

PREGEQUAL

PREGNANCY IN WOMEN WITH DISABILITY:

*The Right to information, Knowledge
and Quality on Prevention and
Accompaniment*



PROJECT | 2018-01-PT01-KA202-047358

2018 | 2020



QUESTIONNAIRE | RESULTS

Reproductive and Maternal Health

ACCESS AND QUALITY OF SERVICES FOR WOMEN WITH DISABILITY

HEALTH TECHNICIAN



Pregnancy in Women with Disability

This project has been carried out with the support of the European Commission. The content of this project does not necessarily represent the position of the European Commission or does it involve any responsibility on the part. The opinions expressed in this publication are those of the participants of partnerships.

The questionnaire applied in the various countries of the consortium, was distributed to **143 Health Technician**.

The questionnaire is divided into four parts, considered essential to understand the opinion that Health Technician have on the subject study, described below:

1. Sample Characterization, about age, type of health unit they work, number of work years
2. Access and use of reproductive and maternal health services;
3. Quality of Reproductive and Maternal Healthcare Services;
4. Suggestions of improvements in the Access, Use and Quality of Reproductive and Maternal Healthcare Services.

PART I: SAMPLE CHARACTERIZATION

The study involved a total of 143 Health Technician.

The sample of health professionals is represented by 67% women and 33% men, distributed among doctors and nurses and psychologists. The largest percentage works in health centers and maternities.

About 83% of health professionals have been working for at least 10 years.



PART II: ACCESS AND USE OF REPRODUCTIVE AND MATERNAL HEALTH SERVICES

Most health professionals consider that people with disabilities make use of their services.

Of the disabled people who make use of reproductive and maternal health services, about 53% are mental illness and 34% are intellectually disabled, these being the two most representative groups.

INTELLECTUAL DISABILITY

Every year, on average, these health professionals accompany less than **50 women** with intellectual disabilities. The average age of these women is over **30 years**.

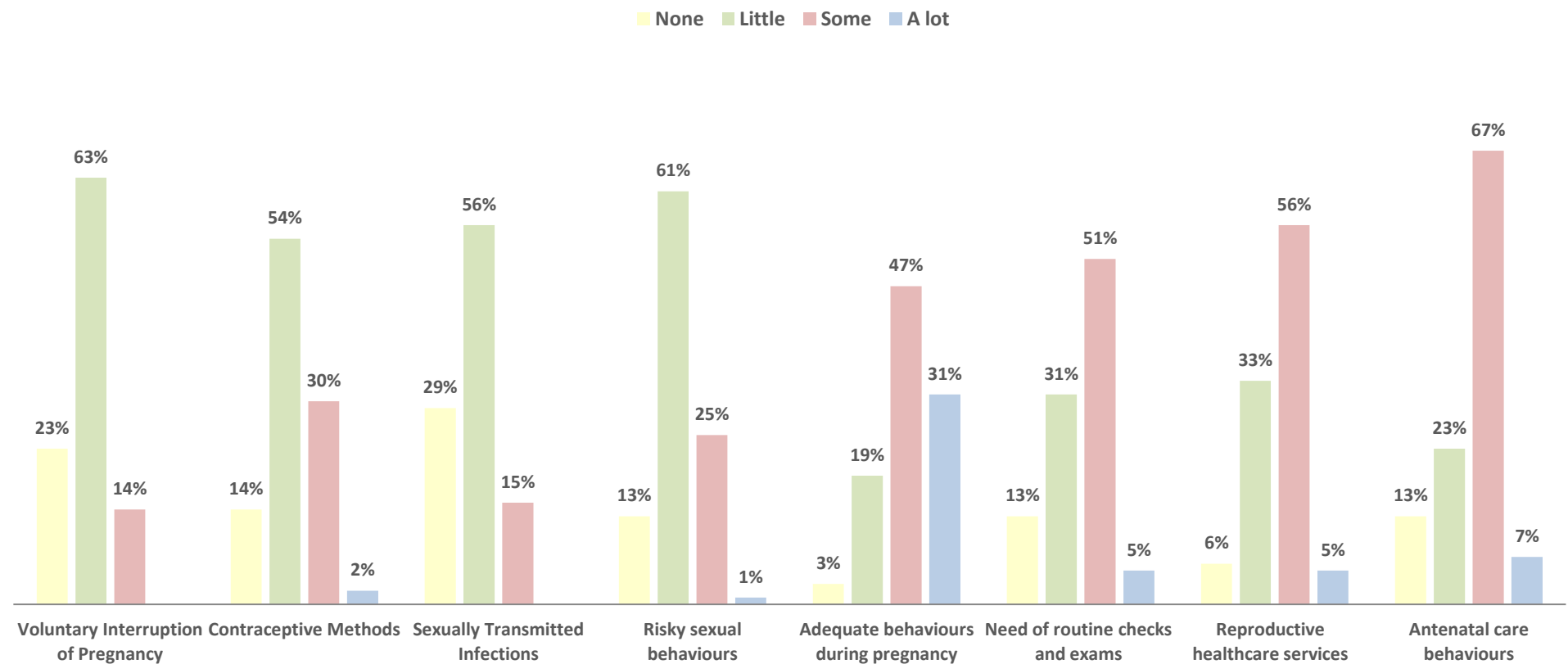
It should be noted that a high percentage of them are accompanied; **mainly by technicians or their partner**, only a very small percentage go to these consultations alone.

