

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

WOMEN WITH DISABILITY



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 **131 Women** with intellectual disability or mental illness.

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

1. Sample Characterization, about age, number of children, and marital state;
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

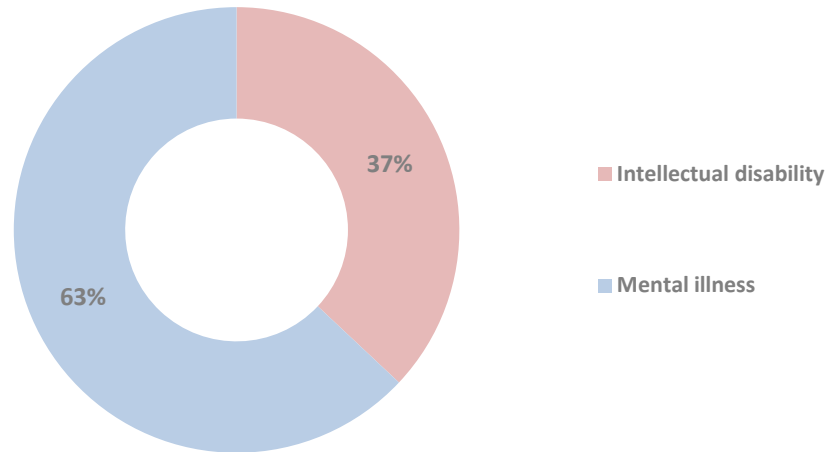
The study involved a total of 131 Women.

The most represented age group is between 25 and 35 years old. As for the type of disability, 44% have Mental Illness and 37% have Intellectual disability.

Single and living together with a partner are the most representative groups regarding marital state, where 43% are single and 31%, living together with a partner.

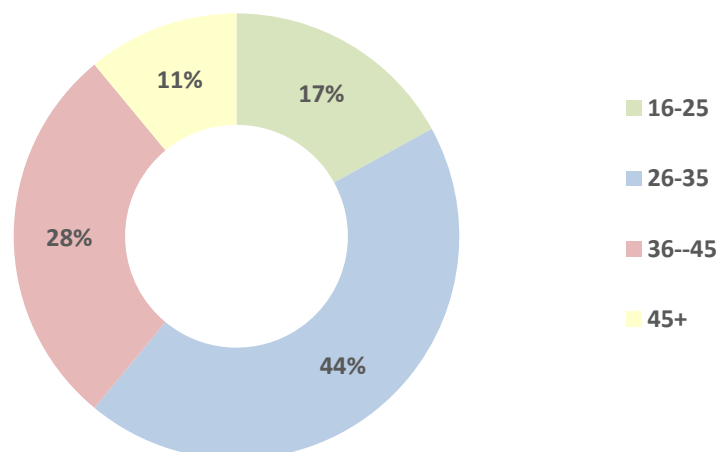
Regarding children, the majority, about 67% have at least one child.

TYPE OF DISABILITY



AGE

The most represented age groups are between **25 and 35 years old (44%)**, and between **36 and 45 years (28%)**.

