



## Need for disabled-friendly SRH-services in Senegal

*Many young people with disabilities in Senegal have sexual relations, yet very few use contraceptives or even know how to find SRH services. Young disabled researchers explored the barriers faced by their peers to understand why. Although further research is required, recommendations are made for more effective strategies to increase access to SRHR services for physically, visually and hearing impaired youth.*

### Double burden for the disabled

Disabled youth face a double burden when accessing SRH services. On top of the usual barriers that young people face, young people with disabilities face additional barriers. Physical accessibility to health centres and the need for family members or friends to accompany them, is cited as a barrier that disempowers them, and curtails their ability to access information and services confidentially and anonymously. Financial barriers to pay for services are higher, since many youth with a disability are often at an economic disadvantage (55% of Senegalese people with disabilities reported having no income). Also, their access to information is hampered since they face communication barriers and information is not available in formats that suit their needs (e.g. in braille or audio).

Finally, parental and service provider attitudes towards young people with a disability were also mentioned as a stumbling block. For example, there is often the misperception that disabled individuals are not sexually active. "People think that we are all well-behaved but we have sexual desires just like everyone else" (visual impaired male, 23). To access information, women with a disability seek advice mainly from female family members, whereas male interviewees depend mostly on friends for relationship advice and information on SRHR issues. However, just like any other young person, they are often ashamed to talk about SRH issues with their parents.

### Triple barriers for disabled women

Young women with disabilities face a triple burden. First of all, conservative and judgmental attitudes – mostly cited by women – give women less room in sexual relations. For example, it is thought that women should not engage in sex before marriage, should not use contraceptives within marriage and, if condoms are used, men are seen as responsible for purchasing them.

### Facts – ASK programme in Senegal

#### Where?

Dakar, Guediawaye, Thiès, Kaolack, Louga, St Louis, and Thiadiaye

#### By whom?

- l'Association sénégalaise pour le bien-être familial (ASBEF)
- Amref Health Africa
- Centre Ginddi (for technical assistance)

#### For whom?

Underserved and hard-to-reach groups, including Talibé: young people with disabilities and young people from extremely poor urban families, aged 10-24. In Senegal, approximately 800,000 people live with a disability (5.9% of the total population).

#### Scope of the research

17 focus group discussions, 50 interviews with young participants with either a physical, visual or hearing impairment, between the ages of 18-24, in Dakar, Thiès and Kaolack, interviews with 4 service providers and 4 information providers, and a desk-based analysis of data.

The 13 young male and female co-researchers –of which 3 were visually impaired, 8 had a physical disability, and 2 could do sign language–were trained with help of the EXPLORE toolkit.

In addition, nearly 20% of the female interviewees reported having been raped and of the women with hearing impairments a worryingly high proportion (57%) reported rape, sometimes multiple times. All rape incidents took place when the women were adolescents or younger, and all perpetrators but one, were family members or family friends. SRHR service and information providers report dealing with rape cases on a monthly basis, but most do not have the capacity to manage rape cases and refer to social services for judicial support. Only one respondent reported seeking medical attention following a rape. No one sought judicial or social support.

Although they offer confidential and free or affordable services with appropriate opening hours, like the toll-free phone and SMS service *Info Ado* that provides anonymity and does not require travel, hardly anyone with a disability knows or uses their services. Only one provider has a specific strategy in place to work with persons with disabilities, including a peer education approach and health centres equipped with ramps. And none of the information providers have disability-specific information. All service providers expressed their willingness to adapt or develop services that ensure accessibility to all types of disability.

### **Lack of knowledge or use of current SRH strategies targeted at youth**

Despite various efforts by private sector providers to reach young people with SRH information and services, they are not reaching Young People With Disabilities in the study population. Although they offer confidential and free or affordable services with appropriate opening hours, like the toll-free phone and SMS service *Info Ado* that provides anonymity and does not require travel, hardly any young study participants know or use their services. Only one provider has a specific strategy in place to work with persons with disabilities, including a peer education approach and health centres equipped with ramps. And none of the information providers provide disability-specific information. All service providers expressed their willingness to adapt or develop services that ensure accessibility to all types of disability.

### **Recommendations**

- Consider every step in the cycle of accessing SRH services
  - Provide SRHR information that is easily accessible for different types of disabilities (e.g. braille, audio formats or qualified interpreters) and information where they can access services.
  - Have peers who can accompany disabled youth to SRH locations.
  - Provide accessible SRH services (e.g. introduce ramps or locations at ground floor) and disability-friendly services.
  - Refer to quality-assured or accredited youth friendly clinics.
- Since women with disabilities are at greater risk of sexual violence, there is an urgent need to provide victims with medical, legal and social support.
- Raise awareness amongst parents and support networks (friends, family, and teachers), they could help provide a more enabling environment to discuss SRH with young people with disabilities.