National University of Lesotho

Title

SEXUAL AND REPRODUCTIVE HEALTH RIGHTS OF WOMEN WITH DISABILITIES: A CASE OF MASERU, LESOTHO.

By

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ABSTRACT

This study aimed to investigate the challenges women with disabilities (WWDs) face in accessing sexual and reproductive health rights (SRHR) in Maseru, Lesotho. The research objectives were: to analyze the existing policy and legislative frameworks related to sexual and reproductive health rights for women with disabilities in Maseru, Lesotho, to examine the current sexual and reproductive health experiences of women with disabilities in Maseru, Lesotho, to evaluate the challenges faced by women with disabilities in accessing sexual and reproductive health services in Maseru, Lesotho; and to generate potential strategies and interventions that can effectively address the identified WWDs challenges and discrimination vis a vis their sexual and reproductive health rights in Maseru, Lesotho. The study employed a qualitative study methodology, employing focus group discussions, semi-structured interviews, and document analysis to collect rich and in-depth data from various participants, such as WWDs, healthcare providers, and policymakers. The findings showed that there were many challenges to WWDs' access to SRHR, including negative social attitudes, lack of disability-friendly infrastructure in health facilities, limited trained healthcare providers, and lack of disability-sensitive laws and policies. The study therefore concluded that it is important to empower women with disabilities (WWDs) through peer support groups and advocacy programs in being well-positioned to respond effectively to challenges facing them in accessing sexual and reproductive health rights (SRHR), also there is necessity of developing a culture of a caring community among WWDs in an effort to make them feel a sense of belonging, compassion, and commonality. Again, there is a need to build a disability friendly infrastructure to ensure that WWDs are able to access service centers. The study's limitations involved geographical confinement to the Maseru area, narrow disability categories, self-reporting bias, and recruitment challenges resulting from the sensitive nature of the study. It is therefore recommended that future research overcome these limitations through the use of an expanded range of disability categories, geographical expansion, and triangulation of results through various data sources. By going beyond these limitations and recommendations, future studies can be more effective in enabling a better understanding of WWDs' experiences of barriers to accessing SRHR and raising more inclusive and effective policy and practices that promote the rights and well-being of all women regardless of their disability or geographical location. The study concludes by appealing for targeted interventions and stakeholder interaction towards improving equitable access of SRHR by WWDs.

DEDICATION

This dissertation is dedicated to all women with disabilities (WWD) who are facing challenges in accessing Sexual Reproductive Health Rights (SRHR). It is really unfair that they are being marginalized and are deprived certain services just because they are living with disabilities. Hopefully their voices will finally be heard.

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CHAPTER 1

THE PROBLEM AND ITS SETTING

1.0 Introduction

This study focuses on the experiences, challenges, and views of women with disabilities (WWDs) in accessing sexual and reproductive health rights (SRHR) in Maseru, Lesotho. The main focus of this study is to investigate the multifaceted relationship between disability, gender, and SRHR with the main focus being in Maseru Lesotho. The aim is to develop a deeper understanding of the challenges WWDs face in accessing these fundamental rights. By exploring these issues, this study seeks to contribute to the development of functional approaches and connections that address the distinctive needs and challenges of WWDs in Maseru, Lesotho face.

WWDs mostly encounter different types of marginalization and discrimination due to their gender and disability, leading to them facing difficulties in enjoying the full access to their SRHR. Therefore, this study seeks to explore the experiences of WWDs and highlight the significance of addressing their specific needs within the health system.

The study will use qualitative research methods, such as in-depth interviews and focus group discussions, for the sake of gathering valid and accurate information from WWDs in Maseru. This research methods will give them a platform to share their stories and views. Also, this study aims to contribute to a more inclusive and unbiased health system that admires the human rights and dignity of all individuals.

In the following sections, this chapter will discuss the background and context of the study, the problem statement, the purpose and objectives of the research, and the significance of this study in advancing WWDs' access to SRHR in Lesotho, with a focus on Maseru. Additionally, the chapter will present the research questions and definitions of key terms related to the study.

1.1 Background to the Study

This section provides the groundwork for understanding the issues central to this research. It sheds light on the daily challenges faced by women with disabilities (WWDs) due to inaccessible sexual and reproductive health rights (SRHR) education, together with the lack of national policies,

programs, guidelines, practices, and procedures that protect and promote SRHR for this vulnerable population. The background begins with a broad view of international and regional perspectives, then goes on to the national level, focusing specifically on the experiences of WWDs in Maseru, Lesotho. In addition, the research shares the challenges that women with disabilities experience, offering valuable insights into the challenges faced by WWDs in accessing their SRHR.

At the international level, most women living with disabilities are habitually exposed to different types of forms of marginalization and discrimination. This usually perpetuate barriers for WWD to have a full access to SRHR information and services. This is predominantly due to the intersection of gender-based discrimination and disability-based discrimination. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) both emphasize the need to promote and protect the SRHR of WWDs. However, there is still a gap since the discrimination against WWD is still continuing regardless of efforts made.

Regionally, the African Charter on Human and Peoples' Rights and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa emphasize the importance of Sexual and Reproductive Health Rights (SRHR) for women, including those with disabilities (African Union, 1981; African Union, 2003). However, in practice, many African countries still face challenges in ensuring that WWDs can fully enjoy their SRHR on equal terms with others.

In a 2020 study conducted by the United Nations Population Fund (UNFPA), it is emphasized that women with disabilities in West and Central Africa are facing oppressions as they are unable to enjoy the full access to their reproductive health services (UNFPA, 2020). The study indicated that almost 90% of women with disabilities interviewed testified that they experience problems getting family planning information and services which are part of Sexual and Reproduction Health Rights, and more than half of the participants had never received sexual and reproductive health education all.

In Lesotho, the Constitution ensures the rights to health and equality, which include Sexual and Reproductive Health Rights (SRHR)/ (Constitution of Lesotho, 1993). Despite these efforts, the country still lacks comprehensive laws, programs, and policies that specifically target the SRHR requirements of women with disabilities (WWDs). This legal and policy gap exacerbates the

rejection and marginalization of WWDs within the healthcare system, hindering their access to essential services and information. A recent study by the Lesotho National Federation of Associations of the Disabled (LNFOD) in 2023 revealed that only 28 of WWDs surveyed had access to sexual and reproductive health services (LNFOD, 2023). Additionally, 65% of respondents reported facing discrimination from healthcare providers due to their disability, resulting in reduced access to essential SRHR services.

Recent studies have highlighted that societal observations often view women with disabilities as individuals in need of being cared for, instead of seeing them as being capable of independence (Mapuranga, 2021). These observations extend to them not being confident of their capacity as taking care of others, particularly in the context of motherhood. This opinion has led to problems for women with disabilities in being seen as suitable partners for marriage.

In cases where they do become mothers, their parenting abilities may be challenged due to observations of them being unfit to fulfill the role effectively. As a result, women with disabilities have faced loss of children custodies during divorce processes or through interferences by social welfare agencies (Mapuranga, 2021). Even in situations where they retain custody, they often face problems in having access including early childhood programs that address their specific needs and support them in their parenting roles. These challenges WWD face include inability to get information and services, stigma and discrimination, scarcity in healthcare infrastructure, and the lack of disability-inclusive policies and programs. Most of the times, WWDs are at a higher risk of unwanted pregnancies, sexually transmitted diseases, and other SRHR-related health issues.

Given this context, this study seeks to fill a critical gap in understanding the experiences and challenges of WWDs in accessing SRHR in Maseru, Lesotho. By collecting data from WWDs shedding light on the challenges they encounter, this research aims to contribute to the development of more effective policies, programs, and practices that respect, protect, and fulfill the SRHR of WWDs in the country.

1.2 Statement of the problem

Despite advancements in promoting gender equality and improving healthcare systems, women with disabilities (WWDs) in Maseru, Lesotho, continue to face significant challenges and barriers in accessing sexual and reproductive health rights (SRHR).

1.3 Statement of Purpose

The overall purpose of this study is to examine the disparities and obstacles related to sexual and reproductive health rights faced by women with disabilities.

1.4 Objective of the study

Specific objectives for this study are as follows:

- to analyze the existing policy and legislative frameworks related to sexual and reproductive health rights for women with disabilities in Maseru, Lesotho
- to examine the current sexual and reproductive health experiences of women with disabilities in Maseru, Lesotho;
- to evaluate the challenges faced by women with disabilities in accessing sexual and reproductive health services in Maseru, Lesotho; and
- to generate potential strategies and interventions that can effectively address the identified WWDs challenges and discrimination vis a vis their sexual and reproductive health rights in Maseru, Lesotho.

1.5 Research questions

Corresponding research questions for this study are as follows:

- How effective are the existing policy and legislative frameworks in addressing the sexual and reproductive health rights of women with disabilities in Maseru, Lesotho?
- What are the current sexual and reproductive health experiences of women with disabilities in Maseru, Lesotho?
- What challenges do women with disabilities face in accessing sexual and reproductive health services in Maseru, Lesotho?

- What strategies and interventions can be developed to effectively address the identified WWDs challenges and discrimination with regards their sexual and reproductive health rights in Maseru, Lesotho?

1.6 Significance of the study

This study is important in the sense that it contributes to the existing body of knowledge by filling the literature gap through enriching the existing body of knowledge on SRHR for women with disabilities. This will first be done through raising awareness. By highlighting the challenges and inequalities faced by women with disabilities in accessing sexual and reproductive health services, the study raises awareness among the public, policymakers, and healthcare professionals. It helps bring attention to the unique challenges of this marginalized group, fostering a more inclusive and understanding society.

The study is also significant in sense that it informs policy and legislation. The findings of this research can inform the development and implementation of effective policies and legislation that address the sexual and reproductive health rights needs of women with disabilities. Ultimately, this can lead to improved access to essential services and the promotion of their rights, contributing to a more functional healthcare services for WWD.

Furthermore, the study enhances the healthcare services. This study provides valuable insights into the gaps and shortcomings of current healthcare systems, enabling healthcare providers to develop targeted interventions and improve service delivery for women with disabilities. The findings can serve to bring enlightenment in regards to a change, driving improvements in healthcare practices and infrastructure.

Lastly, this study will empower women with disabilities by strengthening the voices and experiences of women with disabilities, this research empowers them to support their rights and engagement with relevant personnel in addressing the identified challenges. It offers a platform for their stories to be heard, encouraging a sense of agency and self-determination. Hence this research has the potential to bring about positive change in the lives of women with disabilities, improve healthcare systems, and contribute to the development of inclusive policies and legislation that promote SRHR for all.

1.7 Assumptions of the study

This study presume that women with disabilities have the freedom and capacity to share their personal experiences, viewpoints, and opinions in regards to their access to SRHR. Their opinions are vital in order to understand the problems they face when it comes to having equal access to reproductive health rights.

This study also assumes that the experiences of rural women with disabilities in accessing justice are complex and perpetuated by various forms of discriminations and marginalization, such as gender, disability, and environment. These overlapping factors contribute to challenges and barriers that these women encounter within the justice system.

In the context of Lesotho, covering its cultural, social, economic, and political dimensions, are commonly believed to have a significant impact in determining the experiences of rural women with disabilities in accessing reproduction health rights. This notion highlights the prominence of considering the broader socio-cultural environment in understanding and addressing the challenges these women face. It is further believed that severe ethical measures will be witnessed throughout the research process to protect the rights, dignity, and confidentiality of participants. The vulnerability of this population necessitates a strong ethical framework that guarantees their well-being and protection.

Lastly, the study assumes that the selected data collection methods are reachable, suitable, and inclusive for participants with numerous disabilities. This postulation is essential for guaranteeing the dynamic and meaningful participation of these women in the research process, thereby capturing their diverse experiences and perspectives.

1.8 Delimitation of the study

Geographic scope: This dissertation put focus on experiences of women with disabilities in Maseru, Lesotho, and does not include participants from other regions or countries.

Types of disabilities: The research might focus on specific types of disabilities, such as physical, sensory, or intellectual impairments, while excluding others. This delimitation narrows down the range of experiences and perspectives included in the study.

Sample size: The number of participants might be limited due to logistical, financial, or time constraints. This delimitation could impact the generalizability of the findings to a larger population of women with disabilities in Maseru, Lesotho.

Data collection methods: The study may be delimited to specific data collection methods, such as in-depth interviews and focus group discussions. This choice might exclude other potentially valuable sources of information, such as observational data or document analysis.

Timeframe: The research is confined to 30 June 2025, which could be a short time to complete the whole study. This delimitation could affect the extent to which the findings reflect the dynamic nature of the experiences and challenges faced by women with disabilities in accessing justice.

1.9 Limitations of the study

Sample bias: The sample of this study might be biased due to the voluntary nature of participation, leading to an overrepresentation of certain subgroups within the target population. This could skew the findings and limit their generalizability to all women with disabilities in Maseru, Lesotho.

Reliance on self-reported data: The use of in-depth interviews and focus group discussions means that the study relies on self-reported data. This could introduce potential biases or inaccuracies due to factors such as memory limitations, social desirability bias, or participants' reluctance to disclose sensitive information.

Language and communication barriers: The study might face challenges in accurately capturing the experiences and perspectives of participants who have communication disabilities or are not fluent in the language used for data collection. This could lead to a loss of valuable information or misinterpretation of the participants' responses.

Researcher bias: The researcher's personal experiences, beliefs, and assumptions could influence the data collection, analysis, and interpretation processes. Steps must be taken to minimize the potential impact of researcher bias on the study's findings.

Time constraints: Limited financial resources could translate into shorter project duration and tighter deadlines. This might impede the researcher's ability to conduct a thorough literature review, collect data from a diverse range of participants, or analyze the data comprehensively.

1.10 Definition of key terms

Sexual and Reproductive Health Rights (SRHR): The rights of individuals to make informed decisions in regards to their sexual and reproductive health. For example, access to comprehensive healthcare services, data, and education. SRHR encompasses the right to life, liberty, and security of the person; the right to health; the right to decide on the number and spacing of children; the right to be free from discrimination, coercion, and violence; and the right to privacy and confidentiality.

Women with Disabilities (WWDs): Women who are capable of enduring physical, mental, intellectual, or sensory impairments that hinders their full and effective participation in society on an equal basis with others.