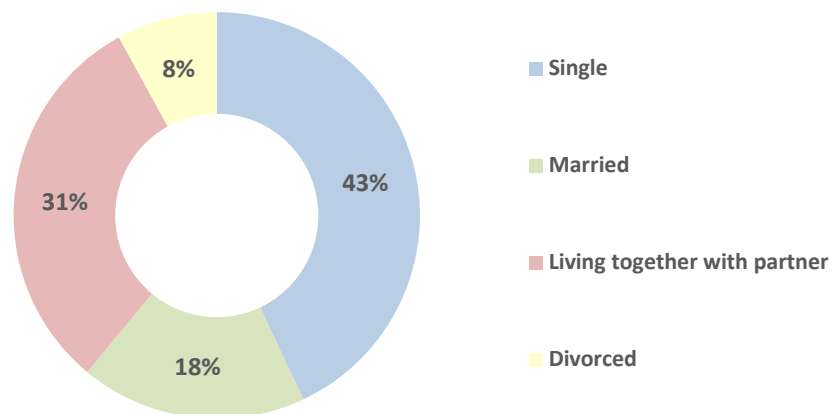




MARITAL STATE

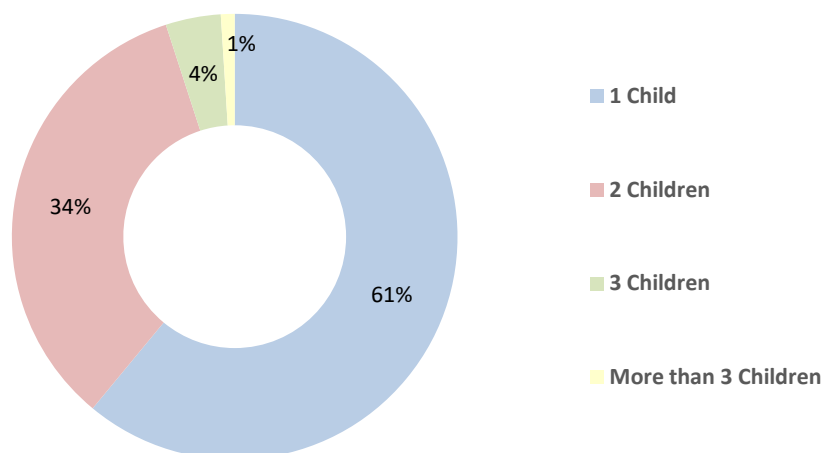
Highlight the two most representative groups with regard to marital state, are single (**43%**) or living together with a partner (**31%**).

About 18% are married and the least represented group is divorced that represent 8% of the total.



CHILDREN

Regarding children, **67%** of the women surveyed have children. Of the women who have children, about 61% have at least one child, highlighting that 4, 5% have 3 or more children.

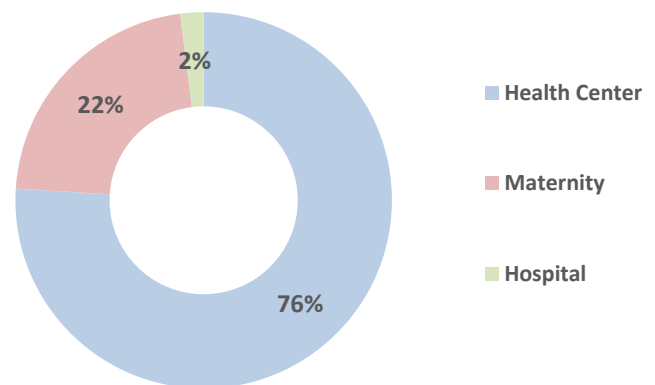


PART II: ACCESS AND USE OF REPRODUCTIVE AND MATERNAL HEALTH SERVICES

HAVE YOU EVER BEEN TO A FAMILY PLANNING CONSULTATION?

The majority of respondents have already gone to a family planning consultation (**87%**), and the largest percentage goes to the health center (**76%**).

If “Yes”, where did you go for that consultation?

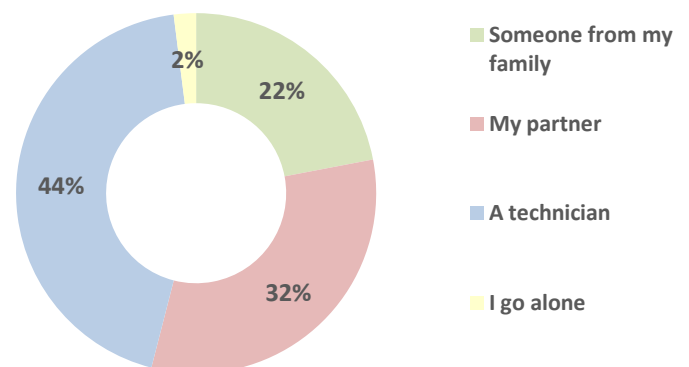


USUALLY, WHO ACCOMPANIES YOU TO CONSULTATIONS (MEDICAL, FAMILY PLANNING, AND MATERNAL HEALTH)?

