

*Originalni članci/
Original articles*

KNOWLEDGE, ATTITUDES AND PRACTICE
OF EXPERTS AND SERVICE PROVIDERS
RELATED TO REPRODUCTIVE HEALTH OF
PERSONS WITH PHYSICAL DISABILITIES

ZNANJE, STAVOVI I PRAKSA STRUČNJAKA
I DAVALACA USLUGA O REPRODUKTIV-
NOM ZDRAVLJU OSOBA S TELESNIM
INVALIDITETOM

Correspondence to:

Robert Velichkovski, MSs, MHCM,
PhD c.
Advisor Ministry of Health
Address: Str 50 Divizija, No.14,
1000 Skopje
Republic of Macedonia
e-mail: robertovelickovski@yahoo.com
robert.velickovski@zdravstvo.gov.mk

Robert Velichkovski¹, Fimka Tozija²

¹ Ministry of Health, Skopje, Republic of Macedonia

² Institutes for Public Health, Faculty of Medicine, Skopje, Republic of Macedonia

Key words

experts, service providers, persons with physical disabilities (PWPDs), reproductive health (RH).

Ključne reči

Stručnjaci, davaoci usluga, osobe sa telesnim invaliditetom, reproduktivno zdravlje

Abstract

Introduction: Despite the universal right to access the same range, quality and standard of free or affordable health care and programs as provided to other persons, people with physical disabilities (PWPDs) continue to experience challenges in accessing these services. This article presents the challenges faced by PWPDs in accessing reproductive health (RH) services in Macedonia. **Objectives:** The main objective of this KAP survey is to analyze the knowledge, attitudes and practice of experts and service providers in terms of rights, stigma and discrimination against PWPDs, as well as their access to health services related to RH. **Material and Methods:** This was a qualitative study that was conducted health-care professionals in Macedonia in 2014. Data about KAP in accessing RH services were collected using in-depth interviews with 55 respondents (27 experts and 28 service providers) about various issues related to RH for PPD. The responses to structured questions on background characteristics of respondents and challenges encountered were coded and entered into EpiData and analyzed using SPSS version 17 to generate frequency tables. **Results:** The majority of respondents (95 %) believe that PWPDs should enjoy the same rights as anyone else, apart from reproductive rights whereas they (70 % of them) have reservations and think that it should be reviewed individually by case, depending on the type and degree of disability, and whether at least one partner is able to keep the child. 72 % of respondents believe that there are no developed specific RH services in Macedonia for PWPDs, but they also consider that there should be no special services for these people, because it would increase the stigmatization and social exclusion. **Conclusions:** The results showed that respondents need more knowledge about the available reproductive health services in the country, but also knowledge of the needs of people with disabilities. In general experts have more remarks on the work of health professionals with PWPDs. These findings call for a need to sensitize service providers on reproductive health needs of PWPDs through applying a holistic approach to disability, and for the government to establish available and acceptable RH services for persons with disabilities in all health facilities.

INTRODUCTION

Numerous scientific studies showed that people with disabilities have unequal access to health services (1-4). Thus, they have significant unmet health care needs compared with the general population.

Reproductive rights are universal human rights based on the inherent freedom, dignity and equality of all human beings. Services for reproductive health include: family planning, maternal health care, prevention and management of violence, prevention and treatment of sexually transmitted infections, including HIV/AIDS.

PWPDs should enjoy sexual and reproductive rights as well as the rights in the area of RH. International Planned Parenthood Federation (IPPF) issued the publication Sexual Rights Declaration⁽⁵⁾, which declares that sexual rights as human rights are respected, so that all individuals enjoy freedom and choice in their sexual and reproductive lives. This Declaration is a part of international instruments and standards for human rights, appointing that sexual and reproductive rights and freedoms are the basis for fruitful and happy life.

Although there is a little information about this area, it is widely known that persons with disabilities have significant unmet needs. In many cases it is detected that adolescents and adults with disabilities in the world are more likely to be excluded from sexual and reproductive health education programs⁽⁶⁾.

On the other hand, there is a huge number of international documents which concern human rights of persons with disabilities, including the right to reproductive health^(7,8). One of the major disability policy document is the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which emphasizes that persons with disabilities should enjoy legal capacity on an equal basis with others (Article 12), the right to marry and to found a family to decide freely and responsibly on the number of planning their children to retain their fertility on an equal basis with others (Article 23) and have access to RH care (Article 25)⁽⁹⁾.

Persons with disabilities have greater need for access to health services and higher level of unmet health needs than others⁽¹⁰⁾. In particular, Article 25 provides provision whereas in point 1 points that States Parties in particular shall „provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of RH and population-based public health programmes”⁽⁹⁾. Nevertheless, Gans and colleagues⁽¹¹⁾ recognized several reasons for unaffordable health care services for people with disabilities, such as: transportation problems, inaccessible public health facilities, as well as insufficient knowledge and attitudes among service providers.

However, despite these provisions, widely prevalent prejudice is that people with disabilities (including PWPDs) are asexual or something similar, and that they should have controlled sexuality and fertility⁽¹²⁾. On the other hand, there is evidence that people with disabilities are sexually active, and access to sexual education is important to promote sexual health and positive experiences of conducting sexual relations and communications for all persons with disabilities.

MATERIALS AND METHODS

Design

This is a prospective cross-sectional qualitative study conducted in the territory of Republic of Macedonia in a period between 1st of February 2014 until 30th of June 2014.

Sample

This study encompasses a total of 55 respondents (27 experts and 28 service providers) in order to gain data on various issues related to RH for PWPDs.

Ethical principles

The research adhered to the tenets of the ethical principles for medical research involving human subjects in Declaration of Helsinki.

Instrument

Originally structured open-ended questionnaire was designed for experts and service providers who are working in the area of health and disability, guided by the *Policy for sexuality and persons with disability*⁽¹³⁾. 14 specific questions on different topics have been defined. Generally, topics are in relation to their professional experience with PWPDs, knowledge of their rights (general and specific rights for RH), their attitudes towards stigma and discrimination, as well as access to various services.

The instrument was tested in a pilot study on a representative sample of respondents. The instrument was applied via interview and electronic submission of a completed questionnaire.

Statistical analysis

The data obtained with this qualitative survey has been divided into two groups, depending on the respondents: experts and service providers. Answers were summarized for each question separately and were analyzed as shown in the results.

Data obtained from the survey has been included in specially prepared database and its statistical analyze was performed with SPSS 17.0 Program for Windows XP. The descriptive statistics for the attributive series was calculated with frequencies (number and percentage).

RESULTS

Socio-demographic characteristics of respondents

Figure 1 shows the characteristics of 55 respondents who were interviewed for this study divided into two main groups by their profession: experts (49%) and service providers (51%).

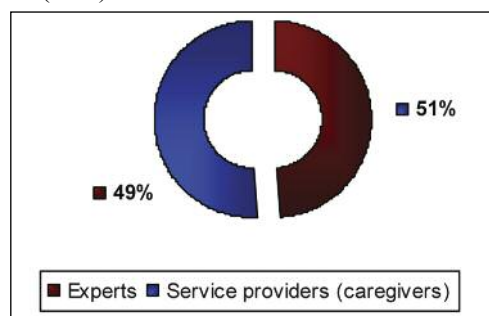


Figure 1. Respondents by their profession

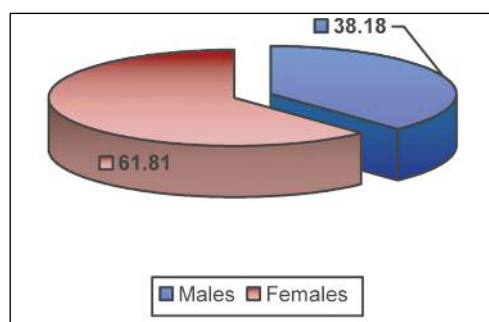


Figure 2. Respondents by gender

Of the 55 respondents (27 experts and 28 caregivers) who completed their questionnaires, 21 (38,18%) were males and 34 (61,81%) were females (Figure 2).