Maseru, Lesotho: The capital city and largest urban area of Lesotho, a landlocked country in Southern Africa. Maseru serves as the geographic focus of this study, examining the SRHR experiences of women with disabilities in this particular context.

Inclusive Policies and Practices: Policies and practices that recognize and address the diverse needs and experiences of all individuals, including those who are marginalized or face systemic barriers. In the context of SRHR, inclusive policies and practices aim to ensure that women with disabilities have equal access to health services and are able to exercise their rights without discrimination.

Intersectionality: The European Institute for Gender Equality (2020) defines intersectionality as an "analytical tool for studying, understanding and responding to the ways in which gender intersects with other identities and how these intersections contribute to unique experiences of oppression and privilege."

1.11 Summary

This chapter introduces the research problem and background. It asserts that there is a need to consider Sexual and Reproductive Health Rights (SRHR) of women with disabilities (WWDs) in Maseru, Lesotho. The chapter also provides the key concepts such as SRHR, intersectionality, and access to justice, which are identified as the core to the understanding of the experiences and challenges faced by WWDs. The background section explains the global, regional, and national response to the issue, as well as relevant policies, conventions, and research. It also provides a brief mention of the researcher's own experience as a disabled woman. The chapter further offers information on the study objectives, research questions, significance, and scope. Study assumptions and delimitations were mentioned, with consideration to contextual elements and scope that affect the research. Finally, the most important terms were defined contextually to provide a mutual understanding of the concepts and terminologies used in the study. Overall, the chapter provided a background for an extensive discussion of the experiences and issues of rural women with disabilities in Lesotho in accessing justice and helped fill the observed knowledge gap.Next chapter discusses related literature to contextualise the study.

CHAPTER 2

REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter provides a deeper analysis of existing information in regards to sexual and reproductive health rights (SRHR) of women living with disabilities. The primary goal of this chapter is to analyze and synthesize the current literature, identify research gaps, and establish a clear theoretical and empirical foundation for the present study. The chapter uses the scholarly articles, policy documents, and existing reports on disability rights, gender-based inequalities, and access to justice for WWDs throughout the international community.

This literature review will include: theoretical foundations which delves into the theoretical underpinnings that inform the study, including the social model of disability, intersectionality, and the human rights-based approach to disability. It establishes a clear and understandable frameworks and explain their relevance to the research problem.

Secondly, in this chapter, there will be the presentation of conceptual framework which will outline the key concepts and relationships central to the study. The concepts to be discussed as follows; gender, access to justice, and human rights, among others. This framework helps situate the study within the broader context of SRHR for women with disabilities.

Third, this chapter will focus on experiences of Women with Disabilities by addressing the main issues and concepts pertaining to the research questions and topic under investigation. It examines the experiences of women with disabilities in Maseru, Lesotho, particularly in relation to their access to SRHR and the justice system. Also, empirical evidence will be drawn from previous studies, this section will highlight existing knowledge on the challenges, and barriers, faced by women with disabilities in accessing justice and exercising their SRHR. It highlights the empirical findings from previous studies conducted in Maseru, Lesotho, and comparable contexts.

Furthermore, this chapter will focus on the missing information which need to be filled in order to eradicate the existing problems WWD experience. It also discusses the implications of the review for the current study, emphasizing the significance of understanding and addressing the SRHR

needs and rights of women with disabilities in Maseru, Lesotho, and finally it will examine the scope to which the legal framework enables WWDs to enjoy their SRHRs.

2.1 Theoretical framework

The theoretical framework of this research comes from three perspectives necessary for understanding and analyzing the shared experiences of women with disabilities (WWDs), in having access to sexual and reproductive health rights (SRHR) in Maseru, Lesotho. The framework assimilates Intersectionality Theory, the Social Model of Disability, and the Human Rights-Based Approach to Disability.

Intersectionality Theory: This theory was developed by Crenshaw's (1989), and for many years it has advanced. Current information continues to highlight the significance of understanding the relationship of social identities and the effects of different types of marginalization (Hankivsky et al., 2021; Hill-Collins & Bilge, 2020). This perspective is very important in investigating the particular challenges faced by WWDs in accessing SRHR, resulting predominantly on the interactions of gender, disability, and other factors (DeVries, 2021).

Social Model of Disability: The Social Model of Disability, developed by disability rights activists and scholars (Oliver, 1990; Shakespeare, 2006), remains relevant today. The existing literature highlights that the importance of addressing societal norms which are detrimental and hinders the reproductive health rights of women with disabilities, (Boylan et al., 2021; Trezzini, 2021). The model highlights three dimensions of barriers – environmental, attitudinal, and institutional – that impede the full participation of persons with disabilities in various aspects of life, including SRHR (Gwynnyth & Vidal-Ortiz, 2021; Wong et al., 2022).

Human Rights-Based Approach to Disability: The Human Rights-Based Approach to Disability continues to gain adhesion globally, highlighting the need for comprehensive policies and practices that support the international human rights law, and also the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006; Zaidi et al., 2021). This perspective emphasizes the importance of making sure there is equal access to SRHR services for WWDs without discrimination or barriers (García-Santesmases, 2022; Lord et al., 2022).

2.1.1 Intersectionality theory

This study employs intersectionality theory as its main theoretical framework, because of its unique ability to clarify the complex relationship between disability, gender, and other social categories that have an effect in lives of WWDs, in claiming their SRHR (Hankivsky et al., 2021; Hill-Collins & Bilge, 2020). Intersectionality theory recognizes that different sources of marginalization, discrimination, and oppression often intersect, thus creating specific barriers for WWDs in accessing SRHR services (DeVries, 2021). Based on this understanding, the study aims to examine the interconnected barriers faced by WWDs and challenge the idea that disability and gender can be examined separately (Crenshaw, 1989).

Intersectionality also emphasizes the importance of exploring the systemic inequalities and power relations that sustain different types of discrimination, predominantly the ones involving the access of SRHR among women with disabilities (WWDs) (García-Santesmases, 2022; Lord et al., 2022). In this context, the research seeks to determine the root causes that lead to the difficulties faced by WWDs in accessing SRHR services. This model acknowledges that multiple social identities and sources of disadvantage are likely to intersect, thus compounding vulnerabilities and limiting access to necessary resources and opportunities (Boylan et al., 2021; Trezzini, 2021).

Therefore, the results obtained from this intersectional analysis will inform the development of targeted interventions and strategies that specifically respond to the unique needs and experiences of WWDs (Zaidi et al., 2021; Gwynnyth & Vidal-Ortiz, 2021). Through the development of a more sophisticated understanding of the complex barriers faced by WWDs, this study aims to promote the inclusivity and accessibility of SRHR services among all women, irrespective of disability status. The application of intersectionality theory has been shown to be an effective tool for promoting social justice and equity in the field of SRHR (Wong et al., 2022), ultimately promoting positive changes in the lives of WWDs in Maseru, Lesotho. In order to further enhance the effectiveness of this theory, it will be complemented by a social model, which will be discussed in the following section.

2.1.2 Social model

The Social Model of Disability further contributes to a deeper understanding of experiences of WWDs, by emphasizing how social norms hinders their participation in many facets of life,

ranging from sexual and reproductive health rights (SRHR). The utilization of this Model makes it easy to identify unique environmental, attitudinal, and institutional barriers that deprived WWDs from access to critical resources and opportunities (Boylan et al., 2021; Trezzini, 2021).

Devi (2020) highlighted that the Social Model of Disability is a very important model as it enables and perpetuates a deeper understanding, and lessens inequalities linked to disabilities, in the sense that it concur and preserve de-stigmatizing prevailing norms that place individuals with disabilities, particularly women, in their corner. This view can inform the formulation of focused interventions geared towards redressing the issues faced by women with disabilities (WWDs) and help create more inclusive and accessible SRHR programs (Gwynnyth & Vidal-Ortiz, 2021; Lord et al., 2022).

The combination of the Social Model of Disability within the theory offers a good examination of the related issues that WWDs in Maseru, Lesotho, experience. The plan has the focus on the requirement for structural reforms in order to eradicate the drivers of inequalities in sexual and reproductive health and rights (SRHR), thus guaranteeing equality in the access to SRHR services and resources for all women regardless of their disability status (Wong et al., 2022; Zaidi et al., 2021).

In addition, the integration of a human rights-based approach can enrich the analysis by emphasizing the universal and inherent rights of all individuals, especially for women with disabilities (WWDs). From this perspective, rights—such as sexual and reproductive health and rights (SRHR) services—should be guaranteed to all individuals regardless of their disability status (UNFPA, 2018). Therefore, by integrating the Social Model of Disability with a human rights-based approach, the study can examine the root causes of inequalities in SRHR and offer actionable recommendations for addressing these inequalities.

2.1.3 Human rights based model

The human rights model to disability is one common approach under which the claim of women with disabilities (WWDs) in realizing sexual and reproductive health rights (SRHR) can be examined (García-Santesmases, 2022; Lord et al., 2022). This model emphasizes the authory of

allowing equal rights and chances to persons with disabilities, highlighting the reality that disability does not affect only individuals, but the society as a whole (Zaidi et al., 2021).

It combines the human rights approach and that of SRHR knowledge among WWDs to enact legal and policy changes for advancing and safeguarding their rights (Devi, 2020). It mandates empowering disability-sensitive mechanisms and frameworks, like the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006), to facilitate access by WWDs to SRHR services free from discrimination and barriers (Trezzini, 2021).

Focused on the place of social structures, attitudes, and policies in shaping the lives of WWDs, this model demands that a state of inclusivity be created where such individuals have the liberty to enjoy their SRHR (Gwynnyth & Vidal-Ortiz, 2021). By promoting respect for the dignity and worth of WWDs, the human rights-based approach generates a solid evidence base to guide the development of strategies and interventions to promote the realization of a more inclusive society (Wong et al., 2022; Boylan et al., 2021).

It therefore make sense to assume that human rights-based approach to disability and Social Model of Disability reinforce each other in analysis and action towards tackling the challenges posed by WWDs when accessing SRHR. Together, the two approaches offer a multifaceted framework through which to explore the intricate interplay between social, environmental, and institutional determinants of the lives of WWDs. Through their application, policymakers will be able to formulate and implement effective policies and interventions that provide equal access to SRHR services, towards the creation of an inclusive society that guarantees the rights of all persons regardless of the disability status.

2.1.4 Synthesis

Intersectionality Theory, the Social Model of Disability, and the Human Rights-Based Approach to Disability are synthesized in this paper to provide an integrated account of sexual and reproductive health rights (SRHR) experiences of women with disabilities (WWDs) in Maseru, Lesotho. Synthesizing in this way provides nuanced examination of the multifaceted interplay of forces that underpin SRHR disparities.

Intersectionality theory emphasizes the intersection of various characteristics and oppressive institutions to highlight the unique challenges confronted by people with disabilities as a result of the intersection of gender, disability, and other societal factors. The Social Model of Disability revolves around the removal of obstacles presented by disabilities in society, such as institutional, environmental, and attitudinal barriers, to facilitate the inclusion and equal participation of people with disabilities in the majority of aspects of life (Devi, 2020; Boylan et al., 2021). The Human Rights-Based Approach to Disability calls for legislative and regulatory reforms that protect the rights of WWDs and guarantee equal access to SRHR services without discrimination or barriers (Zaidi et al., 2021; García-Santesmases, 2022).

The combination of these frameworks enables a strong foundation for identifying and addressing the various challenges that hinders WWDs' access to SRHR. By employing an intersectional and rights-based approaches, this research aims to add in the body of knowledge in regards to the development of targeted interventions and policies that promote equal access to SRHR services for all women, irrespective of their disability status. Ultimately, this holistic approach seeks to foster an inclusive society that values and respects the dignity and worth of every individual.

2.2. Some important concepts in this study

Some concepts in this study serve as a vital foundation to understand and analyze the experiences of women with disabilities (WWDs) in accessing sexual and reproductive health rights (SRHR) in Maseru, Lesotho. Some of these concepts are, disabilities, Women with disabilities, sexual health and reproductive rights, health rights and legal framework of sexual and reproductive health rights for WWDs.

2.2.1 Disabilities

Disabilities are now understood better than they were in the past, many researchers having conducted a multitude of empirical studies to arrive at their present conceptions. Disabilities have come to be seen as something with which people live and are not defined by; as something with which one might have difficulty but which has no business challenging a person's right to work; as a condition demanding basic civil rights for its millions of sufferers.

Tom Shakespeare (2014) is an advocate of the social model of disability, which emphasizes the role of societal barriers in shaping the experiences of disabled people. In his book "Disability Rights and Wrongs Revisited," Shakespeare contends that being disabled is not a simple matter of having a medical condition. He argues that it is a complex interplay between having an impairment (which is bad enough) and environmental factors (which are under the control of society and can be changed). He believes disabled people can achieve inclusion and equal opportunity, and that is his fundamental argument.

Conversely, the World Health Organization (2011) presents a much more complete perspective in the World Report on Disability. It recognizes the importance of medical and social aspects of disability and emphasizes the need for inclusive and accessible environments as well as rehabilitation and support services. The WHO underscores the significance of a more complete approach to disability, centering on individual welfare and social integration.

The concept of "disablism" is introduced by Carol Thomas (2007) in her book "Sociologies of Disability and Illness: Contested Ideas in Disability Studies and Medical Sociology." Disablism, according to Thomas, is not merely a prejudice; it is a complex of oppressive attitudes and behaviors that are directed at disabled individuals. These attitudes and behaviors are reported to stem from the long-standing belief that disabled individuals are inferior to others (Thomas, 2007). Disablism exists in obvious and subtle forms. It is likely most recognized when individuals who are disabled are socially excluded and rendered unequal in many facets of life.

2.2.2 Women with disabilities

Women with disabilities (WWDs) are women identified by their disability, such as physical, sensory, cognitive, or developmental impairment (World Health Organization, 2011). Being aware of the experiences of WWDs means being aware of the intersection between disability and gender because such a double identity exposes individuals to multiple forms of marginalization and discrimination (Hankivsky et al., 2021).

The existing empirical literature is predominantly focused on the unique issues of WWDs and provides enlightenment on the challenges that deprive them of certain rights. UN Women (2020) brings to the foreground the disproportionate impact of the COVID-19 pandemic on WWDs, specifically in accessing health, education, and economic opportunities. The organization

promotes gender-responsive and disability-sensitive policy to ensure that women and girls with disabilities are not excluded during crisis situations.

Wong et al. (2022) discuss how the sexuality of persons with disabilities is determined by social, cultural, and environmental determinants. In their systematic review, they emphasize the cultural attitudes, stigma, and making WWDs accessible to whole sexual and reproductive health services to be able to exercise sexual rights.

The World Bank (2020) emphasizes socioeconomic obstacles to WWDs, for example, uneven access to education, employment, and legal protection. The organization's disability-inclusive development aims to promote equal opportunities for people with disabilities and their full inclusion in society.

2.2.3 Sexual and reproductive health rights

Sexual and reproductive Health Rights (SRHR) refer to a variety of critical health services, information, and rights associated with sexual health, reproductive health, and reproductive rights (World Health Organization, 2022). The numerator includes assuring access to family planning services, safe and legal abortion, maternal health care, and prevention, diagnosis and treatment of sexually transmitted infections. Ensuring equal access to SRHR services is crucial to promoting gender equality, reducing health disparities, and upholding the dignity and well-being of all individuals, including WWDs (Zaidi et al., 2021).

Recent study highlights the significance of addressing social attitudes, stigma, and access to inclusive SRHR services for marginalized populations, including WWDs (García-Santesmases, 2022; Wong et al., 2022). The United Nations Population Fund (2022) asserts that the importance of both youth-friendly SRHR services and comprehensive sexuality education in empowering young people is a reasonable decisions regarding their SRHR.

The Lesotho Constitution: The Lesotho constitution on the other hands cites the basic rights for all citizens, including equality before the law and access to medical care,

The Persons with Disabilities Equity Act (2020): It is the country's national policy that promotes the protection, integration, and equal opportunities of individuals with disabilities and their access to health care.

The Sexual Offences Act (2003): This criminalizes a spectrum of sexual violence offences and contains explicit provisions on the protection of the disabled.

Therefore, SRHR is an integral part of general well-being and health, and promotion of equal access to such services is the ultimate solution in attaining gender equality and the protection of the rights of all people. In addressing particular barriers that WWDs have in seeking SRHR services, an intersection approach has to be adopted with particular emphasis on accessible programs and policy honoring the dignity and worth of every human being.

The Sexual Offences Act (2003) asserts that all forms of sexual violence have a special provisions in the protection of people with disabilities.

SRHR, therefore, falls under the broad category of health and wellbeing, and equal access to such services is central to the achievement of gender equality and the promotion of all people's rights. It requires an intersectional approach towards attaining the special SRHR service access barriers among WWDs with focus on equitable policies and programs upholding the dignity and value of every individual.

2.3 Analysis of Existing Policies and Their Impact on Women with Disabilities

A review of current policies finds major gaps in the protection and promotion of SRHR for women with disabilities in Maseru, Lesotho. While international treaties have been adopted, demonstrating a commitment to gender equality and human rights, their practical implementation in national legislation remains insufficient. Lesotho women experience double discrimination in regards to both gender and disability, based on research into their social roles and the attendant vulnerability to accessing health-care services (Makhera et al.). Furthermore, culturally embedded prejudices validate the stereotype that women are incapable of doing things outside of normal expectations, limiting their occupational and economic mobility. Hence, despite having regulations that increase the rights of women, structural obstacles and cultural resistance frustrate real development, with a result of ongoing marginalization of women with disabilities in Lesotho.

Lesotho has established a number of government policies to address WWD-related problems, including the Lesotho government Disability and Rehabilitation Policy (2011-2021) and the Gender and Development Policy (2003). Matlho (2015) study recognized that some of the existing laws and policies employed in Lesotho are failing to comply with international standards, namely Article 4 of the CRPD, which requires the elimination of discrimination against persons with disabilities, as they still face challenges.

A deeper examination of how these laws affect WWDs' access to justice reveals that, despite some measures being taken, gaps remain enormous. The Lesotho National Federation of Organizations of the Disabled (LNFOD, 2018) asserts that WWDs are still continuosly facing challenges when it comes to accessing justice, they experiences challenges accessing physical, communication barriers, and lack of awareness about their rights. Makhera et al. (2021) on the other hand emphasized that WWDs in Lesotho experiences varous gender challenges in education and economic empowerment. This perpetuate a more targeted approach to addressing the unique challenges of this marginalized population.

2.4. Empirical evidence

Across countries and situations, empirical research has consistently revealed significant discrepancies in women with disabilities' (WWDs') sexual and reproductive health rights (SRHR). The lack of information, attitudinal barriers, physical accessibility, and inadequate nonsupervisory fabrics are some of the obstacles that researchers and experimenters feel WWDs encounter when implementing SRHR services. The empirical support for this study is divided into three sections: research conducted in Lesotho, research conducted in Africa, and research conducted outside.

2.4.1 Studies overseas

The sexual and reproductive health rights (SRHR) experiences of women with disabilities WWDs continue to be a critical global concern. Numerous empirical studies conducted in various countries show that WWDs continue to encounter obstacles while trying to obtain necessary SRHR services. The study will therefore use the empirical findings from Silva and Soares's (2021) and

Ramachandran et al.'s (2021) research in other to provide the information about what studies overseas say about the topic.

2.4.1.1 Ramachandran et al. (2021) study of WWDs in India

Ramachandran et al.'s (2021) study focused predominantly on the intersectional discrimination faced by WWDs while accessing sexual and reproductive health rights (SRHR) services in India. The study examined the relationship between poor knowledge of SRHR and access to services, hence was the effort a researcher made in other to excavate the peculiar challenges that WWDs face as a result of socioeconomic barriers, gender disparities, and stigma associated with disabilities. They also aimed to assess the availability and accessibility of SRHR services in India that are inclusive of persons with disabilities.

The study used a qualitative methodology and comprised in-depth interviews with WWDs and stakeholders and focus groups. Intersectional analysis was used in data analysis to determine themes and trends in the experiences of participants. The study revealed that there are various types of discrimination, especially those which are faced by WWD as they are usually the typical epitomes of discrimination, namely; gendered inequalities, disabilities-related stigma, and socioeconomic inequalities, intersect to create particular challenges for WWDs in India.

The study's findings emphasized that WWDs in India lacked any correct information regarding reproductive health, safe sex, and family planning, meaning they have been deprived sexual education which is important to everyone. There were negative attitudes toward WWDs' SRHR needs because of stigma surrounding sexuality and disability, which led to their exclusion from accessing necessary services. The respondents also indicated that they were unable to access needed SRHR care due to poverty and financial problems. The low-quality disability-inclusive services provided by Indian healthcare centers were also pointed out by the research.

While the study provided valuable information on the experiences of WWDs in India, there were a number of limitations. The study was predominantly focused in some areas, with limited information on the experiences of WWDs in different areas and rural-urban settings. Moreover,

the role of policy and legislation in advancing the SRHR rights of WWDs was not investigated, with minimal information on how policies and laws could influence their experiences.

2.4.1.2 Silva and Soares (2021) study of SRHR policies for WWDs in Brazil

The study carried out by Silva and Soares in 2020, focused on the SRHR policies for WWDs in Brazil. The goal was to examine the gaps in the body of knowledge and suggest how it can be filled. The study set out to assess how well Brazil's legal framework meets the SRHR needs of WWDs, evaluate how accessible and available disability-inclusive services are in healthcare settings, and gauge healthcare providers' awareness of the specific SRHR needs of WWDs. On top of that, the researchers aimed to measure how negative societal attitudes affect WWDs' access to and use of SRHR services in Brazil.

The approach taken involved a thorough search for relevant articles, reports, and policy documents that focus on sexual and reproductive health rights (SRHR) and disability rights in Brazil.Silva and Soares (2020) applied clear inclusion and exclusion criteria to ensure that they selected the most appropriate and good-quality sources for their review. The key information such as policy gaps, barriers to accessing SRHR, and areas for improvement were examined in this study, in order to search for patterns, trends, and issues of significance. The data was then classified and presented categorically in a structured manner to give a clear overview of the main issues and recommendations as far as SRHR policies for WWDs in Brazil are concerned.

The study's findings revealed that while Brazil has a fairly strong legal structure, the implementation and enforcement of policies on SRHR for WWDs have not been effective as women are still being discriminated to the larger extend. This has led to extremely inadequate access to essential services, especially in the areas of family planning, maternal health, and sexually transmitted disease services. One of the most identified issues is the absence of disability-inclusive SRHR services and a lack of awareness among healthcare providers regarding the specific needs of WWDs. Furthermore, there are also adverse societal attitudes towards the sexuality and reproductive rights of WWDs in Brazil that have stigmatized and marginalized them.

While the research contained valuable information on the gaps and problems in SRHR policy for WWDs in Brazil, it was not without limitation. For instance, it did not consider any variation with regard to implementation of policies or access to services by various regions or rural/urban settings in Brazil. Moreover, the intersection of diverse mechanisms of marginalization like race, ethnicity, and socioeconomic status and their effects on the SRHR experiences and access of WWDs were not discussed comprehensively. Last but not least, the research did not evaluate the direct impact of policy gaps on the health outcomes and overall well-being of WWDs in Brazil.

2.4.2 Studies in Africa

In recent years, a number of studies across various African countries have highlighted the experiences and challenges that WWDs face when trying to access sexual and reproductive health rights (SRHR) services. These studies point out how societal norms, negative attitudes, and systemic barriers can significantly hinder WWDs' access to SRHR. In this context, the focus will be on research conducted by Mapuranga (2021), Mgwili and Watermeyers (2021), Munthali et al. (2019), and finally, Adebiyi et al. (2022).

2.4.2.1 Sexual and reproductive health rights of women with disabilities in Zimbabwe: a case of policy and practice in Harare by Mapuranga Barbra

This research aimed to explore SRHR for WWDs in Zimbabwe. That is, their own experiences and existing legal regimes. The main aim was to attempt to fill a significant gap in the existing body of knowledge, notably the African context, where SRHR is either marginalized or secondary. The research had a series of particular objectives. To begin with, it aimed to quantify the extent to which WWDs are aware of their SRHR and how this awareness impacts their ability to claim these rights. Secondly, it aimed to determine the measures for advancing legislation and policy for better assistance and advocacy for the enjoyment of SRHR by WWDs. Thirdly, the research aimed to examine how culture influences the SRHR of WWDs, in the sense of providing barriers or triggering rights violations. The second primary aim was to analyse the prevailing policy and legal environment in Zimbabwe in order to assess whether they were effective in promoting and safeguarding the SRHR of WWDs. By analysing the frameworks, the research aimed to present practical recommendations to stakeholders, for instance, policymakers and health providers, on

how to improve the SRHR environment for WWDs in Zimbabwe. Towards the accomplishment of these objectives, the study aimed to contribute to the limited literature in the area, raise awareness among policymakers and communities, and eventually advocate for the rights and well-being of the WWDs in Zimbabwe. The research process involved an examination of WWDs' experiences, a review of the legal and policy environment, and bridging the gap between practice and theory to deal with the cultural, legal, and policy barriers to WWDs' access to healthcare. The research was undertaken using a qualitative research process, rooted in the interpretivist paradigm.

This option allowed the researcher to really explore the experiences and perceptions of women with disabilities (WWDs) regarding their sexual and reproductive health rights (SRHR) in a real, context-specific setting. Thus, the findings provided a comprehensive picture of WWDs' SRHR scenario, especially considering cultural biases and stereotypes. Whereas others experienced intimacy and sexual and reproductive opportunities, their experiences varied greatly based on factors such as their disability, whether they were married or not, and their partners' characteristics. Overall, married respondents reported better access to reproduction and sex, and most of them had more than two children. Interestingly, many WWDs had partners who had their own disabilities, and this seemed to create a higher level of empathy and trust.

But not all of the married WWDs had the same ease; some had problems with their sex life. Divorced and single WWDs had a conflicting experience with intimacy and sex, from having relationships to looking for social contact. Unfortunately, society stereotyped the WWDs as being asexual and consequently deprived them of intimacy and sex. Furthermore, the research gap found in this study points to the lack of emphasis on the SRHR of WWDs, particularly in African nations like Zimbabwe. The lack of literature and empirical studies directly addressing the unique challenges and experiences of WWDs in relation to their SRHR points to a need to conduct more research in this area.

2.4.2.2 Experiences of Women with Disabilities (WWDs) in Accessing Sexual and Reproductive Health Rights (SRHR) Services in South Africa by Mgwili and Watermeyer's (2021).

Mgwili and Watermeyer (2021) conducted research that focused on the experiences of WWDs while reporting on sexual and reproductive health rights (SRHR) services in South Africa. The overall objective of the study was to explore the barriers WWDs encounter in their quest to access necessary healthcare services, and examine the influence the views and attitudes of society towards disability and sexuality have on their access to SRHR services.

through the employment of a qualitative design method that involved in-depth interviews and focus group discussions, the research was able to meet a number of main objectives, of which of them was to examine the lived experiences of WWDs in accessing SRHR services, and more specifically the challenges that they faced. Secondly, the research was to recognize some of the barriers to access to SRHR for WWDs such as discrimination, stigma, and inaccessible disability-friendly services. Finally, the research looked at how negative stereotypes and societal attitudes greatly hinder WWDs from accessing and using SRHR services.

Mgwili and Watermeyer's (2021) report also offered the results that are not too different from other country's in Africa, in regards to the experience WWD faces when focusing on Sexual and Reproductive human rights. In Ghana, for example, a study by Kuada and Ofei (2022) also pointed out that low levels of awareness among health practitioners, poor policy implementation, and lack of disability-inclusive services also created hindrances to the utilization of SRHR services. These shared concerns portend the need to tackle root causes on a grander scale for the rights and well-being of WWDs.

Although the research did provide some relevant findings about the experiences and challenges which confront South African women with disabilities (WWDs), there were some limitations. For instance, it didn't really go very far in exploring potential solutions or interventions that could be utilized to respond to the problems that were uncovered, which is useful for helping to inform policy and program reforms. Additionally, the fact that no comparison was made with other nations or regions made it more difficult to achieve international benchmarks in terms of WWDs' access

to SRHR. In addition, the lack of clear data in regards to various types of disabilities and the types of challenges women with disabilities encounter while attempting to access SRHR services provided a gap in knowledge which can be filled by future research.

Thus, Mgwili and Watermeyer's (2021) study provided enlightenment regarding how social norms and public opinion should be shaped in order to ensure that they do not discriminate people living with disabilities, predominantly sexuality effect in accessibility of WWDs to SRHR services in South Africa. Hence, it was advisable in this study that future studies should expand on these insights by examining interventions, cross-country comparisons, and disability specificities in accessing SRHR services with the general aim of advancing WWDs' rights and well-being.

2.4.2.3 Experiences of Women with Disabilities in Accessing and Utilizing Reproductive Health Services in Malawi by Munthali et al. (2019)

Munthali et al.'s (2021) qualitative Malawian study examined more deeply how WWDs and the utilization of SRHR are related to one another, and how they impact each other.

The study utilized a qualitative approach, with in-depth interviews and focus group discussions with WWDs, health providers, and other stakeholders.

The study employed a qualitative approach, with in-depth interviews and focus group discussions among WWDs to gather data. This allowed the researchers to gather strong, rich data on WWDs' and other key actors' experiences and perceptions in Malawi's health system.

Research evidence confirmed that there are various factors that underpin some of the key issues WWDs encounter in order to access reproductive health services in Malawi. The primary barriers found are disability and sexuality-related misconception and stigma among society, inadequate health infrastructure, unavailability of disability-friendly services, and poverty. Participants attested to discrimination and poor attitudes from health staff as well as society at large, resulting in distrust and feelings of isolation. Lack of accessibility to health facilities and a shortage of trained personnel are other aggravating factors that further make SRHR access to essential services by WWDs more complicated. Emphasized by the study is the need for inclusive policy programs and interventions that will ensure provision of SRHR services to WWDs in Malawi. Interventions that have been proposed include the resolution of issues regarding societal stigma, consolidation

of healthcare infrastructure, access to disability-compliant services, and economic empowerment of WWDs.

To the extent that the research provided meaningful information about WWDs' experience in Malawi, there exist certain short coming of which future researches can eliminate, for example, the research was qualitative. Thus this implies that its findings may not be generalizable to the entire population of WWDs at a national level. The research mainly examines barriers and challenges with fewer efforts at examining possible solutions and effective interventions. Future research can explore best practices and newer approaches to addressing SRHR demands of WWDs in Malawi taking into account the broader socio-economic context.

2.4.2.4 Unmet Sexual and Reproductive Health Rights (SRHR) Needs of Women with Disabilities (WWDs) in Nigeria by Adebiyi et al. (2022)

Adebiyi and colleagues (2020) carried out a mixed-methods feasibility study in Kogi State, Nigeria, with the goal of exploring how a multi-level intervention could enhance access to family planning services for WWDs. The research aimed to pinpoint the barriers and facilitators present in the local context, evaluate how feasible the intervention would be, and collect insights that could inform future scalability.

The study employed mixed-methods design, which captured quantitative surveys together with qualitative in-depth interviews and focus group discussions. The participants included WWDs, health care providers, community leaders, and policy stakeholders. This holistic approach enabled the researchers to have a deep understanding of the varied experiences, attitudes, and challenges that WWDs encounter when trying to access family planning services.

The study outcomes highlighted some of the key challenges that WWDs experience in trying to access family planning services in the Kogi state. The challenges cover a spectrum of sociocultural stigma, myths, and misconceptions regarding disability and contraception use, education on family planning, cost, and poor healthcare infrastructure. On a brighter note, the presence of supportive community networks, a growing awareness of disability rights, and the dedication of healthcare providers were identified as potential ways to enhance access to these services.

The study onluded up by suggesting that a multi-level intervention, which tackles different socio-ecological factors, is not only feasible in Kogi State but could also significantly improve family

planning access for WWDs. Some recommendations include training healthcare providers in other to ensure that they understand what they are dealing with when they deal with people living with disabilities, in order to prohibit the chances of discrimination, boosting awareness and education about disability and family planning, and reinforcing community support systems.

This study offers some important insights into the experiences and unmet needs of WWDs in Kogi State, but there are still some gaps that future research should tackle. The findings are specific to this context and might not apply to other areas in Nigeria or beyond. Moreover, we need more research to assess how effective and scalable the proposed intervention is over the long term, along with ensuring that any improvements in access to family planning services for WWDs are sustainable.

2.4.3 Studies in Lesotho

Lesotho, a small landlocked country in Southern Africa, has been the subject of many studies focusing on the SRHR of WWDs. Despite the fact that the nation has signed several international human rights conventions and treaties, it continues to face major challenges in effectively safeguarding and promoting these rights for its people. A key study in this area is "Sexual and Reproductive Rights of Women with Disabilities: Implementing International Human Rights Standards in Lesotho" by Itumeleng Shale (2015). This research seeks to uncover the discrepancies between international human rights standards and the real-life experiences of WWDs in Lesotho.

2.4.3.1 Sexual and Reproductive Rights of Women with Disabilities: Implementing International Human Rights Standards in Lesotho by Shale (2015)

In 2015, Shale conducted a qualitative study to critically analyze the SRHR of WWDs in Lesotho. It shed a lot light on how damaging societal attitudes and stereotypes about disability and sexuality can be harmful in a way." The study sought to explore the barriers unique to WWDs in access to essential SRHR services and highlighted the necessity for evidence-based policy reform to address these barriers. Shale adopted a legal analysis approach, focusing on key international and regional human rights treaties and conventions that offer protections for women with disabilities

and their access to sexual and reproductive health services. Shale's research highlighted that in Lesotho, negative societal attitudes and misconceptions about disability and sexuality play a huge role in marginalizing and excluding WWDs from SRHR services.

Most extreme form in which these negative attitudes are manifested is discrimination and stigmatization against health care opportunities and society as a whole. Discriminatory practice and constrained access to basic services ensue from the perception among most individuals that WWDs are asexual, incapable of reproducing, or cannot make proper decisions about reproduction, if left alone.

The widespread perception of WWD vulnerability leads to a general incapacity to provide relevant information at all levels of care and everyday life, and thus lack of knowledge among health care professionals and targeting of information campaigns to the general public are exacerbated by these attitudes. Misunderstandings of disability and sexuality result in limited knowledge about WWDs' special challenges, hence insufficient provision of disability-sensitive services. This often led to WWDs experiencing challenges in accessing the services and care they need when they go for SRHR service. Shale's also emphasized the need for raising awareness regarding Lesotho WWDs' issues and challenged the country to live up to its international human rights obligations. It's essential that WWDs are able to fully enjoy their SRHR rights.

2.5 The scope to which the legal framework enables WWDs to enjoy their SRHRs

Document analysis as discussed in chapters one of this dissertation established the fact that the policy and legal framework governing the SRHR of women living with disabilities were grounded on the international and regional conventions, protocols and declarations. The code of conduct has part of it as follows; At the regional level, the African Charter on Human and Peoples' Rights and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa emphasize the essence of SRHR among women, including women with disabilities (African Union, 1981; African Union, 2003).

However, in practice, the majority of African countries still face challenges ensuring that WWDs enjoy their SRHR on the same terms as others. In the 2020 study conducted by the United Nations Population Fund (UNFPA), it is placed into focus that women with disabilities in West and Central

Africa are facing oppressions because they cannot have full access to their reproductive health services (UNFPA, 2020). The study indicated that close to 90% of the women with disabilities who were interviewed testified to having encountered problems in accessing information and services on family planning which are part of Reproduction Health Rights, and more than half of the subjects had never been instructed about sexual and reproductive health at all.

In Lesotho, the health and equality rights such as SRHR are guaranteed by the Constitution (Constitution of Lesotho, 1993). Despite such indigenous guarantees, the country still lacks comprehensive laws, programs, and policies aimed at redressing the SRHR needs of women with disabilities (WWDs). This policy and legal gap aggravates the exclusion and stigmatization of WWDs from the healthcare system, denying them access to even basic services and information. In its survey done in 2023, the Lesotho National Federation of Associations of the Disabled (LNFOD) reported that sexual and reproductive health services were applied by a meager 28 out of the surveyed WWDs (LNFOD, 2023). Further, 65% of participants indicated that they experienced discrimination from health care providers based on their disability, leading to curtailed access to crucial SRHR services. Current studies have identified that social observations are likely to perceive women with disabilities as someone who requires care, as opposed to perceiving them as capable of autonomy (Mapuranga, 2021).

These observations translate to not being sure about their capability as caring for others, particularly motherhood. This perception has presented difficulties for women with disabilities to be identified as suitable marriage partners. Where they have an opportunity to become mothers, their parenthood can be challenged by virtue of observations of them being unable to perform the role satisfactorily. As a result, women with disabilities have lost custody of children in divorce or through social welfare agency interventions (Mapuranga, 2021).

The legal framework has categorically placed WWDs in a general classification with the wider population without acknowledging that they are a specific group due to the way they are segregated as a community and due to their disability, which means they may need some considered and special attention. The legal framework seems to not being sensitive about the SRHR of WWDs. In some cases, the legal framework is denying WWDs their SRHR, particularly with respect to their intellectual impairment. The understanding of sexual rights encompasses many aspects of a person's sexuality, but emphasizes autonomy, respect, and dignity regarding sexual experience and

relationships. Griffin (2006) identifies three elements of sexual rights: the right to consensual sexual relations; the right to satisfying and pleasurable sex; and the right to the expression of sexual desire.

Focusing on the right to consensual sexual relations, this element emphasizes consent, which is a primary value for any sexual activity. It recognizes that everyone, whether a person lives with disability or not, have a right to sexual relationship and to engage in sexual activities without being forced to do so. The safeguard of the right of an individual to voluntary sex is most crucial in the promotion of personal freedom and safeguard from sexual abuse or sexual exploitation.

On the right to have pleasurable and satisfying sex, this section of sexual rights realizes the significance of pleasure and satisfaction in sexual experiences. It recognizes that individuals have a right to explore and experience their sexuality in encounters that bring about satisfaction, pleasure, and fulfillment. Engaging in pleasurable and satisfying sex experiences increases personal well-being and encourages positive and healthy ways of understanding sexuality.

The right to the expression of sexual desire highlights the significance of being able to express one's sexual desires and preferences openly and without fear of judgment or discrimination. It recognizes that individuals have the right to communicate their desires and explore their sexuality as an essential component of their identity and personal development. Therefore, the research aimed to explore the perceptions and experiences of women with disabilities about these aspects of sexual rights in their sexual relationships and services they receive from healthcare workers.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the African Disability Protocol (ADP) are two of the key legal frameworks that aim to protect and promote the rights of persons with disabilities, including women with disabilities (WWDs). While these frameworks provide a foundation for safeguarding the rights of WWDs, they may not necessarily address their unique challenges and needs, particularly in relation to SRHR.United Nations Convention on the Rights of Persons with Disabilities (CRPD): The CRPD is an international human rights instrument that recognizes the rights of persons with disabilities, including the right to equality, non-discrimination, and full participation in all aspects of life. Article 6 of the CRPD requires states to acknowledge the different types of discrimination that women and girls with

disabilities face, and Article 23 emphasizes their right to be treated equally in marriage, family, parenthood, and relationships. Further, Article 25 acknowledges their right to the highest attainable standard of health care without discrimination on the basis of disability.

Despite these provisions, the CRPD may not fully account for the unique SRHR challenges and needs of WWDs. For instance, it may not provide sufficient guidance on how to address barriers to accessing SRHR services or the discriminatory attitudes WWDs will most likely encounter within the healthcare system. Therefore, the CRPD's general application may inadvertently overlook the specific SRHR needs of WWDs.

African Disability Protocol (ADP): ADP is a regional mechanism complementary to the CRPD in promoting and protecting the rights of persons with disabilities in Africa. The ADP demands the removal of discrimination against persons with disabilities, even regarding marriage, family, and parenthood. It also demands guaranteeing access to health care services without discrimination based on disability.

While the ADP offers significant protection to persons with disabilities, it may nevertheless be limited in its ability to offer solutions to the specific SRHR demands of WWDs. Similar to the CRPD, the ADP may also fail to provide adequate direction on how to address the particular barriers WWDs face in accessing SRHR services or how to confront societal attitudes that perpetuate myths about their sexuality and reproductive health.

Existing legal framework governing the SRHR of WWDs showed that international and regional conventions, protocols, and declarations guide policy in this area. Two documents that have explicit application to WWDs are the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the African Disability Protocol (ADP).

The CRPD, in Article 6, compels the states to accept the fact that women and girls with disabilities are exposed to all forms of discrimination, and compels them to adopt steps towards the full and equal enjoyment of human rights and fundamental freedoms by this category. Article 23 emphasizes the right to non-discrimination in marriage, family, being a parent, and relationships

for persons with disabilities. It highlights the necessity of recognizing their rights in order to enable them to make informed family planning choices and use the facilities to exercise their rights.

Moreover, Article 25 acknowledges the right of persons with disabilities to the highest possible level of health care on an equal basis due to disability. This will encompass gender-sensitive health care services, including health-related rehabilitation. These are further reaffirmed in Articles 13, 21, and 22 of the ADP in relation to universal application of these rights to all persons with disabilities.

The HRBA is also solidifying this argument, confirming SRHR are human rights like other rights, i.e., the right to housing. Despite legal protection, study finds that some non-disabled individuals perceive persons with physical disabilities as having fewer SRHR and reaping fewer benefits from sexual and reproductive health services compared to the non-disabled population (Hunt et al., 2017). Such is still the case in spite of the HRBA's call upon society to understand that disabled people are as similar to nondisabled people as they would like them to be (Addlakha et al., 2017). The findings of this study confirm society in having some understanding of the SRHR of WWDs and clearing myths concerning their needs and experiences.

Thus, the WWDs' SRHR legislation is firmly established in international and continental conventions, among which are CRPD and ADP. The conventions point out the need to acknowledge and address multiple discrimination of WWDs and their equality when accessing health. However, awareness and deconstruction of myths surrounding WWDs' SRHR is left untouched. By assigning highest priority to these activities, it is feasible to build up a society that values and considers the rights of WWDs and brings them to participate equally and fully in all aspects of life.

2.5 Summary

This chapter set out to thoroughly explore the existing literature surrounding the SRHR of WWDs, particularly in Lesotho and the wider African context. It delved into key elements, including the theoretical framework that supports this study. Moreover, this study presented empirical evidence that directly addresses the research problem at hand. This in-depth literature review brought to light the distinct challenges that women with disabilities encounter when trying to access and make

use of SRHR services, underscoring the urgent need for research tailored to specific contexts and inclusive policy measures. Also, this chapter clearly identified the knowledge gaps that this study aims to address, additionally, it entailed the scope to which the legal framework enables WWDs to enjoy their SRHRs. The next chapter discusses the research methodology employed in this study.

CHAPTER 3

RESEARCH METHODOLOGY

3.0 Introduction

The previous chapter concentrated on the review of related literature that informed the expression of the research problem and research questions. This chapter entails the methodology employed in this study, which aimed to examine the sexual and reproductive health rights (SRHR) of women with disabilities (WWDs) in Lesotho.

3.1 Research Paradigm

This study employed a post-positivism paradigm since it recognizes the social reality as multifaceted and with multiple perspectives and so very suitable for the nature and objectives of this study. This paradigm is particularly well suited in qualitative research because it recognizes that context is important and that human subjectivity is also involved in the research process.

By employing this approach, this study was able to examine the complex determinants of the SRHR for WWDs in Lesotho through in-depth interviews and focus group discussions. This allowed for access to a more in-depth and holistic understanding of the experiences and perceptions of the participants.

3.2 Research Methodology

The study employed qualitative methodology, most appropriate to the post-positivism paradigm. Qualitative methods allowed for a deeper investigation of complex determinants of SRHR for WWD in Lesotho. The qualitative methodology offered a possibility to examine personal experiences, perceptions, and values, and the socio-cultural, economic, and infrastructural determinants shaping access to fundamental services by this vulnerable group.

Qualitative research employed a combination of data collection techniques, which comprised focus group discussions and semi-structured interviews. The instruments enabled the collection of comprehensive information from various participants, including healthcare providers, and women

with disabilities. The use of this approach, allowed for a deeper investigation about challenges that are affecting women with disabilities in accessing SRHR in Lesotho.

3.3 Research Design

This study employed a case study research design, with the main focus being on a specific health services or community in Lesotho that provides reproductive health services to women with disabilities. This design was chosen in order to bring about deeper and contextualized understanding of the challenges and experiences faced by women with disabilities in accessing these services.

A case study design allowed the researcher to examine the rich interplay of individual, social, and systemic forces on the SRHR of women with disabilities. By selecting a particular venue for in-depth discussion, the design allowed rich discussion of experiences and perspectives of women with disabilities, healthcare providers, and other actors in the provision and use of reproductive health care.

3.4 Population and Sampling

This case study was focused on women with disabilities who are provided with reproductive health care services at different health care centers across the Lesotho nation. Target participants also included healthcare practitioners, support staff, and other stakeholders that are involved in offering and accessing the services within the chosen setting.

A purposive sampling technique will be employed to select participants who can give rich and different perceptivity into the experiences and challenges related to the SRHR of women with disabilities. Different groups of participants were chosen for the study. The participants included WWDs of different types of disabilities, including physical, sensory, or intellectual impairments, healthcare providers who had experience working with women with disabilities and had knowledge of SRHR programmes and practices in the named setting, and other applicable stakeholders, such as community leaders, disability rights lawyers, or family members of women with disabilities, who could offer adequate perspectives on the content. This ensured that the study captured a comprehensive understanding of the issues related to SRHR for women with disabilities within the chosen environment.

3.5 Research instruments

For research, a number of data collection instruments were employed to capture in-depth data. The research utilized the following instruments:

Interviews: Semi-structured in-depth interview schedules were prepared to conduct in-depth interviews with women with disabilities and health care providers. The schedules were prepared with open-ended questions and issues specifically focusing on experiences, perceptions, challenges, and solutions regarding the SRHR of WWD.

Focus group discussions: Standardized discussion guides were used in order to conduct focus group interviews among women with disabilities and other stakeholders. Different groups were interviewed separately, that is the health care providers were interviewed separately from the women with disabilities. This enabled collective research of experiences, opinions, and perceptions on SRHR in a relaxed group environment.

Document reviews: Policy documents relevant to the case, health facility records, and Lesotho disability and SRHR reports will be obtained and reviewed to situate the case study and provide additional information on the broader structural and system issues influencing the experiences of women with disabilities.

Observations: Non-participant observations were conducted among the selected healthcare facilities communities to gather information on the practice, interactions, and environmental determinants that had an influence on the SRHR among women with disabilities.

3.6 Data collection procedure

The information were collected in steps, according to the following procedures:

Preparation and training: The researchers were trained in the ethical research conduct, disability-inclusive communication, and data collection. They were also familiar with the case study environment and established trust with key stakeholders.

Recruitment and Sampling:

Purposive sampling was employed to identify and approach potential participants who could provide rich and relevant information about the SRHR experiences of women with disabilities.

This involved selecting participants based on specific criteria, such as type of disability, experience with healthcare services, and involvement in disability advocacy.

Purposive sampling was used to select participants who could provide rich and relevant information about the SRHR experiences of women with disabilities. The following criteria were considered when selecting participants:

Type of disability: Participants with various types of disabilities such as physical, sensory, intellectual were included to capture diverse experiences and perspectives.

Experience with healthcare services: Participants who had firsthand experience accessing SRHR services, or who had faced challenges in doing so, were sought for their valuable insights.

Involvement in disability advocacy: Participants who were actively engaged in disability rights advocacy were included to gather their perspectives on systemic barriers and potential solutions.

Geographical location: Participants from different geographical locations were included to capture potential variations in SRHR experiences and service provision across regions.

Informed Consent:

Written informed consent was obtained from all participants prior to their involvement in the study. The consent process ensured that participants understood the purpose of the study, procedures, and their right to withdraw from the study at any time.

Data Collection:

In-depth interviews and focused group discussions were conducted with disabled women, healthcare providers, and other stakeholders.

Advanced interview attendants and discussion guides were used to facilitate the data collection process.

Interviews and discussions were audio-recorded with the participants' consent and later transcribed for analysis.

Detailed field notes were taken during data collection to document non-verbal cues, observations, and other relevant information.

Pertinent documents, such as policy documents and healthcare guidelines, were collected for analysis.

Iterative Data Analysis:

Data analysis was conducted alongside data collection, with emerging findings informing subsequent data collection and interpretation. This iterative process enabled a comprehensive understanding of the SRHR experiences of women with disabilities.

Member Checking and Validation:

Preliminary findings were read back to participants to obtain feedback, ensuring accurate representation of their experiences and opinions. This step enhanced the credibility and trustworthiness of the study findings.

Data Saturation:

Data collection continued until no new information or themes emerged from the participants' narratives, indicating that data saturation had been achieved.

3.7 Data presentation procedure

The information found in this paper was provided comprehensively and concisely through the use of different research methods to enhance comprehensibility and readability

Narrative description: Through the interviews, the qualitative data was combined, also through the use of focus group discussion, and observation. Pertinent quotations of the participants were included to emphasize key points and gain a better understanding of WWDs' SRHR issues.

Tables: To tabulate participant numbers, age, children number, etc.

Case study report: Results were presented in a comprehensive case study report, in plain format including front pages, background, methods, findings, discussion, and conclusions. The report was also sprinkled with policy and practice counteraccusations, and suggestions for investigation of the unborn.

3.8 Ethical considerations

Ethical concerns are intended to protect the rights and well-being of the research participants, so that the integrity of the study, and that trust among the researchers and participants is sustained. The ethical concerns mentioned below were addressed in this study:

Informed consent: Participants received appropriate and comprehensive information about the purpose of the study, procedures, risks, and benefits, as well as participant rights. They were asked to provide written or verbal consent depending on their communication skill and needs.

Confidentiality and anonymity: Individual data were handled confidentially, and participants' identities were protected by using pseudonyms or codes in all study reports and publications.

Do no harm: The researcher ensured that any potential harm to participants was minimized, for instance, emotional trauma as a result of discussing sensitive SRHR aspects. The participants were also informed about the support facilities that were available to them, if they needed any.

Respect for autonomy: Participants were treated with autonomy because they have every right to make their own decisions freely.

Beneficence: The study aimed to help bring enlightenment about how WWDs are treated, so that the can be some improvement to help them.

Justice: The researcher aimed to accord equal and equitable treatment to all the participants without any discrimination or biasness.

Cultural sensitivity: The study was conducted respecting participants' cultural values, beliefs, and practices, considering the function of cultural context in shaping SRHR experiences and perceptions.

3.10 Summary

This chapter presented the research design of SRHR of women with disabilities in Lesotho. It emphasized the post-positivism paradigm and qualitative approach to method in pursuing in-depth insight. The main features were research design, population and sampling, instruments, procedures, and ethical considerations. This study also placed great emphasis on adherence to ethical standards, promoting the rights and well-being of the participants as it generates valid

results in order for the interventions to policy and practice to be informed. The theme of the next chapter will be primarily study findings.

CHAPTER 4

DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 Introduction

Chapter three outlined the research methodology employed in this study, which aimed to probe the sexual and reproductive health rights (SRHR) of women with disabilities (WWDs) in Lesotho. Chapter four focuses on data presentation, analysis, discussion, and interpretation of results leading to findings, conclusions, and recommendations of this dissertation. The research objectives led to the uncovering of several themes and sub-themes. These themes are addressed as they emerged from the interview narratives, the observed scenarios, and patterns of behavior among participants and analysis of interview documents.

The chapter starts by realigning the research topic with the research questions that guided this study before looking at the demographic characteristics of respondents. The chapter then addresses findings on the cultural issues, experience and familial background of respondents before addressing the guiding research question and the specific research questions of this study. Still, for purposes of addressing the three thematic research questions and clarity of issues, the discussion of findings in this chapter is guided and structured following the thematic research questions using the Human Rights Based Approach (Model) as discussed in chapter two of this study.

4.2 Central focus of the study

This study focuses on the experiences, challenges, and views of WWDs in accessing SRHR in Maseru, Lesotho. The main focus of this this study is to investigate the multifaceted relationship between disability, gender, and SRHR with the main focus being in Maseru Lesotho. The aim is to develop a deeper understanding of the challenges WWDs face in accessing these fundamental rights. By exploring these issues, this study seeks to contribute to the development of functional approaches and connections that address the distinctive needs and challenges of WWDs in Maseru, Lesotho.

The following specific research objectives support the central research purpose:

- to analyze the existing policy and legislative frameworks related to sexual and reproductive health rights for women with disabilities in Maseru, Lesotho
- to examine the current sexual and reproductive health experiences of women with disabilities in Maseru, Lesotho;
- to evaluate the challenges faced by women with disabilities in accessing sexual and reproductive health services in Maseru, Lesotho; and
- to generate potential strategies and interventions that can effectively address the identified WWDs challenges and discrimination vis a vis their sexual and reproductive health rights in Maseru, Lesotho.

4.3 Participants profile

This study purposively selected twelve women with disabilities (who participated as simply WWD); six women (who participated collectively as a group interview), six women who participated in unstructured individual in-depth interviews. This made twelve selected participants. The selection of women with disabilities was done in such a way that only adults above the age of eighteen were selected for this study. A woman with disability was chosen from each of the selected sites in the sample. The respective disability activists also had relevant experiences to share in these qualitative multiple case studies.

Table 4.1 is a summary of characteristics of participating WWDs.

Table 4.1 Participants Profile: Women with Disabilities (WWDs)

(Source: Primary data)

AGE	NUMBER OF CHILDREN	TYPE OF DISABILITY	MARITAL STATUS	LEVEL OF EDUCATION
18	0	Hearing	Single	Higher Education
19	0	Intellectual	Single	Secondary
20	1	Physical	Married	Primary
26	3	Visual	Married	Secondary

21	2	Hearing	Single	Secondary
20	1	Physical	Single	No formal education
25	2	Intellectual	Married	Secondary
30	4	Hearing	Married	Higher education
19	0	Intellectual	Single	Primary
18	1	Physical	Single	No formal education
26	0	Visual	Single	Higher education
21	1	Hearing	Single	Secondary

The key characteristics on the above profiles were age, type of disability, marital status, and level of education. This was meant to ensure inclusivity in the representation of disabilities, education, age and marital status. To what extent does this diversity represents both experiences and culture of participants? Their respective organizations and real names were concealed for ethical reasons of confidentiality and anonymity.

It was important to have a level of maturity of the participants in this study. This made it possible to judge the depth of truth and seriousness in the given stories and narrations by the participants as they all were of the age of experiencing sexual and reproductive matters.

The type of disability was also found to be of great importance as it portrays the varieties of the impairments and the varied experiences and perceptions of the different categories of WWDs in their day-to-day dealing with SRHR.

The real identities of the participants were concealed for ethical reasons. Each of the participants was identified by age; 18, 19, 20, 26, 21, 20, 25, 30, 19, 18, 26, and 21. They all lived in Maseru district, Lesotho.

The first six women were interviewed in a group setting. Despite their level of education, age, marital status, and type of disability, the interview answers seemed to be a bit similar when it comes to accessibility of health facilities and the treatment given by health workers in their areas.

The individual interviews were not so far from being different with the group interview. There answers were much on how the society treats them when accessing the SRHR.

This study sought to establish the nexus between the SRHR legal framework of women with disabilities in Maseru; and the experiences and perceptions of WWDs *vis-a-vis* the contextual environment within which they interact and access their SRHR so as to draw insights and policy recommendations on SRHR for WWDs in Maseru.

4.4 Experiences and Perceptions of Women with Disabilities (WWDs) on Sexual and Reproductive Health Rights (SRHR) in Maseru, Lesotho

4.4.1 Access to SRHR Information and Services

This research done in Maseru, Lesotho shows that women with disabilities have varying experiences with SRHR information and services. Some of the women participants in the study reported having knowledge about their rights and being able to travel to healthcare centers, while the majority reported having several barriers in accessing so as SRHR information and services. This indicates the disparities in WWDs' experiences in Maseru.

The informants mentioned physical inaccessibility as the most important hindrance. Most women gave a reason of not being able to access health care centers because of the lack of appropriate disability suitable building features like ramps, handrails, and wheelchair accessible examination tables. These gaps in infrastructure disproportionately affect persons with mobility disabilities and must be closed for guaranteed equal and unrestricted access to health care. The lack of these basic infrastructural facilities not only hinders the delivery of needed medical services but also continues to maintain the marginalization of WWDs in society.

A shortage of rightfully trained medical professionals available to deal with special SRHR concerns of WWDs was a key issue too. Such shortage overwhelms the health care system with under cared, poorly attended, poorly communicated, and highly distrust.4.5.2 Attitudes and Treatment within the Healthcare System

A critical issue that demands attention is the experiences of women with disabilities (WWDs) within the healthcare system, particularly regarding the attitudes and treatment they encounter from healthcare providers. Numerous responses have revealed that WWDs frequently face

negative attitudes and discriminatory treatment, leading to feelings of neglect and disempowerment. It is essential to delve into these experiences and identify potential solutions to ensure that the SRHR of WWDs are upheld and respected.

The challenges quoted by the respondents in the healthcare system can be grouped into three general areas: verbal abuse, denial of services, and neglect of specific health concerns. All these three areas necessitate a closer look and focused interventions to improve the whole care and support delivered to WWDs.

For starters, instances of verbal abuse quoted by the respondents indicated a negative impact of abusive language and insensitive remarks from the healthcare providers. Such behavior not only demoralizes and discourages WWDs from seeking further care but also undercuts the confidence of the WWDs in the healthcare system. To address this, provision of extensive training for healthcare workers on practices that are disability-inclusive, with an emphasis on respectful communication and the development of a culture of compassion within healthcare facilities, is essential.

One of the respondents, a 30-year-old woman who has a hearing impairment, described the experience of how she had been verbally abused in a healthcare setting: "I remember the other time I went to the hospital and the nurses where impatient with me. The one who was helping shouted at me, I could not hear clearly what she was saying, but I could tell by the attitude she was giving me that she was impatient with me, I felt humiliated and embarrassed, so I came to a decision of leaving and never going back there ever again."

This evidence demonstrates the deep impact of verbal abuse on the participant's self-esteem and trust in healthcare providers. The treatment that the nurses gave this participants made her feel humiliated and herself esteem was destroyed.

Furthermore, the denial of services based on misconceptions about the reproductive capabilities of WWDs or assumptions about their sexual activity is another significant barrier to their SRHR.The challenges mentioned by the respondents in the healthcare system can generally be explained in three major categories that is, verbal abuse, denial of service, and neglect of proper care to some health conditions. All of these warrant serious consideration and targeted interventions to improve the quality of care and assistance to WWDs.

Second, instances of verbal abuse reported by the respondents showed the debilitating impact of insulting words and hurtful remarks from healthcare workers. Not only are these practices shame WWDs from seeking continuous care, but also lead them to have no faith in the health-care system. As an antidote to this problem, there is a need to provide comprehensive training in disability-friendly practice to health-care workers with specific emphasis on honoring communication and developing a culture of compassion within the context of the health-care facility.

One of the interviewees, a 30-year-old woman who has hearing disability, retold how she was verbally insulted when she was in the healthcare facility: "I remember the other time when I went to the hospital and the nurses were impatient with me".

Also, the inadequate attention given to the specific health concerns of WWDs is an issue that cannot be overlooked. Healthcare providers' dismissal of symptoms, failure to provide appropriate accommodations, or lack of understanding of the unique SRH needs of WWDs contribute to ineffective care and the further marginalization and stigmatization of this population within the healthcare system. By emphasizing disability-inclusive practices in healthcare training and promoting a patient-centered approach that addresses the specific needs and concerns of each individual, healthcare providers can improve the quality of care provided to WWDs.

4.4.2 The Role of Societal Attitudes and Cultural Norms

On the basis of the participants' voices in a study to explore the SRHR experiences of WWDs, the impact of social attitudes and cultural norms cannot be overstated. These were the intrinsic factors implicated in constituting the issues WWDs face in enjoying and exercising their SRHR. Through this analysis, we examine stigma toward disability and sexuality, misconceptions regarding the fecundity of WWDs, and adverse gender norms in the context of the results of this study.

It is interesting to note that a significant proportion of participants reported being exposed to adverse social attitudes toward disability and sexuality, and these directly influenced their SRHR experiences. The decasualization of individuals with disabilities, as realistically portrayed by social perceptions, are the reasons for WWDs' exclusion and marginalization from the health system. Perception can create a lack of awareness and information about WWDs' SRHR needs amongst health practitioners as well as the general population, further exacerbating the challenges

in this population. One of the 26-year-old respondents described what it was like for her when it came to visual disability, touching on how cultural expectations and societal perceptions influenced her concerning SRHR: "When I went to the clinic to inquire about the family planning methods, the nurses shunned me and my concerns, they broke my heart into pieces when they inquired why would I need condoms when I cannot even see, they asked me who do I think would even want to sleep with me. Until now my confidence remains at my knees when it comes to such matters."

These myths have tangible consequences in the real world, for example, the stereotype of withholding essential reproductive health services such as family planning and maternal care. Alarming as it is, some of the participants reported coercive or forced sterilization practices owing to these myths. The promotion of negative stereotypes regarding WWDs not only undermines their autonomy and self-agency but also compromises their reproductive health and overall well-being.

The intersection of gender norms and disability was the primary causative factor for WWDs' access to and enjoyment of their SRHR.

Experiences of gender inequality, discriminatory gender norms, which, when combined with disability, cause them to be exposed to various forms of oppression, were shared by participants. These norms make it possible for the vulnerability of WWDs to sexual violence, reproductive coercion, and other violations. Furthermore, social norms regarding women's pivotal role as child bearers and mothers can pressure WWDs to conform to these expectations regardless of their choices or circumstances. The study underscores the impact of the intersection of gender and disability on the double discrimination of WWDs in society and the healthcare system.

This intersectionality elicits other inequalities women face regarding access to health care services, decision-making in relationships, and how society perceives their reproductive roles. Therefore, WWDs may have additional barriers to accessing SRHR services and asserting their rights because society and the health care providers are less likely to perceive and address their distinctive concerns and needs. Therefore, it would indeed make sense to state, disability, gender, and sexuality's cultural presumptions and social norms contribute immensely to the SRHR experience of WWDs, as established by participants in this research.

These aspects must be tackled through extensive education, disability-friendly policies, and eradication of harmful stereotypes and assumptions. By developing a more enabling and inclusive context, we can make progress on the SRHR of WWDs and make their needs visible, prioritized, and addressed in a manner that guarantees equity, respect, and dignity for all.

4.4.3 Resilience and Coping Mechanisms

Despite the diverse challenges, the majority of the participants demonstrated resilience and developed strategies to cope and carry them through their SRHR experiences. These entailed relying on peer networks for support, self-advocacy, and sharing their experiences to contribute to raising awareness on the special needs and rights of WWDs. This research was undertaken to investigate the experiences of WWDs in terms of their SRHR, and from the responses of the participants, they made known the existence of several challenges that they encounter. Nevertheless, there was an important observation in that evidence of resilience and coping strategies used by most participants to counter such challenges was demonstrated. The role of peer support groups became an essential coping mechanism for WWDs in this research.

These groups were a space where participants could discuss with other people facing similar challenges, share experiences, and offer psychosocial support. By doing this, they fostered a sense of belonging and empathy that facilitated participants to assert their SRHR. Secondly, peer networks allowed for the exchange of vital information about accessible SRHR services, materials, and ways to bypass healthcare system barriers. Another fundamental approach observed among participants was self-advocacy. With the active asserting of rights and voice of their individualized needs to healthcare providers, the WWDs in this study demonstrated that they were able to advocate for more accessible and equitable SRHR care services. Not only did such self-advocacy improve individualized health-care experiences but also increase awareness among healthcare professionals regarding the importance of disability-friendly practice.

Moreover, some participants sought to bring attention to the unique needs and rights of WWDs by spreading their own experiences with society as a whole. Public discourse and stories demolished society's stigmas concerning disability and sexuality while pushing for increased awareness of the unique SRHR needs of WWDs. Through generating visibility and representation, the work was crucial in fostering a more inclusive and accepting societal environment.

There was one participant who, being 25 years old, had an intellectual disability. She described how they can address the problems that they are experiencing. She said: "I have become part of a support group of disabled women, and it has been life-changing. We share experiences, discuss means of overcoming obstacles, and support one another in times of difficulty. Together, we are more empowered and stronger and better placed to advocate for our rights and improve our SRHR experiences. And it is very beautiful sharing experiences with somebody who goes through what you go through, because they find it easy to walk in your shoes". Thus, coping strategies employed by WWDs in this study reflect the resilience evinced by the group in overcoming challenges in accessing and exercising their SRHR. The work of peer support groups, assertion, and sensitization as coping mechanisms cannot be overstressed. Encouraging and facilitating the establishment of the same can be facilitated by healthcare practitioners, policymakers, and society at large towards empowering WWDs and promoting their SRHR.

4.5 The challenges faced by women with disabilities in accessing sexual and reproductive health services in Maseru, Lesotho

From data collected from the participants, it came out that several challenges that WWDs experience while accessing SRHR services are present. The participants noted that the stigma of healthcare providers towards individuals with disabilities was the key barrier that prevented WWDs from receiving adequate care. This stigma usually result in unfair treatment of WWD, hence discourage WWDs from seeking SRHR services and making them feel ignored and disempowered.

Disability non-friendly health infrastructure was also a significant challenge. Buildings, examination rooms, and equipment that are inaccessible restrict the entry of WWDs into the healthcare system and delivery of the care they require. Situations where participants could not access critical services due to the physical barrier provided by these facilities were reported.

Moreover, an absence of skilled professionals for people with disabilities, particularly sign language experts, was another major concern. The issue of communication also impedes the access to and utilization of SRH services by WWDs.

Finally, socioeconomic barriers such as unaffordable medical costs, restricted access to transportation, and the need for unnecessary referrals are all resultant factors for economic stress and additional burden for WWDs seeking care. These are typically additional to intersecting

factors such as poverty and violence exposure, which further enhance vulnerability in the population.

4.5.1 The prevalence of negative perceptions held by healthcare providers towards people with disabilities

One of the primary concerns which was raised by this research's participants was that healthcare providers negatively treat people with disabilities. Twelve women with various disabilities agreed to take part in this research, aged between 18 and 30, with different backgrounds and treatments. Participants stated that the stigma for disability easily translated into discriminatory treatment within the healthcare sector, which accordingly deterred WWDs from seeking SRH services as well as resulted in feelings of neglect and disempowerment.

The experiences of the participants revealed that healthcare providers were prone to have preconceived notions concerning the sexual and reproductive lives of WWDs. These negative perceptions emanated from misconceptions about the abilities and needs of people with disabilities, and assumptions over their sexuality. Some of the participants explained where healthcare providers ignored their concerns or did not seriously take their reproductive health issues into consideration, blaming them on disability and overlooking other factors contributing to the issues.

In addition, the unfair treatment by the healthcare providers was put forth by participants, further exacerbating the challenges WWDs face in accessing SRH services. This includes scenarios of verbal disrespect, denial of services, or ignoring requirements regarding their own specific health concerns. Such experiences led participants to feel embarrassed and are less likely to access other care, illustrating the adverse impact of negative attitudes and myths on WWDs' healthcare and health access.

A 20-year-old patient with a physical disability also reported her encounter with the negative attitude of healthcare professionals. She said: "When I went to the clinic to make arrangements for my family, the health practitioner said to me, 'Why do you need contraception? It is not as if someone with your condition would be sexually active.' I was upset and embarrassed that my problem was not being seriously considered just because I am disabled. It made me apprehensive

about seeking treatment again in the future." Therefore, it can be realized that women living with disabilities are subjected to extreme criticism, and emotional abuse by people who should be caring for them and understanding their condition.

4.5.2 Healthcare professional's thoughts and beliefs about Women with Disabilities (WWDs)

Health practitioners highlight the importance of upholding the rights of Women with Disabilities (WWDs) to equal quality and respect of treatment as other patients. They recognize that it is their duty to provide WWDs with accessible health care services that are humane and appropriate, and to ensure that no barriers are in their path. As they identify the special challenges WWDs typically pose to healthcare systems, experts underscore the importance of comprehending such challenges as a way of improving their wellbeing and health outcomes in general.

Health care professionals identify with being aware of one's own biases and assumptions about disability and working towards creating an inclusive space that is responsive to the needs of a diverse population, including all patients. This, in itself, creates a space where WWDs are heard, understood, and empowered to be an active participant in their own health care process. As one health professional explained, "It is crucial to include WWDs in health care deliberations and decision-making, making sure that their keen insights are being taken into account."

Ultimately, level care for WWDs requires ongoing education and training of physicians and other healthcare professionals, developing an ever more enlightened and cooperative workforce. Moreover, conducting campaigns for policy reform that gives prominence to accessibility and inclusivity in health environments is key to guaranteeing level access for WWDs to obtain the right treatment they merit.

4.5.3 Lack of Disability-Friendly Infrastructure at Healthcare Facilities

Another major problem that was highlighted by respondents in this study was the lack of disability-friendly infrastructure at health facilities. Twelve women with different disabilities (WWDs) participated in the study, representing diversity in experiences and backgrounds. Respondents pointed out that the physical inaccessibility of health facilities presented challenges to them as they navigated the health system in an effort to access the care they needed.

Places that are impossible to access for WWD, such as examination rooms, and equipment were seen as significant barriers that limited WWDs' access to basic sexual and reproductive health (SRH) services. A number of participants talked about incidents whereby they experienced challenges reaching examination rooms due to the absence of ramps, handrails, or other modifications. These physical barriers also added to the challenges for WWDs in claiming their SRHR and acted to add to the feelings of marginalization and frustration.

Besides, the participants noted the importance of accessible medical equipment in the delivery of comprehensive SRH care to WWDs. Inadequate height-adjustable examination tables, operational mammography equipment, or other gynecological devices was put forward as significant hindrances to accessing proper care. Such infrastructural inadequacies further entrenched the disparity for WWDs in seeking SRH services and made cardinal the issue of available health facilities that are accessible with the unique needs of people with disabilities.

In addition, inaccessibility of information and communication within health facilities was also recognized as a major problem, in the sense that visually or hearing-impaired participants asserted that they could not get health information or communicate adequately with health professionals due to their inaccessibility to Braille materials, sign language interpreters, or other communication aids. This communication barrier not only limited WWDs from making informed decisions about their SRHR but also subjected them to increased vulnerability to misunderstandings or misinformation.

One 29-year-old respondent with a mobility impairment explained her experience in health facilities saying: “When I went to the clinic for a check-up, I could not even get inside the building because there was no ramp or handrail. I felt completely helpless and frustrated because I had to get services and it was so difficult for me because of the lack of disability-supportive infrastructure."

This witness's account highlights the imperative need for available health centers to enable women with disabilities to freely exercise their SRHR. Her account captures the physical constraints of many people with mobility impairments to access critical healthcare services, underscoring the imperative need to set up inclusive and disability-friendly structures within the health system.

These experiences of women in this study affirm the multifaceted nature of the accessibility problems of WWDs in the healthcare system. The women were aged between 18 and 30 years, an age when sexual and reproductive matters would be of particular concern and relevance. Their various disabilities are therefore utilized to draw attention to the specific needs and experiences of people with various kinds of impairment as well as to reiterate the necessity to address disability-friendly infrastructure from an integrated and inclusive perspective.

4.5.4 The Absence of Trained Personnel for People with Disabilities

Among the most important challenges cited by the study respondents was a shortage of trained manpower for the disabled, and especially those with sign language skills. Respondents informed that the country's absence of trained health workers aware of disability-inclusive communication and care services was a big entry and barrier to sexual and reproductive health (SRH) care.

The communication gap that is seen between the WWDs and the health workers was a mock run in all participants' stories. The hearing disability participants, for example, lamented about how they were unable to communicate their SRH needs and concerns due to the unavailability of sign language interpreters or health workers proficient in other modes of communication. Not only were they unable to access SRH services, but they were also vulnerable to misdiagnoses or misinterpretations.

Furthermore, the participants emphasized that healthcare workers must acquire disability-specific expertise and training to enable them to deliver effective and appropriate SRH care to WWDs. The majority of reported cases involved providers who lacked knowledge about the unique SRH needs of individuals with disabilities and therefore provided ineffective or insufficient care. This ignorance and unawareness of training amongst healthcare professionals further compounded the challenges that WWDs were experiencing in accessing their SRHR and proved beyond doubt that there was an immediate need for inclusive disability training for the medical sector.

One of the participants, 21-year-old female with hearing impairment, explained what occurred to her during the communication breakdown and stated, "I had attended the clinic for check-up, and it was frustrating because I could not present my problems in the proper manner. The health worker

was not familiar with sign language, and there was no translator. I felt confused and helpless, and I felt that I was not getting the care that I required due to the communication barrier."

Others also highlighted the importance of using patient-centered care by healthcare workers in dealing with WWDs. This involves carefully listening to what they say, taking sufficient time for consultation, and being careful to provide them with special needs in empathy and respect. Failure to avail such disability-sensitive care at health centers not only results in poor-quality care, but marginalization and demotivation of WWDs.

4.6 Potential strategies and interventions that can effectively address the identified WWDs challenges and discrimination vis a vis their sexual and reproductive health rights in Maseru, Lesotho

WWDs in Lesotho, Maseru, and their lack of access to their SRHR have been reported. To be in a position to cure the issues and challenges efficiently, so that they attain equal access to the facilities, and also get treated equally like everyone else, so to avoid discrimination.

One of the most effective ways to address the concerns of WWDs in the exercise of their SRHR is to ensure disability-inclusive SRHR education and awareness, such as by providing information that includes everyone including WWDs, to health practitioners and the community in general in order to increase their appreciation of the unique needs and views of WWDs.

A central part of this plan is establishing disability-specific training modules for SRHR providers. Such trainings should have an element of understanding various needs of WWDs, clearing myths and stigma related to disability and sexuality, and hands-on training in terms of rendering accessible SRHR services. Further, frequent professional development opportunities should be made available to keep the providers updated about new best practices in the field.

Public information campaigns are also a key component of dislodging societal misconceptions and expanding the environment for WWDs. Through various media, such as social networks, public events, and public forums, such campaigns can disseminate accurate information regarding the SRH needs and rights of WWDs. Such campaigns, through increased sensitivity and compassion among the people, can de-stigmatize and develop more inclusive sentiments towards WWDs.

The second most important factor in enabling disability-inclusive SRHR education is developing accessible and culturally responsive education content. The materials, like Braille books, sign language DVDs, and easy-to-read documents, need to suit WWDs' diverse learning needs and communicate crucial SRHR content to them. Ensuring their widespread dissemination at health centers, community centers, and on internet platforms can empower WWDs with information and tools to make informed decisions about their SRHR.

The inclusion of disability-inclusive SRHR education into school curricula is the second broad strategy to achieve long-term change and develop inclusive mindsets among future generations. By establishing age-appropriate materials centered on respecting the rights and interests of WWDs and enhancing a broader awareness of disability and sexuality among youth, we can envision a better and more supportive world for all.

4.6.2 Enhancing disability-friendly infrastructure at healthcare facilities

The study participants noted facilitating the accessibility of health facilities in Maseru, Lesotho, for WWDs to employ SRHR services Disability-friendly facility improvement involves changes of buildings, examination rooms, and equipment to be friendly to persons with various impairments.

One of the critical things to do in order to create disability-inclusive infrastructure is making sure the health facilities are accessible to individuals with physical disabilities. Ramps, handrails, and enough space to maneuver wheelchairs around corridors and examination rooms need to be provided. Accessible parking spaces and toilets should also be provided to facilitate WWDs' barrier-free access to SRH services.

The second important aspect of establishing health environment that is inclusive, making sure there is the availability of equipment and materials that address WWDs' varying communication needs. This may involve availability of Braille information for those who are blind or sign language videos and communication aids for those who are deaf. Further, the availability of height-adjustable examination tables and adequate medical equipment will allow WWDs to access quality SRH care according to their individual needs.

A 26-year-old participant who was living with a visual disability pointed out accessible infrastructure, and she said: "When I tried to visit the clinic for a check-up, I found it very hard to enter the building as there was no Braille signage or tactile guidance to assist me. It was frustrating and created an impression that my needs were not considered when designing the health facility. Development of disability-friendly infrastructure is necessary to ensure that women with disabilities do not encounter any challenges in accessing sexual and reproductive health care."

This case brings into focus the need to make healthcare centers friendly and responsive to the diverse needs of women with disabilities. Disability-friendly centers such as Braille signage, tactile signage, and other accommodations can enable women with disabilities to access SRHR without unwarranted barriers.

4.6.3 Increasing the availability of trained personnel for people with disabilities

The stakeholders emphasized the importance of properly trained health professionals who would be able to respond to the unique sexual and reproductive health (SRH) needs of WWDs. Correction of the shortage of such professionals is needed to enable equal access to SRH services for WWDs. Designation and action on special courses of training and certification on disability-specific SRH needs and accessibility-oriented communication skills are needed.

All these training courses must cover a variety of issues, such as learning the different needs and experiences of the WWDs, integrating disability-inclusive SRH service practices, and developing respectful and compassionate communication. It also becomes a necessity to prioritize training in alternative methods of communication such as sign language so that health workers are well equipped to communicate with impaired hearing or other communication impairments.

One of the interviewees added the need to have experienced health providers by saying: "It's extremely important that health providers are well-trained to address the specific needs of women with disabilities. I've had situations where providers wouldn't understand my specific issues or how my disability will impact my sexual and reproductive health. With experienced providers who are aware of disability-inclusive care, I would feel more comfortable and open to going for services and being certain my needs will be understood and met."

By increasing the number of healthcare providers with a history of disability-inclusive care, there can be improved quality of SRH services that are accessible to WWDs and create a more empathetic healthcare setting. Not only does this minimize existing disparities in access to care but also encourage more WWDs to use SRH services without risks of exposure to stigma or discrimination.

4.6.4 Empowering WWDs through Peer Support Networks and Advocacy Initiatives

Among the most significant approaches in handling challenges related to WWDs' access to SRHR is the opening of doors for the establishment of peer support groups. The support groups are a platform that allows WWDs to network amongst themselves, share knowledge and resources, and discover means on how they could survive through challenges faced in accessing SRH services. By building a sense of belonging and providing avenues for group learning and growth, the networks are able to mobilize WWDs into becoming assertive in asserting their SRH rights and as agents of change.

Aside from peer support groups, advocacy can also be instrumental in voicing out for WWDs and mobilizing efforts towards change in systems. This can include staging workshops and community forums where WWDs, health service providers, policymakers, and other stakeholders meet to raise awareness of the challenges and brainstorm potential solutions to increasing access to SRH services. Through collaboration and reciprocity between the groups, advocacy can bring about more integration of practice and policy in the field of healthcare.

One of the deaf members highlighted the campaign and peer networks, she continued: "Being part of a network of peer supporters has been so empowering. Hearing other disabled women explain their experience and learn from their perspective has made me bolder to challenge back to secure my sexual and reproductive health rights. United and together, we can challenge barriers and campaign for change."

Stakeholders also called for disability-inclusive policy and legislation that addresses the unique barriers WWDs face in order to access SRH services. In conjunction with policymakers and other stakeholders, WWDs and allies can push policymakers to successfully implement reform and make the government accountable for ensuring equal access to SRH services.

To ensure that disability-sensitive disability law and policy works, there must be robust legal and policy frameworks that promote and secure the protection of the SRH rights of WWDs. This would involve reviewing and amending existing legislation to address the unique vulnerabilities WWDs encounter, and enforcing laws against discrimination so that healthcare providers can be held liable for ensuring inclusive and accessible health care.

4.7 Summary

This chapter was focused on presenting, analyzing, interpreting and discussing the lives, challenges, and attitudes of WWDs in relation to their SRHR in Maseru, Lesotho. The chapter highlighted the policy arrangements in place, recorded the voices of the participants, and sought to continue carrying forward the possible solutions to be able to address their unique issues and discrimination when accessing SRHR services. The representative profiles of the participants had recognized the level of education, marital status, types of disability, and age to differently represent the various aspects of SRHR and disability. Age, level of education, disability type, and marital status had been taken into consideration during the study because they had affected the participants' experiences and their perceptions. To establish ethical compliance, real names of respondents and organizations were covered but enabled them to engage in free and honest discussion of their SRHR experiences. Through scrutiny of such experiences and challenges of WWDs, the study provided informative evidence concerning disability-inclusive SRH education, improved health facilities, and special mechanisms in a bid to avoid discrimination and provision of equality of access to SRH services for people with disabilities in Maseru, Lesotho. The following chapter presents the summary, findings, and recommendations of the study.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

Having set out to explain the data presentation, analysis and interpretations in the preceding chapter, this chapter will now present the summary, findings and conclusion, and recommendations from the information collected, in regards to WWD's experiences and challenges when it comes to access to SRHR in Maseru, Lesotho. The aim of this chapter is to present the fundamental findings of the study and draw attention to the most significant areas that need to be addressed and targeted for ensuring equitable access to SRHR services among WWDs. By exploring policy environments, holding qualitative interviews with WWDs, and careful examination of the findings, the research establishes a number of barriers that the WWDs encounter in attempting to access SRHR services. These involve negative social assumptions and misconceptions about disability and sex, the absence of infrastructure that is disability-friendly within health centers, inadequate trained health professionals, and absence of legislation and policy that is disability-sensitive.gs of the study in order to improve access to SRHR among WWDs. The recommendations aim at the importance of specialized training courses, investment in accessible health infrastructure, the establishment of support networks, policy reform, and inter-stakeholder coordination. Overall, Chapter 5 is a summary of the study findings and provides a manual on how to address problems that were identified, ultimately promoting an inclusive and fair healthcare system among WWDs in Lesotho's Maseru.

5.1 Summary

Chapter one was a preface to the overall study, its objectives and how it was undertaken. The chapter focused on background to the study, statement of the problem, statement of purpose, research questions, research objectives, significance of the study, and delimitation of the study. The chapter argued that WWDs face various challenges in regards to their SRHRs as they do not have policies and laws encompassing women with disabilities. The chapter also argued that disability and sexuality studies show it is in the majority of countries, especially in Africa, where sexual and reproductive issues of women with disabilities get lesser attention.

Chapter two dealt with conceptual framework; theoretical framework; commissioned studies; empirical studies; and research gap on SRHR of WWDs. It has been discovered that throughout the world, WWDs have limited access to their SRHR owing to the view that they are asexual. It also argued that disability is constructed socially which places disability on a lower class. Empirical research concerning SRHR of WWDs was found to be very minimal. Such studies that exist do not particularly focus on the issue of SRHR for WWDs.

Chapter three presents the methodology used for this research, highlighting aspects of philosophical and theoretical frameworks that guided the research, how the participants were selected, how data were constructed and interpreted through the use of various sources of data, and the basis for decisions made. Consequently, the study employed a qualitative case study research approach that provided evidence based on research questions to achieve research outcomes.

Chapter four delivered the empirical data analysis that was collected. The chapter discloses that disability for women comes in various forms. Several WWDs were addressed in this study such as the physically disabled, the intellectually disabled, the visually disabled, and the hearing disabled. In articulating SRHR, participants deliberated on access to intimacy, reproductive health and childbearing information and facilities; education; among several others. The chapter concluded that the realization of women with disabilities' rights is still far since they have suffered and endured marginalization since time immemorial.

5.2 Findings of the study

The findings from the research reveal some of the major challenges faced by WWDs in accessing SRHR in Lesotho's Maseru. The research findings include negative social attitudes, inadequate disability-friendly infrastructure in healthcare facilities, shortage of trained healthcare providers, Inadequate of legislation and policy, and empowerment of WWDs through Peer Support Networks and Advocacy Programs.

5.2.1 Negative social attitudes

Negative and/or stereotyped societal attitudes and misconceptions about disability and sexuality: WWDs are often stigmatized and discriminated against by family members, the broader community, and even health-care providers. These attitudes inhibit access to SRHR services and further entrench marginalization among WWDs. Societal attitudes and misconceptions about

disability and sexuality significantly limit WWDs' access to SRHR services. People reported stigmatization, discrimination, and condescending attitudes by the general public as well as by healthcare professionals. These negative perceptions contribute to shame, exclusion, and discouragement among WWDs.

5.2.2 Inadequate disability-friendly infrastructure in healthcare facilities

Most of the Maseru health centers are not disability friendly as they lack accessible ramps, handrails, Braille signs, and other facilitative features to cater to the needs of the persons with various types of impairments. This is a serious barrier for WWDs accessing SRHR services and generating obstacles in obtaining inclusive and comprehensive care. Lack of disability-friendly facilities in health facilities is one of the significant barriers to WWDs accessing important SRH services. Members reported that they were hindered in accessing health facilities due to the lack of ramps, handrails, Braille signs, and other facilities for people with various impairments. The unavailability affects WWDs to get frustrated, helpless, and receive inferior care.".

Shortage of disability-inclusive SRHR skilled health workers: Lack of health workers with disability-inclusive SRHR skills exacerbates the issues of WWDs. Inappropriate or insufficient care, issues of communication, and negative experiences for WWDs are also created as a consequence of this lack of skilled professionals.

5.2.3 Shortage of trained healthcare providers

Inadequate trained health workers knowledgeable about disability-inclusive SRHR care exacerbates the issue that WWDs suffer from. Participants were facing communication issues, quality of care, and quality of experience during the utilization of SRHR services. The lack of skill among health providers creates a gap in knowledge and addressing the unique needs of WWDs.

5.2.3 Inadequate legislation and policy

Currently, the policies and legislation in Lesotho are broad and lack explicit explanation of the needs and issues of WWDs in SRHR. This equates to a protection and enforcement failure of their rights in the health system. The participants noted the insufficiency of disability-inclusive laws and policies that fail to address the specific needs and challenges of WWDs in terms of SRHR. This policy and legal gap places WWDs in a vulnerable and exposed situation within the healthcare

system and necessitates comprehensive and well-targeted policies to ensure equal access to SRHR services.

5.2.4 Empowerment of WWDs through Peer Support Networks and Advocacy Programmes

Participants emphasized the empowerment they derive from support networks and advocacy programmes as vital in addressing community, belonging, and understanding among WWDs. Participants shared experiences, resources, and coping strategies for SRHR challenges through peer support networks, which led to increased confidence in handling their SRHR experiences and advocating for their rights.

Second, advocacy was identified as powerful ways of amplifying the voices of WWDs and prompting change at the systems level. Through participation in workshops, community forums, and other forums, people aimed at creating awareness of WWDs' issues, dispelling common myths among WWDs, and promoting inclusive SRHR policy and practice. The activities offered spaces for WWDs, providers, policymakers, and others to meet and interact with each other without restraint and discuss feasible solutions.

5.3 Conclusion

In conclusion, this chapter has shown the fundamental role played by empowering WWDs through peer support groups and advocacy programs in being well-positioned to respond effectively to challenges facing them in accessing SRHR. The research findings highlight the necessity of developing a culture of a caring community among WWDs in an effort to make them feel a sense of belonging, compassion, and commonality. Through peer support networks, WWDs are better able to cope with their SRHR situations, exchange valuable resources, and strategize how to overcome limitations, thus building more confidence in claiming their rights.

In addition, advocacy efforts are successful platforms for empowering WWDs to strengthen their voices, make their specific needs known, and advocate for systemic transformation within the healthcare system. With workshops, community forums, and to bringing stakeholders together, participants tackle the societal myths challenges, push for inclusive policies and practices, and stimulate open discussions to identify possible solutions to addressing SRHR access enhancement.

Moreover, the function of self-advocacy cannot be overlooked, for it too plays the basic function of enabling WWDs to communicate their SRHR needs and rights to healthcare providers. This assertive communication not only enhances individual health status but also serves to make healthcare providers more sensitive to the specific needs of WWDs. Self-advocacy thus creates a feeling of empowerment and enables more inclusive and accessible care in the healthcare system.

Finally, this chapter has shown a necessity for the formulation of general policies that are important on the use of peer support groups and advocacy for WWDs. Building communities, encouraging self-advocacy, and networking with other participants can achieve greater advances in the SRHR of WWDs and advocate for building a healthcare system that involves inclusiveness and equity so that it can effectively respond to the needs of this specific vulnerable group.

5.3 Recommendations

The findings that are presented in chapter four of this study, and some of the recommendations that are presented illustrate that there needs to be a change of attitude for both the cultural environment and the law regarding what is acceptable and legal sex. Otherwise, some WWDs are condemned to a sexless life for the remainder of their lives.

5.3.1 Disability policies and legislation

This study determined that in some cases there is lack of policies. It has been shown that WWD demand states and communities to view individuals with disabilities as rights holders like any other person. In practice, in most cases this is not true. It is thus, recommendable that international and regional disability laws must be adopted. There is also a necessity for domestication of these laws and policies.

The majority of Lesotho's laws and policies do not deal with issues of sex and reproductive rights of persons with disabilities despite the fact that one can infer from provisions on discrimination, marriage and reproductive health. This leaves the issues under discussion subject to interpretation. It is therefore advisable that national laws have to be revamped to specifically deal with SRHRs for WWDs.

In relation to the above, the Government of Lesotho needs to take urgent steps to amend the Disabled Persons Act (1992), in an effort to harmonize the country's main disability law with the

United Nations Convention on the Rights of Persons with Disabilities and the African Disability Protocol.

5.3.2 Advocacy and training

There is a dire need to inform the people as well as trained personnel about the disability laws to look after them. In this study, the participants explained examples of how they had been ignored when they applied for the services in the health care centers, and how they were treated harshly. These are unlawful actions which may be taking place due to ignorance. Also, publics who live with or work with WWDs ought to be orientated under the disability laws so that they are aware and actively participate in implementing the laws and the policy agenda. Government of Lesotho should thus orient publics on the new WWDs legislation and expectations.

5.3.3 Regular reviews and check-ups

It is also highly recommended that there must be the periodic review and check-ups for gauging progress and success in the implementation of disability laws, the Ministry and concerned departments should follow up and performance evaluation of families and communities in how they treat WWDs in comparison to their SRHR. In this sense, it will be easy to trace the unlawful acts that occur time to time to WWD, hence take measures to protect and create rules and regulation that protects them.

5.3.4 Involvement of WWDs in policy formulation

The findings of this study showed there is minimal, if any involvement of WWDs in the formulation of policies that affect them. This study thus recommends full engagement of WWDs in the formulation of such policy frameworks through consultation and workshops that tap their views and fears. It is really better to have them represent themselves and explain their experiences than to have other people to represent them because they can never know what they really go through, and therefore may misrepresent them.

5.4 Limitations of the study

While this study provided the important information on the challenges that are faced by WWDs in their access to SRHR in Maseru, Lesotho, is may not be valid enough, as the primary limitation is

the geographical specificity of the study site, which is Maseru, which may restrict the generalizability of the findings to the entire nation of Lesotho. While Maseru is an important case study, the context and challenges faced by WWDs in other parts of Lesotho might vary due to differences in cultural, socioeconomic, and infrastructural factors. The findings of this study thus have to be interpreted against such potential regional differentials.

Another limitation is with regard to the scope of disabilities that have been included in the research. Although the research touched on a range of categories of disabilities, all types of disabilities experienced by WWDs in Lesotho were not addressed. As such, the research might not be able to capture the different types of experiences and challenges faced by individuals with disabilities that have not been addressed in the research. A more comprehensive approach that addresses a broader scope of disabilities would be required in order to obtain a more integrated view of the issues and demands of WWDs towards accessing SRHR.

Apart from that, the use of self-report measures in the study can potentially introduce some form of bias because participants' responses can be socially desirable, recall, or misinterpretation biased. To counter this form of bias, additional research can try to access other sources of information or method triangulation for verification and enrichment.

Lastly, it was really not easy for a researcher to locate the desired participants, as most of them were too young to be interviewed with such matters, and those who were found were in remote areas where it was not easy to access. Apart from that, this is a sensitive topic of which most of the people who were approached declined to participate, even though the researcher enlightened them about the ethical considerations of the study that is how their identities will be kept a secret.

5.5 Recommendations for further studies

In order to reduce the risk of bias within self-report data, future studies must consider using multiple data sources and incorporating triangulation methods for verification and enrichment of findings. This might involve the use of observational measures, long-term health histories, or other relevant sources to increase the validity.

Apart from that, future studies must include other parts of Lesotho to capture the possibility of variations in cultural, socioeconomic, and infrastructural environments that have the potential to

impact WWDs' experience. The geographic spread will give a broader picture of challenges being encountered by WWDs in the country and will inform more integrated and focused interventions.

Also, in order to facilitate more effective representation of diverse experience among WWDs, future research should include an expanded selection of disability categories. This will facilitate a broader level of understanding of the dominant barriers across different groups of people with dissimilar disabilities and assist in developing balanced strategies towards improving accessibility of SRHR.

For reducing the likelihood of bias in self-report data, researchers might consider the use of multiple data sources and triangulation methods for validation and enrichment of the findings. This could involve the implementation of observation assessment, old health histories, or other comparable sources to help increase validity and credibility in the research.

Lastly, future studies should try to engage in other participant identification and outreach strategies. This could involve partnership with local support agencies or organizations servicing WWDs, that the ethical issues are made explicitly transparent, and steps taken to overcome concerns regarding privacy and confidentiality.

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APPEDNDIX 1: PERMISSION TO CONDUCT RESEARCH

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DEPARTMENT OF DEVELOPMENT STUDIES

Ref: 28 June 2025

TO WHOM IT MAY CONCERM

RE: PERMISSION TO CONDUCT RESEARCH

This letter serves to confirm that Mr. Neo Sesheme is a student with the university reading for a Master of Arts Degree in Development Studies Programme. In this degree, research is a compulsory component of the programme. Please help her / him in this research endeavour.

Thank you in anticipation of your support.

Yours faithfully

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APPENDIX 2: INFORMED CONSENT FORM IN ENGLISH

Study Title: SEXUAL AND REPRODUCTIVE HEALTH RIGHTS OF WOMEN WITH DISABILITIES: A CASE OF MASERU, LESOTHO.

I____________________________ have read, or________________________ has read to me, and I have understood the information about this study. I know that the interviews of this study will be recorded for the research purposes. I have been warned about the pros and cons of participating on this study, and I was not forced to participate but did it willingly. I know I have a right to stop participating any time. If I request that all the information recorded about me should be deleted, that will also happen. I have also been told that my information will be kept private, and I will be anonymous for the sake of my privacy. Finally, I have willingly agreed to participate.

I consent to being interviewed (tick your choice) YES_____ NO_____

Signed: ________________________ _______________________Participant Date and place

Signed:________________________ _______________________Researcher Date and place

APPENDIX 3: INTERVIEW GUIDE: Sexual and Reproductive Health Rights of Women with Disabilities

Questionnaire: Sexual and Reproductive Health Rights of Women with Disabilities

Introduction:

Hello, my name is Neo Sesheme, and I am conducting research on the sexual and reproductive health rights of women with disabilities. Your responses will remain confidential and will only be used for academic purposes. Participation is voluntary.

Section A: Demographic Information

- Age: _____
- Type of disability:
  - ☐ Physical
  - ☐ Visual
  - ☐ Hearing
  - ☐ Intellectual
  - ☐ Other (please specify) ____________
- Level of education:
  - ☐ No formal education
  - ☐ Primary
  - ☐ Secondary
  - ☐ Higher education
- Marital status:
  - ☐ Single
  - ☐ Married
  - ☐ Divorced

- ☐ Widowed

Section B: Awareness of Sexual and Reproductive Health Rights

- Have you heard about sexual and reproductive health rights?
  - ☐ Yes
  - ☐ No
- Where did you learn about these rights?
  - ☐ Healthcare providers
  - ☐ Media (TV, radio, social media)
  - ☐ Family/Friends
  - ☐ Disability organizations
  - ☐ Other (please specify) _____________

Section C: Access to Healthcare Services

- Have you ever visited a healthcare facility for sexual and reproductive health services?
  - ☐ Yes
  - ☐ No
- If no, what are the reasons? (Tick all that apply)
  - ☐ Lack of accessibility in healthcare facilities
  - ☐ Lack of information about services
  - ☐ Negative attitudes from healthcare workers
  - ☐ Financial constraints
  - ☐ Cultural or religious barriers
  - ☐ Other (please specify) _____________
- How do you rate the accessibility of healthcare services for women with disabilities?

- ☐ Very accessible
- ☐ Somewhat accessible
- ☐ Not accessible

Section D: Challenges and Barriers

11. Have you ever experienced discrimination when seeking sexual and reproductive health services?

- ☐ Yes
- ☐ No

12. If yes, what type of discrimination?

- ☐ Denial of services
- ☐ Verbal abuse or stigma
- ☐ Inaccessible information/materials
- ☐ Other (please specify) _____________

13. What are the biggest challenges you face regarding your sexual and reproductive health rights? (Tick all that apply)

- ☐ Lack of disability-friendly health services
- ☐ Limited knowledge about rights and services
- ☐ Stigma from family or community
- ☐ Financial barriers
- ☐ Other (please specify) _____________

Are healthcare facilities in your area physically accessible to women with disabilities? If not, what are the challenges?

- ☐ Yes
- ☐ No

Section E: Recommendations

- What do you think should be done to improve sexual and reproductive health services for women with disabilities? (Open-ended)
- Have you ever faced discrimination or stigma when seeking SRHR services due to your disability? (Probe: Can you describe a specific incident?)
- How do healthcare providers treat women with disabilities when they seek reproductive health services?
- How knowledgeable do you feel healthcare providers are about your specific SRHR needs as a woman with a disability? (Probe: Have you ever felt that your disability was not adequately addressed or understood?)

APPEDIX 4: SUBMISSION REQUEST

NOTICE OF INTENTION TO SUBMIT DISSERTATION /

THESIS FOR EXAMINATION

Surname and initials: ____

Student number: ____

Email address: ____

Degree: ____

Qualification code: ____

Final title of the dissertation / thesis under which it will be submitted (please print and ensure that the correct wording is used)

____

____

____

I hereby give notice that I intend to submit my dissertation / thesis for examination with a view to the graduation ceremony to be held in 2025.

Signature: ____________________________ **Date:** ______________________________

Supervisor's endorsement: ____

Signature: _____________________________ Date: ______________________________

NB: According to the postgraduate regulations, this notice should be submitted to the Postgraduate Committee, through your supervisor, 3 months before submission date. If your submission comes later than the 3 months prior to submission date, your graduation will be moved to the next graduation ceremony, and NUL shall determine a registration fee for the next academic year.