of students with special needs, health care providers, academic staff and administrative staff. The data was collected using the semi-structured questionnaires and interview guides. It further engaged focused group discussions with SNEs and special interviews with both administrators and the care providers. The study sample was collected using both probability and non-probabilistic methods called purposive sampling and random sampling techniques respectively in in

order to get a full view of the phenomenon under investigations. The research sample included the following; students (30) health workers (3) administrative staff (2) academic staff (2) organisation with disabilities (1) and the total shall be 38.

B. Ethical Considerations

The study took into account the ethical requirements in its process. The application was submitted to the research and ethical committee at Kwame Nkrumah University to seek for clearance of the study prior to the actual undertakings. The clearance was given and the consent were sought from all research participants that took part in the study accordingly.

IV. REVIEW FINDINGS

A. Levels of awareness Amongst Students Living with Disabilities

The findings of the study indicate that slightly above half (58%) of the respondents were aware about the availability of the comprehensive sexual and reproductive health on campus. The rest (42%) were not aware of the service. From the number that was aware of the availability of the service, some also indicated knowledge of condoms, counselling and testing but they expressed ignorance about the availability of post-exposure prophylaxis (PEP), and other related services. However, when further asked about the reliability of the services on campus, the majority of those who accessed them indicated the services were very reliable. Further, it can be observed many respondents indicated that the quality was also good in term of the conditions of the products and services that they received.

B. Barriers in accessing Comprehensive sexual and reproductive health

The most common barriers that respondents indicated included the myths, privacy, distance and staff attitudes towards students with special needs. Of the barriers mentioned the myths and staff attitudes ranked in the first and second positions while privacy and distance followed respectively. The majority of the students living with disabilities mentioned that they had difficulties in accessing the services from the clinic on the basis of the trading myths and the negative staff attitudes as well as the common practice of recording details when they accessed contraceptives which they felt was an infringement on their rights of privacy.

C. Levels of HIV/AIDS exposure and risk behaviour amongst SNE students

The findings of the further revealed that the students with special needs had high pressure with regards to sexual demands from the student's community. They indicated that the most form of disabilities under high attack included students living with albinism where the majority of students were trying to experiment how sex feels with someone living with albinism. The majority mentioned that they were approached on the daily basis for sexual favours with all sorts of temptations and allurements. The majority of the rest indicated that they still had very high sexual feelings

and they needed enough protection against the spread of diseases and other sexually transmitted infections. One of the respondents interviewed indicated that they were asked that where do you take condoms when you get them from the clinic? Another student living with albinism was asked as to why she wanted condoms and when she went back in the same week, the care provider quizzed her loudly “you again?”

D. Measures to mitigate factors that lead to high sexual risk behaviour among SNE

When students with special needs were interviewed as to what could be the solution towards the challenges being faced with respect to accessibility they indicated that they needed management interventions in order to have the problem addressed. They further stated there was a need to create awareness and sensitization against the availability of CSRH products across the campus. This they indicated would help to change the staff attitudes and practices in order to address the barriers.

V. DISCUSSION OF THE RESEARCH FINDINGS

A. Levels of Awareness

It has been observed that the levels the awareness on comprehensive sexual and reproductive health amongst students living with disabilities are very low. The majority do not know about all the services that could be possibly available on campus for the purposes of HIV/AIDS prevention. The low awareness levels have great potential to cause high HIV/AIDS risks and related complications such as unwanted pregnancies amongst students with special needs. The low awareness levels were attributed to the fact there were already communication barriers existing between the students with hearing impairments, the blind and the dumb. This makes all efforts of awareness difficulty on campus unless the information is repackaged differently. This could pose a danger in terms of possible HIV/AIDS risks and unwanted pregnancies because all the students are of reproductive age and indicated that they were already sexually active. The population of the students living with disabilities is increasing daily on campus and this could further lead to more complications with respect to the spread of the disease if no extra efforts are invested to curtail the unpleasant ordeals on campus. There is need to keep stock of the contraceptives readily available for higher accessibility to all students living with disabilities on campus. This finding is in line with the findings of Scarvey (2017) who clearly indicated in his research work that most students living with disabilities find it hard to access the CSRH on campus due the nature of natural limitations existing with them. His counterpart Cadley(2021) further argued that accessibility is not easy with respect to students with special needs and as such the care providers must always go an extra mile in order to close this gap. There is need for example to repackage the products as suggested by Muller (2019) that information on CSRH must be packed in formats that would reach the students with special needs in a special manner otherwise they would remain on the higher risk exposure of being susceptible to HIV/AIDS scourge and other related problems.

B. Barriers affecting accessing of CSRH for students living with disabilities

Amongst the critical barriers exposed in the study are myths. The majority of the university community believe that students living with disabilities do not have sexual feelings and as such they are not expected to seek for family planning services or any other related services. Similarly, the majority of students have indicated that even care providers show visible sign of surprise whenever they would see a person living with disabilities coming to access condoms or related services. This mystical misconception that students living with disabilities are not expected to have sex makes a lot of them avoid seeking services from the clinic, but resort to either buy at times in remote places. On average a student struggles with the problem of money and as such it becomes very difficult if they are not able to get what they need which they think is useful within walkable distances but rather board a taxi to go and look for condoms whose cost is less than the cost of boarding bus or taxi. This situation might put a lot on them on high risk as they might resolve to use unprotected sex.

Secondly, there are negative attitudes held by the care providers on campus with respect to students living with disabilities. Most care providers have challenges when dealing with students with special needs, For instance there is communication breakdown as they always need a translator who might not be readily available.

Furthermore, it has been mentioned that there are still challenges with privacy of the clinic. The location of the clinic is situated very close to female hostels on campus. This in essence makes it hard for the male students to seek a service as they would be seen by the female students and easily being suspected of being sick. This prevents a big number of male students from getting health services from the university clinic. Further, a sizable percentage of students most of whom with vision impairments also complained of long distance from the rooms to the location of the clinic. This is understandably clear when one considers the visually impaired students who always need an assistant in order to move from one area of the campus to the next one. There is need therefore to find a way to solve the problem of distance as well. The limitation and the finding of this study are exactly in line with what Loope (2011) found out in his study that distance, negative staff attitudes and communication barriers are main challenges faced by students living with disabilities in accessing the medical health care especially CRSH on campus. Calibre (2021) also stated that these problems on paper look trivial but they are serious when one considers the state of the students with special needs. In view of this therefore Charity (2020) recommended that special attention must be invested in the way services are packaged for the sake of the students with special needs on campus.

C. Levels of HIV/AIDS exposure and risks towards the pandemic

The population of students living with disabilities is highly at risk when it comes to Sexual risk behaviour because of peer pressure coming from ordinary students whose population is so high. For example, students want to experiment especially on the students living with albinism. The majority of the students are always looking for opportunities to get sexual experience with someone living with disabilities and as such they too have much pressure coming from student's community with all sorts of attractions to lure the students living with disabilities to fall for the presents and classified gifts in exchange for sexual favours. Some students with special needs may not continuously resist the temptations and this is more reason why they need contraceptives in order to prevent the spread of diseases as well the unwanted pregnancies. The findings of this study are in tandem with the findings from another study conducted by Chally (2021) that showed that students with disabilities are a minority compared with the rest of the ordinary students and they may be at high risk in such an environment that has high numbers of students who might already be sexually active.

D. Proposed measures to mitigate the spread of HIV/AIDS among students living with disabilities.

It was highly recommended that for the highlighted barriers above there is need to create awareness and sensitization campaigns in order to mitigate the information gaps that are currently prevailing on campus. Information must be repackaged to suit the specific users that include students with hard hearing, those with visual impairment and those with hard speech. Specific information must be tailored to reach the students with special need on campus. Further special programs must be created pre-tailored to target the care-givers with knowledge and communication sign language skills so that they are able to attend to the students with special need without much difficulties. Besides they must also be sensitized against having negative attitudes towards this section of the campus grouping. They need to be extra careful so that whatever they say or do is not wrongly interpreted.

Additionally, more funding is required in order to enable the students with special needs to have improved services of CSRH stocked in many other strategic points for easier accessibility at all cost. For example, in each block of hotels where they stay, one student need to be trained as peer counsellor so that they could act as strategic point for effective distribution of condoms and other specific services.

Moreover, it also strongly recommended that the university must provide enough rooms to be able to offer effective counselling services for both genders males and females respectively.

VI. CONCLUSION

Students living with disabilities are at a higher risk from spreading of the HIV/AIDS pandemic on campus. They face more challenges with respect to peer pressure, limited resources, long distances to the health facility, long queue, negative attitudes from caregivers and also information and language barriers. Since, students living with disabilities are of reproductive age and also sexually active, it is important that extra efforts be invested in repackaging the programs that aim at reaching this minority group on campus in the most efficient and effective way.

There is also need to identify some students from the hostels to be trained as peer educators and also as focal point persons with information and products well repackaged to serve students living with disabilities on campus.

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