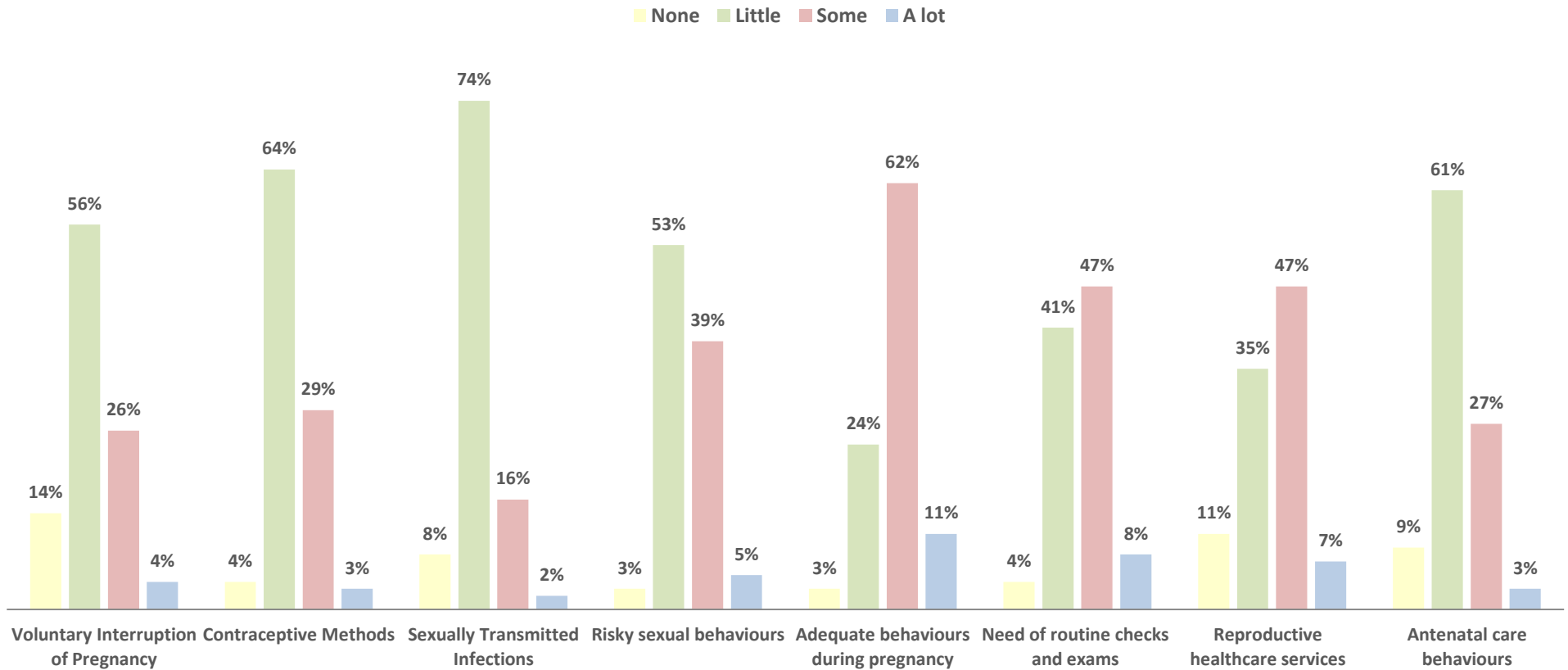
The most representative percentage corresponds to **44%** of women, who go to consultations with a technician.

It should be noted that in total **98%** of women go to consultations with someone, and only a very small percentage of women, about **2%**, go to consultations only.

Usually, who accompanies you to consultations (medical, family planning, maternal health)?



FROM YOUR POINT OF VIEW, WHICH IS THE LEVEL OF KNOWLEDGE YOU THINK YOU HAVE ABOUT





The next question is about the knowledge of women in eight different situations:

1. **Little** is the most chosen option (**56%**) in relation knowledge about “Voluntary Interruption of Pregnancy”. A **lot** is the least chosen option and represent **4%** of the sample;
2. For the knowledge about “Contraceptive Methods” **little** and **some** are the more chosen option, in total represent **93%** of women;
3. The knowledge about “Sexually Transmitted Infections” **little** is the most chosen options, in total represent **64%** for women.
A lot is the least chosen option and represent **3%** of women in total.
4. **Little** and **some** are the most representative answer about “Risky sexual behaviours”, in total represents **92%** of the answerers.
5. For the knowledge about “Adequate behaviours during pregnancy” **some** is the most representative answerer (**62%**). This item has the answer with the highest percentage of in-depth knowledge and represents **11%** of respondents.
6. **Little** and **some** are the most representative answer about “Need of routine checks and exams”, in total represents **88%** of the answerers, 8% of respondents consider that they understand a lot about this subject.
7. In the following question a representative percentage, about **11%**, considers that knows nothing about “Reproductive healthcare services”. However **47%** considers that he has some knowledge.
8. In the last question, about “Antenatal care behaviours”, a high percentage has little or no knowledge; in total it represents **70%**.

The answers show that there is still a lack of knowledge on most of the points addressed in this area which is so important for women's lives.

However, we also find that the point that respondents have most knowledge is in pregnancy care, which demonstrates their concerns and involvement in this area.

PART III: QUALITY OF REPRODUCTIVE AND MATERNAL HEALTHCARE SERVICES

The following section concerns women view about quality of reproductive and maternal healthcare services.

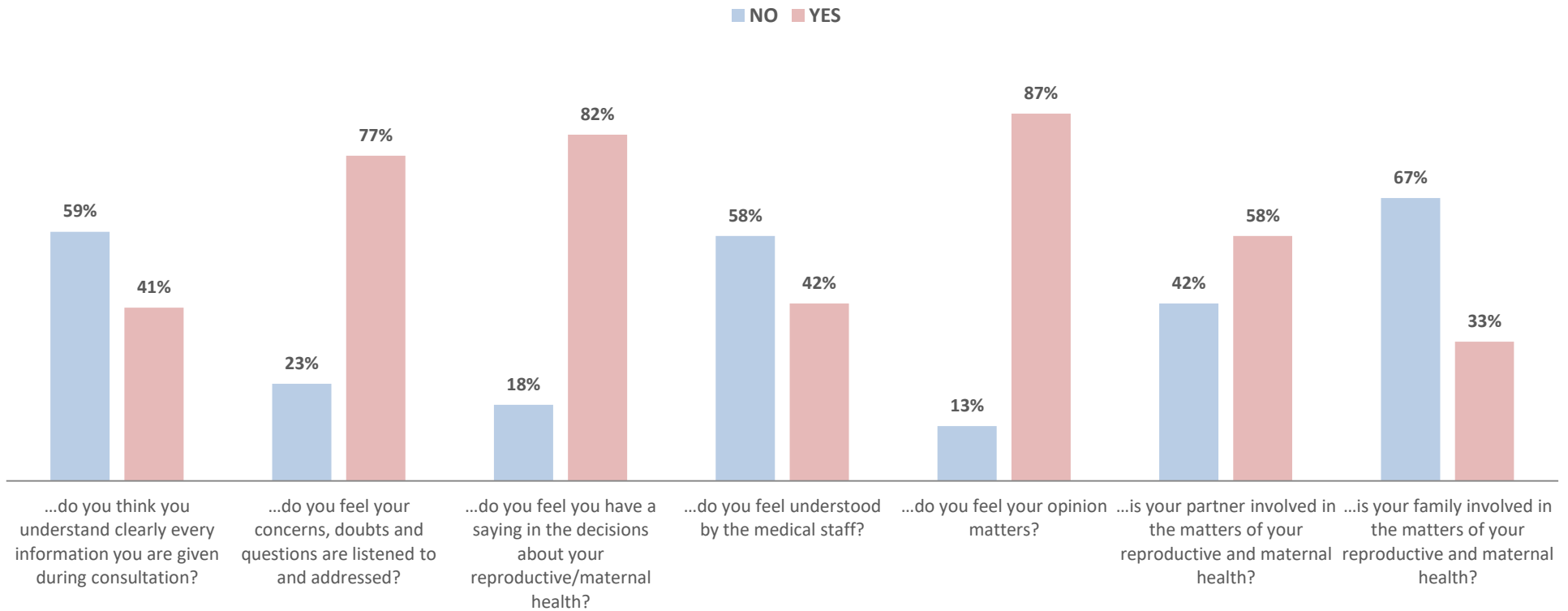
Highlight the follow results:

1. **59%** of respondents do not clearly understand the information given during consultations;
2. a high percentage, about **77%** consider that their doubts are heard by the health professionals;
3. **82%** of women consider that their opinion is taken into account with regard to their reproductive health;
4. **58%** of women consider that they are not understood by the team of professionals;
5. A high percentage, **87%**, considers that their opinion is taken into account;
6. **85%** of partners are involved in decisions on reproductive and maternal health, while for families this figure is only **33%**.

From the analysis of the results of the responses, two points are considered to be the most important: Greater involvement of health professionals is needed to clarify the information provided to women, and to increase the involvement of partners and families with regard to maternal and reproductive health.

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 most RELEVANT areas for overcoming obstacles related to reproductive and maternal health of women with intellectual disabilities or mental illness 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.**

The most relevant topics to be discussed in the consortium countries suggest that despite favorable developments, we still need to work with women with intellectual disabilities or mental illness, and promote the involvement of health professionals, families and partners with regard to reproductive and maternal health of women.



QUESTIONNAIRE | WOMEN WITH DISABILITY

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 women with disability, and their suggestions for improvements, about their current access and use of reproductive and maternal services and the quality of reproductive and maternal healthcare services.

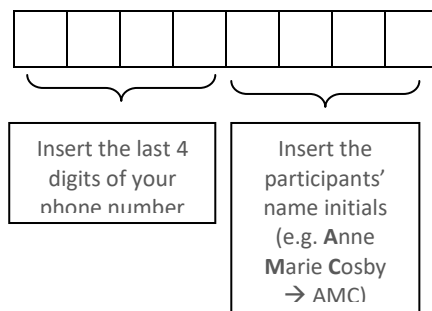
There is no right or wrong answers. Anonymity and confidentiality of personal data will be guaranteed.

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:



Note to technicians: Please, inform us about the type of disability of each selected woman, by ticking the correspondent option:

Type of disability

<input type="checkbox"/>
<input type="checkbox"/>

Intellectual disability

Mental illness



QUESTIONNAIRE ABOUT REPRODUCTIVE AND MATERNAL HEALTH
ACCESS AND QUALITY OF SERVICES FOR WOMEN WITH DISABILITY

ID:

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PART I: SOCIODEMOGRAPHIC INFORMATION

Age:

Marital State:

<input type="checkbox"/>	Single
<input type="checkbox"/>	Married
<input type="checkbox"/>	Living together with partner
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Widowed

Do you have children?

have

Yes

How many?

Age(s):

No

How many children would like to have?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

0

1

2

3

More

than 3



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

1. HAVE YOU EVER BEEN TO A FAMILY PLANNING CONSULTATION?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If "Yes", how old were you?: _____

If "Yes", where did you go for that consultation?	<input type="checkbox"/>	Health Center
	<input type="checkbox"/>	Maternity
	<input type="checkbox"/>	Hospital
	<input type="checkbox"/>	Other: _____

2. USUALLY, WHO ACCOMPANIES YOU TO CONSULTATIONS (MEDICAL, FAMILY PLANNING, MATERNAL HEALTH)?

<input type="checkbox"/>	I go alone
<input type="checkbox"/>	My partner
<input type="checkbox"/>	Someone from my family
<input type="checkbox"/>	A technician
<input type="checkbox"/>	Other: _____



3. FROM YOUR POINT OF VIEW, WHICH IS THE LEVEL OF KNOWLEDGE YOU THINK YOU 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)				
Antenatal care behaviours (e.g. checks during pregnancy, pregnancy scans, antenatal classes)				



PART III: QUALITY OF REPRODUCTIVE AND MATERNAL HEALTHCARE SERVICES

8. IN YOUR OPINION...

...do you think you understand clearly every information you are given during consultation?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

...do you feel your concerns, doubts and questions are listened to and addressed?

<input type="checkbox"/>	<input type="checkbox"/>
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...do you feel you have a saying in the decisions about your reproductive/maternal health?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

...do you feel understood by the medical staff?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

...do you feel your opinion matters?

<input type="checkbox"/>	<input type="checkbox"/>
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...is your partner involved in the matters of your reproductive and maternal health?

<input type="checkbox"/>	<input type="checkbox"/>
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...is your family involved in the matters of your reproductive and maternal health?

<input type="checkbox"/>	<input type="checkbox"/>
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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.
- Increase reproductive/maternal health literacy in family members and partners of women with disability.
- Increase disabled women’s involvement and autonomy in decision-making processes.
- Increase information accessibility for women with disability.
- 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.

OTHER SUGGESTIONS:
