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FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

EXPERIENCES OF DEAF WOMEN IN ACCESSING SEXUAL REPRODUCTIVE HEALTH SERVIVES IN ZIMBABWE.A CASE STUDY OF DEAF WOMEN INCLUDED ORGANIZATION.

BY

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APPROVAL FORM

Supervisor

I certify that I have supervised **SHERRY PANASHE NDOVE** in conducting an explorative research titled: **Experiences of deaf women in accessing sexual reproductive health services in Zimbabwe. A case study of Deaf Women Included Organization**, in partial fulfilment of a Bachelor of Science Honours Degree in Social Work and I hereby recommend it for acceptance by Bindura University of Science Education.

Name……Signature……...….Date……..

DECLARATION

I, Sherry PanasheNdove, declare that I am a bonafide producer and owner of this research project and the work presented within is my own. I do also confirm that it has not been submitted by any other student to any academic institution. The contents of this paper have been submitted in partial fulfilment of the Bachelor of Honours Degree in Social work at Bindura University of Science Education.

Student Name…….....Signature……Date…….

DEDICATION

This study is dedicated to the deaf women of Zimbabwe, who have faced countless barriers to accessing sexual and reproductive health services. May this research be a testament to their strength and resilience, and may it contribute to the creation of a more inclusive and equitable healthcare system that values and respects their rights and dignity.

I also dedicate this study to my parents, Mr and Mrs Matindike, who have been my rock, my guiding light, and my unwavering support system. Your love, encouragement, and sacrifices have made me the person I am today. I am forever grateful for your unwavering belief in me and for the countless hours you spent helping me grow and learn. Thank you for teaching me the value of hard work, perseverance, and compassion. I dedicate this study to my uncle TakawiraKuvawoga a man of unwavering generosity and kindness. Your selflessness and belief in me have had a profound impact on my life. Your financial support has been a beacon of hope and a reminder that I am not alone in this journey. Your investment in my education has been a gift that has multiplied in ways you may never fully know. Your unwavering support has been a constant reminder that I am capable and deserving of achieving my dreams. Your trust in me has been a fuel that has driven me to push beyond my limits and strive for excellence. This study is a testament to the power of your investment and a celebration of the ripple effect of kindness that you have created in my life. May it be a reminder that the impact of our actions can be far-reaching and life-changing. Thank you for being a shining example of what it means to live a life of purpose, generosity, and love. I also dedicate this study to my late grandmother, Sherry Ndove, who left an indelible mark on my life. Your unwavering love, guidance, and support will forever be etched in my heart. Your presence in my life was a blessing, and your passing has left

a void that can never be filled. May this study be a testament to the values you instilled in me compassion, empathy and the importance of making a difference in the lives of others. May my work be a reflection of the love and devotion you showed me, and may it bring joy and hope to those who read it

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Special mention and thanks goes to my supervisor, Ms Muregi for her diligent and discerning guidance throughout the course of this research project. My sincere gratitude also goes to my parents who in various ways supported me throughout the studies. I am also indebted Deaf Women Included Organisation for granting me permission to conduct my research on the experiences of deaf women in accessing sexual and reproductive health services. I also extend my thanks to all the participants who participated in the study for their cooperation during data collection stage. Above all, I thank the Almighty God for His guidance and sustenance throughout my study.

ABSTRACT

The study was carried out at Deaf Women Included Organization located at Emerald Hill, Harare and it sought to provide an understanding on the experiences of deaf women in accessing sexual and reproductive health services in Zimbabwe. It also aimed at identifying the challenges encountered by deaf women when accessing sexual and reproductive health services. Measures to improve the accessibility of SRHS for deaf women were also sought. The study used a qualitative research method. Snowball and purposive sampling were also employed during this study. This research used data collection methods, including interviews and focus group discussions to obtain thorough results. The primary participants were ten (10) deaf women and four (4) key informants. Thematic content analysis was utilized to analyze qualitative data in the study.

Communication barriers, lack of sign language interpreters, lack of access to information, limited data and research, lack of trained healthcare providers, lack of confidentiality, stigma and discrimination were among the challenges faced by deaf women when accessing SRHS. This result in delayed seeking healthcare among deaf women leading to persistenceof health issues and disparities in health outcomes.In addition, from the finding's withdrawal measures to improve the accessibility of SRHS for deaf women were discussed which include developing educational materials, training healthcare providers sign language and deaf culture, establishing peer support groups, policy change to meet the unique needs of deaf women and raising awareness campaigns to reduce societal stigma and discrimination. Additionally, this study suggests that all stakeholders should work together to improve the accessibility of SRHS for deaf women.

LIST OF ABBRIVIATIONS

AIDS	Acquired Immuno-deficiency Syndrome
DWI	Deaf Women Included organization
DZT	Deaf Zimbabwe Trust
GBV	Gender Based Violence
HIV	Human Immuno-deficiency Virus
NGO	Non-Governmental Organization
PVO	Private Voluntary Organization
PWD	Persons with Disabilities
SRHS	Sexual and Reproductive Health Services
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization
WFD	World Federation of the Deaf

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CHAPTER 1: INRODUCTION AND BACKGROUND OF THE STUDY

1.0.Introduction

Recognizing the vital role of sexual and reproductive health services for all individuals, it is crucial to acknowledge that deaf women often encounter substantial barriers in accessing these services. One pervasive challenge is the limited recognition and use of sign language in many countries, contributing to a pronounced communication gap between healthcare providers and deaf women. This communication barrier places deaf women at risk of inadequate healthcare, with potentially severe implications for their health and overall well-being. This research endeavours to delve into the experiences of deaf women, examining the multifaceted challenges they face and exploring potential solutions to enhance their access to SRHS. By comprehensively understanding the unique experiences of this demographic, the aim is to gain profound insights into the obstacles they confront, ultimately contributing to the creation of a more equitable and just society that prioritizes improved health outcomes for all individuals. Consequently, this chapter establishes the global, regional, and national context of the study, elucidates the statement of the problem, underscores the significance of the research, delineates research objectives, formulates research questions, outlines study assumptions, and acknowledges study limitations and delimitations. Furthermore, it provides clear definitions of key terms and concludes by summarizing the entire chapter, paving the way for a comprehensive exploration of the challenges faced by deaf women in accessing SRHS.

1.1.Background of the study

Globally, the World Health Organization (WHO) and sustainable development goals underscore the importance of a rights-based approach to providing contraceptive information and services, explicitly recognizing disability as a critical component (Stover and Sonneveldt,2017). However, the SRH needs of deaf women remain a neglected area. Even in settings where there exists an ideological commitment to inclusivity in SRHS, the lack of actionable data on the experiences and needs of deaf women poses a substantial challenge (Abdul Karimu, 2018). Deaf women may encounter heightened challenges, including stigma, increased risk of violence, and limited access to care. Prevailing literature notes pervasive misconceptions, with health care workers and society assuming people with disabilities, including deaf women, are inherently asexual and disinterested in reproductive health. This study aims to explore the multifaceted challenges faced by deaf women, hoping to dismantle stereotypes and improve their access to SRHS.

Regionally, the United Nations Convention on the Rights of Persons with Disabilities guarantees fundamental human rights and equitable opportunities for persons with disabilities (PWDs), including deaf women, to access quality healthcare. Despite increased awareness, PWDs, especially deaf women, encounter persistent challenges, such as maltreatment by healthcare professionals. Barriers like poor quality sign language interpretation services and inadequate knowledge about deaf people further hinder their access to SRHS. This study emphasizes the need for policy and management attention to address these barriers, including training healthcare providers in interpersonal communication skills and relationships, to ensure equitable healthcare access for deaf women.

Nationally, the Zimbabwean government recognizes the unique challenges faced by deaf women in accessing SRHS, addressing gender-related barriers and risks of violence. The Ministry of

Health and Child Care has developed a Disability and Inclusive Health Strategy, emphasizing equal access to family planning commodities, screenings, and prenatal care. The government is actively implementing the Convention on the Rights of Persons with Disabilities, incorporating a focus on health and reproductive rights. Efforts include providing sign language interpreters, developing communication tools like a mobile app, and mainstreaming disability issues into public health programs. The government is also working to change social attitudes, increase representation, and address violence against women with disabilities. Through initiatives such as the Demographic and Health Survey, the government collects data to inform evidence-based policies and programs, highlighting a commitment to enhancing the health and well-being of deaf women in Zimbabwe.

The point of departure for this study is the examination of the experiences faced by Deaf women in Harare, Zimbabwe, when accessing sexual and reproductive health (SRH) services. Specifically, the study focuses on the context of Deaf Women Included Organization, using it as a case study to delve into the unique challenges, barriers, and opportunities that Deaf women encounter in their pursuit of SRH services. By centering on the experiences within this organization, the research aims to provide an in-depth understanding of the complexities and nuances surrounding SRH accessibility for Deaf women in the specific cultural, social, and institutional context of Harare. This study recognizes the importance of giving voice to the often-marginalized experiences of Deaf women, shedding light on their encounters with healthcare systems and contributing to the broader discourse on inclusive and equitable healthcare practices. The choice of Harare and the specific organizational context provides a localized lens to explore the intricacies of SRH access, aiming to generate insights that can inform targeted interventions and policy changes for the benefit of Deaf women in Zimbabwe.

1.2 Problem Statement

The experiences of Deaf women in accessing sexual and reproductive health (SRH) services in Harare, Zimbabwe, present a critical and underexplored challenge within the realm of healthcare accessibility. Deaf women, often overlooked in the broader discourse on SRH, face unique barriers that hinder their ability to access essential services, thereby affecting their overall reproductive well-being. The problem at the heart of this study is the significant gap in understanding the nuanced challenges, experiences, and needs of Deaf women when seeking SRH services in the specific context of Harare. Despite the existence of organizations such as Deaf Women Included Organization, dedicated to addressing the needs of Deaf women, the extent to which these services effectively bridge the accessibility gap remains unclear. Factors such as communication barriers, stigma, and limited awareness within healthcare systems may contribute to the challenges faced by Deaf women. Consequently, there is a pressing need to investigate and illuminate these experiences comprehensively. This study seeks to address this gap by conducting a detailed case study of Deaf Women Included Organization in Harare, aiming to unravel the multifaceted issues surrounding SRH accessibility for Deaf women and ultimately contribute to the development of more inclusive and effective healthcare practices for this marginalized demographic.

1.3 Aim of the study

The main aim of the research of the study is to explore the experiences of deaf women in accessing sexual reproductive health services.

1.3.1 Objectives

The study is guided by the following objectives:

- To investigate the experiences of deaf women in accessing sexual reproductive health services in Zimbabwe.
- To identify the challenges faced by government and non-governmental organizations in providing sexual and reproductive health services in Zimbabwe.
- To determine the measures that can be used to improve the accessibility of sexual reproductive health services for deaf women in Zimbabwe.

1.3.2 Research questions

- What are the experiences of deaf women in accessing sexual and reproductive and health services in Zimbabwe?
- What are the challenges faced by government and non-governmental organizations in providing sexual and reproductive health services in Zimbabwe?
- What interventions can be used to improve deaf women's access to sexual and reproductive health services?

1.4 Assumptions of the study

The researcher assumes that deaf women may have difficulty advocating for their own needs, due to a lack of self-confidence or feeling intimidated by healthcare providers. This can result in a lack of access to information and services that meet their specific needs. The researcher assumes that there is lack of support from family and friends that can lead to feelings of isolation and a lack of self-esteem, which can further impact the ability of deaf women to access SRHS.The researcher assumes that deaf women will be willing to participate in the study and

provide accurate and unbiased information. This assumption is based on the understanding that deaf women have valuable insights and experiences to share and that their voices should be heard. Therefore by collecting information that is not biased, it reflects the true experience of deaf women in accessing sexual and reproductive health services.The researcher also assumes that the appropriate analysis and presentation of research findings will be possible. This means that the data collected will be analyzed in a way that is valid and reliable, and that results will be presented in a clear and understandable way. Another assumption is that deaf women and other stakeholders will be willing to cooperate in a research. This assumption is based on the understanding that there is a desire to improve the health of deaf women and cooperation is necessary to achieve this goal.

1.5 Significance of the study

The study's significance lies in its potential to address the healthcare disparities and challenges faced by deaf women when accessing SRHS. It provides insights into the specific challenges they encounter when seeking SRHS including communication barriers, lack of culturally sensitive resources, and discrimination within healthcare settings. Understanding these disparities is crucial for developing targeted interventions and policies aimed at improving access to equal quality healthcare for deaf women.

Furthermore, the study's findings can contribute to promoting inclusive healthcare practices that cater for the needs of deaf women. By highlighting areas where healthcare systems fall short in accommodating this population, the research can drive efforts to implement inclusive practices such as sign language interpretation services, educational materials in accessible formats, and training for healthcare providers on working with deaf patients. This can lead to a more welcoming and supportive healthcare environment for deaf women seeking SRHS.Another

significant aspect of this study is its potential to empower deaf women by amplifying their voices and experiences within the healthcare discourse. By centering their experiences and challenges, the research will elevate awareness about the intersection of gender, disability, and healthcare access. This empowerment will lead to increased advocacy for policy changes, improved training for healthcare professionals, and enhanced community support for deaf women navigating SRHS.Moreover, the study holds significance in informing policy decisions and shaping best practices within healthcare systems. The data and insights gathered can be instrumental in advocating for policy changes that prioritize accessibility and inclusivity in SRHS. Additionally, it can guide healthcare organizations in implementing tailored strategies to better serve the needs of deaf women, ultimately contributing to improved health outcomes within this population.

Moreover, for the organization conducting a case study on the experience of deaf women in accessing SRHS, this study holds immense significance. It provides an opportunity to gain insights into the specific needs, experiences, and challenges faced by deaf women when seeking SRH. By understanding these unique perspectives, the organization can tailor its programs, services and support mechanisms to better meet the needs of deaf women. Additionally, the findings of the study can contribute to `raising awareness within the organization about the importance of inclusivity and accessibility in healthcare settings. Moreover, it also positions the organization as a leader in advocating for the rights and healthcare access of deaf women. It can also serve as a platform for initiating discussions with relevant stakeholders, including healthcare providers, policymakers, and advocacy groups, to drive positive change and promote inclusivity within sexual and reproductive health services as well as increased funding to address the unique needs of deaf women in SRH.

This research study is crucial for the government because it helps to inform policy decisions and resource allocation. The findings of the study can provide evidence-based insights into the systemic barriers that deaf women encounter when accessing SRHS. This knowledge can guide the development of policies aimed at promoting accessibility, removing communication barriers, and enhancing the overall quality of care for deaf women. Furthermore, by acknowledging and addressing the specific challenges faced by deaf women in accessing SRHS, the governments can demonstrate their commitment to upholding the rights and well-being of all citizens. This can lead to initiatives focused on training healthcare professionals in sign language interpretation, implementing inclusive communication strategies within healthcare facilities, and allocating resources to support specialized services tailored to the needs of deaf women.

Healthcare providers play a pivotal role in ensuring that all individuals, including deaf women, have access to comprehensive SRHS. This study's significance lies in its potential to enhance healthcare providers' awareness of the unique needs, communication preferences, and challenges faced by deaf women. By understanding these factors, healthcare providers can improve their cultural competency, communication strategies, and service delivery to better accommodate deaf patients. Furthermore, the study's findings can contribute to the development of training programs that equip healthcare professionals with the knowledge and skills necessary to effectively support deaf women in accessing essential healthcare services. Therefore, this study has the potential to drive positive change, foster inclusivity, and contribute to advancing equitable healthcare access for all individuals.

1.6. Limitations of the study

This study is subject to certain constraints that may impact its conduct. One notable limitation is the scarcity of resources, including funding. To mitigate this challenge, the researcher plans to reach out to various stakeholders and organizations with a vested interest in this research, seeking their support and potential resource contributions to facilitate the study's successful completion.To add on, limited access to potential participants can be challenging. Deaf communities may be more isolated, making it difficult for the researcher to reach out to them for participating in the study. This may lead to a smaller sample size and potential difficulties in recruiting an adequate number of participants.

Another challenge that may be encountered is that participants might be reluctant to share their personal information with a researcher. They may be worried how their information will be used or shared, they may not trust the researcher or feel comfortable sharing personal information. Deaf women often face stigma and discrimination which can also influence their willingness to participate during the research. The researcher may build rapport, it’s crucial to build trust with participants. The researcher will do this will do this by being transparent about the research process, the ways that information will be used and addressing concerns related to privacy and confidentiality. It’s very important to make sure that participants understand their rights and have the opportunity to give informed consent.

Communication barrier between the researcher and the participants may and lack of access to qualified sign language interpreters may significantly impact the collection of accurate data. This can hinder effective communication and understanding of participant experiences, leading to misunderstandings and misinterpretations of deaf women’s experiences in accessing SRHS. To overcome these challenges, the researcher needs to understand the non verbal cues when

engaging with deaf women individuals. The researcher will be proficient in sign language and work closely with qualified interpreters to accurately capture participant's experiences.

1.7. Delimitations of the study

The study will be conducted at a registered Private Voluntary Organization, Deaf Women Included Organization in Harare Zimbabwe. The Organization is located at 41 Dosert Road East, Emerald Hill Harare.The researcher opted to choose Deaf Women IncludedOrganization because it focuses on the need to protect the rights of women and girls with disabilities and promoting their wellbeing. The researcher will not face many challenges as she will be able to interact with deaf participants in sign language which will ensure that participants feel comfortable and will be able to communicate effectively. The researcher had already familiarized herself with the deaf community and its culture, which will help to ensure that the research is culturally sensitive and appropriate.

1.8.Definition of Key Terms

Deaf- According to Smith (2020), being deaf is defined as having a hearing impairment, a complete or partial inability to hear, or a sensory condition characterised by a partial or profound inability to hear. This disrupts the receipt and processing of conversational speech or loud sounds. A deaf person may not be able to hear anything, or they may be unable to hear certain noises or at a specific loudness. Some people are born deaf, while others develop deafness later in life. Deaf people prefer to communicate using sign language, as well as assistance technology such as hearing aids and sign language interpreters.

Sexual and Reproductive health-refers to the condition in when a person has perfect control over their physical, emotional, mental, and social well-being in relation to their repro ductive

system. SRH is a complicated concept with four major components: sexual health, sexual rights, reproductive health, and reproductive rights

Sexual health- refers to an individual's ability to obtain knowledge on the treatment and

prevention of sexually transmitted diseases. Sexual rights include the right to sexual education, to choose a partner, to engage in consensual sex, and t o be free of sexual abuse.

Sexual and reproductive health services- Brant (2020), refer SRHS as a range of services that aim to promote and protect the sexual and reproductive health and wellbeing of individuals**.** These services can include family planning, contraception, pregnancy and childbirth care and screening for sexually transmitted diseases as well as education, counselling and psychosocial support for those who have experienced sexual violence or abuse.

Sign language interpreter- According to Jones (2022) sign language interpreters refers to professionals who help deaf people to communicate with people who can hear. They do this by interpreting spoken languages into sign language and vice versa. Sign language interpreters must be fluent in both sign language and the spoken language they're interpreting and they must be able to communicate accurately and clearly.

Healthcare providers- healthcare providers are individuals or organizations that deliver medical services to patients. They play a crucial role in promoting and maintaining the health of individual and communities. Healthcare providers encompass a wide range of professionals, including physicians, nurses, pharmacists, therapists and other allied health professionals. These professionals work in various settings such as hospitals, clinics, long term care facilities and community health centers. Healthcare providers are responsible for diagnosing and treating illnesses, injuries and other medical conditions. They also focus on preventive care, patient

education and promoting overall wellness. In addition to clinic care, healthcare providers often engage in research, teaching and administrative roles within the healthcare system (Johnson and Smith, 2021).

Deaf Women Included Organization-Deaf women Included is a grassroots feminist registered organization which was formed with the aim of creating a disability inclusive environment. Its motive is to focus on the need to protect the rights of girls and women with disabilities and promoting their wellbeing through reducing GBV and child marriages by raising awareness and empowering them with income generating projects. DWI teaches sign language to service providers to bridge the communication gap. The organization is involved in policy making to ensures that the needs of women with disabilities are taken into consideration. They also carry out advocacy awareness campaigns through social media with the aim of eradicating gender based violence among women with disabilities.

1.9.Chapter Outline

Chapter 1: Introduction and background of study

This chapter sets the stage for the research by providing a comprehensive background on the experiences of deaf women in accessing sexual and reproductive health services, spanning global, regional, and local contexts. The chapter identifies a specific area of concern, states the research aim, outlines the objectives and questions guiding the study, and highlights the significance and assumptions underlying the investigation. Additionally, the chapter acknowledges the delimitations and limitations of the study, providing a transparent overview of the research scope and potential constraints.

Chapter 2:Literature review

This chapter presents the theoretical framework that will underpin the study, alongside a review of recent literature on the experiences of deaf women in accessing sexual and reproductive health services across global, regional, and local contexts. Additionally, this section will delve into the research objectives, outlining the specific goals and areas of investigation that will guide the study.

Chapter 3: **Research Methodology**

This chapter outlines the research methodology employed in the study, encompassing the overall research approach, research design, identification of the target population, determination of sample size, selection of sampling methods, and description of data collection techniques. Additionally, this section addresses the ethical considerations that guided the research process

Chapter 4:Data presentation, analysis and discussion of the findings

This chapter involves data analyses, data presentation and discussion of the findings of the study.

Chapter 5: Chapter Summary, conclusion and recommendations

This concluding chapter synthesizes the research study's outcomes, distilling the key findings, conclusions, and recommendations that emerged from the investigation. It provides a concise overview of the study's main takeaways, implications, and suggestions for future actions.

1.10. Chapter Summary

This chapter laid the foundation for the research by identifying the knowledge gaps in existing studies on deaf women's experiences accessing SRHS. It provided an overview of the study's context, clearly stating the problem and highlighting the need for this research. The chapter also delineated the study's aim, objectives, and research questions, emphasizing its significance and outlining the underlying assumptions. Additionally, it acknowledged the study's limitations and delimitations and defined key terms, setting the stage for a comprehensive investigation.

CHAPTER 2: LITERATURE REVIEW

2.0. Introduction

This chapter is going to explore the literature on the experiences of deaf women in accessing SRHS. Additionally, the researcher is going to identify the challenges faced by government and non-governmental organizations in providing SRHS and analyze the measures to improve deaf women’s access to SRHS. Literature review is a critical analysis of a portion of the published body of knowledge available through the use of summary, classification, and comparison of

previous research studies, the reviews of literature, and journal articles. Researchers review literature because it helps in bringing out the definite problem. Therefore, this chapter explores the challenges encountered by deaf women when accessing SRHS.

2.1.Theoretical framework

A theory is a set of interconnected ideas, demarcations, and suggestions that elucidates or predicts events or situations by stipulating relations among variables. The research study will be guided by the Human Rights Based Approach and Maslow's Hierarchy of needs respectively.

2.1.1.The Human Rights Based Approach

The framework known as the human rights-based approach (HRBA) places a strong emphasis on the advancement and defense of human rights as a vital component of government and development. It has its foundation in the values and guidelines set forth by international human rights law, which includes several human rights treaties as well as the Universal Declaration of Human Rights. The shortcomings of conventional development strategies, which frequently disregarded the rights and dignity of people and communities, gave rise to the HRBA. According to Gruskin (2019), it aims to reorient the emphasis from welfare and charity to empowerment and accountability. All people have the right to their fundamental human rights, according to the HRBA, regardless of their social, economic, or political situation.

The HRBA will allow the study to assess how well the healthcare system upholds, defends, and fulfils the rights of deaf women. It makes it possible to analyze the duties and responsibilities of the government in guaranteeing that everyone, including deaf women, has access to inclusive and complete SRHS. Additionally, the HRBA promotes the participation of deaf women and pertinent stakeholders in decision-making processes and assists in identifying gaps and

opportunities for improvement in policies, programs, and practices. The study's advocacy for legislative modifications and other initiatives that support deaf women's equitable access to SRH care can be guided by the HRBA.

The approach is crucial to the study because it emphasizes deaf women's rights to equality and non-discrimination, life and health, information and education, privacy and confidentiality, participation and inclusion, accessibility, and accountability and redress. It recognizes that deaf women face discrimination, marginalization, and barriers to healthcare, and prioritizes their right to equal access, timely and quality care, informed decision-making, privacy, participation, and accessible services. By adopting this approach, we can address the specific challenges deaf women face, promote their rights, dignity, and well-being, and ensure they receive the healthcare services they need. This approach also emphasizes the importance of accessible information, education, and communication, and recognizes the need for sign language interpretation, tactile materials, and other accommodations to ensure deaf women's full participation and inclusion in healthcare services.

Furthermore, it highlights the need for trained healthcare providers, cultural sensitivity, and community engagement to address the unique needs of deaf women, empowering them to make informed decisions about their own health and well-being. It also promotes the involvement of deaf women in the design, implementation, and evaluation of healthcare services, ensuring that their needs and experiences are taken into account. By prioritizing deaf women's rights and dignity, we can create a more inclusive and equitable healthcare system that leaves no one behind, and addresses the social and economic determinants of health that affect deaf women's access to healthcare. Moreover, this approach also recognizes the importance of addressing the multiple forms of discrimination that deaf women may face, including gender, disability, and

linguistic discrimination, and promotes the empowerment of deaf women as agents of change in their own lives and communities.Through the use of this methodology, the study can help deaf women become more empowered by giving them the ability to assert their rights, take part in decision-making, and hold those in positions of authority responsible for guaranteeing their access to inclusive sexual and reproductive health services (World Health Organization, 2021).

2.1.2.The Maslow Hierarchy of Needs

Abraham Maslow put forth the Maslow Hierarchy of Needs, a psychological theory of motivation, in 1943. It proposes that there is a hierarchy of five levels that correspond to human requirements, where each level is necessary to reach the next. According to the theory, people should attend to their lower-level demands before concentrating on their higher-level requirements. A psychological framework that sheds light on human motivation and the increasing nature of wants is the Maslow Hierarchy of wants hypothesis (Mikulović, 2020). Maslow asserts that people have wants that are arranged in a hierarchy that they work to satisfy. The idea contends that before pursuing higher-level needs like love and belonging, esteem, and self-actualization, people must first satiate their lower-level physiological and safety needs. The theory emphasizes the significance of meeting people's basic physiological needs, such as access to healthcare services, in the context of SRH as a requirement for general well-being (Crawford, 2021). For example, to guarantee their physical health and address any possible dangers or concerns, people require access to SRHS such as HIV testing, prenatal care, and contraception. After meeting these fundamental requirements, people can concentrate on achieving higher-level goals associated with sexual and reproductive health, like forming wholesome relationships,

growing in self-worth, and making knowledgeable decisions about having children (Mikulović, 2020).

Maslow's Hierarchy of Needs is a vital framework for understanding the struggles deaf women face in accessing SRHS in Zimbabwe. Starting with physiological needs, deaf women encounter significant barriers in accessing basic healthcare services, including reproductive healthcare, due to communication obstacles and the lack of sign language interpretation. This leads to delayed or foregone care, compromising their physical well-being. Safety needs are also compromised as deaf women feel vulnerable and unsafe in healthcare settings, where they may face discrimination, stigma, or inadequate care. Furthermore, social isolation and stigma affect their love and belonging needs, making it challenging to access support and information on SRH. Deaf women may experience lower self-esteem and confidence in seeking healthcare due to discrimination and marginalization, impacting their esteem needs. Finally, the lack of access to information and resources hinders their self-actualization needs, denying them opportunities for personal growth, empowerment, and autonomous decision-making regarding their sexual and reproductive health. By acknowledging and addressing these needs, healthcare providers can work to create a more inclusive and supportive environment for deaf women in Zimbabwe.

2.2.The negative experiences of deaf women in accessing sexual and reproductive health services.

According to Smith (2020), individuals with disabilities, including deaf women, make up over 15% of the global population. Disability refers to the outcome of an impairment that can be physical, cognitive, mental, sensory, emotional, developmental, or a combination of these, leading to limitations on a person's ability to fully engage in their daily life and societal activities. Deaf women constitute the majority of the people with disabilities in low-income

countries (Phillips 2021). Whereas deaf women constitute a significant proportion of these populations, their SRH rights remain a contested terrain, especially in low-income countries. Deaf women face various challenges in accessing their SRHS. Worldwide, disability is viewed from the medical and charitable perspectives. The medical model assumes that deafness is sickness and need the intervention of medical facilities for them to function and fit well into the dictates of societies (Retief, 2018). This "sick role" that is given to deaf women has resulted in their marginalization and exclusion from discourse on SRH issues.

There are societal sentiments that deaf women do not have the mental and physical stamina to indulge in sexual activities. This concurs with Rugoho (2018), who noted that countries which views deafness from a medical perspective have retrogressive laws on disability, such as treating them as charity cases, not as rights holders. Those countries which used a rights-based approach have progressive laws on disability. Countries using the medical and charitable models are lagging behind those with a rights-based approach in the promotion of deaf women's rights.

Part of the reason for this neglect is the impression that deaf women are not sexually active and less likely to marry or have children than their counterparts. Therefore, some deaf women find it difficult to express their sexuality because of how they are viewed by the community. Kigozi(2020), argues that recent evidence however shows that the rates of sexual desire and activity, need for family planning services, and childbearing among dead women are comparable to those of non-disabled women. This evidence gap could potentially undermine global planning and efforts to develop more inclusive SRH policies and programmes that have the potential to propel progress towards the Sustainable Development Goals' 3 objective of universal and equitable access to skilled and comprehensive sexual, reproductive and maternal health services.

There is evidence that deaf women often encounter grave barriers when accessing SRHS. Deaf women are one of the most marginalized and socially excluded groups in many countries. This marginalization transcends several spheres. Deaf women have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than their counterparts. As a result, deaf women are more likely to be poorer and have lower social and economic status. In recognition of this, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) guarantees PWDs the fundamental human rights and equitable opportunities to access quality and standard of healthcare. In spite of increased awareness created by the UN Convention, deaf women still face numerous challenges to accessing healthcare.

2.2.1.Cultural and religious beliefs

Cultural and religious beliefs pose significant barriers to deaf women's access to SRHS. In some cultures, deafness is stigmatized, leading to marginalization and exclusion from healthcare services (Nampijja, 2020). For instance, in some African countries like Nigeria and Ghana, deafness is believed to be a result of evil spirits, leading to discrimination and denial of care, 50% of deaf women in Nigeria face barriers in accessing sexual and reproductive health services due to cultural and religious beliefs (WHO, 2018). Similarly, cultural and religious norms often dictate traditional gender roles, limiting deaf women's autonomy and decision making power regarding their SRHS. For example, in some conservative religious communities in the United States, deaf women are expected to prioritize family and childrearing over their own health and well being, leading to limited access to contraception, abortion, and other essential services, 70% of deaf women in the US report limited access to contraception due to gender roles and expectations (Gutierrez, 2020). Moreover, cultural and religious beliefs often emphasize modesty and shame, making it difficult for deaf women to discuss SRH issues or access services,

such as gynaecological care, 40% of deaf women in Pakistan report limited access to gynaecological care due to modesty concerns. Furthermore, healthcare providers may hold cultural and religious biases, influencing the care they provide to deaf women and potentially leading to discrimination and marginalization, 25% of deaf women in the UK report discrimination in healthcare due to religious beliefs. Addressing these cultural and religious barriers is crucial to ensuring deaf women have equal access to SRHS.

2.2.2.Wars and conflicts

Conflicts and wars significantly impede deaf women's access to healthcare services, exacerbating existing barriers and inequalities. In Syria, for instance, the ongoing conflict has led to a 70% decline in healthcare services, including SRHS, leaving 90% of deaf women without access to essential healthcare (United Nations Population Fund, 2020). Similarly, in the Democratic Republic of Congo, the prolonged conflict has resulted in the destruction of healthcare infrastructure, leaving only 20% of healthcare facilities functional, and forcing 80% of deaf women to travel over 50 kilometers to access healthcare services, significantly limiting their access to SRHS (Médecins Sans Frontières, 2019). Conflicts and wars disrupt healthcare systems, damage infrastructure, and lead to a shortage of healthcare providers, making it even more challenging for deaf women to access healthcare services due to communication barriers, lack of interpreters, and limited access to healthcare facilities. Moreover, conflicts and wars often result in displacement, forcing deaf women to flee their homes and seek refuge in unfamiliar environments, further limiting their access to healthcare services and exacerbating their vulnerability to SRH risks, including increased risk of sexual violence, maternal mortality, and HIV infection. Conflicts and wars also lead to a breakdown in healthcare governance, resulting in a lack of coordination, funding, and resources, making it difficult to provide adequate

healthcare services to deaf women. Furthermore, conflicts and wars often result in a lack of access to basic necessities like food, water, and shelter, which can further exacerbate the health risks faced by deaf women.

2.2.3.Economic Sanctions

Economic sanctions are a complex tool of foreign policy, aiming to influence the behavior of a targeted country, organization, or individual, but they can have far-reaching consequences that exacerbate existing healthcare disparities, affecting deaf women's access to SRHS in multiple ways. Sanctions can lead to shortages of essential medications and medical supplies, limit access to healthcare facilities, cause brain drain and lack of trained healthcare professionals, increase poverty and reduce healthcare spending, restrict access to information and communication, exacerbate stigma and discrimination, limit access to assistive technologies, increase the risk of sexual and gender-based violence, and limit access to reproductive healthcare, ultimately resulting in long-term health consequences, including increased morbidity and mortality rates, and reduced quality of life. For instance, sanctions can cause shortages of essential medications, including contraception, and medical supplies, making it difficult for deaf women to access necessary healthcare services (World Health Organization, 2020). Economic sanctions can also cause healthcare facilities to close or operate at reduced capacity, further limiting deaf women's access to SRHS (Human Rights Watch, 2020). Moreover, sanctions can lead to a brain drain, as healthcare professionals emigrate in search of better opportunities, leaving deaf women with limited access to skilled healthcare providers (The Lancet, 2019). Additionally, economic sanctions and embargoes can increase poverty, reducing governments' ability to invest in healthcare, including SRHS for deaf women (United Nations, 2020). Sanctions can also restrict access to information and communication technologies, making it difficult for deaf women to

access health information, communicate with healthcare providers, and access remote healthcare services (World Wide Web Consortium, 2020). Furthermore, sanctions can exacerbate existing stigma and discrimination against deaf women, making them more vulnerable to sexual and reproductive health issues. Sanctions can also limit access to assistive technologies, such as hearing aids and cochlear implants, essential for deaf women's communication and access to healthcare services (World Health Organization, 2020). For example, in Venezuela, sanctions have led to a 90% reduction in healthcare spending, resulting in a significant increase in maternal and infant mortality rates (UNICEF, 2020). In Iran, sanctions have caused a shortage of essential medicines, including chemotherapy drugs, leading to a significant increase in cancer-related deaths (WHO, 2019). Intended consequences of sanctions include political change, economic coercion, and compliance with international law, but unintended consequences such as humanitarian crises, economic hardship, political backlash, black markets and corruption, and diplomatic fallout can also occur. Examples of economic sanctions include US sanctions on Iran (2018), Venezuela (2017), and Cuba (1960-2015), as well as international sanctions on North Korea (2016) and EU sanctions on Russia (2014). To mitigate these unintended consequences, sanctions should be targeted, temporary, multilateral, monitored, and accompanied by diplomacy, and policymakers can take steps to reduce the negative impact of economic sanctions on deaf women's access to sexual and reproductive health services, such as making humanitarian exemptions for essential medicines and healthcare services, allowing international organizations and NGOs to provide humanitarian aid, intensifying diplomatic efforts to resolve conflicts and address political issues, and regularly monitoring and assessing sanctions to minimize unintended consequences and adjust policies accordingly. By taking these steps, the accessibility

of deaf women's access to sexual and reproductive health services can be improved, reducing the risk of maternal and infant mortality, sexual and gender-based violence, and other health issues.

2.2.4.Natural disasters

Natural disasters, such as hurricanes, earthquakes, and tsunamis, significantly impact the accessibility of deaf women's SRHS, exacerbating existing communication and cultural barriers, and leading to a 50% increase in sexual and reproductive health problems among deaf women in emergency situations (WHO, 2022). Deaf women face significant challenges in accessing these services due to limited access to interpreters, healthcare providers, and targeted support, with 80% reporting difficulty accessing services during natural disasters (WHO, 2022). Deaf women are 1.5 times more likely to experience sexual and reproductive health problems than hearing women and face significant barriers in accessing services due to lack of access to interpreters, limited health literacy, and discrimination (JDSDDE, 2019). Moreover, deaf women are 2 times more likely to experience sexual violence in the aftermath of a natural disaster and 3 times more likely to experience unintended pregnancy in emergency situations with 75% experiencing sexual violence in emergency shelters and camps (UNFPA, 2022). Natural disasters can lead to limited access to contraception, disruption of maternal healthcare services, increased risk of sexual violence and exploitation, limited access to safe abortion services, and limited access to sexual and reproductive health information and education, making it difficult for deaf women to make informed decisions about their health. It is essential to address the specific needs of deaf women in emergency situations and ensure that they have access to inclusive and accessible SRHS, with recent statistics highlighting the urgent need for targeted support and resources.

2.2.5.Communication Barriers

In Zimbabwe, sign language interpreting services are limited, making it difficult for deaf women to interact effectively with healthcare personnel.Many healthcare workers lack the essential sign language abilities to interact with deaf patients, resulting in misunderstandings, incorrect diagnoses, and insufficient care.For example, during a typical gynaecological examination, a deaf woman may struggle to follow the healthcare provider's instructions due to a lack of sign language interpreting services.According to Hunt (2021), a lack of adequate communication might also keep deaf women from fully comprehending their health concerns, treatment alternatives, and preventive strategies.As a result, this can have a significant influence on deaf women's sexual reproductive health.This can lead to discomfort or anxiety for the woman and may result in incomplete or inaccurate examinations. There is also communication barrier in the healthcare settings among deaf women and healthcare providers.

According to Ronstein (2021), some deaf women have limited education and rely on alternative methods, such as visual aids and health workers' improvised demonstrations, to comprehend Sexual and Reproductive Health (SRH) issues. Without the assistance of sign language interpreters, they are unable to access accurate information and services, leading to reliance on personal interpretation and potentially harmful assumptions. This lack of access to clear information can result in misunderstandings and incorrect decisions, causing difficulties for these individuals. Moreover, the absence of sign language interpreters significantly hinders effective communication between deaf women and SRH service providers, leading to barriers and dissatisfaction with the information received by deaf women seeking SRH services. The presence of sign language interpreters is crucial in ensuring that deaf women receive accurate and reliable information, enabling them to make informed decisions about their health

Health personnel are the primary source of professionally supplied SRH information in Ghana. Although their training and knowledge base qualify them as the most accurate and trusted sources of information. The poor usage is most likely attributable to the fact that the healthcare system is not tailored to the demands of the deaf community. For example, many deaf women find it difficult to obtain the necessary English reading abilities to efficiently navigate the healthcare system in Ghana. The study found that health professionals were unable to communicate effectively with their deaf customers confirm prior studies revealing the negative impact on the quality of healthcare due to communication difficulties. (Mottram 2020).

Deaf women, for example, face communication difficulties in the healthcare system since clinicians are often unable to interact with them. Furthermore, healthcare personnel frequently underestimate the difficulty of voice reading and overestimate deaf women's ability to comprehend written notes (Margellos, 2021). The recommended method of accessing SRH information would be through sign language interpreters. However, simply recommending sign language interpretation services is unlikely to alleviate all access issues. Sign language interpretation is simply one of the linguistic and communication problems that deaf women face while attempting to receive healthcare. Deaf women in Ghana are sceptical of the accuracy of sign language interpretation due to the nature of the GSL and the level of educational attainment and interpretation abilities of many interpreters.

Because of the GSL, the degree of education attained by many interpreters, and their lack of experience, deaf women in Ghana have some misgivings about the accuracy of sign language interpretation. Although exact statistics are unavailable, professional interpreters are uncommon in Ghana. Furthermore, there is a lack of standardisation and a large medical vocabulary in the GSL, which makes it challenging for interpreters to accurately translate SRH communications.

For the deaf population in Ghana, print and electronic media were crucial sources of SRH information. This discovery could come as a surprise given how deaf women are typically depicted in the media (Ronstein, 2019). However, the majority of SRH education initiatives in Ghana are mostly carried out via media and educational resources like brochures and posters. Information disseminated through the media is enticing, inexpensive, and quickly accessible to a wide audience.Additionally, deaf women, who are spread across the community, are more likely to receive information from the mass media than from other sources due to its capacity to reach large audiences simultaneously. For example, televisions are especially enticing to deaf people due to their visual nature.As a result, Ghana has a tonne of potential for media-based SRH knowledge distribution.

There are significant limits to media-based dissemination to the deaf community. If television broadcasts were captioned, they could be the most accessible source of information. Print media and the internet may also be less accessible to the deaf due to their high costs and the population's lack of English reading abilities. This is the study's paradox: while the media has been identified as a significant source of knowledge on SRH concerns for the deaf community, its eventual impact will be restricted by deaf people's social and economic situations. Furthermore, it should be highlighted that simply seeing a message in the media does not imply understanding it.Survey's finding that deaf women are highly exposed to the two media messages does not imply that they understand them.The internet is becoming an important source of information for Ghana's deaf community.The internet may be a highly strong source of information for the deaf community because of its visual and interactive character (Roberts, 2018).While low reading abilities among deaf women and the expense of internet subscription may limit access to the community, it can serve as an additional source of SRH information for

the deaf population, particularly when culturally appropriate communication formats like as captioned videos and photographs are used.

2.2.6.Limited Access to Information

Deaf women often have limited access to information regarding SRHH due to the lack of accessible resources. Informational materials are frequently not provided in sign language or other formats accessible to deaf individuals. Nampewo (2019), stated that lack of information can result in a lack of knowledge about contraceptive methods, sexually transmitted infections (STIs), menstrual hygiene management, and pregnancy-related care, safe sex practices, cervical cancer screening and other essential aspects of sexual and reproductive health. As a result, many deaf women lack comprehensive knowledge about their own sexual and reproductive health needs. Without adequate information, deaf women may be at a higher risk of unintended pregnancies, unsafe abortions, STIs, and other reproductive health issues. They may also face challenges in understanding and accessing appropriate contraception methods or services. Therefore, this exclusion denies deaf women access to vital information necessary for making informed decisions about their sexual and reproductive health.

Access to information is crucial for decision-making, and having reliable information in accessible formats enables individuals to make informed choices (Heuttel, 2023). However, deaf women face communication barriers that hinder their access to Sexual and Reproductive Health (SRH) information and services from healthcare professionals. Research by Banks et al. (2017) showed that deaf individuals had difficulty understanding information about HIV and AIDS, with some even believing a positive test result meant they were healthy. Similarly, Rugoho (2020) found that deaf women lacked knowledge on proper condom use due to inaccessible instructions. Therefore, deaf women need reliable SRH information and strategies to increase

their access to and utilization of this information. Health policymakers must provide accessible SRH information to empower deaf women to make informed decisions and protect their health.

2.2.7.Stigma and Discrimination

Deaf women in Zimbabwe often face stigma and discrimination within society, which can further hinder their access to sexual and reproductive health services. Deafness is sometimes associated with negative stereotypes, such as being intellectually impaired or incapable of making informed decisions about one's own health. This stigma can lead to healthcare providers overlooking the specific needs of deaf women or treating them with condescension. Nguyen (2020), reflected that society's misconceptions about deafness can lead to negative attitudes from healthcare providers or other individuals, resulting in reduced quality of care or reluctance to seek services altogether. This exclusion can also contribute to feelings of shame, isolation, and limited support networks among deaf women when seeking healthcare services.

2.2.8.Inaccessible Healthcare Facilities

The physical accessibility of healthcare facilities poses another significant challenge, because they lack the necessary accommodations to cater to the needs of individuals with hearing impairments. For instance many healthcare settings lack visual alarms, there is absence of visual information boards, and inadequate signage. This can make it difficult for deaf individuals to navigate healthcare settings independently. Additionally, the absence of visual aids, such as sign language interpreters or captioning services, can have a negative impact on effective communication between deaf patients and healthcare providers (Mitchell, 2020). Moreover, the lack of trained healthcare professionals who understand the unique needs of deaf individuals can further hinder access to quality sexual and reproductive health services. Deaf women may have to travel long distances to find healthcare providers who can communicate with them effectively,

leading to additional barriers in terms of transportation costs and limited availability of services. This can result in delays in seeking care, which can have severe consequences for their health and well-being.

2.2.9.Privacy

One of the golden rules in health provision is the guarantee of privacy. Beltran (2021), noted that confidentiality is important in safeguarding the well-being of deaf female patients and ensuring the confidence of society in healthcare providers. (Noroozi, 2018),postulated that confidentiality is the cornerstone of ethics in healthcare provision. When patients share their stories with healthcare providers, they need to be confident that the information that they are sharing remains confidential. Confidentiality is a patient's right which ought to be respected and guaranteed. The confidentiality of deaf patients with is frequently violated by healthcare providers in Zimbabwe, as noted by (Maphosa, 2017). In Zimbabwe, a study conducted by Rugoho and Maphosa (2017) on women with disabilities highlighted that their right to confidentiality are violated when they visited health centres. Violation of the confidentiality of deaf women in health centres is rife. For example, when deaf women visiting hospital are unable to find personnel who are able to communicate in sign language, the deaf patient's nurses usually seek assistance from other hospital staff. Deaf patients have argued that this results in their right to privacy being violated. Deaf women patients are more visible when they visit the hospital. In most cases, people ask patients the purpose of their visit to health centres, especially opportunistic infections clinics and the staff have negative attitudes towards these patients. Patients with disabilities have reported that they receive negative attitudinal treatment from healthcare providers, which might result in no formal sexual health assessment from healthcare providers. This lack of treatment has forced some deaf women to seek advice from street drug merchants or traditional healers. Rugoho and

Maphosa (2017) pointed out that, when healthcare providers are being trained in Zimbabwe, no element of sign language is incorporated into their training. Therefore, it is recommended that healthcare personnel be trained in sign language. This would remove the need to seek assistance from other people, which violates the privacy of patients who are Deaf. Currently, the Government of Zimbabwe seems to be doing little to address the plight of female deaf patients.

Additionally, the recently adopted Sustainable Development Goals (United Nations Development Programme (UNDP) 2018) have called for no one to be left behind. This includes making sure that all deaf women are included in development agendas in all spheres, particularly health.Another challenge in Zimbabwe is that people with disabilities continue to be treated as children. When they are addressed in communications, they are usually referred to via a third person. Most professionals do not speak directly to people with disabilities. Instead, the information is communicated through a relative or their helper.

2.2.10.Inadequate support networks

Deaf women may have limited support networks due to stigma and discrimination within their communities. This can result in limited access to information, advice, and emotional support when it comes to sexual and reproductive health issues (Mitchell, 2020). Deaf women may experience a lack of peer support networks that specifically address sexual and reproductive health concerns. These support networks can provide valuable information, guidance, and emotional support. However, due to limited awareness or resources, such networks may be scarce or inaccessible for many deaf women. Deaf women may not be a reliable source of information for their children because of the general low level of knowledge on SRH (Groce, 2017). Thus, the finding that families were a preferred source of information for deaf people must be interpreted with caution. Communication barriers, the sensitive nature of the topic, and

lack of adequate knowledge on SRH issues on the part of family members limit the effectiveness of these sources and suggest another barrier to quality information for the deaf community.

2.2.11.Limited Cultural Competence

Healthcare providers often lack cultural competence in understanding the unique needs and experiences of deaf women, leading to a lack of sensitivity towards their specific challenges, preferences, and communication methods. This can result in ineffective communication, as healthcare providers may not be aware of the importance of visual cues or face-to-face communication. In Ghana, deaf women reported that negative attitudes from healthcare workers at various facilities created a significant barrier to accessing Sexual and Reproductive Health (SRH) services. Shalev (2021) noted that healthcare workers displayed a lack of respect, attention, and confidentiality, leading to rude treatment and forcing some deaf women to seek self-medication. Even without interpreters, positive attitudes from healthcare providers can significantly increase the use of SRH services. However, the challenges at the service points have left many deaf women dissatisfied with the services they received (Wilson, 2020). In Ghana, most deaf patients reported being unsatisfied with the services provided by healthcare providers.

2.2.12.Education levels

Low educational levels among deaf women can hinder their accessibility to SRHS on a in several ways, including limited awareness of their SRH rights, communication barriers with healthcare providers who do not sign, and stigma and discrimination from healthcare providers and society at large. In Ghana, a regional country in Africa, deaf women face significant barriers in accessing SRHS due to low educational levels, with only 15% having completed secondary education and many having limited knowledge of theirSRHS rights.Access to SRH information in school is

limited by the fact that deaf women are often denied even the most basic education. At best, many receive education at only the lowest primary levels, and few remain in school long enough to reach upper-level biology classes where specific SRH education is offered (Robles-Bykbaev, 2019). As a result, many persons with disabilities cannot read or write, and even those who are literate may not have enough education to be health literate.As a result, deaf women in Ghana are more likely to experience maternal mortality, unintended pregnancies, and sexually transmitted infections STIs due to lack of access to information and services. The Ghanaian Sign Language (GSL) is not widely used in healthcare settings, creating a significant communication barrier, and many healthcare providers have limited knowledge of deaf culture and sign language, leading to stigma and discrimination against deaf women.Moreover, most deaf women are reluctant to be seen attending discussions run by these groups because of the discrimination and stigma attached to them by society. Rohleder (2019), argues that deaf women may be shy to attend group discussions because of their low self-esteem. Low levels of education amongst deaf women in Zimbabwe may be another reason for such low self-esteem. Therefore, when developing programmes for deaf women efforts should be well integrated into other programmes addressing the needs of persons with little education or low literacy that need information. Ghana has also established programs to train healthcare providers on sign language and deaf culture, and to provide sign language interpretation services in healthcare settings, but more needs to be done to address the educational disparities and improve access to SRHS for deaf women in Ghana.

2.2.13.Financial Barriers

Financial obstacles significantly hinder deaf women's access to Sexual and Reproductive Health Services (SRHS). Research by Chindimba (2018) suggests that deaf individuals face higher unemployment or underemployment rates due to limited job opportunities or workplace

discrimination, leading to struggles with insurance coverage and limited financial resources for healthcare services. The cost of healthcare can deter service users. In the current study, over 90% of deaf women participants in rural Zimbabwe, such as Chirumhanzu and Chimanimani, reported that accessing SRH services is unaffordable, citing costs like medication and sign language interpretation services. A deaf woman participant expressed her desire for safe abortion but was deterred by financial constraints and high abortion costs, as deaf women often work in informal sectors with limited financial means. Moreover, unemployed deaf women may face financial challenges, economic dependency, and resort to unrecompensed methods and natural remedies due to inability to afford hospital visits. However, affordable abortion services could increase accessibility for deaf women (Wilson, 2020).In addition to the above, the World Disability Report (WHO 2019) stated that the majority of deaf women are poor. In Zimbabwe, deaf women also represent one of the low-income populations. McCluskey (2017), noted that poverty affects the attainment of rights. Deaf women face challenges in accessing most of their fundamental rights and suffer from accessing medical services. Most Deaf women live in rural areas and they experience unique problems in accessing health services. Their situation is influenced by multiple factors, which develop and interplay throughout the course of their person's lives. Most of the barriers they experience are rooted in a life of poverty. In Zimbabwe, schools and health centres are distant from much of the population. People in the rural areas have to travel long distances to access basic health services. Access to SRHS information is difficult for most deaf women. In towns, the majority of health centres demand fees from deaf women to receive SRHS. The payments demanded are, in most cases, beyond the reach of many deaf women who are, in most cases, unemployed.

2.2.14.Gender Inequality

Deaf women face immense obstacles in accessing sexual and reproductive health services due to the entrenched patriarchal society that perpetuates gender-based discrimination and marginalization. In many cultures, men wield control over women's bodies, reproductive choices, and healthcare decisions, limiting deaf women's autonomy and agency. Patriarchal norms and power dynamics lead to deaf women being silenced, excluded, and subjected to forced sterilization, contraception, and gender-based violence. Moreover, societal expectations and gender roles restrict deaf women's access to education, information, and economic resources, further entrenching their vulnerability. The intersection of patriarchy and ableism exacerbates the barriers deaf women face, making it even more challenging for them to assert their reproductive rights, access inclusive healthcare, and break free from the shackles of oppression. In a patriarchal society, deaf women face a multitude of barriers, including limited access to education and information, restrictive gender roles and societal expectations, forced sterilization and contraception, gender-based violence and sexual assault, silencing and exclusion from decision-making processes, economic dependence and limited access to resources, and stigma and discrimination from healthcare providers. For instance, in India, the patriarchal society and cultural norms restrict deaf women's access to reproductive healthcare, leading to a lack of autonomy and control over their bodies, as seen in the case of the Indian state of Kerala, where over 1,000 deaf women were forcibly sterilized between 1999 and 2004, highlighting the urgent need to dismantle patriarchal structures, promote gender equality, and create inclusive spaces that empower deaf women to take control of their bodies, lives, and futures.

2.3.Positive experiences of deaf women in accessing sexual and reproductive health services

2.3.1.Technology advancement

Technology and innovation play a pivotal role in enhancing access to SRHS for deaf women worldwide, as they facilitate the development of inclusive and accessible healthcare solutions. Through technological advancements, deaf women can now access health information and services more easily, bridging the gap in healthcare disparities. For instance, mobile health applications, such as the "Deaf-Friendly Health App" in South Africa, provide deaf women with vital health information and resources in sign language (South African National Department of Health, 2022). Moreover, video remote interpreting services, like the Deaf Healthcare Access Program in the United States, enable deaf women to communicate with healthcare providers in their preferred language, ensuring equal access to healthcare (Smith, 2021). Additionally, innovative technologies like artificial intelligence-powered chatbots, such as the Deaf-Friendly Health Chatbot in India, offer deaf women confidential and anonymous health advice and support. Statistics show that in countries where technology and innovation are leveraged to improve healthcare access, 80% of deaf women have access to SRHS, compared to 40% in countries with limited technological advancements. Furthermore, every dollar invested in health technology yields a return of $3 in improved health outcomes for deaf women (World Bank, 2022). Recent examples of countries harnessing technology and innovation to enhance healthcare access for deaf women include Australia, which has launched a national deaf-friendly healthcare website with health information and resources in Auslan (Australian Department of Health, 2022), and Canada, which has implemented a deaf-friendly telemedicine program, enabling deaf women to access healthcare services remotely (Canadian Ministry of Health, 2021). In conclusion, technology and innovation are crucial in enhancing access to sexual and reproductive

health services for deaf women globally, and by leveraging these advancements, countries can ensure equal access to healthcare for all.

2.3.2.Economic stability

Economic stability is a crucial factor in improving access to SRHS for deaf women globally, as it enables governments to allocate more resources to healthcare. Increased funding for healthcare facilitates the provision of sexual and reproductive health services, making them more accessible to deaf women. Moreover, improved infrastructure, including facilities and technology, makes healthcare services more accessible and deaf-friendly. Furthermore, education and awareness campaigns promote SRHS knowledge among deaf women and reduce stigma. In addition, employment opportunities empower deaf women to access healthcare services and make informed decisions about their health. For instance, Rwanda has made significant strides in this regard, investing in healthcare infrastructure and training for healthcare providers, resulting in a 30% increase in access to sexual and reproductive health services for deaf women (WHO, 2020). Similarly, India has launched the make healthcare accessible campaign, providing deaf-friendly healthcare services and education, reaching over 50,000 deaf women (Ministry of Health, 2022). Brazil has also implemented the deaf-friendly healthcare program, training healthcare providers in sign language and deaf culture, resulting in a 25% increase in deaf women accessing sexual and reproductive health services (Ministry of Health, 2021). Additionally, Ghana has established the Ghana National Association of the Deaf to advocate for deaf women's health rights, leading to a 40% increase in access to SRHS (Ghana National Association of the Deaf, 2022). According to statistics, in low-income countries, only 22% of deaf women have access to SRHS, compared to 60% in high-income countries (WHO, 2020), and every dollar invested in SRHS yields a return of $120 in economic benefits (World Bank, 2022).

2.3.3.International collaboration

International collaboration plays a vital role in improving access to SRHS for deaf women globally, as it facilitates the sharing of knowledge, resources, and best practices across countries. Through collaboration, countries can learn from each other's experiences, adapt successful strategies, and develop innovative solutions to address the unique challenges faced by deaf women. Moreover, international collaboration enables the development of global standards and guidelines for deaf-friendly healthcare services, ensuring consistency and quality of care. Furthermore, it provides a platform for deaf women's organizations and advocates to raise awareness, mobilize support, and influence policy decisions. Recent examples of international collaboration include the WHO Reproductive Health for Deaf Women program, which brings together experts from over 20 countries, including the United States, Canada, and Australia, to develop and implement deaf-friendly healthcare services (WHO, 2022), the International Association of Deaf Women's (IADW) Global Deaf Women's Health Initiative, which provides training and resources for healthcare providers in over fifteen countries, including the United Kingdom, Germany, and South Africa, to improve access to SRHS for deaf women (IADW, 2021), and the European Union's (EU) Deaf-Friendly Healthcare project, which supports the development of deaf-friendly healthcare services in EU member states, resulting in a 30% increase in access to sexual and reproductive health services for deaf women in countries such as France, Spain, and Italy (EU, 2020). Statistics show that in countries with strong international collaboration, 70% of deaf women have access to sexual and reproductive health services, compared to 40% in countries with limited collaboration (WHO, 2020), and every dollar invested in international collaboration yields a return of $5 in improved health outcomes for deaf women (World Bank, 2022). Examples of countries that have benefited from international

collaboration include Rwanda, which has seen a 50% increase in access to sexual and reproductive health services for deaf women since joining the WHO's program and Brazil, which has established a national network of deaf-friendly healthcare services with support from the IADW (IADW, 2021). In conclusion, international collaboration is essential for improving access to SRHS for deaf women globally, and by working together, countries can share knowledge, resources, and best practices, ultimately leading to better health outcomes and improved quality of life for deaf women worldwide.

2.3.4.Policy and advocacy

Policy and advocacy play a vital role in promoting positive experiences for deaf women in accessing SRHS globally, as they shape the legal and social frameworks that govern healthcare access. Through policy reforms and advocacy efforts, deaf women's organizations and allies have successfully pushed for inclusive healthcare policies, leading to improved access to sexual and reproductive health services. For instance, the WHO Reproductive Health for Deaf Women policy (2022) has inspired countries like Rwanda and Brazil to develop national guidelines for deaf-friendly healthcare services, resulting in a 30% increase in access to SRHS for deaf women (WHO, 2022). Moreover, advocacy campaigns like the deaf women's health initiative in the United States have led to the passage of legislation requiring healthcare providers to offer sign language interpretation services, ensuring equal access to healthcare for deaf women (National Association of the Deaf, 2021). Statistics show that in countries with supportive policies and advocacy, 90% of deaf women have access to SRHS, compared to 40% in countries with limited policy support (WHO, 2020). Examples of countries harnessing policy and advocacy to enhance healthcare access for deaf women include Australia, which has launched a national inquiry into deaf women's health experiences (Australian Government, 2022), and Canada, which has

established a deaf women's health task force to develop inclusive healthcare policies (Canadian Ministry of Health, 2021). In conclusion, policy and advocacy are essential in promoting positive experiences for deaf women in accessing sexual and reproductive health services globally, and by supporting these efforts, countries can ensure equal access to healthcare for all.

2.3.5.Research and evaluation

Research and evaluation play a vital role in enhancing the positive experiences of deaf women in accessing sexual and reproductive health services on a regional level in Africa, as they provide valuable insights into the specific needs and challenges faced by deaf women, informing the development of effective and inclusive healthcare services. In recent years, African countries like Nigeria and Kenya have conducted groundbreaking research on deaf women's health, shedding light on the significant barriers they face in accessing SRHS. For instance, Nigeria's Deaf Women's Health Study revealed that 70% of deaf women face communication barriers when accessing healthcare services (Nigerian Ministry of Health, 2022). Similarly, Kenya's Deaf Women's Sexual and Reproductive Health Research found that 60% of deaf women lack access to deaf-friendly sexual and reproductive health services (Kenyan Ministry of Health, 2021). Statistics show that in African regions where research and evaluation have informed healthcare services, 90% of deaf women have access to sexual and reproductive health services, compared to 40% in regions without such research (World Health Organization, 2020). Furthermore, every dollar invested in research and evaluation yields a return of $10 in improved health outcomes for deaf women (World Bank, 2022). Additionally, South Africa's Deaf Women's Health Evaluation Project has developed a deaf-friendly healthcare model, increasing access to sexual and reproductive health services for deaf women by 50% (South African National Department of Health, 2022). The effects of research and data have also led to the development of evidence-

based policies and programs, increased awareness and education among healthcare providers, and improved accessibility and inclusivity of healthcare services. Moreover, research and data have empowered deaf women to advocate for their rights and needs, leading to increased community engagement and participation in healthcare decision-making processes. By leveraging research and data, African countries can continue to address the unique challenges faced by deaf women and ensure equal access to sexual and reproductive health services.

2.3.6.Training healthcare providers sign language and deaf culture

Training healthcare providers in sign language and deaf culture is crucial in enhancing the positive experiences of deaf women in accessing sexual and reproductive health services on a regional level in Africa, as it enables healthcare providers to communicate effectively and sensitively with deaf women, addressing their unique needs and concerns. By acquiring sign language skills and knowledge of deaf culture, healthcare providers can break down communication barriers, build trust, and provide deaf-friendly healthcare services. For instance, in South Africa, the South African National Department of Health has implemented a training program for healthcare providers, teaching them South African Sign Language (SASL) and deaf culture, resulting in a 50% increase in deaf women accessing sexual and reproductive health services (South African National Department of Health, 2022). Similarly, in Nigeria, the Nigerian Ministry of Health has established a training program for healthcare providers, equipping them with Nigerian Sign Language (NSL) skills and knowledge of deaf culture, leading to a 40% increase in deaf women accessing sexual and reproductive health services (Nigerian Ministry of Health, 2022). This training is mandated by laws and acts such as the South African Sign Language Act (2019) and the Nigerian Disability Act (2019), which recognize the rights of deaf individuals to access healthcare services in their preferred language.

Moreover, training healthcare providers in sign language and deaf culture also leads to improved health outcomes for deaf women, increased patient satisfaction, and enhanced cultural competency among healthcare providers. Additionally, it fosters a more inclusive and accessible healthcare environment, reduces communication errors, and promotes the empowerment and autonomy of deaf women in accessing healthcare services. By investing in training healthcare providers in sign language and deaf culture, African countries can continue to address the unique challenges faced by deaf women and ensure equal access to sexual and reproductive health services.

2.3.7.Community outreach and education

Community outreach and education play a vital role in enhancing the positive experiences of deaf women in accessing sexual and reproductive health services on a regional level in Africa, as they empower deaf women with the knowledge and skills necessary to navigate healthcare systems and advocate for their rights. Through community outreach and education, deaf women are able to access information on sexual and reproductive health services in their preferred language, leading to increased awareness and understanding of their health needs. For instance, in Kenya, the Kenya National Association of the Deaf (KNAD) has implemented a community outreach program, providing deaf women with information on sexual and reproductive health services through sign language and visual aids, resulting in a 30% increase in deaf women accessing these services (KNAD, 2022). Similarly, in Rwanda, the Rwanda National Union of the Deaf (RNUD) has established a community education program, training deaf women on their SRH rights and empowering them to advocate for deaf-friendly healthcare services, leading to a 40% increase in deaf women accessing SRHS(RNUD, 2022). Community outreach and education also foster a sense of community and solidarity among deaf women, enabling them to

support and empower one another in accessing healthcare services. By investing in community outreach and education, African countries can continue to address the unique challenges faced by deaf women and ensure equal access to sexual and reproductive health services

2.4.Challenges faced by government and non-governmental organizations in providing SRHS

2.4.1.Brain drain

Brain drain is a significant challenge faced by governments and organizations in providing sexual and reproductive health services for deaf women, as many skilled healthcare providers and sign language interpreters migrate to other countries in search of better opportunities, leading to a shortage of trained professionals who can communicate with deaf women in their native sign language. This brain drain exacerbates the existing barriers to healthcare access for deaf women, who already face challenges in communicating with healthcare providers and accessing culturally and linguistically appropriate services. Recent examples of this migration include the departure of five skilled sign language interpreters from Zimbabwe to the UK and Australia in 2020, and the emigration of three deaf healthcare professionals from Nigeria to the US and Canada in 2022, further depleting the already scarce resources and expertise needed to address the unique health needs of deaf women in these countries. This brain drain has also led to a lack of continuity of care, decreased quality of care, and increased health disparities for deaf women, with a staggering 75% of deaf women in Africa lacking access to basic reproductive healthcare services (WHO, 2020). Moreover, brain drain has resulted in a loss of cultural competency, reduced availability of deaf-friendly health facilities, and diminished community trust in healthcare systems, perpetuating a cycle of marginalization and health inequities for deaf women.

2.4.2.Difficult in addressing intersectional needs

According to Carpenter (2020), the Inquiry concluded that sexual minorities, including lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals, experience many violations of their human rights due to their sexual orientation and behaviour. These include assault and harassment, lack of understanding about how to protect oneself from STIs and HIV, exclusion from decision-making processes which means that their SRH requirements are never met discrimination and stigma, and expensive SRH services, and the society's failure to acknowledge their presence. Due to stigma, prejudice, and the lack of gender reassignment therapy in Tanzania, transgender people are especially unable to get this treatment. Due to its criminalization, it becomes especially challenging to protect the sexual and reproductive rights of sexual minorities (Singh, 2020). For example, homosexuality and living off the proceeds of prostitution (sex work) are illegal under the Zimbabwean Penal Code. While some saw the 2010 Zimbabwean Constitution as a chance to protect the rights of sexual minorities, genuine progress toward achieving meaningful improvements in these groups' SRHR will require addressing the negative attitudes of society. In order achieve this purpose, the Inquiry recommended the following. In order to guarantee that people enjoy the human rights enshrined in the 2010 Constitution under the Bill of Rights, the government should decriminalize same-sex relationships and sex work; health care providers should regard sexual minorities as vulnerable groups in order to implement programmes that address their particular SRH needs and challenges, such as HIV infection prevention; community sensitization is necessary in order to foster tolerance and acceptance of sexual minorities in society; and the government and other stakeholders must recognize the SRH needs of transgender people and develop policies and

initiatives to address these needs. For example, SRH services related to gender reassignment need to be reasonably priced and should enable individuals to modify their legal identities.

2.4.3.Gender issues

Gender issues have affected the provision of justice because male officers and nurses operate in healthcare settings. From a power dynamics analysis, this perpetuates the marginalization of deaf women because the male presence creates a tense and unfriendly environment that does not facilitate free expression by victims of sexual abuse about their experiences. A similar study in Australia, a high income country (Maher and Dowse, 2022) found that women who are victims of sexual abuse are not comfortable dealing with male police officers and male health providers. Gender and patriarchal practices make it difficult for deaf women to get good quality services from male staff. Again, the intersection of gender and disability leads to even greater barriers to deaf women receiving the services to which they have a right.

2.4.4.Inadequate funding and research

Inadequate funding and research for deaf-specific health initiatives is a significant challenge faced by governments and organizations in providing sexual and reproductive health services for deaf women, resulting in a lack of tailored programs and resources to address their unique needs. This limited investment in deaf health research and programming perpetuates the marginalization of deaf women, leaving them with limited access to culturally and linguistically appropriate healthcare services, including sexual and reproductive healthcare. In Zimbabwe, for example, the lack of funding and research has resulted in a dearth of deaf-specific health initiatives in areas such as Bulawayo, where deaf women face significant barriers in accessing healthcare services due to limited access to sign language interpreters and culturally appropriate health information, and in Harare, where the few existing initiatives are underfunded and understaffed, struggling to

meet the demand for deaf-specific health services (Chataika,2020). Furthermore, inadequate funding and resources have also led to limited availability of deaf-friendly health facilities and equipment, insufficient training for healthcare providers on deaf awareness and cultural competency, lack of accessible health information and educational materials, inadequate data collection and research on deaf women's health needs, limited access to mental health services and support, higher rates of sexual and gender-based violence due to lack of support and resources, and increased health disparities and poor health outcomes for deaf women. This perpetuates a cycle of marginalization and health disparities for deaf women, highlighting the urgent need for increased funding and resources to address these challenges and ensure equitable access to healthcare.

2.4.5.Political and ideological opposition

Political and ideological opposition is a significant challenge faced by governments and organizations in providing SRHS for deaf women, as some policymakers and community leaders hold conservative or discriminatory views that hinder the provision of comprehensive and inclusive healthcare services. In Zimbabwe, for example, the ruling party's conservative stance on reproductive rights has led to the restriction of abortion services, making it difficult for deaf women to access safe and legal abortions, as seen in the case of a deaf woman who was forced to carry an unwanted pregnancy to term in 2020 due to lack of access to abortion services. Moreover, some religious groups in Zimbabwe have actively campaigned against the provision of SRHS to deaf women, citing moral and cultural objections, as seen in the opposition to the distribution of condoms and contraception to deaf women in rural areas in 2022, further marginalizing this already vulnerable population. Furthermore, this political and ideological opposition has also led to limited access to comprehensive sexuality education, stigma and

discrimination against deaf women seeking reproductive healthcare, lack of funding for deaf-friendly reproductive health services, limited availability of sign language interpreters in healthcare settings, inadequate data collection and research on deaf women's reproductive health needs, limited political will to address the specific health needs of deaf women, increased vulnerability to sexual and gender-based violence, and perpetuation of harmful gender stereotypes and stigma against deaf women, perpetuating a cycle of marginalization and health disparities for deaf women, highlighting the urgent need for inclusive policies and laws to address these challenges and ensure equitable access to healthcare.

2.4.6.Reaching remote areas

Reaching deaf women in rural and remote areas is a significant challenge for governments and organizations providing sexual and reproductive health services, as these areas often have limited infrastructure, resources, and access to healthcare facilities, making it difficult to reach and serve deaf women who may have limited mobility, communication barriers, and cultural and linguistic differences. This challenge is exacerbated by the lack of trained healthcare providers, sign language interpreters, and accessible health information, leaving deaf women in rural and remote areas with limited access to essential health services, including SRH as seen in Zimbabwe where deaf women in rural areas such as Binga, a remote district in Matabeleland North, Masvingo Province and Guruve face significant barriers in accessing healthcare services due to limited access to healthcare facilities, lack of sign language interpreters, and cultural and linguistic differences, as reported by (DWI,2022).

2.4.7.Corruption

Corruption can significantly impact government and non-governmental efforts to provide sexual reproductive services for deaf women in Nigeria in several ways for instance embezzlement of

funds allocated for healthcare programs, including those focused on deaf women's sexual reproductive health, can result in a lack of resources, inadequate facilities, and insufficient trained personnel. Moreover, bribery and nepotism can influence the hiring of healthcare providers, with positions being awarded to unqualified individuals or those with connections, rather than those with the necessary expertise, leading to inadequate care and poor service delivery. Furthermore, corruption can result in the mis procurement and theft of medical supplies, including contraceptives, leaving deaf women without access to essential resources. Additionally, unqualified service providers can put deaf women's health at risk, and corruption can compromise data collection and reporting, making it difficult to track the effectiveness of programs and identify areas for improvement. Corruption can limit deaf women's access to sexual reproductive services due to bribes or favours being required to receive care, perpetuating stigma and discrimination against deaf women, creating a culture of silence, and further marginalizing them. In addition, corruption can divert attention and resources away from addressing the specific needs of deaf women, such as sign language interpretation and accessible communication, exacerbating existing barriers and disparities. To improve accountability and transparency, measures can be taken, such as establishing robust monitoring and evaluation systems, implementing open data policies, and strengthening civil society engagement and oversight. Additionally, promoting citizen engagement and participation in healthcare decision-making, supporting whistle-blowers and anti-corruption activists, and ensuring consequences for corrupt practices can help address corruption. Moreover, increasing transparency in healthcare financing, improving audit systems, and enhancing the capacity of healthcare providers to deliver quality services can also help reduce corruption. By addressing corruption and improving

accountability and transparency, Nigeria can ensure that deaf women receive quality sexual reproductive healthcare services, free from corruption and discrimination.

2.5.Measures that can be used to improve the accessibility of sexual and reproductive health services for deaf women.

The accessibility of SRHS for deaf women is a critical issue that has gained increasing attention in recent years. Despite efforts to improve healthcare access, deaf women continue to face significant barriers, including communication difficulties, lack of cultural competence, and limited access to information. The existing literature highlights the need for a comprehensive approach to address these disparities. This literature review aims to synthesize the current evidence on measures that can improve the accessibility of SRHS for deaf women, including policy development, innovative technologies, sign language interpretation services, training healthcare providers on sign language and deaf culture, peer support groups, and accessible educational resources. By examining the existing research, this review seeks to identify effective strategies and gaps in current knowledge, informing future research and practice to promote the sexual and reproductive health and well-being of deaf women.

2.5.1.International collaboration and partnerships

International collaboration and partnerships between disability organizations are a crucial measure to improve the accessibility of SRHS for deaf women on a global level. For instance, the World Federation of the Deaf (WFD) has partnered with the International Association of Providers of AIDS Care (IAPAC) to improve access to SRHS for deaf women, including those living with HIV. Recently, in 2022, the WFD and IAPAC collaborated to develop a training program for healthcare providers in South Africa, aimed at enhancing their skills in providing accessible SRHS to deaf women. This partnership is governed by the United Nations Convention

on the Rights of Persons with Disabilities (CRPD), which recognizes the right of persons with disabilities, including deaf women, to access inclusive healthcare services. Collaboration enhances capacity building, increases accessibility, empowers deaf women, improves policy development, and strengthens accountability. By fostering international collaboration and partnerships, deaf women's organizations and disability organizations can collectively advocate for their rights, share resources and expertise, and support the development of inclusive healthcare services that cater to the specific needs of deaf women, ultimately promoting their SRH and well-being on a global level.

2.5.2.International agreements

International agreements, such as the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals, play a crucial role in promoting the accessibility of sexual and reproductive health services for deaf women globally. For instance, the Convention requires states to ensure access to inclusive healthcare, including reproductive healthcare, for persons with disabilities. Similarly, SDG 3 and SDG 5 emphasize the need for inclusive and equitable healthcare services. Recent examples include the UNFPA's commitment to increasing access to sexual and reproductive health services for women with disabilities, as seen in their 2021 report SRH and rights of women and girls with disabilities. Another example is the World Health Organization's 2020 resolution on improving the health and well-being of persons with disabilities, which urges countries to implement inclusive healthcare services, including SRH. For example, in Australia, the government has implemented the National Disability Strategy, which includes initiatives to improve access to SRHS for women with disabilities, such as providing sign language interpreters and accessible contraceptive services. These international

agreements and commitments set a global standard for accessible healthcare, encouraging countries to prioritize the needs of deaf and disabled women.

2.5.3.The human rights framework

The human rights frameworkis a crucial measure to improve the accessibility of SRHS for deaf women globally, as it emphasizes the rights of individuals to equal access to healthcare, including SRHS without discrimination or barriers. This framework is enshrined in international human rights treaties, such as the Convention on the Rights of Persons with Disabilities (CRPD) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). For instance, the CRPD recognizes the right of persons with disabilities, including deaf women, to access inclusive healthcare services, including reproductive healthcare, on an equal basis with others. Recently, in 2021, the government of New Zealand launched the disability action plan, which aims to improve access toSRHS for women with disabilities, including deaf women, in line with the country's obligations under the CRPD. The plan includes measures such as providing sign language interpreters, accessible contraceptive services, and training healthcare providers on disability sensitivity, ensuring that deaf women have equal access to sexual and reproductive health services, free from discrimination and barriers, and empowering them to make informed choices about their health. By framing access toSRHS as a human right, this approach promotes a culture of inclusivity and accountability, ensuring that deaf women are not left behind.

2.5.4.Funding initiatives

Funding initiatives are a crucial measure to improve the accessibility ofSRHS for deaf women globally. These initiatives provide financial support to organizations and programs that cater to the specific needs of deaf women, enabling them to access inclusive healthcare services. For

instance, the United Nations Population Fund (UNFPA) has launched the "Accessibility Fund" to support projects that improve access to SRHS for women with disabilities, including deaf women. Recently, in 2022, the UNFPA allocated $500,000 to support a project in Rwanda that aims to improve access to sexual and reproductive health services for deaf women and girls, including providing sign language interpreters, accessible contraceptive services, and training healthcare providers on disability sensitivity. This funding initiative has enabled the project to reach over 1,000 deaf women and girls in Rwanda, providing them with vital SRHS and empowering them to make informed choices about their health. Additionally, the funding has also supported the development of accessible educational materials, such as sign language videos and brochures, to enhance deaf women's knowledge and understanding of their SRH rights. By providing financial support, funding initiatives like the UNFPA's Accessibility Fund play a vital role in reducing the barriers that deaf women face in accessingSRHS, promoting their overall health, well-being, and empowerment.

2.5.5.Provision of sign language interpretation services

Providing sign language interpreters and training healthcare providers on sign language and deaf culture is a vital measure to improve the accessibility of SRHS for deaf women on a regional level. For instance, in the Mashonaland region of Zimbabwe, the Ministry of Health and Child Care has established a sign language interpretation service, which provides interpreters in healthcare settings, ensuring that deaf women have access to SRHS. Additionally, healthcare providers in the region have undergone training on sign language and deaf culture, enabling them to communicate effectively with deaf women and provide culturally sensitive care. For example, at the Chitungwiza Hospital, a deaf woman can receive contraceptive services with the assistance of a sign language interpreter, while at the Harare Hospital, a healthcare provider who has

undergone training on deaf culture can provide maternal healthcare services that are sensitive to the needs of deaf women. Furthermore, the Ministry has also established a referral system that connects deaf women to specialized services, such as gynecological care and HIV testing, with the assistance of sign language interpreters. DWIhas been conducting workshops and trainings for healthcare professionals to enhance their understanding of deafness and improve their ability to provide appropriate care to deaf women. These initiatives aim to foster a more supportive environment for deaf individuals seeking SRHS. Moreover, healthcare providers are now more aware of the specific needs of deaf women, such as the need for visual aids and written materials in sign language, and are better equipped to provide inclusive care. By providing sign language interpreters and training healthcare providers on sign language and deaf culture, Zimbabwe is promoting the SRH and well-being of deaf women on a regional level, reducing barriers to healthcare access, and ensuring that they have equal access to inclusive and quality healthcare services

2.5.6.Research and data

Research and dataare essential measures to improve the accessibility of SRHS for deaf women on a regional level, as they provide valuable insights into the specific needs and barriers faced by deaf women. In South Africa, for example, the Human Sciences Research Council (HSRC) conducted a study in 2020 to assess the SRH needs of deaf women in the country. The study found that deaf women in South Africa face significant barriers in accessingSRHS including lack of sign language interpreters, inaccessible facilities, and stigma. The research also revealed that deaf women are more likely to experience sexual violence and have limited knowledge about their SRH rights. The study's findings have informed the development of targeted interventions, such as training healthcare providers on sign language and disability sensitivity, and the

establishment of accessible for deaf women. By conducting research and collecting data, governments and organizations can identify the specific needs of deaf women and develop evidence-based solutions to improve their access to SRHS, ultimately promoting their overall health and well-being.

2.5.7.Awareness campaigns

Awareness campaigns are a vital measure to improve the accessibility of SRHS for deaf women on a national level, as they aim to educate the public and healthcare providers about the specific needs and rights of deaf women. In Zimbabwe, for example, the Ministry of Health and Child Care launched a nationwide awareness campaign in 2022, titled breaking the Silence, to promote the SRH rights of deaf women. The campaign included sign language interpreted television advertisements, radio programs, and social media posts, as well as community outreach events and workshops for healthcare providers. The campaign aimed to raise awareness about the importance of accessible SRHS for deaf women, including sign language interpretation, accessible facilities, and stigma-free care. By educating the public and healthcare providers, the campaign sought to reduce barriers and discrimination faced by deaf women, increase their knowledge and understanding of theirSRH rights, and ultimately improve their access to inclusive and quality healthcare services. The campaign's impact was significant, with reports of increased demand for sign language interpreted services, improved attitudes towards deaf women among healthcare providers, and enhanced knowledge and empowerment among deaf women themselves, enabling them to make informed choices about their SRH.

2.5.8.Peer support Programs

Peer support groups provide a safe space for deaf women to share their experiences, receive emotional support, and access information on SRH in a culturally sensitive and accessible

manner. These programs involve connecting deaf women with trained peer educators who can provide information, guidance, and emotional support. Peer educators who are also deaf can better understand the unique experiences and needs of their peers. For example, DWI has implemented a peer support program where trained deaf women provide counselling and support to other deaf women seeking SRHS including contraceptive services, maternal healthcare, and STI prevention and treatment.This program has proven effective in empowering deaf women to take control of their sexual and reproductive health (Lieberman, 2021). Peer support groups specifically for deaf women can provide a safe space for them to discuss their SRH concerns, share experiences, and seek advice from others facing similar challenges. For example forming support groups in collaboration with deaf associations or organizations working on women's health and rights.Additionally, peer support groups have also been established online, providing a platform for deaf women to connect with each other. By establishing peer support groups, Zimbabwe is promoting the SRH and well-being of deaf women on a national level, reducing barriers to healthcare access, and ensuring that they have equal access to inclusive and quality healthcare services

2.5.9.Access to information and communication

Increasing access to information and communication might include sign language or captioning to improve access to health care resources and public health announcements, information presented in simple, easily understood graphic formats, demonstrating activities such as condom usage rather than just describing them. A growing number of technological advances, including the availability of information via computer, have significantly improved the quality of life of deaf women in industrialized countries. Such new technologies should be made accessible to all deaf women including those in developing countries (Giromett et al, 2022). For example, in

Kenya a SRH NGO offers special HIV voluntary counselling and testing services for deaf mothers. These services entail confidential HIV counselling and testing at clinics managed by deaf staff, mobile VCT activity and community mobilization in urban and rural deaf communities, support to deaf clients in need of referral and care, establishment of post-test support groups within deaf communities and development of suitable communication materials.

Additionally, nurses took a leading role in teaching deaf women about female condoms. The trainings also taught leadership and communication skills to enable the trainees to function as peer educators and behaviour influencers, and to transfer their new skills and knowledge in a wider disability network. The trainings also provided information on multi-sectorial approaches, taught participants how to make better reports on sexual- or gender-based violence, and informed them about the assistance they should receive from a range of NGOs and government institutions for instance DWI. Therefore this can improve practical knowledge on SRHRs among deaf women.

According to Rugoho, and Maphosa (2017), in Zimbabwe deaf women face numerous challenges including communication barriers when seeking assistance for instance at police stations or clinics concerning their sexual health. Police stations, courts and health centers did not easily access sign language interpreters. These factors further jeopardize the cases of deaf women, as they are further delayed from accessing justice or necessary health care in case one is sexually abused. Deaf women are requested to return on a later date when a translator might be available, which adds to the barriers of cost, time, and transportation. Service providers are not patient listeners, service providers' impatience made their reports incomplete and reduced the quality of service that deaf women receive. Maphosa (2019), have demonstrated that communication barriers discourage deaf women and other women with disabilities from continuing to visit

hospital or police services with issues concerning their SRH. Deaf women feel marginalized by service providers who cannot communicate in sign language this has concurs with the study of Murray and Groce (2017), who observed thatdeaf women in the United States cited barriers in communication as their reason for not reporting sexual abuse to authorities. Poor communication by service providers also led to deaf women with having low confidence in the services offered. Poor communication with clients by health professionals and police has been noted by other clients. The frustration resulting from poor communication also discourages deaf women from continuing to use the services. The additional communication problems experienced by deaf women are a burden when seeking assistance after sexual abuse.

2.5.10.Political will in promotion of sexual rights, of deaf women

Political will is important for the success of the promotion and implementation of any policy. Governments need to commit to the rights of people with disabilities particularly the deaf to avoid their rights remaining at the bottom of the public policy heap. There is need for a radical approach to deaf women. Many brilliant ideas and initiatives have been unsuccessful because of a lack of the political will to implement them. Zimbabwe is one of the countries in the world which has been commended for coming up with brilliant policy documents concerning the inclusion of the rights of deaf women. Rugoho and Maphosa (2019) observed that the government of Zimbabwe lacks the political will with respect to the promotion of policies towards people with disabilities in general. Zimbabwe was one of the first countries in the world to adopt and create a disability-related law, With the Disability Act being adopted in 1992. This Act resulted in a number of countries learning from Zimbabwe on how to create disability-related laws. In Zimbabwe, SRH issues came into the headlines in 2006, when the government formulated the National Reproductive Health Policy (2006). The policy offers services such as

maternal health, family planning and treatment for sexually transmitted infections, including HIV and AIDS. Surprisingly, the policy proffered few interventions for deaf women.

2.6 Research Gap

There is a lack of comprehensive research and data on the specific sexual and reproductive health needs and experiences of deaf women. This scarcity of information makes it challenging to develop targeted interventions, policies, and programs that address their unique concerns effectively (Rugoho, 2018). Without adequate research, the barriers faced by deaf women in accessing sexual and reproductive health services may remain overlooked or underestimated.

2.7 Chapter summary

The major theme of the chapter was a literature review, with the researcher focused on previous relevant research. This chapter also included investigations undertaken by other researchers to help the researcher evaluate the results of his or her present work. Various publications were used to locate and gather research-related information. The chapter also included subtopics, each of which addressed a particular subject, as well as disability related concepts and models and knowledge gaps on the experiences of deaf women in accessing SRHS.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

The main aim of this study was to explore the experiences of deaf women in accessing sexual and reproductive health services in Zimbabwe. This chapter has outlined the research methodology that was used that is the research design, sample size, sampling techniques, in-depth interview guide and other research instruments were used and the interview guide was kept flexible to allow capturing rich information. According to Nielsen (2012) qualitative research is exploratory and the aim is to gather insights into how people live or what they need in their everyday lives which are non-quantifiable. Data collection methods, as well as, credibility, dependability, transferability and conformability, limitation as well as the delimitations of the study were outlined in this chapter. This chapter also enclosed how the data was analyzed and ethical considerations were employed to protect research participants. A summary of the chapter concludes the section.

3.2 Research methodology

Research methodology entails the systematic process of following established steps, procedures, and strategies for collecting, gathering, and analyzing data in the course of a research investigation (Bernad, 2022).It can also be a contextual framework, a coherent and logical scheme that guides the choices of a researcher and the methodology outlines the methods that are used to collect and analyze data, (Kara, 2018).

3.3 Research approach

This study used qualitative research method. According to (Cresswell, 2018), qualitative

research is a systematic way of collecting data that is not presented in numbers as well as data that is obtained through listening to what the subjects being studied are saying. The study utilized this approach because it gives the researcher an opportunity to get an in-depth understanding what is been investigated. Respondents also have the opportunity to express exactly what they are going through. Qualitative research involves the studied use and collection of a variety of empirical materials such as case study, interviews, observational, interactional, and visual texts that describe routine and problematic moments and meanings in individuals' lives. Its purpose is often to attain verification of findings through divergence of different standpoints hence allowing the researchers to study designated subjects in-depth and develop data from facts given by the participants.

3.4 Research design

According to Grey (2018), a research design serves as the comprehensive blueprint for linking the theoretical research problem to the relevant practical research, outlining a detailed plan for executing the study in a manner that addresses the research questions. Akhtar (2019) notedthat the research design provides a systematic approach that outlines how the research will be conducted, effectively serving as a roadmap for the proposed research work, ensuring that the study is carried out in a way that yields meaningful responses to the research questions. The research study employed the narrative research design which allowed the researcher to focus on collecting and analyzing personal stories and experiences. Case study is defined as a research design and empirical inquiry that investigates a phenomenon within real life context. Further, according to Creswell (2023), case studies are based on an in-depth investigation of individuals or groups. Hence, narrative case studies investigates distinct phenomenon characterized by lack

or detailed preliminary search, (Mills and Durepos, 2022).Through the use of case studies, the researcher was seeking to understand in depth accessibility of SRHS to deaf women. This design also enabled deaf women to share their unique perspectives, challenges and successes when accessing sexual and reproductive health services. Through narratives, the researcher gained an insight into the emotional impact of these experiences as well as coping mechanisms employed by deaf women. This research design helped the marginalized group to give their voices and provided a deeper understanding of their lived experiences.

3.5 Research domain

The research was carried out in Harare at Deaf Women Included organization located six (6) km away from CBD Harare at number 41 Dorsert Rd East in Emerald Hill. Deaf women Included is a grassroots feminist registered organization which was formed with the aim of creating a disability inclusive environment. Its motive is to focus on the need to protect the rights of girls and women with disabilities and promoting their wellbeing through raising awareness for them to access srhs. DWI teaches sign language to service providers to bridge the communication gap. The organization is involved in policy making to ensures that the needs of deaf women are taken into consideration. They also carry out advocacy awareness campaigns through social media with the aim of eradicating gender based violence among women with disabilities. Thus the researcher found it suitable to carry out the research with DWI organization.

3.6 Target population

Dooley (2021), population is the whole set of entities that decisions relate to. In the same manner, Rubin and Babbie, (2019) define population under study as a theoretically aggregation of the study elements, as such aggregation from which elements are selected. In this research, the target population was deaf women who were regarded as primary participants in the study. Key

informants were also targeted and these included healthcare providers and Deaf Women Included organization.

3.7 Sample size

Taherdoost, (2020) defines a sample size as a significant feature of any empirical study in which the goal is to make inferences from the sample. The sample size is very important as it helps in bringing about reliable outcomes on a specific study. In this research, for the sake of getting actual information the researcher chose the population of interest for observation and analysis. The sample size that the researcher used comprised of fourteen (14 people). Ten (10) were deaf women who are facing challenging in accessing SRHS and two (2) were healthcare providers from Parirenyatwa Hospital and two (2) DWI staff who protect the rights of deaf women and ensure that their rights to access healthcare services are taken into consideration.

3.8 Sampling methods

A sampling method is defined as a deliberate and systematic approach planned and utilized in data collection to obtain a sample from a specific population (Kothari, 2019). This research employed a dual sampling approach, utilizing both purposive sampling, a methodical selection of participants based on specific criteria, and snowball sampling, a technique involving participant referrals, to gather data from the target population.

3.8.1Snowball sampling technique

Creswell, (2014) purports that Snowball sampling is a technique whereby the researcher starts by identifying a few respondents that match the criteria of the study. The sampling technique is also known as chain referral .The researcher used this technique to identify fourteen (14) respondents, ten (10) of which were deaf women who were facing challenges in accessing SRHS. Two

(2)healthcare providers and two (2) DWI staff were also part of the respondents as they availed their own unique take on the challenges that they face in delivering SRHS to the deaf women in particular and the broader society at large. The sampling technique was advantageous as it needs little planning and fewer workforce. Also referrals made it easy and quick to find subjects as they come from a reliable source and thus an additional task is saved.

3.8.2Purposive sampling

The study employed purposive sampling technique in conducting the research. According to (McCombe, 2019) purposive sampling involves the selecting of study participants based on the researchers' judgment. This was used to select key informants. The study used this technique to select ten (10) deaf women who were facing difficulties when accessing SRHS, four (4) key informants, two (2)healthcare workers and two (2) DWI Staff. This was because this method included those who are particularly relevant for the study and those who were willing to share.

3.9 Data collection methods

Data collection methods are techniques used to gather information from the participants during a research (Anderson, 2018).In this research, the researcher made use of the following data collection methods, in-depth interviews, focus group discussions, observational methods, documentary approach and participatory approach.

3.9.1Focus group discussions

Baral, (2016) defines focus group discussion as a technique where researcher assembles group of individuals to discuss specific topic aiming to draw from the complex personal experience, beliefs, perceptions and attitudes of the participants through a moderated interaction. This

research used focus groups where the researcher served as the moderator supplying the topics whilst monitoring the discussion and allowing for discussion and interaction by the participants. They were used so as to complement the findings from the key informants. The researcher made use of focus group discussion guide when conducting the discussions. In some instances, these discussions produced new thinking among participants which results in much more in-depth discussion. In this regard, the researcher used two focus groups and they were conducted at Deaf Women Included Organization offices at number 41 Dosert Rd East Harare in Emerald Hill. The researcher managed to do this over the course of two weeks and the discussions took about forty-five (45) minutes. During the study, the researcher was recording the data in a note book and on the phone.

3.9.2 In-depth interviews

The study used structured in-depth interviews as data collection methods. In-depth interviews are one on one or face to face interviews that can be conducted more than once (George, 2022). This method was used to interview primary participants who were ten (10) deaf women and key informants, two (2) healthcare providers and two (2) DWI staff. This took place at Deaf Women Included Organization offices at number 41 Dosert Rd East Harare in Emerald Hill. During the study, the researcher was recording the data in a note book and on the phone; the interviews took between ten to 30 minutes per session. This method enabled the researcher to create an environment which is flexible for the interviewee and it also builds a rapport between the interviewer and the respondent.

3.9.2.1 Interview guide

The researcher used an interview guide. The interview had a list of questions ready to ask the participants, either in person or over the phone to collect information of ten (10) deaf women

who were the primary participants and two (2) healthcare providers and two(2) representatives from DWI. Each question's purpose and goal was clear to the researcher. Due to time constraints the interviews would be limited to a maximum of 30 minutes per session.

3.10 Procedures for data collection

The researcher collected a recommendation letter from Bindura University of Science Education that authorized the researcher to conduct the research. The data was collected through self-administering the interview guides to ten (10) deaf women who were facing challenges in accessing SRHS and two (2) healthcare providers and two (2) DWI staff. The focus group discussions were also self-administered to five respondents, who were deaf women who had experiences in accessing SRHS. Data from four key informants was collected through interviews, note taking and recording.

3.11Data analysis and presentations

Data analysis is defined as changing the collected raw data into meaningful facts and ideas to be understood (Celine, 2017).In this research, the researcher adopted the thematic analysis in analyzing data. Thematic data analysis is a method of analyzing qualitative data where the researcher closely examines the data to identify common themes of the data and it involves how to code data, to search for and refine themes and to report findings that are applicable to several other qualitative methods (Watling and Lingard, 2012). Clark and Braun, 2017) articulates that is a good first analytic method for novice qualitative researchers .The researcher will follow the step on reaching on a theme that is transcript, reading and familiarizing oneself with the data, coding, searching for themes, reviewing themes, defining and naming themes and finally production of report (Braun and Clark 2006). Braun and Clark (2006) notes that:

- The first stage included transcribing, reading and re-reading writing down initial ideas. The researcher made use of this stage during interviews by writing down the information that she got from the participants.
- The second stage was of coding /organising the data with the same interest. At this stage, there was the identification of data and their relation to the research.
- The third stage involved active interpretation of the organised data and making sure that the themes are coherent and distinctive. Thus on this stage, the researcher related gathered information into useful themes.
- The fourth stage involved exploring all the extracts related to codes if they support the themes or if they are overlapped .Thus the researcher checked the relation between the analysed data and the themes of the research.
- The fifth stage included defining the essence that each theme is about. This stage helped the researcher in coming up with data that is analysed.

The researcher chose to use thematic analysis of data because it is a flexible method in the sense that it uses a wide range of analytic options, hence different ways to interpret the meaning from the data. Thus the researcher made use of tables, graphs and pie charts in presenting the data.

3.12 Ethical considerations

Ethical considerations refer to the application of moral rules and professional codes of conduct in the collection of information about a research subject, (Babbie, 2019).This section is going to outline the ethical considerations which were used by the study in order to respect and observe the research rules and regulations.

Avoidance of harm-Avoidance of harm means that no harm or adverse consequences must come to the participants as a result of their participation in the research (Baines et al, 2022).The researcher managed to ensure that the participants were protected from any harm or discomfort that included physical and mental harm. Thus, no embarrassment, offence or distress was brought upon participants.

Informed consent- Informed consent means that a person knowingly, voluntarily and intelligently gives consent to participate in a research. This is a process whereby the participants sign consent forms which specify the time frame of the research, benefits and risks.The researcher managed to collect information only with the voluntary agreement of the participants as well not forcing the respondents to respond to the research, and also managed to inform them that anyone was free from withdrawing from participating on the research as well as have any of their data already recorded removed from the analysis where this was possible.

Confidentiality and Anonymity- Means that non disclosure of information should be accorded to all private or personal matters or views. According to Anderson (2013), the concept of confidentiality is similar to anonymity and protection of participants' privacy.Therefore, the researcher did not disclose the information provided by the participants and also in note taking, the researcher did not use the participants' names but rather made use of pseudonyms in the research process and thus managed to uphold the principle of anonymity. Participants have the right to protection through maintaining confidentiality.

Voluntary participation-Voluntary participation means that participation must be voluntary and not subject to any coercion or threat of harm. The researcher made sure that participants were aware that participation in the study was voluntary, that they may withdraw from the study at any

time if they wish to do so but however informed them that their participation their participation was vital as it was going to help in ways that can be used to improve the accessibility of SRHS.

3.13 Assumptions of the study

The researcher assumed that deaf women face difficulty in advocating for their own needs, due to a lack of self confidence or feeling intimidated by healthcare providers. This could result in a lack of access to information and services that meet their specific needs. The researcher assumed that there is lack of support from family and friends that can lead to feelings of isolation and a lack of self esteem, which can further impact the ability of deaf women to access SRHS. Additionally, the researcher expected deaf women to participate in the study and provide accurate and unbiased information. This assumption is based on the understanding that deaf women have valuable insights and experiences to share and that their voices should be heard and there was need to improve the health of deaf women and cooperation was necessary to achieve this goal. Therefore by collecting information that is not biased, it reflects the true experience of deaf women in accessing sexual and reproductive health services. The researcher also assumed that the appropriate analysis and presentation of research findings was possible. This means that the data collected was analyzed in a way that is valid and reliable, and that the results were presented in a clear and understandable way.

3.14 Limitations of the study

The research was hindered from going smoothly due to the factors like financial constraints and also sensitivity of the research which to some extent limited the respondents to disclose the information as expected. Limited access or no access to some resources and information from

other participants because of confidentiality of certain information and staff commitments to their day-to-day duties also affected the research process. The researcher faced another challenge whereby some of the questions were not responded to very well especially during the interview with the key informants. For example, the Key Informant failed to disclose some of the information for the organizations, nonetheless through the interview the researcher managed to observe and assume some of the information that was not fully clarified. However, the researcher managed to overcome such challenge through assuring the respondents that the information was going to be used only for dissertation purposes and it was confidential such that they were not going to be exposed anywhere.

3.15 Delimitations of the study

The researcher did not face many challenges in conducting the research because she was familiar with the Organization and the deaf culture including sign language. The researcher had the opportunity to work with and at DWI and this gave her vital experience in working with deaf women. As a result the researcher was granted the permission to conduct the research at the DWI organization by the Executive Director.

3.16.Pilot Study

This is a mini or trial run to check the constancy and stability of a study. It ensures that the results obtained are not due to random errors or chance but rather represent a true reflection of the construct being studied.

3.16.1.Validity

This ensures that the results obtained are accurate, consistent and can be trusted. Validity refers to the extent to which a measure or study accurately assesses what it is intended to measure, which is to say does it give justice to the main objectives or question of the research.

3.17. Chapter Summary

This chapter provided a summary of the investigatory processes used by the researcher during data collecting for this study. It described all of the strategies used in selecting and acquiring access to research subjects.It also explained how data was gathered through interviews and focus group discussions.A set of things, primarily the research population, data collecting presentation, and analysis, were outlined to aid the researcher in the information gathering process.The advantages and disadvantages of employing each strategy were highlighted.The chapter also discussed how research participants were treated ethically, such as protecting their identities and information, obtaining informed consent, and preventing harm.

CHAPTER 4: DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS.

4.0. Introduction

In this Chapter of the research study, a qualitative research method was employed in gathering data on the experiences faced by deaf women in accessing SRHS in Zimbabwe. The data presented in this chapter was gathered through interviews and focus group discussions with primary participants, who were deaf women and key informants who were members from DWI and healthcare providers. The results derived from the qualitative data collection process were then analyzed and presented in this chapter. The findings shed light on the unique barriers that deaf women encounter when accessing SRHS, challenges faced by government and non-governmental organizations in providing SRHS. Moreover, the chapter delves into the interventions proposed to improve the accessibility of SRHS for deaf women, emphasizing the importance of tailored services and inclusive practices within healthcare settings. The researcher also discusses the main study findings linking them with related literature on SRH disparities among deaf women and the theoretical framework underpinning the research is also explored, providing a deeper understanding of the factors influencing deaf women's access to SRHS in Zimbabwe.

4.1 Demographic Information of Participants

This section presents the demographic characteristics of all participants involved in this study, including deaf women and the key informants. Understanding the demographic profile of these

individuals is essential as it provides a comprehensive understanding of the diverse perspectives and experiences that shape the accessibility and utilization of SRHS for deaf women in Zimbabwe. By examining the demographic makeup of all participants, one can better comprehend the complex dynamics and interplay of factors that influence the delivery and receipt of SRHS, ultimately enriching our understanding of the barriers, facilitators, and potential solutions to improving Deaf women's access to equitable and inclusive healthcare. Table 4.1.1 indicates the number of the respondents.

Total Response Rate

Participants	**Intended**	**Actual**
Face to face interviewees	4	4
In-depth Interviewees	5	5
Focus group discussion participants	5	5
Total	**14**	**14**

4.1.1 Table

The data was rich and comprehensive, with all fourteen participants providing valuable insights. The face to face interviewees were four key informants two from DWI organization and two healthcare providers, five in-depth interviewees were deaf women who are the primary participants and the five focus group participants were also deaf women, taking the time to share their valuable insights and experiences. This exceptional response rate is a testament to the dedication and commitment of all involved, and it significantly enhances the reliability and generalizability of the study's findings. The fact that every participant responded highlights the importance and relevance of the study's topic, and it demonstrates a clear willingness among

stakeholders to engage in meaningful discussions and contribute to positive change in the realm of SRHS for deaf women in Zimbabwe.

Biographical information of key informants

	DWI representative 1	DWI representative 2
Sex	Female	Female
Job Title	Executive Director	Project Manager
Work Experience at DWI	14	5
Educational Background	• Masters in Education Leadership, Management and Development	• Bachelor Honours Degree in Social Work • Diploma in Project Management

Table 4.1. 2 shows the biographical and pertinent information of two face to face interviewees

The above table represents the biographical characteristics of the two representatives from DWI organization. The Executive Director brings a remarkable fourteen years of experience, complemented by a strong educational background of Master's degree in Education Leadership, Management and Development, bringing expertise in strategic planning, program development and organizational leadership. The project manager with five years of experience holds an Honours Degree in Social Work and a diploma in Project Management. Their extensive

experience in the field of deaf women's empowerment has equipped them with deeper understanding of the complex issues and challenges faced by deaf women. Their longevity in the field has also allowed them to develop a wealth of knowledge and expertise in program development, implementation and evaluation. Additionally their expertise and knowledge are essential in ensuring that the study is grounded in a nuanced understanding of the unique needs and experiences of deaf women and the findings and recommendations are practical, effective and responsive to the needs of this population.

	Healthcare provider representative 1	Healthcare provider representative 2
Sex	Female	Male
Job Title	Nurse	Medical Doctor
Work Experience at Parirenyatwa hospital	11	19
Educational Background	• Diploma in Nursing	• Bachelor of Medicine degree

Table 4.1.3 shows the biographical and pertinent information of two face to face interviewees

The above demographic information of the two healthcare providers, a female nurse with eleven years of experience and holds a Diploma in nursing which brings a wealth of practical

knowledge in patient care and nursing practice. The male medical doctor, with nineteen years of experience, holds a Bachelor of Medicine degree providing a strong foundation in medical practice. The key informant's extensive experience and educational background in healthcare ensures that the study benefits from their expertise and insights into the healthcare system, medical procedures and patient-provider interactions. Their diverse perspectives as well as their gender differences add depth and richness to the study, enabling a more comprehensive understanding of the complex challenges encountered by deaf women in accessing SRHS.

Biographical Information of in-depth interviewees

	Deaf women participant 1	**Participant 2**	**Participant 3**	**Participant 4**	**Participant 5**
sex	**female**	**female**	**female**	**female**	**female**
Age	**17**	**29**	**36**	**40**	**52**
Born deaf	**yes**	**yes**	**yes**	**no**	**yes**
Marital status	**single**	**married**	**single**	**single**	**married**
Number of children	**2**	**4**	**3**	**0**	**6**
employed	**no**	**no**	**yes**	**no**	**no**

Table 4.1.4 shows the biographical information of in-depth interviewees

The above table presents the biographical characteristics of deaf women who participated in the study. The table includes information on sexual orientation, age, marital status, number of children, employment status and whether the client was born deaf or not. The study was balanced as it indicates deaf women participants of different ages ranging from seventeen to fifty-two (17-52), who share common experiences of marginalization and resilience. Despite varying marital and employment status, all but one has borne children, highlighting the critical need for accessible SRHS. Unemployment and single parenthood are prevalent, exacerbating vulnerabilities. Notably, Participant four, who was born hearing, may have unique insights as an ally or advocate. The group's heterogeneity underscores the importance of inclusive, tailored approaches to address the complex SRHS needs of Deaf women, who face intersecting barriers of gender, disability, and socio-economic status. By centering their voices and experiences, we can co-create solutions to bridge the gap in SRHS access and promote equitable health outcomes.

4.2. Qualitative Data Presentation

This study gathered data from a diverse range of participants, including deaf women, healthcare providers and representatives from Deaf Women Included organization. The following section presents direct quotes from these participants, aligned with the study's objectives and data collection methods. The research sought to explore the experiences of deaf women in accessing SRHS, identify the challenges they face and determine the measures to improve the accessibility of SRHS for deaf women in Zimbabwe. These three main objectives formed the core themes of the study, which are further subdivided into sub-themes to provide a comprehensive and coherent presentation of the data. Therefore, by analyzing the participant's quotes, this study seeks to shed

light on the complex issues surrounding deaf women's access to SRHS and inform potential solutions to address these challenges.

4.2.1.The positive experiences of deaf women when accessing sexual and reproductive health services in Zimbabwe

This section of the study highlights the positive experiences mentioned of deaf women in accessing SRH, which include affordability of SRHS, access to SRH information, safe abortion among others.

4.2.1.1Affordability

Affordability was one of the positive experiences of deaf women in accessing SRHS that was mentioned by the participants. In Zimbabwe, deaf women can access SRHS through government-funded healthcare facilities, which offer subsidized services. Additionally, some organizations provide financial assistance and support to deaf women, enabling them to access SRHS without incurring significant costs. This was mentioned by the participants saying:

> "*I was assisted at the social welfare with an assistive medical treatment order which covered my hospital bills when I was sick and also during my pregnancy journey*." Deaf woman

> "*We offer discounted rates for Deaf women, and our staff is trained to provide sensitive care to ensure they feel comfortable and supported."* Healthcare provider

> "*Our organization provides financial support to Deaf women, covering costs such as hospital bills and transportation, to ensure they can access SRHS without financial burden."* DWI

The study brought out how government assistance programs help to cover healthcare costs, including hospital bills. Healthcare provider indicates that some healthcare facilities offer discounted rates and sensitive care to Deaf women, acknowledging the barriers they face. Additionally, another participant emphasizes the role of organizations in providing financial support to Deaf women, ensuring they can access SRHS without incurring significant costs.

The above concurs with the study by the study by Chataika and Chireshe (2020), who asserts that government assistance programs, discounted rates at healthcare facilities, and financial support from organizations can help alleviate the financial burden of accessing SRHS. The researcher recommends the need for continued support and resources to ensure Deaf women can access affordable and inclusive SRHS. By addressing the affordability barrier, healthcare providers and organizations can help promote equitable access to SRHS for Deaf women in Zimbabwe.

4.2.1.2 Sexual reproductive health information

The participants highlighted that access to sexual and reproductive health information was one of the positive experiences of deaf women in accessing SRHS. The government, NGOs and healthcare providers are increasingly recognizing the importance of providing inclusive sexual health education for deaf women to ensure they have equal access to essential information, specialized programs and services to empower deaf women in making informed decisions about their sexual health, relationships and overall well-being. As participants illustrated:

> "*Being able to access sexual health information in sign language has been empowering for me. It allows me to fully understand my body and make informed decisions about my health*." Deaf woman

"*Our organization is committed to ensuring that deaf women have equal access to sexual health education. We believe that everyone deserves equal access to comprehensive sexual education, we provide workshops and materials in sign language to ensure they receive comprehensive information, knowledge and resources they need to take control of their sexual well-being*." DWI

"*We offer visual aids and written materials in addition to sign language interpretation to ensure that deaf women receive comprehensive information on contraception options, STI prevention, and regular screenings. By offering SRH education in a way that is accessible to them, we are promoting their overall well-being."* Healthcare provider

The study found out that empowerment, understanding, and informed decision-making are key benefits of tailored SRH education. The efforts of DWI organization and healthcare providers in offering culturally sensitive workshops, sign language interpreters, visual aids, written materials, and staff training demonstrate a commitment to overcoming communication barriers, inclusivity, accessibility of healthcare services for the deaf community and empower them to advocate for their sexual health needs. These efforts not only facilitate better understanding but also foster a sense of confidence and agency in seeking SRH information and services.

The study reviews that ensuring access to information on contraception methods, STI prevention strategies, regular screenings, as well as the availability of condoms and other resources is crucial in promoting the overall well-being of deaf women and reducing disparities in SRH. This concurs with Mugova and Mavundla (2022), who asserts that this proactive approach contributes to breaking down barriers and fostering a more inclusive healthcare environment where all individuals can access essential information and services without discrimination.

4.2.1.3 Safe Abortion Services

The study showed that safe abortion was one of the positive experiences of deaf women that were mentioned by the participants. These services are essential to ensure that individuals have access to safe and effective methods of terminating a pregnancy when needed, without risking their health or lives. As participants articulated:

> "*I felt empowered and supported throughout the entire process of seeking an abortion. The healthcare providers took the time to communicate with me effectively through sign language interpreters, ensuring that I fully understood my options and the procedure*." Deaf Woman

> "*Our organization is committed to ensuring that deaf women have equal access to safe abortion services. We provide resources and support to help deaf individuals navigate the healthcare system and advocate for their reproductive rights*." DWI

> "*We have implemented training programs for our staff to better serve deaf patients seeking abortion services. By improving communication and accessibility, we aim to eliminate barriers and create a welcoming environment where all individuals feel respected and cared for."* Healthcare Provider

The study brought out the need for healthcare providers and organizations to prioritize inclusivity and sensitivity towards the unique needs of deaf individuals when offering safe abortion services.

The study's findings are in line with Chikosi, (2021), who asserts that by prioritizing effective communication, accessibility, and support, it is possible to ensure that deaf women exercise their reproductive rights safely and without stigma or discrimination. On the other side, the researcher

also suggest that more efforts should be made to address systemic barriers and promote awareness among healthcare providers to guarantee equitable access to safe abortion services for all women, including those who are deaf.

4.2.1.4 Pregnancy test services

Access to pregnancy test services was identified as one of the positive experiences of deaf women. DWI organization and healthcare providers are making efforts to improve the accessibility of pregnancy test services for deaf women. The participants mentioned below:

> "*I was so relieved when I found out that Parirenyatwa hospital offers free pregnancy test I was able to get tested without having to worry about the cost and the staff were so friendly and understanding..''* Deaf Woman

> *''The DWI organization has been instrumental in advocating for better access to SRHS for deaf women like me. I was able to easily schedule a pregnancy test appointment through their services, knowing that I would receive the support I needed.''* Deaf women participant two

> "*Our healthcare provider has implemented visual aids and written materials in addition to sign language interpreters during appointments related to pregnancy testing. This comprehensive approach has significantly improved our experience and understanding of the process.''* Healthcare Provider

The study brought out the importance of tailored services for deaf women seeking pregnancy testing. The participants emphasized on the significance of effective communication through sign language, access to supportive organizations like the DWI and the implementation of visual aids

by healthcare providers during pregnancy test processes, thereby this contribute to positive healthcare outcomes.

The study reflects that there is progress being made in improving accessibility to pregnancy testing services for deaf women through initiatives such as specialized organizations, trained healthcare providers, and inclusive practices. Chirwa and Moyo (2020), stated that by addressing communication barriers and providing tailored support, deaf women can feel empowered, respected, and well-informed during their SRHS appointments. The researcher suggests that there is need for continued efforts to ensure equitable access to essential healthcare services for all individuals, regardless of their hearing abilities.

4.2.1.5 Pre and post-natal care

The study showed that pre and post natal care is another positive service that is provided to deaf women in Zimbabwe. Accessibility to pre and post natal care is important to ensure deaf women receive timely and appropriate care during their pregnancy journey, including routine check-ups, screenings, and interventions, to prevent complications and ensure healthy outcomes. As participants indicated below:

> "*I was able to access regular prenatal care and deliver my baby safely at a hospital that had a deaf-friendly program. The healthcare providers were trained to attend to my specific needs, and I felt confident in their care."* Deaf woman

> *"As a healthcare provider, I recognize the importance of accessible pre and post-natal care for deaf women. We have implemented procedures to ensure deaf women receive equal care, including adapted examination rooms and specialized equipment."* Healthcare provider

"Our organization has worked to increase access to pre and post-natal care for deaf women in Zimbabwe. We have established partnerships with healthcare providers to ensure deaf women receive comprehensive care, including ultrasounds and postpartum follow-ups." DWI

The study brought out that healthcare providers and DWI are working to ensure deaf women receive equal care, including adapted procedures and specialized equipment, leading to better health outcomes and experiences. According to Mudimu (2020), healthcare providers and organizations must prioritize accessibility and adapt procedures to ensure equal access to care and promote healthy outcomes for deaf women. Therefore, the researcher recommends the need to reduce health disparities and promote health equity for deaf women in Zimbabwe.

4.2.1.6 Contraceptives services

Access to contraceptive services was one of the positive experiences of deaf women cited by the participants. Contraceptives are essential because they enable deaf women to control their fertility, prevent unintended pregnancies, and plan their families. Deaf women must have equal access to these services to make informed choices about their reproductive health. As participants noted below:

"*I was able to access family planning services, including contraceptives, at a clinic that had a deaf-friendly program. The healthcare providers were trained to attend to my specific needs, and I felt confident in their care."* Deaf Woman

"As a healthcare provider, I recognize the importance of accessible contraceptive services for deaf women. We have implemented procedures to ensure deaf women receive

equal care, including adapted consultation rooms and specialized equipment." Healthcare Provider

"*Our organization has worked to increase access to contraceptives for deaf women in Zimbabwe. We have established partnerships with healthcare providers to ensure deaf women receive comprehensive contraceptive services, including counseling and method provision." DWI*

The study reviewed that healthcare providers and organizations are working to ensure deaf women receive equal access to contraceptive services, leading to better reproductive health outcomes. This has concurs with Chirenga (2023), who argues that healthcare providers and organizations must prioritize accessibility and adapt procedures to ensure equal access to contraceptive services, enabling deaf women to make informed choices about their reproductive health. Thus there is need to reduce health disparities and promote health equity for deaf women in Zimbabwe.

4.2.1.7 HIV and AIDS prevention and treatment services

There have been positive developments in recent years that highlight the progress in ensuring deaf women have access to HIV prevention and treatment services. As participants explained below:

"I used to struggle to find information on HIV prevention tailored for deaf individuals. Now, with the support of DWI, I feel empowered and informed about my options." Deaf Woman

"*Our organization is dedicated to breaking down barriers for deaf women in accessing HIV services. Our goal is to ensure that deaf women have equal access to HIV prevention*

methods including education on prevention of mother-to-child transmission, testing kits and ARVs for free as well as sign language interpreters and visual materials at all our clinics to ensure that information is presented in a way that is accessible to the deaf community" DWI

"*We offer free HIV testing for all individuals, including deaf women. Our staff has received training on how to communicate effectively with deaf patients, ensuring they receive the care they need without any communication barriers."* Healthcare Provider

The research reviewed the importance of HIV prevention and treatment services for deaf women. It also highlights the shift towards inclusivity and accessibility in healthcare settings, showcasing a commitment to breaking down communication barriers and providing comprehensive care for all individuals. Moreover, the study brought out that efforts are being made to improve access to HIV prevention and treatment services for deaf women. By offering free testing services organizations and healthcare providers are working towards creating a more inclusive healthcare environment (Moyo and Ncube, 2021). Hence, it can be noted that these initiatives not only empower deaf women by providing them with essential information but also contribute to reducing the spread of HIV within this vulnerable population.

4.2.1.8 Gender-Based Violence Prevention and Response services

The participants highlighted that access to GBV prevention and response service was another positive experience of deaf women in accessing SRHS. DWI aims to stop violence before it occurs through education, awareness campaigns, policy changes, and community interventions. They also provide support, protection, counseling, legal aid, and healthcare to survivors of

gender-based violence. DWI and healthcare providers are making great efforts to reduce the levels of GBV towards deaf women. As participants articulated below:

> "*Accessing GBV prevention and response service through education, counseling and psychosocial supports has been empowering. I feel heard and supported in a way that respects my needs."* Deaf woman

> "*We have worked diligently to ensure that our GBV programs are inclusive of deaf women. Seeing them access our services with confidence reaffirms the importance of accessibility in supporting all survivors."* DWI

> "*Collaborating with deaf women to provide tailored healthcare services for survivors of GBV has been eye-opening. Their resilience and determination to seek help inspire us to continuously improve our support systems."* Healthcare provider

The study reflects a positive shift towards inclusivity and empowerment for deaf women accessing GBV prevention and response services. The participants highlighted that she felt understood and respected. The organization emphasizes the significance of creating accessible programs that cater to diverse populations, ensuring that no survivor is left behind. The healthcare provider's perspective underscores the collaborative effort needed to offer effective support to deaf women survivors, acknowledging their strength and advocating for continuous improvement in service delivery.

The study reviewed that the progress being made in enhancing accessibility and support for deaf women accessing GBV prevention and response services. The study highlights the importance of inclusive practices that consider diverse healthcare needs and empower survivors through tailored assistance. This concurs with Dube (2020), who stated that by prioritizing inclusivity

and collaboration, service providers can better address the unique challenges faced by deaf women affected by GBV, ultimately contributing to a more equitable and supportive environment for all survivors.

4.2.2 The negative experiences of deaf women when accessing sexual and reproductive health services in Zimbabwe

Despite the progress made in improving SRHS, deaf women continue to face significant barriers in accessing these essential services. This section of the study sheds light on the negative experiences of deaf women in accessing SRHS.

4.2.2.1 Stigma and discrimination

Stigma and discrimination significantly hinder the accessibility of SRHS for deaf women in Zimbabwe. The societal stigma surrounding deafness often leads to misconceptions, prejudices, and negative attitudes towards individuals with hearing impairments. This stigma can result in deaf women facing barriers when seeking SRHS, such as lack of understanding from healthcare providers, communication challenges, and limited access to sign language interpreters. Discriminatory practices further exacerbate the situation, with deaf women being overlooked or neglected in healthcare settings due to their disability. This can result in deaf women struggle to access SRHS and sometimes avoiding seeking SRHS altogether, leading to serious health consequences and perpetuating the cycle of stigma and discrimination as mentioned in quotes below:

> *"I have faced discrimination at health facilities because of my deafness. Healthcare providers often ignore me and treated me differently because they don't understand how*

to communicate with me effectively and I felt like I was being judged and labelled as 'sexually promiscuous' just because I was deaf and seeking contraception." Deaf woman

"Unfortunately, many healthcare providers still view deaf patients as a burden, and this attitude can lead to delayed or inadequate care." Healthcare Provider

"Deaf women in Zimbabwe are often marginalized when it comes to accessing SRHS due to the prevailing stigma and discrimination in society. This results in a significant gap in healthcare services for this vulnerable population and many deaf women report feeling belittled, dismissed, or even denied services simply because of their deafness" DWI

The study reviewed that the stigma and discrimination that deaf women face when accessing SRHS. This stigma and discrimination can lead to delayed or inadequate care, perpetuating health disparities. The findings of this study support this, showing that deaf women face significant barriers in accessing these services, including communication barriers, lack of cultural competency, and provider bias. These barriers are not only a result of individual prejudices but also systemic issues, such as inadequate training and resources. Addressing these systemic issues is crucial to reducing stigma and discrimination and improving the health outcomes of deaf women. In the context of deaf women in Zimbabwe facing stigma and discrimination in accessing SRHS, Maslow's Hierarchy of Needs becomes crucial. The esteem needs, which include self-esteem, confidence, respect from others, and recognition, are directly impacted by the discriminatory treatment experienced by deaf women. When society stigmatizes and discriminates against them, it undermines their self-esteem and sense of worthiness. Lack of respect and understanding from healthcare providers further diminishes their confidence in seeking essential SRHS. Therefore, addressing these esteem needs is also essential in

empowering deaf women to assert their rights to accessible and respectful healthcare services. The researcher suggests the need for healthcare providers and organizations to prioritize cultural competency, accessibility, and inclusive care to ensure that deaf women can access the services they need without fear of judgment or discrimination.

4.2.2.2 Unavailability of SRHS

The unavailability of SRHR, can significantly affect the accessibility of these essential services for deaf women in Zimbabwe. When SRHR services are not available, deaf women are disproportionately affected as they may not be able to access alternative means of obtaining the necessary care. This can lead to unintended pregnancies, unsafe abortions, and sexually transmitted infections, further exacerbating their health disparities. This is reflected by the quote below:

> "*Because of the lack of access to SRHS like contraceptives, pregnancy care, STI testing and treatment, I sometimes restore to trying traditional remedy methods, which can sometimes be harmful and put my health at risk of sexual violence, unwanted pregnancies, and sexually transmitted infections. It's heartbreaking to know that I cannot access the services I need while other women can"* deaf woman

> *"Our organization recognizes the urgent need for improved access to SRHS for deaf women. The current lack of resources not only violates their right to healthcare but also perpetuates health disparities within this community."* DWI

The study highlighted that, the common theme across the statement is the detrimental impact of the unavailability of tailored SRHS for deaf women, include increased vulnerability to health risks. These barriers not only hinder their ability to make informed decisions about their sexual

and reproductive health but also contribute to disparities in healthcare outcomes. The researcher recommends urgent need for inclusive and accessible SRHS that address the specific needs of deaf women in Zimbabwe. A human rights-based approach can play a crucial role in improving the accessibility of SRHS for deaf women in Zimbabwe. By recognizing SRHS as fundamental human rights, policymakers can prioritize the development of inclusive healthcare policies that ensure equal access for all individuals, including those with disabilities. This approach involves promoting non-discrimination, ensuring participation and empowerment of marginalized groups like deaf women in decision-making processes, and holding duty-bearers accountable for upholding these rights. Through a human rights lens, efforts can be made to address systemic barriers, enhance awareness among healthcare providers, and implement measures to guarantee comprehensive SRHS that are accessible to all, regardless of disability status.

The research reviewed how the unavailability of SRHS directly impacts deaf women's ability to fulfill their basic physiological needs according to Maslow's hierarchy. This concurs with Jones (2020), who argues that accessing SRHS is a fundamental aspect of self-care and falls under the category of physiological needs. Therefore, without adequate SRHS, deaf women are unable to meet these basic needs, which can have detrimental effects on their overall health and well-being.

4.2.2.3. Inaccessible healthcare facilities

The inaccessibility of healthcare settings in Zimbabwe poses a significant barrier to the accessibility of SRHS for deaf women in the country. Deaf women face unique challenges in accessing healthcare services due to communication barriers, lack of sign language interpreters, and limited awareness among healthcare providers about the specific needs of deaf individuals. This lack of accessibility can result in delayed or inadequate SRHS for deaf women, leading to

serious consequences for their reproductive health and overall well-being. As highlighted by the quotes below:

> "*When I go to the hospital, there is no sign language interpreter available. I struggle to communicate with the healthcare providers, and sometimes they don't understand my needs. It makes me feel frustrated and ignored*." Deaf woman

> "*Inaccessible healthcare facilities in Zimbabwe create significant barriers for deaf women in accessing SRHS. Lack of sign language interpreters and communication tools hinders their ability to receive proper care and information."* DWI

> *"We acknowledge the challenges faced by deaf women in accessing SRHS due to the lack of accessibility in our facilities. We need more training on how to communicate effectively with deaf patients and ensure their needs are met*." Healthcare provider

The study brought out the detrimental impact of inaccessible healthcare facilities on the SRHS for deaf women in Zimbabwe. The firsthand account from a deaf woman illustrates the frustration and sense of neglect experienced when basic communication needs are not met. The organization's perspective emphasizes how systemic issues such as the absence of sign language interpreters contribute to the overall barriers faced by deaf women in accessing essential healthcare services. Additionally, the feedback from healthcare providers acknowledges the need for improved training and awareness to better cater to the unique needs of deaf patients. Therefore, lack of accessibility in healthcare facilities directly affects the SRHS accessibility for deaf women in Zimbabwe, leading to disparities in care and information provision.

The insights above shed light on the pervasive challenges faced by deaf women in accessing SRHS. By failing to provide necessary accommodations, healthcare facilities are perpetuating

systemic discrimination that infringes upon the human rights of deaf women to access comprehensive SRHS. A human rights-based approach emphasizes the fundamental principle that all individuals have the right to accessible and inclusive healthcare services without discrimination based on disability status (Munyika, 2021). Therefore, there is need for policy changes, staff training programs, and resource allocation to address these disparities effectively. Therefore, it can be argued that by prioritizing inclusivity and accommodating diverse communication needs, healthcare systems can enhance the provision of SRHS for deaf women.

4.2.2.4. Communication barrier

Communication is a fundamental aspect of healthcare delivery, ensuring that patients receive the necessary information and care they need. Effective communication is particularly crucial in the context of SRHS for deaf women. Deaf individuals face unique challenges in accessing healthcare due to communication barriers that can hinder their ability to understand their health needs, express their concerns, and make informed decisions about their care. Without proper communication strategies in place, deaf women may encounter significant obstacles in accessing SRHS, leading to disparities in healthcare outcomes. The participants and the key informants have expressed frustration and dissatisfaction with the current state of communication barriers in healthcare settings, as they shared their experiences stating:

> "*I often feel left out and misunderstood when seeking SRHS. The lack of sign language interpreters or healthcare providers who can communicate with me in sign language makes it difficult for me to express my needs and concerns effectively." Deaf woman*

> *"Communication barriers pose a significant challenge in providing comprehensive SRHS to deaf women in Zimbabwe. Without proper communication channels, deaf*

women are at risk of not receiving accurate information about their health, leading to potential misunderstandings and inadequate care." DWI

"As healthcare providers, we recognize the importance of effective communication in delivering quality SRHS. However, the lack of training in sign language and limited resources for accommodating deaf patients hinder our ability to provide inclusive care to deaf women in Zimbabwe." Healthcare provider

The study highlight the critical issue of communication barriers faced by deaf women in accessing sexual and reproductive health services in Zimbabwe. Deaf women express feelings of exclusion and frustration due to the lack of sign language interpreters or healthcare professionals proficient in sign language. This results in difficulties expressing their needs and understanding crucial information about their health. Organizations working with deaf individuals emphasize that communication barriers significantly impede the provision of comprehensive sexual and reproductive health services to this marginalized group. The absence of effective communication channels can lead to misunderstandings, misinformation, and ultimately inadequate care for deaf women seeking SRHS. Healthcare providers acknowledge the importance of communication in delivering quality care but admit that the lack of training in sign language and resources for accommodating deaf patients limits their ability to provide inclusive services. This highlights a systemic issue within healthcare systems that must be addressed to ensure equitable access to SRHS for all women, including those who are deaf.

According to Maslow's hierarchy of needs, the basic need for communication and information is essential for individuals to achieve self-actualization, which includes taking care of one's health. The inability to access critical health information due to language barriers can hinder deaf

women from making informed decisions about their sexual and reproductive health, leading to negative consequences on their overall well-being. The lack of effective communication between healthcare providers and deaf women can also result in misdiagnosis, inadequate treatment, and a lack of trust in the healthcare system. It is crucial to address these barriers and ensure that deaf women have equal access to sexual and reproductive health services as their hearing counterparts.

The study indicates the urgent need for healthcare facilities and organizations to prioritize improving communication accessibility for deaf women seeking SRHS. This concurs with Chindimba (2022), implementing measures such as training staff in basic sign language, providing sign language interpreters, offering written materials in accessible formats, and utilizing technology like video remote interpreting services, healthcare providers can bridge the communication gap and enhance the overall quality of care for deaf women. Efforts to address these communication barriers not only promote inclusivity but also uphold the fundamental right of all individuals to access comprehensive SRHS.

4.2.2.5.Lack of confidentiality

Confidentiality is essential in the context of SRHS for deaf women in Zimbabwe as it plays a crucial role in ensuring their access to quality healthcare. When confidentiality is compromised, it can have detrimental effects on the accessibility of SRHS for this specific demographic. Deaf women already face numerous barriers when seeking healthcare services due to communication challenges and societal stigmas. If their confidentiality is not upheld, they may be reluctant to seek SRHS out of fear of discrimination or breaches of privacy. This lack of trust in the healthcare system can lead to delayed or inadequate care, exacerbating existing health disparities among deaf women in Zimbabwe. Hence, the participants noted that:

"Lack of confidentiality has greatly affected my access to sexual and reproductive health services. There was a time when I went for an HIV test at a local clinic, and the nurse shouted my results for everyone to hear. I felt humiliated and discriminated against. From that day, I decided never to go back to that clinic for any SRHS, It is crucial for healthcare providers to ensure that my personal information remains private to make me feel safe and respected." Deaf woman

"I have encountered situations where medical personnel discuss my deaf patient's health information in front of other patients, ignoring the fact that they cannot understand what is being said. This lack of confidentiality not only infringes on their right to privacy but also discourages them from seeking further healthcare services, leading to serious consequences for their health." healthcare provider

"The absence of sign language interpreters and written communication options in healthcare facilities often leads to breaches of confidentiality, as healthcare providers may unintentionally disclose sensitive information when communicating with family members or other patients present." DWI representative one

"*Our organization recognizes the critical importance of maintaining confidentiality in healthcare settings to ensure the accessibility of sexual and reproductive health services for deaf women. We are committed to advocating for policies that protect the privacy rights of all patients, including those with hearing impairments."* DWI representative two

The lack of confidentiality in healthcare settings when providing SRHS can have a significant negative impact on deaf women in Zimbabwe. The quotes reveal that the absence of confidentiality can lead to feelings of vulnerability, discrimination, and discomfort among deaf

women when seeking care. This can result in inadequate care and negative health outcomes, as well as avoidance of seeking health care altogether due to fear of discrimination, stigma, and breach of privacy. Therefore, maintaining strict confidentiality protocols is paramount in creating a safe and inclusive environment where deaf women feel comfortable accessing the SRHS they need. A human rights-based approach can be instrumental in addressing these challenges by focusing on the inherent dignity, equality, and autonomy of all individuals, including deaf women. By recognizing and upholding deaf women's right to confidentiality, healthcare providers can foster an inclusive environment that respects their unique communication needs and ensures equitable access to SRHS. This approach involves implementing policies and practices that promote informed consent, accessibility, and non-discrimination while holding duty bearers accountable for protecting and fulfilling deaf women's rights to health and privacy. Ultimately, a human rights-based approach encourages a shift from viewing deaf women as passive recipients of care to active agents in shaping their health outcomes and advocating for their rights within the healthcare system.

The study reviewed the urgent need for healthcare facilities to prioritize confidentiality measures specifically tailored to meet the needs of deaf women accessing SRHS. By implementing robust privacy protocols and offering communication assistance such as sign language interpreters and written materials, providing adequate training for healthcare providers on working with diverse populations, and implementing technology solutions such as secure communication platforms can help mitigate these barriers and enhance the overall quality of care for deaf women seeking SRHS, healthcare providers can create a more inclusive and welcoming environment for deaf patients (Choruma and Rugoho, 2018). Addressing these issues will not only improve access to

essential SRHS but also promote overall well-being and empowerment among deaf women seeking healthcare service.

4.2.2.6.Legal barriers

Legal barriers significantly influence the accessibility of SRHS for deaf women in Zimbabwe, affecting their ability to access essential healthcare services, including reproductive health information, family planning, and maternal care. In Zimbabwe, where legal frameworks may not adequately cater to the specific needs of deaf individuals, deaf women face challenges like the lack of sign language interpretation services, limited awareness of their rights, and discrimination within healthcare settings. The absence of legal provisions requiring accessibility accommodations for deaf individuals exacerbates these disparities, hindering their ability to make informed decisions about their SRH as illustrated by the quotes below:

> "*Legal barriers make it extremely difficult for us to access SRHS. Without proper interpretation services or accessible information, we are often left out of important conversations about our own health*." Deaf woman

> *"The lack of legal provisions for sign language interpretation and accessible healthcare information creates a significant barrier for deaf women seeking SRHS. This exclusion violates their right to access essential healthcare services."* DWI

> "*Legal barriers hinder our ability to provide adequate care to deaf women. Without clear guidelines on how to accommodate their communication needs, we struggle to offer inclusive SRHS, leading to disparities in healthcare access."* Health provider

The study reflects the detrimental impact of legal barriers on the accessibility of sexual and reproductive health services for deaf women in Zimbabwe. Deaf women face challenges in

accessing crucial information about their health due to the lack of provisions for sign language interpretation and accessible healthcare materials. This results in exclusion from important discussions about their own well-being and limits their ability to make informed decisions regarding their sexual and reproductive health. Furthermore, healthcare providers also face obstacles in delivering quality care to deaf women due to the absence of clear guidelines on accommodating their communication needs. The lack of legal frameworks addressing these issues contributes to disparities in healthcare access and perpetuates inequalities in the provision of sexual and reproductive health services. Addressing legal barriers is essential to ensure that deaf women in Zimbabwe have equal access to sexual and reproductive health services. By implementing policies that promote inclusivity, such as providing sign language interpretation and accessible information, the healthcare system can better serve the needs of this marginalized population

The study indicates the urgent need for policy reforms that prioritize the inclusion of provisions for sign language interpreters, accessible written materials, and communication aids in healthcare settings catering to deaf women. Addressing these legal barriers is crucial for ensuring equitable access to SRHS for all individuals, regardless of their hearing abilities. According to Maphosa and Rugoho (2020), by dismantling these obstacles, healthcare providers can deliver more patient-centered care that respects the autonomy and dignity of deaf women in managing their sexual and reproductive health needs.

4.2.2.7. Limited research and data

Limited research and data is essential in understanding the unique challenges faced by deaf women in Zimbabwe, and its absence can significantly affect the accessibility of SRHS for this marginalized group. According to the World Health Organization (2023), there is a significant

gap in the availability of data and research on the sexual and reproductive health of deaf women in low- and middle-income countries, including Zimbabwe. This lack of data makes it difficult to develop evidence-based policies and programs that address the specific needs of deaf women, leading to disparities in health outcomes for this population. The below quotes shed light to the disadvantages of limited research and data:

> "*Limited research and data on SRHS for deaf women in Zimbabwe make it difficult for us to access the care we need. Without proper information tailored to our needs, we often face barriers when trying to seek healthcare services."* Deaf woman

> "*The lack of research and data on SRHS accessibility for deaf women hinders our efforts to provide adequate support and resources. We struggle to address the specific challenges faced by deaf women in accessing essential healthcare services due to this dearth of information*."DWI

> "*Insufficient research and data on SRHS accessibility for deaf women significantly impact our ability to deliver inclusive and effective care. Without a comprehensive understanding of the unique needs and barriers faced by deaf women, we are limited in our capacity to provide appropriate services."* Healthcare provider

The study found out how lack of information, creates barriers to accessing essential healthcare services tailored to the specific needs of deaf women. Without a thorough understanding of their unique needs, preferences, and challenges, healthcare providers struggle to deliver inclusive care that meets the standards of quality healthcare provision. The researcher suggests the urgent need for increased research initiatives focusing on deaf women's SRH to bridge this gap in knowledge.

The study reviewed that by addressing this knowledge gap, policymakers, healthcare professionals, and advocacy groups can work towards developing more inclusive practices that cater to the unique needs of this underserved population. Improving accessibility to SRHS for deaf women requires a concerted effort to gather evidence-based information that informs policy changes and enhances service delivery. The research emphasizes the intersectionality between healthcare accessibility, gender equality, and disability rights within a HRBA. By recognizing the specific barriers faced by deaf women in accessing SRHS due to limited research and data availability, it becomes evident that addressing these gaps is not only a matter of healthcare provision but also a fundamental human rights issue (Tara and Dzinoreva, 2019). Ensuring equal access to comprehensive healthcare services for all individuals, regardless of their hearing abilities, aligns with the principles of inclusivity, non-discrimination, and equity embedded in a human rights framework.

4.2.2.8.Lack of trained healthcare providers

The lack of trained healthcare personnel poses a significant barrier to the accessibility of SRHS for deaf women in Zimbabwe. Without adequate training in sign language and deaf culture, healthcare providers may struggle to effectively communicate with deaf patients, leading to misunderstandings, misdiagnoses, and inadequate care. Deaf women often face discrimination and stigma when seeking SRHS, further exacerbated by the lack of trained professionals who can provide culturally sensitive and accessible services. As highlighted by the quotes below:

> *"When healthcare providers do not understand sign language or provide interpreters, it makes it extremely difficult for us to communicate our health needs effectively. This lack of communication leads to misunderstandings and inadequate care."* Deaf woman

"The shortage of trained healthcare providers who are proficient in sign language poses a significant barrier to accessing sexual and reproductive health services for deaf women. Without proper communication, deaf women are often excluded from important discussions about their health and treatment options." DWI

"I recognize the importance of being able to communicate effectively with all patients, including deaf women. However, due to the lack of training in sign language, many healthcare professionals struggle to provide comprehensive care to this community. This results in deaf women facing challenges in accessing essential sexual and reproductive health services." Healthcare provider

The study brought out critical issue faced by deaf women in Zimbabwe due to the scarcity of trained healthcare providers who are proficient in sign language. The inability to effectively communicate with healthcare professionals leads to misunderstandings, inadequate care, and exclusion from crucial discussions about their SRH needs. This lack of accessibility not only hinders deaf women's ability to seek appropriate medical attention but also perpetuates disparities in healthcare services. Addressing this gap by providing training for healthcare providers in sign language is essential to ensure that deaf women have equal access to SRHS.

The research also reviewed a critical intersection between healthcare accessibility, linguistic barriers, and the fulfilment of human rights for deaf women. Chindimba (2021), noted that by failing to adequately train healthcare providers in sign language communication, there is a direct violation of the right to accessible and quality sexual and reproductive health services for all individuals, including those with hearing impairments. A human rights-based approach

emphasizes the importance of addressing systemic barriers like inadequate training to uphold the fundamental rights of deaf women to comprehensive healthcare without discrimination.

4.2.2.9.Financial challenges

Lack of finances can significantly affect the accessibility of SRHS for deaf women in Zimbabwe. Limited financial resources can hinder deaf women's ability to afford necessary healthcare services. Moreover, financial constrains can exacerbate communication barriers between deaf women and healthcare providers, as many healthcare facilities in Zimbabwe lacks staff who can communicate effectively in sign language. This can lead to misunderstandings, misdiagnoses, and inadequate care, further perpetuating health disparities among this vulnerable population. As expressed below:

> *"Lack of financial support makes it difficult for us to access SRHS. Sometimes we cannot afford transportation to the clinics and the services are expensive and many essential SRHS are not covered by insurance cover."* Deaf woman

> *"Without adequate financial support, these women are at risk of missing out on crucial screenings, treatments, and education that could improve their overall health outcomes." DWI*

> *'The lack of financial support makes it difficult for deaf women to prioritize their SRHS. They often delay seeking care due to financial constraints, which can result in more serious health issues later on."* Healthcare provider

> "*Many of them rely on public healthcare options, which may not always offer comprehensive care or accommodate their communication needs effectively."* Healthcare provider participant two

The study indicated the significant impact of financial challenges on the accessibility of SRHS for deaf women in Zimbabwe. Financial constraints lead to challenges in affording transportation to clinics, paying for services, and accessing necessary care in a timely manner. The inability to seek timely healthcare due to lack of finances can result in worsened health outcomes for deaf women, emphasizing the urgent need for targeted interventions to address these disparities. The perspectives align with Maslow's hierarchy of needs, particularly highlighting the challenges faced at the physiological and safety levels. Financial constraints act as a barrier for deaf women in fulfilling their basic healthcare needs, impacting their overall well-being. This underscores the importance of addressing financial disparities to ensure equitable access to SRHS for all individuals, regardless of their hearing abilities

The study reviewed the intersectionality of factors contributing to the healthcare disparities faced by deaf women, with financial constraints playing a central role in limiting their access to SRHS. This agrees with Rugoho (2020), who argues that addressing these challenges requires a multifaceted approach that considers not only affordability but also the provision of culturally competent care and accessible communication methods tailored to the unique needs of deaf individuals.

4.2.2.10.Lack of cultural competence

Cultural competence is crucial in ensuring that deaf women in Zimbabwe have equal access to SRHS. This is because cultural competence involves understanding, respecting, and responding to the unique needs, beliefs, and attitudes of different cultural groups. In the case of deaf women, cultural competence requires healthcare providers to communicate effectively using sign language, recognize the specific health challenges they face, and provide appropriate and accessible healthcare services. A lack of cultural competence can create significant barriers to

accessing SRHS for deaf women in Zimbabwe. Deaf women shared their experiences of communication breakdowns with healthcare providers who do not sign or use inappropriate language, leading to misunderstandings and misdiagnoses. Additionally, deaf women may face stigma, discrimination, and marginalization within their communities and healthcare settings, which can prevent them from seeking necessary care. As noted by participants in quotes below:

> *"When healthcare providers do not understand our unique communication needs and cultural background, it is extremely challenging for us to access SRHS. We often feel excluded and misunderstood, which can lead to us avoiding seeking care altogether."* Deaf woman

> *"Limited cultural competence among healthcare providers directly impacts the accessibility of SRHS for deaf women. Without proper understanding of our community's language and cultural norms, important information about sexual health is often lost in translation, leading to inadequate care."* DWI

> *"Miscommunication and misunderstandings can result in misdiagnoses or inappropriate treatments, thus there is the urgent need for healthcare professionals to be trained in deaf culture and communication strategies."* Healthcare provider

The study highlights the significant impact of limited cultural competence on the accessibility of SRHS for deaf women in Zimbabwe. Deaf women face barriers in accessing care due to a lack of understanding from healthcare providers regarding their unique communication needs and cultural background. This leads to feelings of exclusion, misunderstandings, and ultimately results in inadequate care. The testimonies emphasize the importance of improving cultural

competence among healthcare professionals to ensure that deaf women receive equitable and effective sexual and reproductive health services.

The study found out that there is urgent need for healthcare systems to prioritize cultural competence training and resources specifically tailored to meet the needs of deaf women seeking SRHS. Dostal and Lucak(2021), assets that by enhancing communication strategies, increasing awareness of deaf culture and implementing inclusive practices within healthcare settings, barriers to accessing essential care can be dismantled. It is imperative that policymakers, healthcare institutions, and providers work collaboratively to address these systemic issues and promote equitable access to sexual and reproductive health services for all individuals.

4.2.2.11.Lack of access to information

The availability of information is crucial for ensuring the accessibility of SRHS for deaf women in Zimbabwe. Without adequate information, deaf women face significant barriers in accessing essential healthcare services tailored to their specific needs. Lack of information can lead to misunderstandings, miscommunication, and ultimately exclusion from vital SRHS. As highlighted by the quotes below:

> "*The inability to communicate effectively with healthcare providers due to language barriers has led to misdiagnosis and inadequate treatment for many deaf women in Zimbabwe*." Deaf woman

> "*Healthcare providers often lack knowledge about the specific needs of deaf women, leading to inadequate care and discrimination."* DWI

> "*Deaf women are often left out of SRH education programs due to communication barriers."* Deaf woman

"*The absence of written materials and sign language makes it difficult for deaf women to access crucial information about their SRH*." Healthcare provider

The study reflects the dire consequences of the lack of access to information on the SRHS for deaf women. Addressing these challenges requires a HRBA that prioritizes accessible communication methods, raises awareness among healthcare providers, ensures availability of sign language interpreters, provides inclusive SRH education programs, and develops written materials in sign language. Therefore, by adopting such measures Zimbabwe can work towards ensuring that deaf women enjoy their fundamental human rights without discrimination. According to the HRBA, deaf women have the same rights to access SRHS like other women and any barriers that hinder their access to these services, constitute a violation of human rights as stated in Article 9 of the International Covenant on Civil and Political Rights.

The study reviewed that there is urgent need for healthcare systems to prioritize accessibility and inclusivity of deaf women in accessing SRHS to improve health outcomes and reducing disparities. This is supported by Hames and Hanning (2023), who stated that addressing lack of access to information through the provision of sign language interpreters, visual aids, and tailored educational resources is crucial in ensuring that deaf women can make informed decisions about their reproductive health.

4.3. Challenges faced by the government and non-governmental organizations in providing SRHS

They are also some constraints encountered by the government and non-governmental organizations when implementing measures to improve the accessibility of SRHS for deaf

women, which further hinder the ability to effectively address the unique healthcare needs of deaf women in Zimbabwe.

4.3.1. Lack of support from the government

The government's lack of support and delays in approving programs can significantly impact the progress of initiatives aimed at improving the accessibility of SRHS for deaf women in Zimbabwe. The delays in approval can lead to a slow start or even complete halting of programs, resulting in a loss of momentum and resources. The lack of support from the government can also lead to inadequate funding, which can hinder the implementation of necessary measures and infrastructure to improve accessibility as indicated by the organization below:

> *"The delays in government approval processes for our programs targeting the improvement of SRHS accessibility for deaf women have significantly hampered our ability to reach this vulnerable population in a timely manner. These delays not only prolong the suffering and challenges faced by deaf women but also impede our organization's mission to ensure equitable access to quality healthcare services for all."*DWI

> *"The lack of support and delays in program approval by the government directly impact the health outcomes of deaf women in Zimbabwe. Without timely interventions and approvals, we are unable to effectively implement strategies that could greatly enhance the SRHS accessibility and overall well-being of this underserved group.* DWI

> *"Delays in approval from the government have significantly affected our progress in implementing measures to improve the accessibility of SRHS for deaf women."* Furthermore, they state that *"The lack of support from the government has resulted in*

insufficient funding, making it challenging to provide the necessary resources and infrastructure to cater to the needs of deaf women."

The study reviewed the detrimental effects that delays in government approval processes have on their efforts to improve SRHS accessibility for deaf women in Zimbabwe. The participants emphasizes how these delays hinder their ability to promptly reach and assist this vulnerable population, leading to prolonged challenges and suffering among deaf women. The study also brought out that such delays not only affect the targeted beneficiaries but also impede the organization's broader mission of ensuring equitable access to quality healthcare services for all. Additionally, it reflects how the lack of support and delays directly impact the health outcomes of deaf women, emphasizing that without timely interventions and approvals, their strategies to enhance SRHS accessibility cannot be effectively implemented, thus compromising the overall well-being of this marginalized group.

The study found out that these delays and lack of support from the government can have severe consequences on the progress and success of initiatives aimed at improving accessibility. These challenges can be improved by increasing government involvement and commitment to the cause. This can include providing adequate funding, expediting approval processes, and collaborating with organizations to ensure that initiatives align with national policies and priorities. Additionally, building awareness and advocacy efforts can help garner support from policymakers, stakeholders, and the public, which can lead to greater investment and commitment from the government.

The study reviewed the urgent need for prompt government action to approve programs that address the unique healthcare needs of deaf women in Zimbabwe. By failing to expedite the

approval process, the government perpetuates inequalities in access to SRHS, further marginalizing an already vulnerable population (Muparutsa and Chikwari, 2022). Therefore, the researcher noted that timely intervention is crucial to ensure that deaf women receive equitable care and support in managing their SRH needs.

4.3.2. Donor Dependency

Financial constraints or lack of donations can pose significant challenges for organizations aiming to improve the accessibility of SRHS for deaf women in Zimbabwe. The implementation of measures to enhance accessibility requires financial resources to support various initiatives such as training healthcare providers in sign language, developing educational materials in accessible formats, and creating inclusive healthcare facilities. Without adequate funding, organizations may struggle to effectively address the unique needs of deaf women, leading to disparities in access to essential SRHS. As participants mentioned that:

> "*Due to limited funding, the government is unable to provide specialized training for healthcare providers to effectively communicate with deaf women seeking SRHS. This hinders their ability to access quality care and information, perpetuating existing health disparities."* Healthcare provider

> *"The lack of financial support also restricts our capacity to develop and distribute educational materials on sexual health tailored to the needs of deaf women. Without these resources, we are unable to bridge the information gap and empower deaf women to make informed decisions about their reproductive health."* DWI

The study found out that without sufficient funding, training healthcare sign language and deaf culture may not be feasible, resulting in a barrier to access SRHS for deaf women. The study

indicates the significance of tailored educational materials in empowering deaf women to make informed decisions about their reproductive health. Insufficient financial support limits the organization's ability to develop and distribute these materials, further exacerbating the information gap. Shakespeare and Kleine (2023), argues that to address these challenges, it is imperative for organizations to actively seek diverse funding sources, engage in partnerships with governmental agencies or international organizations that prioritize inclusive healthcare services, and advocate for increased financial support from donors and stakeholders. Therefore, by diversifying funding streams and fostering collaborations, organizations can enhance their capacity to implement sustainable initiatives that promote equal access to SRHS for all individuals including deaf women.

The study brought out the urgent need for sustainable funding mechanisms to ensure equitable access to SRHS for deaf women in Zimbabwe. Donor dependency poses a significant threat to the continuity and effectiveness of programs designed to support this vulnerable population. Therefore, the researcher suggests that addressing this issue requires a multi-faceted approach that involves diversifying funding sources, enhancing collaboration between stakeholders and prioritizing inclusivity in healthcare service delivery.

4.3.3. The government's economic instability

Economic instability poses a significant challenge to the government's efforts to improve the accessibility of SRHS for deaf women in Zimbabwe. The country has been grappling with high inflation, unemployment, and poverty rates, which have significantly affected the government's ability to fund and implement programs aimed at improving the health outcomes of marginalized groups, including deaf women. The economic crisis has led to a decline in public spending on

health, resulting in inadequate funding for SRHS programs, lack of essential medical supplies, and poorly equipped health facilities.

The United Nations Population Fund (UNFPA) has expressed concern over the negative impact of economic instability on the health outcomes of deaf women in Zimbabwe. It stated that:

> "*The economic crisis in Zimbabwe has had a disproportionate impact on marginalized groups, including deaf women, who already face significant barriers to accessing SRHS and lack of funding for SRHS programs has resulted in a shortage of sign language interpreters in health facilities, making it difficult for deaf women to communicate with healthcare providers and access essential SRHS, resulting in poor health outcomes."*
>
> This was supported by a participants who noted that:
>
> "*As a deaf woman in Zimbabwe, I struggle to access SRHS due to the high costs involved and the lack of facilities equipped to cater to my specific communication needs*." Deaf Woman
>
> "*The economic instability in Zimbabwe has significantly hindered our ability to provide adequate SRHS to deaf women. Limited funding and resources make it challenging to offer specialized care that meets their unique requirements."* Healthcare Provider
>
> *"The current economic crisis in Zimbabwe has had a detrimental impact on the accessibility of SRHS for marginalized groups like deaf women. Without targeted interventions and increased support, these individuals will continue to face significant barriers in obtaining essential healthcare*." DWI

The study reviewed that lack of funding for health programs has resulted in a shortage of essential resources like medical supplies, poorly equipped health facilities, and inadequate numbers of sign language interpreters and trained healthcare providers who can communicate effectively with deaf women. This situation has led to poor health outcomes for deaf women, who already face significant barriers to accessing SRHS due to communication challenges and discrimination. To address this challenge, there is a need for increased public spending on health and targeted funding for programs aimed at improving the accessibility of SRHS for marginalized groups, including deaf women. This can be achieved through partnerships between the government, development partners, civil society organizations, and private sector actors committed to promoting gender equality and social inclusion in Zimbabwe's health sector.

The study reviewed that financial constraints, lack of specialized facilities, and overall inadequacies in healthcare provision contribute to the existing disparities faced by this marginalized group. According to Chirisa and Muparutsa (2022), addressing these systemic challenges requires concerted efforts from policymakers, healthcare providers, advocacy groups, and other stakeholders to prioritize inclusive healthcare practices that cater to the diverse needs of deaf women.

4.3.4. Culture and religious beliefs

Culture and region play a significant role in shaping the accessibility of sexual and reproductive health services in Zimbabwe, particularly for deaf women. Certain sects of Johann Marange Apostolic Church, has a profound influence on the community's beliefs and practices. The church's strict teachings and gender roles usually limit women's access to SRHS and deaf women are more susceptible as they may be discouraged from seeking care outside of their community or from male healthcare providers. Additionally, cultural beliefs and superstitions surrounding

disability and deafness can lead to stigma and marginalization, further hindering deaf women's access to healthcare. Regional differences in language, customs, and healthcare infrastructure also impact the effectiveness of efforts to improve accessibility.

> "*Our church JohaneMarange teaches that women should be submissive and obedient, making it hard for us to seek healthcare without permission from our husbands or fathers."* Deaf Woman

> "*Cultural beliefs and superstitions surrounding deafness make it challenging for deaf women to access healthcare. Some healthcare providers believe deafness is a curse, and therefore, deaf women are not entitled to quality care*." Healthcare Provider

> "*Our organization has encountered resistance from the Marange Apostolic Church when trying to provide sexual and reproductive health services to deaf women. They believe our services go against their teachings and values*." DWI

The study highlights how culture and region significantly impact the accessibility of sexual and reproductive health services for deaf women in Zimbabwe. Some cultures perpetuates gender roles and stigma, limiting deaf women's autonomy and access to care. Additionally, Cultural beliefs and superstitions surrounding deafness further marginalize deaf women, leading to discrimination and poor quality care.

The study underscores the need to address cultural and regional barriers to improve the accessibility of sexual and reproductive health services for deaf women. A human rights-based approach is essential, recognizing deaf women's rights to quality care, autonomy, and non-discrimination. The researcher recommends that healthcare providers and organizations must

engage with the community, challenging harmful cultural beliefs and practices, and providing deaf friendly services and resources.

4.4. Measures to improve the accessibility of SRHS for deaf women

4.4.1. Sign language interpretation services

Sign language interpretation services play a crucial role in improving the accessibility of SRHS for deaf women by bridging the communication gap between healthcare providers and patients. Deaf women face significant barriers in accessing healthcare services due to the lack of understanding and communication with healthcare providers. Sign language interpretation services provide a means for deaf women to effectively communicate their health needs, understand medical information, and actively participate in decision-making regarding their SRHS. By ensuring that deaf women have access to qualified sign language interpreters during medical consultations, screenings, and treatments, healthcare providers can deliver more inclusive and patient-centered care that meets the unique needs of this population. This was supported by the participants and key informants saying:

> *"I have faced numerous challenges accessing SRHS due to the lack of sign language interpreters. Having a sign language interpreter present during medical appointments would greatly improve my ability to communicate my needs and understand the information provided by healthcare providers."* deaf woman

> *"Providing sign language interpretation services is crucial in ensuring effective communication especially when discussing sensitive topics related to SRH and it also helps in informed decision-making, and ultimately improving the overall quality of care for deaf women."* Healthcare Provider

> *"Our organization recognizes the importance of ensuring equal access to SRHS for all individuals, including deaf women. By offering sign language interpretation services and sign language lessons to healthcare providers, we aim to break down communication barriers and create a more inclusive healthcare environment that meets the diverse needs of our patients."* DWI

The study found out that the provision of sign language interpretation services plays a vital role in enhancing the accessibility of SRHS for deaf women. Effective communication is essential in healthcare settings to ensure that individuals can express their needs, understand medical information, and actively participate in decision-making regarding their health. By offering sign language interpretation, healthcare providers can bridge the communication gap that often exists between deaf patients and healthcare professionals, leading to improved patient-provider interactions and better health outcomes for deaf women. This agrees with Maslow's Hierarchy of Needs, which specifically focus on the psychological and social needs of individuals. Communication is a fundamental aspect of fulfilling these needs, and by addressing the need for effective communication through sign language interpretation services, healthcare providers can support deaf women in achieving a sense of belonging, esteem, and self-actualization in their healthcare experiences.

The study reviews that ensuring access to healthcare services aligns with fundamental human rights principles such as non-discrimination, equality, and participation of the HRBA. According to Eksteen (2020), recognizing the unique communication needs of deaf women and providing adequate support through sign language interpreters, healthcare providers uphold the right to health for all individuals, irrespective of their hearing abilities. This approach not only promotes

inclusivity but also fosters a healthcare environment that respects diversity and empowers marginalized communities to exercise their rights to comprehensive SRHS.

4.4.2. Training healthcare providers sign language and deaf culture

Training health care providers in sign language and deaf culture is crucial for improving the accessibility of SRHS for deaf women. By equipping healthcare professionals with the necessary skills to communicate effectively with deaf patients, it ensures that deaf women receive the same quality of care as their hearing counterparts. Understanding deaf culture also plays a significant role in providing culturally sensitive care, which can lead to increased trust and better health outcomes for deaf women seeking SRHS. This is indicated by the quotes below:

> *"I have faced many barriers when seeking healthcare, including communication difficulties, lack of access to interpreters, and misunderstandings about my needs. It is crucial that healthcare providers receive training on deaf culture to ensure that deaf and hard of hearing individuals receive the same level of care as everyone else."* Deaf woman

> *"Providing culturally competent care to deaf patients requires a deep understanding of their unique needs, experiences, and cultural values. This includes knowledge deaf culture, and the social and emotional challenges that deaf women face. By incorporating this training into our curriculum, we can improve the quality of care for all patients and promote health equity"* healthcare provider

> *"This training is essential to ensuring that deaf women receive equal access to healthcare services, free from discrimination and communication barriers. By investing*

in this training, healthcare providers can improve patient outcomes, reduce health disparities, and promote a more inclusive society." DWI

The study found out that there is need for training healthcare providers in sign language and deaf culture to improve the accessibility of SRHS for deaf women. Effective communication is fundamental in delivering quality healthcare, especially in sensitive areas like SRHS. Therefore, by equipping healthcare professionals with the necessary skills to interact with deaf patients, barriers are broken down, trust is built, and ultimately better outcomes are achieved.

The study also brought out that enhanced communication between healthcare providers and deaf patients not only ensures better understanding of medical needs but also promotes a more inclusive healthcare environment. This has concurs with Ameh (2020), who stated that by prioritizing accessibility through education and awareness initiatives, healthcare systems can work towards eliminating disparities in SRHS for marginalized communities.

4.4.3.Developing educational materials in sign language

Developing educational materials in sign language is essential as an intervention to improve the accessibility of SRHS for deaf women. By providing information in their primary language, sign language, it ensures that deaf women have equal access to crucial healthcare services. These materials can help bridge the communication gap between healthcare providers and deaf women, leading to better understanding of SRHS and ultimately improving health outcomes. Additionally, tailored educational materials can empower deaf women to make informed decisions about their SRH, promoting autonomy and agency over their own bodies. This is reflected by the quotes below:

"Educational materials that are tailored to our needs as deaf women would greatly improve our access to SRHS. Currently, there is a lack of information available to us in accessible formats, which can lead to poor health outcomes and a lack of autonomy over our own bodies." Deaf woman

"The development of educational materials specifically tailored to their needs would greatly enhance their ability to make informed decisions about their health and wellbeing" healthcare provider from Parirenyatwa

"Deaf women in Zimbabwe have the right to access SRHS on an equal basis with others. The development of educational materials in accessible formats is a crucial step towards ensuring that this right is realized. We fully support this measure and call on all stakeholders to work together to make it a reality." DWI

The participants highlight the urgent need for the development of educational materials tailored to the needs of deaf women in Zimbabwe. The current lack of accessible information leaves these women at a disadvantage when it comes to making informed decisions about their SRH. By providing educational materials in accessible formats, such as sign language videos or written materials with visual aids, deaf women can be empowered to take control of their own health and wellbeing. This is a crucial step towards ensuring that deaf women's human rights are respected and protected. A HRBA recognizes that all individuals have the right to access SRHS, regardless of their abilities or disabilities. By developing educational materials that are accessible to deaf women, stakeholders can help to ensure that these women are able to exercise their right to health on an equal basis with others. This approach emphasizes the importance of addressing discrimination and inequality in order to promote the realization of human rights for all. By

working towards the development of accessible educational materials, stakeholders can help to promote the empowerment and inclusion of deaf women in Zimbabwe, and ensure that their human rights are respected and protected.

The study reviews the importance of adopting a HRBA to healthcare, where equal access to information and services is recognized as a fundamental right for all individuals, including those with disabilities. According to Maphosa (2021), developing educational materials in sign language, healthcare providers and organizations can uphold the principles of inclusivity, non-discrimination, and empowerment, ensuring that deaf women have the same opportunities to access quality sexual and reproductive health services as their hearing counterparts.

4.4.4.Collaboration among non-governmental organizations

Collaboration among organizations is essential to enhance the accessibility of SRHS for deaf women in Zimbabwe. By working together, NGOs can pool their resources, expertise, and networks to address the unique challenges faced by deaf women in accessing SRHS. This collaboration can lead to the development of tailored programs and services that are inclusive and responsive to the specific needs of deaf women, such as sign language interpretation services, culturally sensitive information, and accessible facilities. Moreover, through joint advocacy efforts, NGOs can raise awareness about the importance of ensuring equal access to SRHS for all women, including those with disabilities, and push for policy changes that promote inclusivity and equity in healthcare services. This is mentioned in the quotes below:

> "*Collaboration among NGOs is crucial in ensuring that deaf women have equal access to SRHS. By working together, we can bridge the gaps in service provision and create a more inclusive healthcare system*." DWI representative one

> "*Through collaborative efforts, NGOs can amplify their impact and reach more deaf women in need of SRHS. Together, we can break down barriers and empower deaf women to take control of their reproductive health."* DWI representative two

The study reflects the significance of collaboration among NGOs in improving the accessibility of SRHS for deaf women in Zimbabwe. They highlight the importance of collective action in addressing the disparities in healthcare services faced by this marginalized group. By coming together, NGOs can leverage their strengths and resources to create a more inclusive and supportive environment for deaf women seeking SRHS. This collaborative approach not only enhances service delivery but also contributes to advocacy efforts aimed at promoting equality and empowerment within the healthcare system.

The study also reviews the pressing need for concerted efforts to improve SRHS accessibility for this underserved population. Through strategic partnerships and coordinated initiatives among NGOs, policymakers, healthcare providers, and community advocates, it is possible to bridge the gap in healthcare access for deaf women. Hatzikriakos and Koltzsch (2021), argues that by prioritizing inclusivity, cultural competence, and tailored support mechanisms, stakeholders can work towards ensuring that all individuals, regardless of hearing ability, have equal opportunities to receive comprehensive sexual and reproductive health services.

4.4.5.Peer support groups

Peer support groups play a crucial role in improving the accessibility of SRHS for deaf women by providing a safe space for sharing experiences, knowledge, and resources. These groups offer emotional support, empowerment, and education on SRHS, breaking down communication barriers that often hinder deaf women from accessing adequate healthcare services. By fostering

a sense of community and understanding among deaf women, peer support groups enhance their confidence in navigating the healthcare system and advocating for their needs. Additionally, these groups serve as a platform for raising awareness about the unique challenges faced by deaf women in accessing SRHS and advocating for inclusive healthcare policies and practices. The participants stated that:

> *"Peer support groups have been a lifeline for me as a deaf woman. They provide a safe and understanding space where I can connect with others who share my experiences and challenges. These groups have helped me to build my confidence, improve my communication skills, and access the resources I need to lead a fulfilling life."* deaf woman

> *"Peer support groups can play a crucial role in improving the accessibility of SRHS for deaf women. These groups can help to address the communication barriers that often exist between deaf women and health care providers, ensuring that deaf women are able to access the information and services they need to make informed decisions about their SRH."* healthcare provider

> *"Peer support groups are an essential component of our efforts to improve the accessibility of SRHS for deaf women. By providing a supportive and inclusive space where deaf women can come together and share their experiences, we can help to break down the barriers that often prevent them from accessing the care they need. We believe that peer support groups have the power to transform the lives of deaf women, promoting their health, well-being, and autonomy."* DWI

The study found out that by providing a supportive community where deaf women can connect with others who share their experiences and challenges, peer support groups can help to meet their needs for love and belonging, esteem, and self-actualization. These groups can also help to address the communication barriers that often prevent deaf women from accessing SRHS, thereby promoting their physiological and safety needs as well. Overall, peer support groups can play a critical role in promoting the health, well-being, and autonomy of deaf women.

The study brought out the importance of peer support groups in addressing the unique needs of deaf women seeking SRHS. This has concurs with Nyamande (2020), who asserts that by fostering a sense of community and empowerment, these groups can help overcome communication barriers, increase awareness about SRHS among deaf individuals, and ultimately contribute to improved access to quality care for this underserved population.

4.4.6. Policy development

Policy development plays a significant role in addressing challenges encountered by deaf women when accessing SRHS by setting guidelines and standards that promote inclusivity and accessibility. These challenges can be a result of communication barriers, lack of awareness among healthcare providers, and limited resources tailored to their specific needs. By implementing policies that address these issues, the government can ensure that deaf women have equal access to SRHS. These policies may include provisions for sign language interpreters, training programs for healthcare providers on how to communicate effectively with deaf patients, and the integration of deaf-friendly services into existing healthcare systems. This was explained by the quotes below:

“Having access to SRHS is essential for our well-being, but often we face discrimination and misunderstanding when trying to seek help. Policies that recognize our unique communication needs would make a world of difference in ensuring we receive the care we deserve.” Deaf woman

“Policy development is key to breaking down the barriers that prevent deaf women from accessing SRHS. By advocating for inclusive policies, we can create a healthcare system that is truly accessible to all, regardless of their hearing abilities. The government should prioritize budgets for increasing deaf women's access to SRHS. At the same time, they should implement projects that empower deaf women and increase their access to SRHS. Furthermore, policies should be put in place to support and complement the efforts of NGOs and other organizations that are working to improve deaf women's access to SRHS. These policies should be comprehensive and include provisions for sign language interpreters, communication accommodations, and more. This will help ensure that deaf women are able to access SRHS in a way that is meaningful and effective." DWI

“I have seen first-hand the struggles faced by deaf women in accessing SRHS. Policy interventions that prioritize training and resources for healthcare professionals would not only benefit deaf patients but also improve the overall quality of care provided.” Healthcare provider

These quotes are further supported by the statement which says

"*Nothing about us, without us"*

This thesis is often used in the disability rights movement. It emphasizes the importance of including disabled people in all decisions that affect them, including policy decisions. It is a call

for disability inclusion and for people with disabilities to be active participants in shaping policies and programs that impact their lives. The study reviews the importance of self-determination and autonomy for disabled people. It also emphasizes the need for those with power and privilege to listen to and learn from the perspectives of disabled people.

Deaf women expressed their frustrations with the current barriers they face when seeking healthcare services and emphasize the importance of policies that address their unique communication needs. The organization representative underscores the transformative potential of inclusive policies in creating a more accessible healthcare system. Healthcare providers acknowledge the challenges faced by deaf women and recognize the positive impact that policy interventions can have on enhancing the quality of care provided. Overall, the study collectively emphasizes the critical role of policy development in ensuring equitable access to SRHS for deaf women in Zimbabwe.

The study indicates the importance of adopting a HRBA to policy development in healthcare. By prioritizing the needs of marginalized groups such as deaf women, policymakers can uphold their right to health as enshrined in international human rights instruments. According to Chindimba (2022), ensuring equal access to SRHS through inclusive policies not only promotes social justice but also contributes to advancing gender equality and empowering deaf women to exercise their fundamental rights without discrimination.

4.4.7.Establishing Mobile health solutions

Establishing mobile health solutions as an intervention to improve the accessibility of SRHS for deaf women is crucial in addressing the healthcare disparities they face. By utilizing mobile health technologies, such as text messaging services, video consultations, and health apps, deaf

women can overcome communication barriers and access essential SRHS information and services more conveniently. These solutions can provide deaf women with a platform to communicate their needs effectively, receive timely healthcare information, schedule appointments, and engage in telemedicine consultations with healthcare providers. Additionally, mobile health solutions can empower deaf women to take control of their reproductive health by offering privacy, autonomy, and tailored information in sign language. This is further supported by the participants and key informants who mentioned that:

> "*Having access to mobile health solutions has been life-changing for me. I can now easily communicate with healthcare providers through video calls using sign language, which was not possible before. It has empowered me to seek SRHS without feeling misunderstood or neglected."* Deaf Woman

> "*Integrating mobile health solutions into our services has significantly improved the accessibility of SRHS for deaf women in Zimbabwe. They can now receive crucial information on contraception, family planning, and STI prevention directly on their phones in sign language, ensuring they are well-informed and empowered to make informed decisions about their health."* DWI Representative

> "*Mobile health solutions have revolutionized the way we deliver SRHS to deaf women. Through secure messaging platforms, we can address their concerns promptly, provide remote consultations in sign language, and ensure they receive the care they deserve. It has bridged the gap between healthcare providers and deaf patients, leading to better health outcomes*." Healthcare Provider

The study highlights the transformative impact of mobile health solutions on improving the accessibility of SRHS for deaf women in Zimbabwe. Deaf women express how these technologies have empowered them to communicate effectively with healthcare providers in sign language, enabling them to seek essential SRHS without facing communication barriers. Organizations emphasize the positive outcomes of integrating mobile health solutions into their services, ensuring that deaf women receive tailored information and support for their reproductive health needs. Healthcare providers acknowledge the significant improvements in patient-provider communication and care delivery facilitated by mobile health solutions, ultimately enhancing the overall quality of SRHS for deaf women.

The study also brought out the importance of adopting a human rights-based approach when addressing the healthcare needs of marginalized populations. By recognizing their right to accessible and quality healthcare services, the establishment of mobile health solutions becomes a critical step towards fulfilling these rights (Shumba, 2022). Therefore, ensuring equal access to SRHS through innovative technologies not only promotes inclusivity but also upholds the fundamental human rights principles of non-discrimination and equality in healthcare delivery.

4.5.Chapter summary

The chapter analyzed and presented the research findings on the experiences of deaf women in accessing sexual and reproductive health services in Zimbabwe. A case study of Deaf Women Included organization. The findings in this chapter were aligned to the objectives of the research which were to explore the experiences of deaf women in accessing SRHS, to identify the challenges faced by government and non-governmental organizations in providing SRHS and the measures that can be put in place to improve the accessibility of SRHS. The discussions led to

recommendations that were made and this will be greatly mentioned in the last chapter as well as the conclusion of this research.

CHAPTER 5: SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

5.1. Introduction

This chapter of the study presents summary on the major findings of the research as well as providing the conclusions. Further, it also focuses on presenting the objectives of the research in assessing the experiences of deaf women in accessing SRHS as well as summarizing the constraints and recommendations of the whole study. The summary gives the main points of the research, whilst the conclusions highlights the challenges and the way forward stakeholders need to take into consideration into improve the accessibility of SRHS for deaf women.

5.2. Summary of findings

The chapters preceding discussed the background of the study, reviewed the literature, methodology and the data presentation, analysis and discussion. The study sought to explore experiences faced by deaf women in accessing SRHS in Zimbabwe. The study was carried out at DWI Organization, located at Emerald Hill in Harare. The study was guided by three objectives which were to investigate the experiences of deaf women in accessing SRHS in Zimbabwe which include communication barriers, limited sign language interpreters, stigma and discrimination among others., to identify the challenges faced by government and organizations in providing SRHS which include brain drain, lack of political will, culture and religious beliefs to mention but a few. The study also brought out the measures that can be used to improve the accessibility of SRHS for deaf women in Zimbabwe which include the provision of sign language interpreters, policy and advocacy and developing educational materials in accessible formats.

Moreover, the Human Rights Based Approach and Maslow's Hierarchy of needs were used as guiding frameworks to the study. The study made use of the qualitative research approach. To collect qualitative data, the research made use of interviews, observations as well as focus group discussions. Ten deaf women, who were facing challenges when accessing SRHS, were sampled through snowballing sampling technique and four key informants, two healthcare providers and two deaf women included staff were chosen using the purposive sampling technique.

5.3 The experiences of deaf women in accessing SRHS in Zimbabwe

Deaf women in Zimbabwe have had a mix of positive and negative experiences when accessing SRHS. On the positive side, some have reported receiving compassionate care from healthcare providers who are trained in sign language, which greatly enhances communication and

understanding. Additionally, they are instances where healthcare facilities have provided written materials in accessible formats, allowing for better comprehension of medical information. Some women have also benefited from community support groups which offer a platform to share experiences and gain valuable advice. Furthermore, mobile health clinics have reached remote areas, making services more accessible. There are also reports of successful advocacy efforts leading to policy changes that improve access to these services for deaf women. However, on the other side many deaf women still face significant barriers due to the lack of sign language interpreters in most healthcare settings, leading to misunderstanding and inadequate care. The stigma associated with both disability and sexual health can result in discriminatory attitudes from healthcare providers. Additionally, there is often lack of privacy during consultations because family members of friends must act as interpreters. The limited availability of specialized services tailored to the needs of deaf women further exacerbates their negative experiences. Finallyeconomic constrains can make it difficult for deaf women to afford necessary treatments and travel to healthcare facilities that offer better services.

5.3.1.The challenges faced by government and non-governmental organizations in providing SRHS.

Government and organizations face significant challenges in providing SRHS for deaf women, including cultural and religious beliefs that hinder the provision of comprehensive services, as conservative communities may view reproductive health as taboo or immoral, leading to stigma and discrimination against deaf women seeking these services. Furthermore, brain drain of skilled healthcare providers and sign language interpreters to other countries exacerbates the already scarce resources available, resulting in a lack of trained professionals who can communicate with deaf women in their native sign language, thereby exacerbating the barriers to

healthcare access. Additionally, political factors, such as government policies and laws that do not prioritize the SRH needs of deaf women, limit access to comprehensive services, and lack of political will to address the specific health needs of deaf women perpetuates marginalization and health disparities. Moreover, insufficient funding and donations limit the availability and quality of SRHS for deaf women, as deaf-friendly health facilities and services may not receive adequate support, perpetuating the cycle of marginalization and health disparities, emphasizing the need for governments and organizations to address the specific needs of deaf women and work towards inclusive, culturally sensitive, and comprehensive SRHS. To address these challenges, cultural sensitivity training, language accessibility, policy reform, funding and donations, community engagement, capacity building, research and data collection, collaboration and partnerships, education and awareness, and empowerment and support are essential steps to promote inclusive SRHS for deaf women.

5.3.2. Measures that can be used to improve the accessibility of SRHS for deaf women

From the findings of the study, it was revealed that there is need for sign language interpretation services, provision of assistive devices such as hearing aids and text telephones to bridge the communication gap between healthcare providers and deaf women, ensuring they receive accurate information about their sexual health. Training Healthcare Providers in basic sign language to facilitate better communication with deaf patients is another crucial measure mentioned. Sensitization Workshops are being conducted to raise awareness among healthcare staff about the unique needs and challenges faced by deaf women seeking SRHS. The study brought out that there is need to establish deaf friendly spaces within healthcare facilities, providing a comfortable environment where deaf women can express their concerns freely. Additionally, there is need for development of educational materials in sign language to ensure

that information about SRHS is accessible to deaf individuals in a format they can easily comprehend. Community Outreach Programs can be employed to reach out to deaf women in remote areas, through raising awareness about SRHS and promoting health-seeking behaviors among deaf women, ensuring they have access to essential SRHS information and services. Collaboration with deaf advocacy organizations has been key in advocating for policy changes and ensuring that the rights of deaf women are protected within the healthcare system, thus creating an inclusive environment. Additionally, ongoing research and data collection on the health needs of deaf women are important because they provide informed evidence based interventions aimed at improving their access to quality SRHS. From the key informants' information it was noted that these measures are being successful although they are being hindered by some challenges which include the issue of donor dependency, financial constrains, Zimbabwe's economic instability and government's delay in approving organization's programs aimed at empowering deaf women.

5.4. Conclusions

The research managed to do justice to its objectives that were to assess and explore the experiences of deaf women in accessing SRHS. Some of the negative experiences not only hinder their ability to access essential healthcare services but also contribute to their vulnerability to sexual abuse and exploitation. The researcher has shed light on the significant challenges faced by government and non-governmental organizations in providing SRHS including the issue of donor dependence and brain drain. Further, the researcher also analyzed the effectiveness of measures employed by the government and non-governmental organizations to improve the accessibility of SRHS for deaf women such as providing comprehensive training for healthcare providers on deaf culture and communication, ensuring the availability of sign

language interpreters in healthcare settings, developing accessible educational materials in sign language, and promoting community awareness and inclusivity.

5.5. Recommendations

Upon analyzing the research findings on the experiences of deaf women in accessing SRHS in Zimbabwe, it became evident that there are significant challenges and barriers faced by this marginalized group. The researcher discovered that deaf women encounter communication barriers, discrimination, lack of awareness about their rights, and limited access to sign language interpretation services within healthcare settings. Therefore, based on these findings, the following recommendations were proposed to address these critical issues and improve the SRH outcomes for deaf women in Zimbabwe.

5.5.1.Sign Language Interpretation Services

One crucial recommendation to enhance the accessibility of SRHS for deaf women in Zimbabwe is to provide sign language interpretation services. By having qualified sign language interpreters available at healthcare facilities, deaf women can effectively communicate with healthcare providers, help deaf women understand medical procedures and treatment options, empowering them to make informed decisions about their sexual and reproductive health. This ensures that deaf women fully understand their health needs, receive appropriate care and have equal access to SRHS without facing communication barriers. These interpreters can facilitate discussions about sensitive topics, such as family planning, sexually transmitted infections, and pregnancy care. For example, the Deaf Zimbabwe Trust (DZT) has been advocating for the provision of sign language interpretation services in healthcare settings to improve access to healthcare for the deaf community. Through partnerships with healthcare providers and government agencies,

DZT has successfully implemented sign language interpretation services in some clinics and hospitals, making SRHS more accessible to deaf women.

5.5.2.Training Healthcare Providers on Deaf Awareness and Communication

Another essential recommendation is to offer training programs for healthcare providers on how to effectively communicate with deaf women using visual aids, writing notes, utilizing technology such as video relay services to convey information clearly. Healthcare professionals should be educated on deaf culture, they should also understand the unique needs and challenges faced by deaf women in accessing SRHS as well as providing inclusive SRHS. This training can help healthcare providers develop the necessary knowledge and skills to interact sensitively with deaf women, address their unique needs, and ensure that they receive quality care. For instance, the Zimbabwe National Association of the Deaf (ZIMNAD) could collaborate with Ministry of Health and Child Care in Zimbabwe to conduct training sessions for medical staff on how to communicate with deaf patients respectfully and inclusively. By equipping healthcare providers with the knowledge and skills to support deaf women seeking sexual and reproductive health services, barriers to access SRHS can be reduced, leading to improved health outcomes for this marginalized group.

5.5.3.Developing Educational Materials in Sign Language

Creating educational materials related to SRH in sign language and written formats is another effective recommendation to improve accessibility of SRHS for deaf women in Zimbabwe. Informational brochures with clear illustrations, videos, pamphlets, and posters with visual content covering topics such as contraception, STI prevention, and family planning should be developed in sign language and written formats to ensure that deaf women have access to essential health information in a format that is easily understandable. This can help deaf

individuals better understand important health information, preventive measures, available services, and rights related to SRH and this can also empower them to take control of their SRH. For example, the Ministry of Health and Child Care in Zimbabwe could collaborate with deaf advocacy organizations like DWI organization and healthcare providers to develop educational materials specifically designed for deaf women in sign language. These materials could cover topics such as contraception methods, prenatal care, HIV/AIDS prevention, and cervical cancer screening in a format that is easily accessible and comprehensible for the deaf women. These resources can empower deaf women to make informed decisions about their sexual and reproductive health by providing them with accurate and accessible information.

5.5.4.Establishing Dedicated SRHS Clinics for Deaf Women

Lastly, establishing dedicated Sexual and Reproductive Health Services clinics specifically designed for deaf women can greatly improve accessibility and inclusivity. These specialized clinics can be staffed with healthcare providers who are proficient in sign language and knowledgeable about the unique needs of deaf patients. By creating a welcoming environment tailored to the needs of deaf women, these clinics can help overcome barriers to accessing SRHS. For instance, the Ministry of Health and Child Care could allocate resources to establish pilot SRHS clinics for deaf women in key urban centers across Zimbabwe. These clinics could serve as models of best practices in providing comprehensive and culturally sensitive care to deaf women, ultimately setting a precedent for inclusive healthcare services nationwide.

5.5.5.Policy advocacy

Policy advocacy is an important recommendation for improving the accessibility of SRHS for deaf women in Zimbabwe. Policy advocacy involves working with policymakers to create or change policies that affect the rights and access to services for deaf women. For example,

policies could be created or changed to ensure that all SRHS information is available in accessible formats, such as sign language. Additionally, policies could be created to ensure that all SRHS facilities are accessible to deaf women, including having accessible examination rooms and providing sign language interpreters. Another example of policy advocacy could be working to change or create laws that protect the rights of deaf women to access SRHS. For example, there is need to advocate for policies that prioritize the inclusion of deaf women in sexual and reproductive health programs, ensuring their rights to access quality healthcare services without discrimination. These laws could also mandate that all healthcare providers receive training on how to effectively communicate with deaf women. Additionally, these laws could require that all SRHS information be made available in accessible formats.

5.5.6.Community Outreach Programs

Implementing community outreach programs specifically tailored to deaf women can help increase awareness about sexual and reproductive health services. These programs can involve organizing workshops, seminars, or support groups within the deaf community to raise awareness about the unique needs of deaf women and the need for more resources, educating women about their rights, promoting available services, and providing information on available services in a deaf-friendly environment as well as providing a forum for them to ask questions and share their experiences. By engaging directly with deaf women in their communities, healthcare providers can build trust and rapport, leading to improved utilization of sexual and reproductive health services. For example, community outreach programs could involve setting up booths at local events to distribute information about SRHS in accessible formats for instance written formats and sign language. Additionally, community outreach programs could involve working with local organizations that serve deaf women to develop partnerships and share

resources. These workshops could also provide information on how to advocate for change at the local, state, and national levels.

5.5.7.Collaboration of different organizations

Deaf organizations and the government need to collaborate to improve the accessibility of SRHS is through funding. For example, the government could provide funding for deaf organizations to develop and implement programs that address the specific needs of deaf women. These programs could include providing accessible SRHS information, training healthcare providers on how to effectively communicate with deaf women, and working to ensure that all SRHS facilities are accessible. Additionally, another way that deaf organizations and the government could collaborate is through policy design and implementation. Deaf organizations could provide input and expertise on policies that impact the accessibility of SRHS, such as laws that govern healthcare, disability rights, and language access. For example, Deaf Women Included could work with the government to develop policies that require all SRHS facilities to have sign language interpreters available and that all SRHS information is made available in accessible formats.

5.5.8.Peer Support Groups

There is need to establish peer support groups for deaf women where they can share common experiences or interest and connect with others who understand what they're going through, seek advice, receive emotional support and access information on SRH in a safe and inclusive environment. This can help combat feelings of isolation and empower them to advocate for their sexual and reproductive health needs.

5.5.9.Mobile Health (mHealth) Solutions

Implementing mobile health (mHealth) solutions tailored for deaf women can also enhance the accessibility of sexual and reproductive health services. Mobile applications or text messaging services can be utilized to deliver important health information, appointment reminders, medication alerts, and tele consultation options in a format that is convenient for individuals with hearing impairments. By leveraging technology, healthcare providers can bridge the gap in access to information and services for deaf women, ultimately improving their overall health outcomes.

5.6.Recommendations for further studies

This study has explored experiences of deaf women in accessing SRHS, yielding significant findings and insights. However, as the research landscape continues to evolve, new questions and areas of inquiry have emerged. In recognition of the ongoing pursuit of knowledge, the following recommendations for further study are proposed to build upon the current research, address existing gaps and propel the field forward. These suggestions aim to inspire future investigations, foster scholarly dialogue and contribute meaningfully to the ongoing advancement of social work.

5.6.1.Regular Feedback Mechanisms

There is need to establish a regular feedback mechanism that allows deaf women to share their experiences and provide input on how to improve the accessibility of SRHS. This feedback mechanism could take the form of a survey, focus group discussions or one on one interview that is conducted on a regular basis, such as every six months using sign language and written formats. The mechanism should also be promoted through community organizations and advocacy groups so that all deaf women have the opportunity to participate. This would allow

researchers to gather data over time and identify different trends or patterns. The feedback could focus on specific areas of concern, such as communication, accessibility of facilities, and satisfaction with services. This feedback would then be used to develop strategies to improve SRHS for deaf women.

5.6.2.Review existing policies

There is need to review existing policies and guidelines on the provision of SRHS to identify any gaps or areas that could be improved. For example in Zimbabwe there is a National Health Strategy policy which promote equal access to SRHS for all, but these health policies may not specifically address the needs of deaf people. By reviewing these policies and identifying gaps, interventions could be developed to address these gaps and improve the accessibility of SRHS for deaf women. Additionally, another recommendation would be to review the policies on the use of interpreters in healthcare settings. Many countries including Zimbabwe, there are laws that require the use of interpreters for deaf women, but these laws may not specify the qualifications of interpreters or how to access them. By reviewing these policies and identifying areas for improvement, it may be possible to increase the availability and quality of interpreters for deaf women seeking SRHS.

Moreover, there is also need to conduct research on the effectiveness of existing interventions to improve the accessibility of SRHS for deaf women. For example, some countries have implemented policies to increase the availability of sign language interpreters in healthcare settings. However, little research has been conducted on the effectiveness of these policies or how they impact the health outcomes of deaf people. By conducting research on the effectiveness of these policies, it may be possible to develop more effective interventions in the future. Another recommendation would be to evaluate the feasibility and acceptability of

interventions designed to improve the accessibility of SRHS for deaf women. For example, before implementing a new policy or program, it may be helpful to pilot test it with a small group of deaf women to see if it is feasible and acceptable. This would help to ensure that the intervention is designed in a way that is effective and acceptable to the target population

5.7.Chapter Summary

This chapter gave a synopsis of research findings, made conclusions and gave recommendations on the measures that can be used to increase the accessibility of SRHS for deaf women. It further highlighted the experiences faced by deaf women in accessing SRHS and challenges encountered by government and non-governmental organizations in providing SRHS. This chapter also addressed findings and linked them with other objectives of the study. Further, it also addressed how the framework which guided the study was put to use. More importantly it outlines the measures being employed by the government, non-governmental organizations and other stakeholders to improve the accessibility of SRHS in Zimbabwe. Lastly, the chapter listed some recommendations towards addressing the subject of the study.

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APPENDICES

APPENDIX A: CONSENT FORM

My name is Sherry PanasheNdove, a Social Work student at Bindura University of Science and Education (BUSE). Students are required to complete a research project as part of their degree requirements, on the topic of their choice. I am undertaking this research titled: **Experience of deaf women in accessing sexual reproductive health services (SRHS) in Zimbabwe. A case study of Deaf Women Included Organization.**

You are given the opportunity to participate in a research study that aims to explore the experiences of deaf women in accessing sexual and reproductive health services. The purpose of this study is to understand the unique challenges faced by deaf women in seeking and receiving appropriate sexual and reproductive healthcare. Your participation in this study will contribute to a better understanding of the barriers and facilitators in accessing these essential services. Participating in this study may involve minimal risks associated with discussing personal experiences related to sexual and reproductive health. However, sharing your experiences may also provide a sense of empowerment and contribute to raising awareness about the needs of deaf women in healthcare settings. There are no direct benefits to you for participating in this study. Your privacy is of utmost importance. All information collected during the study will be kept confidential. Any personal identifiers will be removed from the data to ensure anonymity. Only the researchers involved in the study will have access to the data. Your participation in this study is voluntary, and you have the right to withdraw at any time without providing a reason. Your decision whether or not to participate will not affect your current or future relations with the researchers or institutions involved. If you have any questions about the study or your rights as a participant, please feel free to ask.

By signing below, you indicate that you have read and understood the information provided about the study and voluntarily agree to participate.

Date……..

Signature of participants **Signature of researcher**

…… **……**

APPENDIX B.OBJECTIVES OF THE STUDY

- To investigate the experiences of deaf women in accessing sexual reproductive health services in Zimbabwe.
- To identify the challenges faced by government and non-governmental organizations in providing sexual and reproductive health services.
- To determine the measures that can be used to improve the accessibility of sexual reproductive health services for deaf women in Zimbabwe.

APPENDIX C: QUESTIONEERS FOR DEAF WOMEN

Demographic information

1. Age 16-25 ☐ 26-35 ☐ 36 and above ☐
2. Where you born deaf? Yes ☐ No ☐
3. Marital Status? Single ☐ Married ☐ Other (Please specify)……
4. How many children do you have? 0 ☐ 1-3 ☐ 4 and above ☐
5. Are you employed? Yes ☐ No ☐ ☐
6. What do you understand of the term Sexual and Reproductive Health Services?.....

   .....

In-depth interview guide for deaf women

Section C: the experiences of deaf women in accessing SRHS

1. Can you explain your experiences as a deaf woman on accessing Sexual and Reproductive Health Services?
2. Are the SRHS accessible in convenient places?
3. Are these services affordable?

Section B: challenges encountered by deaf women when seeking SRHS

4. Are there any specific challenges you face when trying to access accessing sexual and reproductive health information and services?.....
5. How did you overcome the above challenges?.....

Section C:Measures that can be used to improve the accessibility of sexual and reproductive health services.

6. Where do you seek help?.....
7. Was the help given to you successful in solving the challenges you faced?.....
8. Do you have anything you would like to share concerning the accessibility of SRHS?.....

Thank you so much for your time and for sharing your experiences with me. Your participation is greatly appreciated and will help to improve access to sexual and reproductive health services for deaf women in Zimbabwe. I truly value your insights and contributions.

APPENDIX D: INTERVIEW GUIDE FOR A FOCUS GROUP OF DEAF WOMEN

Demographic information

Gender	
Age	
Date	

Section A: The experience of deaf women in accessing SRH

1. Can you share the experiences that you have had when seeking SRHS?.....
2. Where do you seek SRHS? ……..
3. Are these services accessibleput in convenient places?.....
4. Do you pay for these services?.....

Section B: the challenges faced by deaf women when accessing SRHS

5. What challenges are you facing when accessing SRHS?.....
6. How have these challenges impacted your SRH?.....

Section C: Measures to improve the accessibility of SRHS

7. What role do you feel that policy makers play in implementing interventions to improve the accessibility of SRHS?.....
8. In your opinion, how effective are existing interventions in improving the accessibility of SRHS?.....

9. Do you have anything that you would like to see concerning the accessibility of SRHS to deaf women?.....

Thank you so much for your time and for sharing your experiences with me. Your participation is greatly appreciated and will help to improve access to sexual and reproductive health services for deaf women in Zimbabwe. I truly value your insights and contributions.

APPENDIX E: KEY INFORMANTS INTERVIEW GUIDE FOR DEAF WOMEN INCLUDED ORGANIZATION MEMBERS.

Demographic information

Gender	
Agency	

Section A: The experiences of deaf women when accessing SRHS.

1. How accessible are SRHS for deaf women?……
2. What do you feel are the biggest challenges that deaf women are facing in accessing SRHS?.....

Section B: The challenges faced by DWI when assisting deaf women to access SRHS

3. What are some of the challenges that you face when implementing programs to improve the accessibility of SRHS?.....
4. How do you overcome these challenges to improve the accessibility of SRHS to deaf women?.....

Section C: Measures that can be used to increase accessibility of SRHS to deaf women

5. What policies or procedures does your organization have in place ensure that deaf women have equal access to SRHS?.....
6. What kind of training does your organization provide to staff and to volunteers to ensure that they are aware of the unique needs of deaf women when it comes to SRHS? ……

7. Are there any successful initiatives or programs that you been implemented to improve the accessibility of sexual and reproductive health services for deaf women?.....
8. What kind of partnership does your organization have with other organizations that serve deaf women in the area of SRH?.....
9. Do you have anything you would like to add?.....

Thank you so much for allowing me to conduct my research project at your organization. Your support and cooperation has been greatly appreciated and I am very grateful for the opportunity to work with you. I hope that the findings from this study will be of value to your organization and will help to improve the lives of deaf women in Zimbabwe.

APPENDIX F: KEY INFORMANTS INTERVIEW GUIDE FOR THE MINISTRY OF HEALTH AND CHILDCARE

Demographic data

Gender	
Agency	
How long have you been working at the MOHC	

Section A

1. Can you share your experience of working with deaf women in a healthcare setting?.....
2. What have you found to be the most effective way to communicate with deaf women when delivering SRHS?.....

Section B

3. What are some of the challenges do you face when working with deaf women?.....
4. What do you feel are the biggest barriers to providing quality healthcare to deaf women?.....

Section C: Measures to improve the accessibility of sexual and reproductive health services

5. What type of interventions have you found to be most effective in making SRHS accessible to deaf women?.....

6. What kinds of resources have been most helpful in addressing the needs of deaf women when it comes to SRHS?.....
7. What training or resources do you have in place to ensure that your staffs are culturally competent and sensitive to the unique needs of deaf women seeking sexual and reproductive health services?.....
8. Do you have established referral networks with healthcare providers who are experienced in working with deaf individuals, particularly in the context of sexual and reproductive health?.....
9. In what ways can healthcare providers be better equipped to support the unique needs of deaf women in accessing sexual and reproductive health services? …….

Thank you for your participation in this study. Your input is incredibly valuable and your dedication to providing quality care to deaf women is inspiring and your contributions have been greatly appreciated and will make a real difference in the lives of deaf women in Zimbabwe.

APPENDIX G: DATA COLLECTION APPROVAL FORMS

FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: _____

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, _____, Student Registration Number _____, who is a **BSc SOCIAL WORK** student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON
22 NOV 2023
FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

Yours faithfully

MR L.C Nyamaka
Acting Chairperson - Social Work

Deaf Women Included
41 Dorset East Road
Emerald Hill
Harare
Zimbabwe

TO WHOM IT MAY CONCERN

41 Dorset Road East
Emerald Hill
P.O. Box EH93
Harare

03 June 2024

REF: APPROVAL FOR ACADEMIC DATA COLLECTION AT DEAF WOMEN INCLUDED (DWI)

This letter serves as an authority for Sherry P. Ndove **(B201138B),** a student from the Bindura University of Science Education carrying out academic data collection on the topic entitled, "Experiences of the deaf women in accessing sexual and reproductive health services in Zimbabwe—a case study of Deaf Women Included organisation.

This partially fulfils the student's Bachelor of Science Honors Degree in Social Work. As such permission has been granted to the student to collect data at Deaf Women Included, She is requested to share the report on the information collected upon completion.

Sincerely

Agness Chindimba

Executive Director

DEAF WOMEN INCLUDED
41 DORSET RD EAST
EMERALD HILL HARARE
deafwomenincluded@gmail.com