Access to sexual and reproductive health care of young people with disabilities in Yaoundé, Cameroon

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BACKGROUND

Although people with disabilities (PWD) living in resource-limited countries seem to be particularly vulnerable to adverse outcomes in their sexual and reproductive health (SRH), they have often been left behind in the response probably due to lack of reliable epidemiological data measuring their vulnerability. Moreover, while adolescence is a critical period of vulnerability to HIV acquisition, almost nothing is known on the situation of youth with disability.

OBJECTIVE

To investigate the vulnerability of adolescents and young adults in the area of SRH with a focus on the difficulties they face to access SRH services

MATERIAL AND METHODS

Design:

- Cross sectional survey conducted in Yaoundé, Cameroon (ANRS 12302)
- Life-event interviews and HIV testing were conducted after consent was granted
- Two groups were considered:
  - 237 youth with disabilities aged between 15 to 24 along with 237 matched controls without disability.
  - 246 people with disabilities aged ≥30 years and with disability onset before 25 years along with their matched controls without disability was also included to assess a cohort effect

RESULTS

Subjects' characteristics are summarized in Table 1 and disability characteristics are given in Table 2. It is interesting to notice a shift in the distribution of the main impairments between the two groups with a higher proportion of physical impairment but a lower proportion of intellectual/mental impairment observed in the older group.

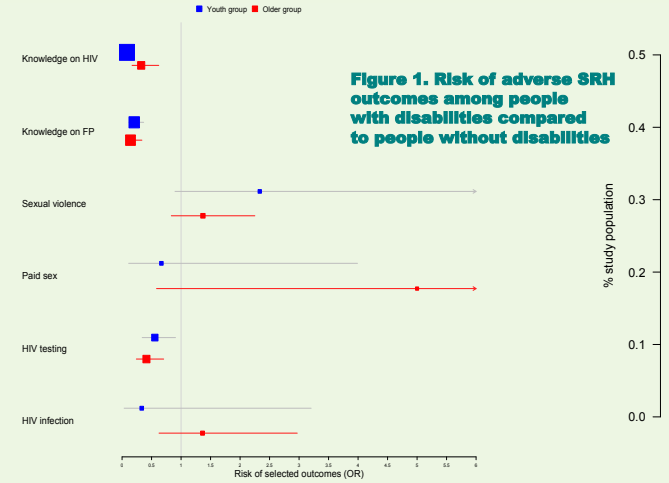

Figure 1. Risk of adverse SRH outcomes among people with disabilities compared to people without disabilities

The risk of adverse outcomes for selected SRH events in young people with disabilities is summarized in Figure 1:

- Youth with disabilities had lower levels of knowledge on HIV and on family planning. Although knowledge improved, the gap remained high in the older group.
- Young women with disabilities were at higher risk of physical violence (0R: 2.2 [1.2 – 4.12]) and of sexual violence (OR: 2.8 [0.9 – 8.6]).
- Women with disabilities of the older group but not of the youth group were more at risk of sexual intercourse for money.
- Youth with disabilities were less likely to have ever been tested for HIV infection and this situation did not improve in the older group.
- While the risk of HIV infection was not different between youth with disabilities compared to controls (p = 0.4), it tends to higher in people with disabilities from the older group

Table 1. Participants characteristics

	Youth group		Older group	
	People with disabilities	Controls	People with disabilities	Controls
Age, median (IQR)	20 (17 – 23)	21 (18 – 24)	35 (32 – 41)	35 (31 – 41)
Female, n (%)	120 (51)	120 (51)	131 (53)	131 (53)
Education level[a]				
Primary[b]	50.8 (38.3 – 63.3)	92.3 (85.7 -99)	72.9 (67.0-78.7)	94.7 (91.7 – 97.6)
Secondary[b]	24.6 (13.9 – 35.4)	61.5 (49.4 – 73.7)	48.9 (42.3 – 55.5)	65.8 (59.5 – 72.0)
Score économique	-0.26 (-1.33 to 0.94)	-0.03 (-0.81 to -1.17)	-0.65 (-1.50 to 0.69)	0.32 (-0.78 to 1.32)

a. only subjects who completed their education are included in this analysis. b: completed level. IQR: Inter Quartile Range

Table 2. Knowledge, behavior and vulnerabilities to HIV

	Youth disabilities	Older group
Type of impairment, n (%)		
Physical	69 (29)	126 (51)
Visual	53 (22.5)	52 (21)
Hearing	44 (18.5)	28 (11)
Intellectual and/or mental	73 (31)	42 (17)
Severity[a], n(%)		
Mild	51 (21.5)	45 (18.5)
Severe	138 (58)	136(55)
Total	48 (20)	64 (26)
Age of disability onset, median (IQR)	4 (0 – 11)	5 (0 – 11)

a. worst functional limitation on the three level scale (Washington Group questionnaire)

Use of SRH services

Overall youth with disabilities were less satisfied with SRH services compared to controls (p = 0.01). Satisfaction improved slightly in the older group but remained lower for people with disabilities compared to controls (p = 0.01).

SRH services most commonly used by the youths were antenatal care (ANC) / maternity / post-delivery care. While similar frequency of SRH services use between youth with disabilities and their controls was observed, a lower rate of use of ANC and post-delivery care in people with disabilities was found in the older group (p = 0.03 and p = 0.08).

A greater number of youth with disabilities reported having problems to use SRH services compared to youth whithout disability (OR: 2.8, p<0.001). Most common difficulties reported are displayed in Figure 2. Youth with severe impairment were more likely to report difficulties compared to those with mild impairment (OR: 3.5 [2.00 – 6.10]). The risk of difficulties was not associated with the economic score or with the level of difficulties for social participation (p = 0.9).

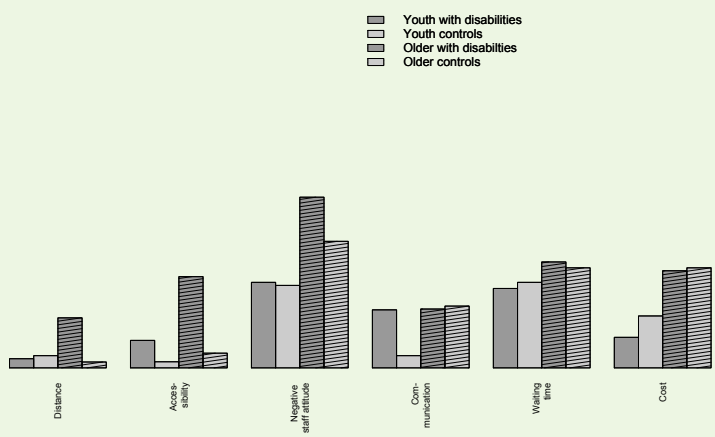

Figure 2. Difficulties faced by young people with disabilities to use SRH services

CONCLUSION

This study showed

- People with disabilities appear to be exposed to many risks for adverse sexual outcomes very early during their life-course
- Some risk factors remains over time while other occur later during the litetime
- Difficulties to access SRH services change in frequency and nature with time and seem to be more linked to the disability condition than the economic factors.
- However, this study has several limitation (size, design) and calls for larger epidemiologic study on this highly vulnerable group

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