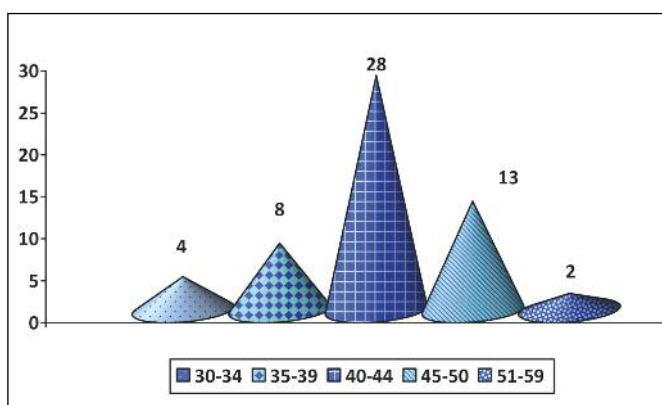


Figure 3. Age range of respondents

Figure 3 demonstrates the ages of respondents ranged from 30 to 59 years, with an average age of 43.6 ± 4.3 years. In comparison to female respondents of the survey, a higher proportion of males were older (e.g. 60 percent of male respondents were aged 50 years and above as opposed to 20 percent of females).

Professional experience

Did you have any professional contact with persons with physical disability?

47 out of 55 respondents responded that they had professional contact with PWPDs, unlike others (8) who did not, but in one or another way have been involved in the process of creation the policy for this category of population. There is a case where the service provider works in Day-care Center for people with intellectual disability over 18 years, but the structure of its users is heterogeneous – mostly they serve people with moderate and severe intellectual disability, followed by persons with multiple disabilities (some of them with impaired motor functions), as well as users with cerebral palsy (physical disability). 3 of the respondents, who declared that they did not have direct professional contact with PWPDs, also have stated that they have participated in various activities on the subject of RH of persons with disabilities, mostly organized by civil society organizations (ex. Health Education and Research Association - HERA).

What is your professional experience with persons with disability?

Respondents who had contact with PWPDs (82% of all respondents) generally did not have difficulty in dealing with them, nor different view or behavior apart from the rest.

The only difficulty in working with this category of patients was appointed by doctors, who indicate that more time and patience is needed while taking the anamnesis data. Data about RH from some of these patients, despite the assistance given by their companion (usually a parent), is quite difficult to obtain. Doctors need more time to work with them in terms of trust and explanation in order to be more open in their conversation, especially on topics related to RH. This in terms of outpatient work, which usually implies high frequency of patients, creates tension on the

patient and not satisfactory cooperation, which reflects on the relationship "doctor-patient".

Sexual and reproductive rights of PWPDs

Which sexual and reproductive rights should be enjoyed by PWPDs, and which should be more controlled and why?

Generally, from all respondents accept that the respect of sexual and reproductive rights of the total population, as well as an overall improvement of the quality of health services in this segment leads to respect of these rights also for the PWPDs (confidentiality, privacy, reducing geographical and administrative barriers to full access to services, access to timely and accurate information related to sexual and reproductive needs of this group of population).

However, in terms of achieving their sexual and reproductive rights, there is an incompatible opinion among experts. 85% of experts think that they should enjoy the same rights as others and do not see reasons to restrict their sexual rights, if they are physically able, as opposed to 15% of respondents who have some reservations. With regard to the reproductive rights, 10% of them believe that every case should be considered individually, depending on the type and degree of disability, and if at least one of the partners is able to take care about the child – Otherwise, it should be advised about the possibility of keeping the child. The remaining 5% of respondents believe that PWPDs should enjoy all rights, but by limiting the number of children, especially if there is no help from the family, or in situations where the state can not offer such support.

Do you believe PWPDs face problems when exercising intimate relationships?

If yes, could you please describe the problem? Are these problems the same for men and women?

46 out of 55 respondents (or 80% of them) responded affirmatively to this question. Depending on the degree of disability, PWPDs encounter various problems when exercising intimate relationships. Some of them (60%) believe that PWPDs have very low self-esteem (mainly due to their situation/their disability and the general attitude of the society towards disability) in communication and interaction with others, which reduces the choices of finding a suitable partner. They connect their problems with the psychological nature of personality that manifest themselves as barriers to the full realization of an intimate relationship: a distorted image of their own body, expectations to meet certain criteria and so on. Other respondents (40%) consider this problem from practical nature rather than from psychological nature towards achieving intimate relationships. According to them, problems of this type are present in the situations when PWPDs are unable to make the desired movement.

In terms of gender differences and problems that both men and women have, respondents generally do not have any particular opinion about who is more affected (men or women). According to them, men may perceive it as a blow to their masculinity - for the simple reason that the division of the traditional gender roles and norms still exists, such as: „inability” of men has been seen as a major embarrassment for them, while for woman, it is not tragic to be sexually

inactive. Nevertheless, the prevailing opinion (65% of respondents) is that the women are always exposed to greater discrimination and limited opportunities. In addition, each type of disability (more or less) brings its own consequences.

Stigma and discrimination

How do you think PWPDs who have children are accepted by society?

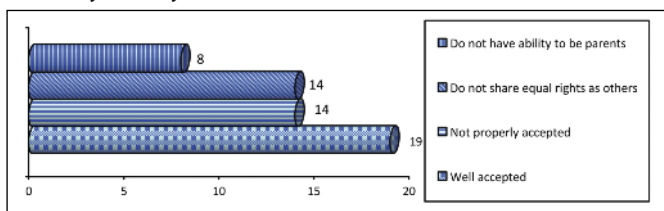


Figure 4. Opinion of respondents regarding acceptability of PWPDs by society.

Responses on this question are different - there are respondents who consider that PWPDs are well accepted (35%), not properly accepted (25%), those who think that PWPDs do not have equal rights as others (25%), even with skeptical opinion about their ability to be parents (15%). Generally, these parents and their children are exposed to compassion by the community, and that makes these families even more vulnerable. However, respondents appointed that the institutions usually offer passive support (various social cash packages and charities), but not the way in which these individuals and their families could be actively involved in the community.

Some respondents (73%) believe that in more developed areas where people are more informed about the abilities and needs of PWPDs are more accepted, which is unlike in not so developed, and even rural areas whereas more focus is paid on disability rather than on the ability of this people. In such regions prevail opinions that PWPDs are less capable of doing many things, even raising offspring. Also, almost all respondents indicated that acceptance of PWPDs and their children largely depends on the level of education and educational environment as a factor that affects the overall opinion.

Despite this, there is a tendency to build a positive opinion. Experts and service providers believe that stigma is decreasing and an opinion prevails that there is a positive trend that people with disabilities are less stigmatized in terms of everything, including whether they should have children.

Do you think that general public stigma exists for this category of the population?

Most of them (70%) believe that there is still a public stigma attached to this category of citizens. Mostly it is due to the ignorance of needs, abilities and potential of people with disabilities - „Still can be seen furtive glances, fear, compassion, humiliation, etc.”, which leads to difficult social inclusion of persons with disabilities.

In order to change this, all of them are on the same opinion - a lot of work is needed, primarily to raise public awareness in terms that all people are equal and that the problem is in how the difference is perceived, but not to focus attention on difference itself.

However, as in the previous question, respondents believe that public stigma is becoming less over time, due to increasing public awareness for the needs of this population group.

Do you think that PWPDs have access to the same services for RH as others? Please explain.

92% of respondents believe that the services in this area are also limited for the general population for several reasons (geographical, administrative, quality of service), and that the limitations are even more pronounced for persons with disabilities. Services for RH in the country are insufficient, and in areas where they can be found in sufficient number they are mainly oriented to the general population.

The respondents appointed public stigma and obscurity of persons with disability as one of the primary reasons why people with disabilities do not enjoy the same rights and services for RH.

Interestingly, some of the experts (30%) believe that having the slightest stigma and discrimination done by health workers compromise quality and service availability - „The patient who feels discrimination on its „skin” faces a subjective barrier, which if cannot be overcome, could lead to delay of the requirement of the health service in the future, or completely avoiding the application of such service”.

Accessibility

According to you, do dermatovenereology and gynecological services/units meet the needs of PWPDs? (What do you think: Do they have trained staff to work with this category of citizens? Do they have physical accessibility? Is there a need of different approach of work with them than with people without disabilities?)

Lack of communication skills and lack of training for work with persons with disabilities was appointed as a possible cause of reduced access to these services by people

Reasons/Barriers	Caregivers (service providers)		Experts	
	No	%	No	%
Lack of communication skills and lack of training for work with persons with disabilities	24	85%	21	77%
Limited dermatovenereology and gynecological services for PWP	5	18%	12	44%
Lack of services in rural and distant areas	20	71%	25	92%
Short time for consultation and check-ups	3	11%	5	19%
No specially trained staff to work with PWP	20	71%	26	95%
Health workers do not possess holistic skills to work with PWP	1	4%	15	55%

Table 1. Barriers for access to dermatovenereology and gynecological services for PWPDs appointed by caregivers and experts

with disabilities. On the other hand, the network of these services is also limited. 12 experts and 5 caregivers believe that gynecological and dermatovenereological services do not meet enough PWPDs needs. Most respondents believe that such services are missing in rural and distant areas, which further leads to reduced access to these services due to limited mobility of PWPDs. However, it is noted that physical accessibility is improved in the new health care facilities (e.g.: Clinic for gynecology and obstetrics in Skopje), but the old buildings still has the same problem, which should be solved.

Besides accessibility, it is very important to schedule the patient at a specified time, which will allow pre-scheduled time to be fully used for the patient – „a person with physical disabilities needs more time for consultation and check-ups than usual”.

In terms of personnel, 95% of experts believe that there is no specially trained staff to work with these citizens. However, some of them (55%) believe that health workers do not possess holistic skills (communication skills, non-discriminatory, inclusive practices etc.) to work with this category of persons. Work with people with disabilities requires a different approach, understanding, tolerance and patience in practice and each health institution should provide adequate physical access and equipment, so that provided services will be more accessible for people with disabilities.

In general, all respondents are of the opinion that improved approach is needed to work with these people, except for the opinion of one expert who believes that a completely new approach should take a place different than the current one, which is full with stigmatizing and discriminatory practices. – In other words, a new approach is needed, not different.

Do you think that training of health workers pays attention to work with PWPDs and people with disabilities in general, and whether health professionals are familiar with PWPDs needs related to RH?

Generally, respondents believe that such modules do not exist in bachelor studies, and professional development within this segment is present very minimally. Quite a few of the experts (3 out of 27 experts) think that maybe in specialized training of health workers such topics are covered, unlike other respondents (service providers) who believe that there is no special education about persons with disabilities, and according to them, probably many of the professional staff are not familiar with the needs that persons with disabilities have in relation to RH. However, dermatologists believe that there are no such trainings in which they could be involved, and probably, in their view, such trainings are attended by psychiatrists.

Health professionals consider that the „medical” approach in the education of health professionals is still dominant and does not cover social aspects of persons with disabilities.

What do you think which barriers persons with disabilities are facing while using information and services for RH?

Lack of information on where to refer, distant institutions (mostly or only located in urban areas), inappropriate architectural accessibility, access to health care workers who are

often not in line with the needs and interests of these persons (not enough time for conversation, consultation or counseling), lack of quality services in the field of rehabilitation and prevention of permanent impairment, social aspect of disability not taken into account (only focus on medical approach) are just some of the problems or barriers that were identified by respondents, which they though PWPDs are facing.

According to them, usually services that offer information on RH are provided by institutions, which are inaccessible for PWPDs – „Almost all services are located on the second floor and there are no elevators, just stairs.” Also, almost all respondents prevails that there is insufficient number of services that offer information related to RH services and those who provide information are mainly oriented to the general population. The medical language used by service providers is appointed by experts as additional barrier for communication with persons with disabilities.

There are some respondents (5% of them) who classify barriers into two groups: subjective and objective. Despite insufficient physical accessibility as mentioned as objective barrier, a lack of finances has been indicated as well, because disability makes them more sensitive to economic dependency, unemployment, which further usually leads to social exclusion. As a subjective barrier they indicate exposure to stigma and discrimination, fear of damning terms of employees and so on.

What information and services related to RH do you think that PWPDs need to have better accessibility?

The responses provided by respondents regarding this issue are mostly related to:

counseling, assistance and mediation for referral to other institutions, rehabilitation services, services for social support and contraception.

Moreover, according to them persons with disabilities should be informed about sexually transmitted infections (STIs), antenatal and prenatal care, etc.

95% of respondents believe that services should provide information about the protection during sex and protection from sexual exploitation, as well as information to overcome the objective and subjective obstacles related to PWPDs.

Do you think that antenatal services are accessible for PWPDs? (Did you observe any physical barriers, communication problems, stigma, etc.)?

Generally, respondents believe that antenatal services are accessible for PWPDs, like all others. The barriers for accessibility and stigma still exist and they are even more pronounced to this category of population. According to some of them (45% of respondents) prenatal services available for PWPDs are not enough accessible, because units that provide this kind of services are often insufficiently equipped and have inadequately trained health professionals, who work with persons with disabilities.

The University Clinic for Gynecology and Obstetrics in Skopje is indicated as a good example of physical accessibility for PWPDs, which is one of the newer health facilities that is build and that functions in accordance with the needs of PWPDs in terms of space and equipment. This indicates

that there is a positive tendency towards overcoming barriers to this population group.

Do you think that there are specially developed RH services for PWPDs?

Interestingly, the majority of respondents (97%) who believe that there are no special RH services for PWPDs, also consider that there should be no special services for these people, because it would increase the stigma and social exclusion. A greater flexibility and adaptation of services to meet needs of PWPDs have been appointed by them as a requirement that should be taken into account, including: flexible working time, architectural accessibility, multidisciplinary teams working with persons with disabilities, integrated enforcement services etc. Moreover, it is necessary to train health workers to deliver services in order to have social competencies to work with this population and help them in a process towards social inclusion.

Only one of the respondents has mentioned that Health Education and Research Association (H.E.R.A.) has implemented programs for RH of PWPDs.

Do you think that the information on RH is accessible for PWPDs?

The majority of respondents (93%) believe that the information about RH is not available for PWPDs, but they also consider that generally there is a poor access to information with regard to this topic for all population in general. In this segment (70% of them) NGO sector has been appointed as more effective, which should be supported by the governmental institutions. However, no one denies the fact that nowadays more efforts are done for people with disabilities in order to have information available.

DISCUSSION

With regard to reproductive health rights, a survey that was conducted by experts showed that the majority of them (95%) believe that PWPDs should enjoy the same rights as anyone else, apart from reproductive rights whereas (70% of them) have reservations and think that each case should be assessed individually, depending on the type and degree of disability, and whether at least one partner is able to take care about the child.

Furthermore, the results also showed that most of the experts/respondents (72%) who believe that there are no developed specific RH services for PWPDs, also consider that there should be no special services for these people, because it would increase stigmatization and social exclusion to them. Their believe is that a greater flexibility and customization of services to the needs of these individuals is needed, including: flexible working time, better architectural access, multidisciplinary teams, integrated implementation of services, appropriate medical equipment (e.g. gynecological chair with hydraulics) etc. Lack of these services in rural and distant places has been appointed as a problem by respondents, which further reduces access due to limited mobility of PWP. Comparable similar challenges to PWPDs access to RH services were also observed in other surveys. For instance, the qualitative study done with

PWPDs in Kampala in 2007⁽¹⁴⁾ founds miscommunication between health providers and PWPDs, distant health institutions, inappropriate architectural accessibility, which confirms the respondents' perception of this study. According to the study that was done in Croatia, the Czech Republic, Hungary, Slovakia and Slovenia, same or similar barriers for access to health services have been found in some other countries in the region as well⁽¹⁵⁾.

Apart from the experts, service providers believe that more time and patience is needed in taking the anamnesis data from persons with disabilities, especially data about RH. Even the California Service Delivery System for persons with developmental difficulties has the same problem, specifying that the limited time for taking anamnesis data (which is often 15 minutes or less) very often leads to incomplete medical records about persons with disability and thus leading to problems that occur as a result of prescribed medication without knowing the complete patient's history⁽¹⁶⁾.

Although research has shown that in terms of gender differences and problems that have both men and women with disabilities, respondents generally do not have a particular opinion about who is more affected (man or woman) considering that they suffer equally, data released by the United Nations⁽¹⁷⁾ indicate that in most countries of the OSCE women report higher incidents of disability than men. Additionally, the national study in the United States shows that women with functional limitations are less likely to ask for contraception during their visits to primary care physicians⁽¹⁸⁾. Moreover, women with disabilities are less likely to perform regular tests on cervical and breast cancer, as opposed to the general population⁽¹⁹⁾, which again indicates that the information and services to people with disabilities need to be more accessible and according to their needs, as recommended by most of the respondents.

In addition, the study shows that 95% of experts believe that there is no specially trained staff to work with these citizens, as the education of professionals and their training is mainly aimed at addressing and solving the problems that the normal population is facing, unlike the persons with congenital disabilities. There are numerous studies that show that medical education directly affects the attitudes of health workers, and hence affects the provided care to patients⁽²⁰⁾.

Similar to these studies, respondents in this survey believe that medical education does not cover separate modules for work with PWPDs (and especially for their needs for RH) and professional development within this segment is very rare, which negatively affects the provided care to those people. The lack of medical education on disability for health professionals is also appointed in the American healthcare survey on disability, as one of the most considerable obstacles that avoids persons with disabilities from receiving appropriate health care⁽²¹⁾. In a study of Connecticut physicians, 91% of primary care practitioners expressed they had obtained no education about disabilities, and 71% said they would benefit from such education, which is in line with Macedonian physicians, of whom 93% think the same. Service providers believe that providing care

for persons with intellectual disabilities is more difficult and complex than caring for others (22).

About 90% of respondents believe that the medical approach to the education of health professionals is still dominant and does not cover the social aspects of a person with a disability. Thus, it is necessary to apply the International Classification of functioning, disability and health (ICF classification), which determines the multidimensionality of disability (23).

In general, all respondents are of the opinion that a different approach is needed to work with this category of the population that would not be discriminatory and stigmatizing. Unfortunately, discrimination and stigma in many countries continue to be a serious threat to RH for many groups, including: women, sexual minorities, refugees, people with disabilities, people in rural communities, indigenous people, people living with HIV/AIDS, sex workers, as well as persons in prisons. Some individuals encounter discrimination on several grounds, such as sex, race, ethnicity, poverty and health status (24).

Despite the service providers' beliefs, experts consider that one of the existing barriers is the language used by physicians that often consist a lot of medical terms, which is incomprehensible to PWD. The complicated and rude language by health care providers to PWPDs is one of the findings of survey done in Uganda as well (14). Similar findings are recognized in other surveys (25) including the neighboring countries (26). In addition, public facilities should offer supporting services (incl. equipment, braille letter, visual sounds, elevators) in order to ensure effective communication between service providers and persons with disabilities (27).

The survey that was done by the Disabled Women's Network and Resource Organization in Uganda shows that 42% of women with disabilities have never heard about reproductive health services, and more than 50% of persons with disabilities in general believe that these services are not accessible to them (28). In Macedonia the survey shows that respondents believe that persons with disabilities are also not informed about RH services (incl. STI, antenatal, prenatal care etc.). Moreover, the RH service should also include services, with aim to improve the life and intimate relationships and not just counseling and care related to reproduction and STI (29).

CONCLUSIONS

The study explores experts and caregivers' perceptions about challenges that PWPDs are facing in relation to RH information and services.

The survey singled out that experts and service providers need more knowledge about the available reproductive health services in the country, but also knowledge of the needs of persons with disabilities. In general, experts have more remarks regarding the work of health professionals with PWPDs, such as miscommunication between health providers and PWPDs mainly manifested through professional language used by physicians which is bursting with medical terms and prevailed medical approach to disability.

While taking patients' history (especially from the sexual area) in orders to get anamnesis data, doctors quite hardly receive data from people with disabilities. Healthcare professionals generally perceive disability through medical terms and diagnosis, often without applying the holistic approach to disability. Therefore, for this category of people is necessary to apply the ICF classification, which determines multidimensionality of disability as a concept based on the dynamic interaction between the individual and his/her immediate physical and social environment. Their training should be focused more on practice work with PWPDs, covering also the area of RH.

These findings call for a need to sensitize healthcare providers to RH needs of PWPDs through applying a holistic approach to disability, and for the government to establish persons with disabilities-friendly services in all health facilities.

In almost all respondents prevails opinion that there is insufficient number of services that offer information related to RH services and those who provide information are mainly oriented to the general population. Apart of the need of its broader establishment, these services should provide continuous information and education for people with disabilities. In addition, education and information on RH should also be conducted among parents/caregivers of PWPDs with special emphasis on contraception and family planning.

The knowledge, attitudes and practice of experts and providers are important for the process that is supposed to support reforms toward creation of quality RH services for people with disabilities in the country in general.

Sažetak

Uvod: Više od jedne milijarde ljudi u svetu živi sa nekim oblikom invaliditeta, od čega skoro 200 miliona ima značajne poteškoće u funkcionisanju. Jedno od dostignuća Konvencije OUN o pravima osoba sa invaliditetom jeste saznanje da su ljudska prava važna u pogledu reproduktivnog zdravlja osoba sa invaliditetom. U procesu evropskih integracija Republika Makedonija se nalazi pred ozbiljnim izazovom u vezi promocije prava osoba sa invaliditetom - prava na zdravstvenu zaštitu, a u tom kontekstu i pravo na reproduktivno zdravlje. **Osnovni cilj** ovog istraživanja je da se analiziraju znanja, stavove i praksa stručnjaka i pružalaca usluga u pogledu prava, stigmatizacije i diskriminacije osoba sa invaliditetom, kao i njihova dostupnost zdravstvenim uslugama, posebno onih koji se odnose na reproduktivno zdravlje. **Materijal i metode:** Studija je rađena kao prospektivno kvalitativno istraživanje. Ukupno je anketirano 55 ispitanika (27 stručnjaka i 28 pružalaca usluga), o raznim pitanjima vezanim za reproduktivno zdravlje osoba sa invaliditetom. Uzeti su u obzir odgovori za svako pitanje posebno i zatim analizirani.

Deskriptivna statistička obeležja su izračunata (broj i procenat). **Rezultati:** Većina ispitanika (95%) smatra da osobe sa invaliditetom treba da uživaju ista prava kao i svi ostali, osim reproduktivnih prava, dok 70% ispitanika ima rezerve prema tome i smatraju da to zavisi od pojedinačnog slučaja, u zavisnosti od vrste i stepenu invaliditeta, i da li bar jedan partner može da brine o detetu. 72% ispitanika smatra da nisu razvijene specifične usluge koje se odnose na reproduktivno zdravlje u Makedoniji za osobe sa invaliditetom, ali takođe smatraju da i ne bi trebalo da postoje posebne usluge za ove ljude, jer to povećava stigmatizaciju i socijalne isključenosti. **Zaključci:** Potrebno je da se podigne svest javnosti i primeni holistički pristup invalidnosti, kroz realizaciju Međunarodne klasifikacije funkcionisanja, invalidnosti i zdravlja. Takođe, potrebno je jačanje usluga koje se odnose na seksualno i reproduktivno zdravlje za ovu kategoriju stanovništva, kao i bolje informisati javnost o ovoj vrsti usluga.

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