MENTAL ILLNESS

Every year, on average, these health professionals accompany between **50 and 100 women** with mental illness. The average age of these women is over **30 years**.

It should be noted that a high percentage of them are accompanied; **mainly by technicians or their partner**. The percentage of women going to these consultations alone is low.

FROM YOUR POINT OF VIEW, WHICH IS THE LEVEL OF KNOWLEDGE WOMEN WITH INTELLECTUAL DISABILITY OR WOMEN WITH MENTAL ILLNESS HAVE ABOUT:





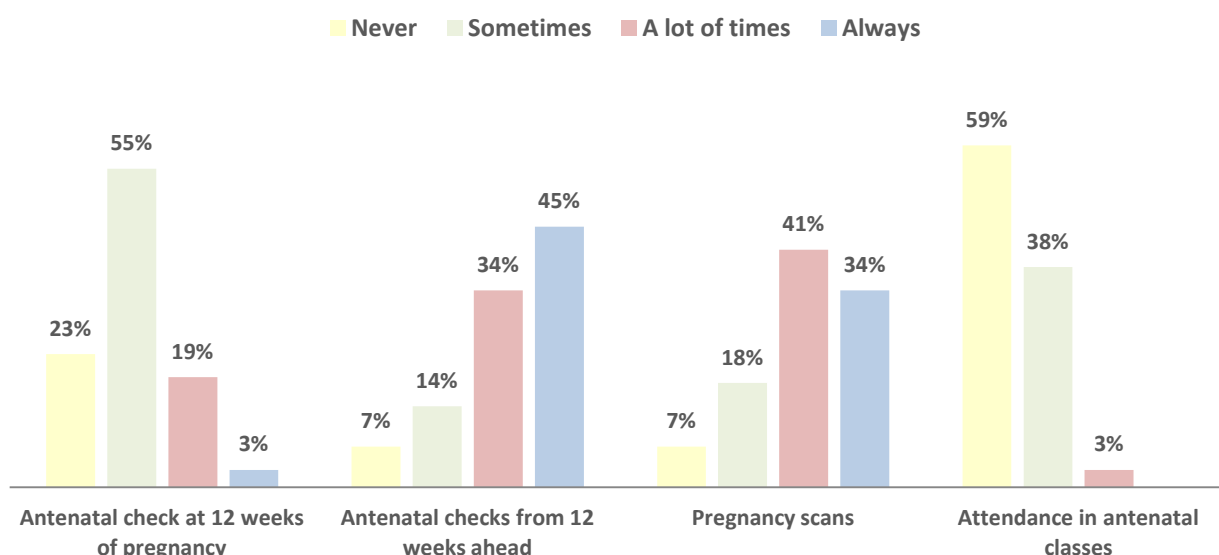
What health professionals consider about knowledge of women with disability, on certain points:

1. With regard to voluntary interruption of pregnancy, only **14%** consider that women know something about it. **63%** consider that women know a little and **23%** know nothing;
2. **14%** of women know nothing and **54%** know a little about methods of contraception;
3. A significant number, about **85%** consider that women know very little about sexually transmitted diseases;
4. **74%** of women have no knowledge about sexual risk behaviour. Only **25%** know some and **1%** know a lot;
5. The results for women's behaviour during pregnancy are quite satisfactory, **78%** in total do the necessary follow-up;
6. Still a high percentage of women, **44%**, do not have sufficient knowledge about the routine examinations needed to ensure healthy reproductive and maternal health;
7. A high percentage of women (**39%**) still do not have or have little knowledge about the available health services;
8. A significant number of women (**74%**) have sufficient knowledge about antenatal care.

In the opinion of health professionals, women with intellectual disabilities or mental illness have some knowledge about appropriate behaviour during pregnancy.

However, there are some gaps in the knowledge of important materials, such as voluntary termination of pregnancy and sexual risk behaviour.

FROM YOUR POINT OF VIEW, PREGNANT WOMEN WITH INTELLECTUAL DISABILITY OR MENTAL ILLNESS HAVE THE FOLLOWING BEHAVIOURS WITH WHICH FREQUENCY?



Highlight what is assessed by health professionals in relation to the care that pregnant women with intellectual disabilities or mental illness have during pregnancy:

1. A large percentage of women, about **88%**, do not antenatal check before the 12 weeks of pregnancy;
2. The situation changes considerably after the 12 weeks of pregnancy, where **79%** of women do antenatal checks. It should be noted that **7%** of women do not attend any kind of follow-up and **14%** only do so sometimes;
3. It should be noted that **75%** of women do ultrasound scans during pregnancy, **18%** only do sometimes scans and **7%** never do;
4. A large percentage (**59%**) of women do not attend antenatal classes and only 3% attend often.



PART III: QUALITY OF REPRODUCTIVE AND MATERNAL HEALTHCARE SERVICES

The following section concerns the view of health professionals on the quality of reproductive and maternal health services for women with intellectual disability or mental illness.

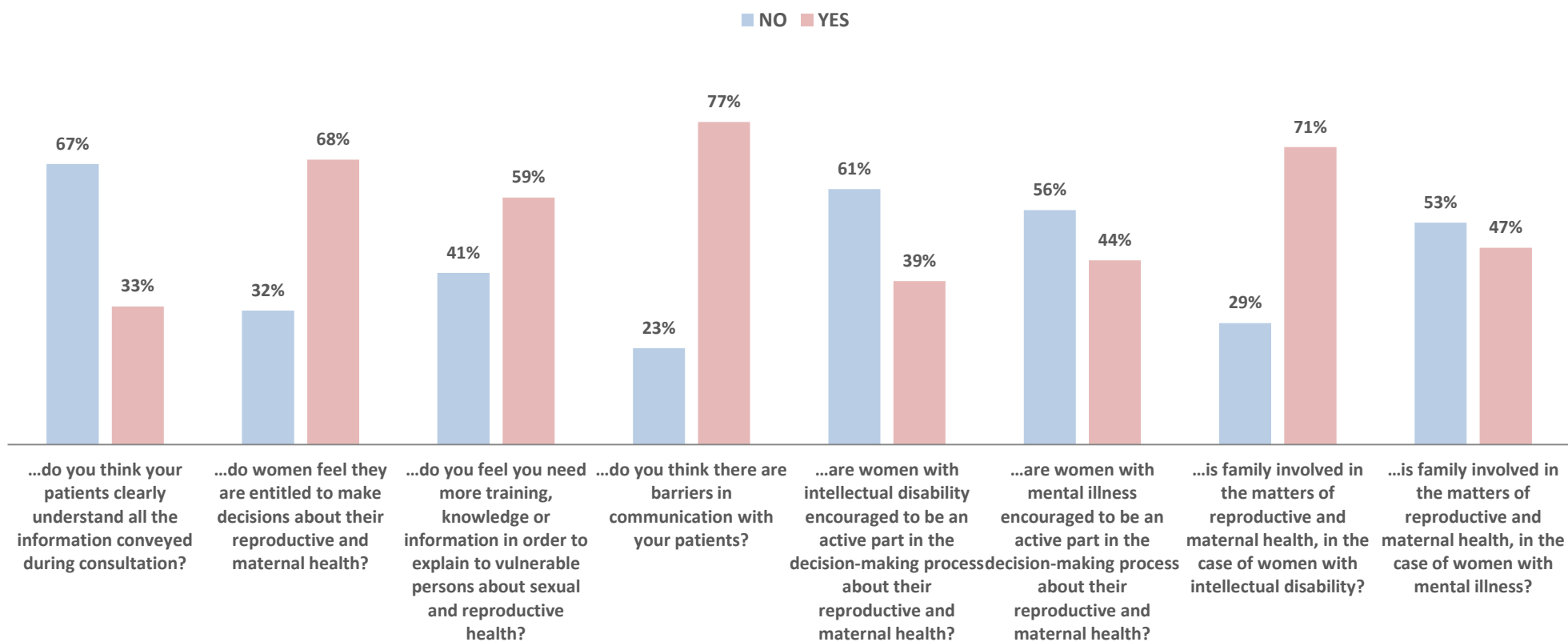
1. A high percentage of health professionals (**67%**) consider that patients do not understand the information transmitted;
2. **68%** consider that women feel empowered to make decisions about their reproductive and maternal health;
3. **59%** consider that more training is needed in order to explain more clearly to women all the necessary information;
4. High number health professionals (**77%**) consider that there are many communication barriers with women with disabilities.

It is concluded that there are some differences when we make the separation between women with intellectual disabilities and women with mental illness:

- Women with mental illness are more encouraged to participate in decisions about their reproductive and maternal health;
- The families of women with intellectual disability are more involved in decisions about their reproductive and maternal health than women with mental illness.

The results are shown in the graph below.

IN YOUR OPINION ...





PART IV: SUGGESTIONS OF IMPROVEMENTS IN THE ACCESS, USE AND QUALITY OF REPRODUCTIVE AND MATERNAL HEALTHCARE SERVICES

The three areas considered most IMPORTANT and highlighted by health technicians are described below:

- **Adapt information to the needs of women with disability.**
- **More training about disability and mental health for health professionals.**
- **Increase involvement of disabled women's family and partners in reproductive/maternal healthcare.**

Emphasise that the three topics above are coincident with the results obtained in the questionnaire for women with intellectual disability or mental illness.

It will be important to reflect on these important topics and find strategies to overcome the obstacles faced by women with disabilities in terms of their reproductive and maternal health.



QUESTIONNAIRE | HEALTH TECHNICIAN

INFORMED CONSENT

The ERASMUS + **Project PREG-EQUAL – Pregnancy in Women with Disability**: The Right to Information, Knowledge and Quality on Prevention and Accompaniment was designed for an international partnership between Portugal, Romania, Italy and Spain, intended at an intervention with women with disability and their families in the topics of Sexual, Reproductive and Maternal Health, and with health professionals in the topics of intellectual disability and mental illness and accessibility.

This questionnaire is aimed at understanding the perspective of health professionals, and their suggestions for improvements, about the current access and use of reproductive and maternal services by women with disability and the quality of reproductive and maternal healthcare services.

There are no rights or wrong answers. Anonymity and confidentiality of personal data will be guaranteed.

I have been properly informed of the conditions and objectives of this questionnaire, and therefore, consent in participating in this research.

☐

INSTRUCTIONS

The “ID” is a code that allows us to keep track of each questionnaire, while maintaining anonymity. It will only be used for the purpose of data analysis. Please, fill the ID field in the following way:

ID:

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Insert the last 4 digits of your phone number

Insert the participants' name initials
(e.g. **Anne Marie Cosby**
→ AMC)

QUESTIONNAIRE ABOUT REPRODUCTIVE AND MATERNAL HEALTH**ACCESS AND QUALITY OF SERVICES FOR WOMEN WITH DISABILITY****PART I: SOCIODEMOGRAPHIC INFORMATION**

Gender: ☐ M ☐ F Age: _____

Specialty: _____

Type of Health Unit:

☐
☐
☐
☐

 Health Center
Maternity
Hospital
Other: _____

Number of work years:

☐
☐
☐
☐
☐

 Up to 5 years
From 6 to 10 years
From 11 to 15 years
From 16 to 20 years
Over 20 years

PART II: ACCESS AND USE OF REPRODUCTIVE AND MATERNAL HEALTH SERVICES

1. Do you think women with disability (intellectual, mental illness) use your services?

☐ Yes
☐ No

2. From your point of view, considering the women who use your services, which is the most common type of disability you are confronted with?

☐	Intellectual disability
☐	Mental illness
☐	Visual disability
☐	Hearing disability
☐	Motor disability
☐	All of them

3. In approximate values, how many women with intellectual disability come to your services, in a year?

☐	0 [Go to Question 4.]
☐	Less than 50
☐	From 50 to 100
☐	From 101 to 200
☐	Over 200
☐	None of them

3.1. Which is the age range of those women?

☐	Up to 12 yo.
☐	From 13 to 19 yo.
☐	From 20 to 25 yo.
☐	From 26 to 30 yo.
☐	Over 30 yo.

3.2. Usually, how do they come to your services?

☐	Alone
☐	With a family member
☐	With partner
☐	With technician
☐	Other: _____

4. In approximate values, how many women with mental illness come to your services, in a year?

	0 [Go to Question 5.]
	Less than 50
	From 50 to 100
	From 101 to 200
	Over 200

4.1. Which is the age range of those women?

	Up to 12 yo.
	From 13 to 19 yo.
	From 20 to 25 yo.
	From 26 to 30 yo.
	Over 30 yo.

4.2. Usually, how do they come to your services?

	Alone
	With family member
	With partner
	With technician
	Other: _____



5. From your point of view, which is the level of knowledge women with intellectual disability have about:

	None	Little	Some	A lot
Voluntary Interruption of Pregnancy				
Contraceptive Methods				
Sexually Transmitted Infections				
Risky sexual behaviours				
Adequate behaviours during pregnancy				
Need of routine checks and exams (e.g. cytology)				
Reproductive healthcare services (e.g. family planning)				

6. From your point of view, which is the level of knowledge women with mental illness have about:

	None	Little	Some	A lot
Voluntary Interruption of Pregnancy				
Contraceptive Methods				
Sexually Transmitted Infections				
Risky sexual behaviours				
Adequate behaviours during pregnancy				
Need of routine checks and exams (e.g. cytology)				
Reproductive healthcare services (e.g. family planning)				

7. From your point of view, pregnant women with intellectual disability have the following behaviours with which frequency?

	Never	Sometimes	A lot of times	Always
Antenatal check at 12 weeks of pregnancy				
Antenatal checks from 12 weeks ahead				
Pregnancy scans				
Attendance in antenatal classes				

8. From your point of view, pregnant women with mental illness have the following behaviours with which frequency?

	Never	Sometimes	A lot of times	Always
Antenatal check at 12 weeks of pregnancy				
Antenatal checks from 12 weeks ahead				
Pregnancy scans				
Attendance in antenatal classes				

PART III: QUALITY OF REPRODUCTIVE AND MATERNAL HEALTHCARE SERVICES
9. In your opinion...

...do you think your patients clearly understand all the information conveyed during consultation?

Yes	No
☐	☐

...do women feel they are entitled to make decisions about their reproductive and maternal health?

☐	☐
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...do you feel you need more training, knowledge or information in order to explain to vulnerable persons about sexual and reproductive health?

☐	☐
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...do you think there are barriers in communication with your patients?

☐	☐
--------------------------	--------------------------

...are women with intellectual disability encouraged to be an active part in the decision-making process about their reproductive and maternal health?

☐	☐
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What about women with mental illness?

☐	☐
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...is family involved in the matters of reproductive and maternal health, in the case of women with intellectual disability?

☐	☐
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What about in the case of women with mental illness?

☐	☐
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PART IV: SUGGESTIONS OF IMPROVEMENTS IN THE ACCESS, USE AND QUALITY OF REPRODUCTIVE AND MATERNAL HEALTHCARE SERVICES

From the following options, please tick the ones you find would be relevant areas to improve:

- ☐ Increase reproductive/maternal health literacy in women with disability/mental illness.
- ☐ Increase reproductive/maternal health literacy in family members and partners of women with disability/mental illness.
- ☐ Increase disabled/mentally ill women's involvement and autonomy in decision-making processes.
- ☐ Increase information accessibility for women with disability/mental illness.
- ☐ Adapt information to the needs of women with disability/mental illness.
- ☐ More training about disability and mental health for health professionals.
- ☐ Increase involvement of disabled/mentally ill women's family and partners in reproductive/maternal healthcare.

Other suggestions:
