

# Women with Disabilities and Health

*As a woman with a disability, I have the same right to health care services and to accurate information, so that I can be more empowered in my choices and decisions.*



## Barriers to health care

Women with disabilities find that the health care system has many barriers. As a result they have difficulty accessing services. The barriers include:

- stereotyped attitudes of health care professionals and staff. For example, a disabled woman went to a health care centre for a routine pap test. A nurse said to her, "You are remarkable, if I were in your situation I don't know what I would do."
- health care facilities that are inaccessible. They may have heavy front doors, or waiting rooms that have no space for a wheelchair user to position herself.
- few health care materials are available in braille, on audio tape, large print or computer disk
- lack of communication access such as TTY's for deaf, deafened and hard-of-hearing women

- small examination rooms and high, narrow exam tables
- lack of sensitivity training for health care professionals and staff. For example, pregnant disabled women are sometimes challenged regarding their right to have children.
- lack of health care coverage for holistic health services such as massage, acupuncture, naturopathy, chiropractors and homeopathic medicine
- lack of funding for women-centred counselling services

In 1993 DisAbled Women's Network (DAWN) Toronto conducted a survey with community health centres across Ontario. This survey was designed to find out to what degree these centres were accessible to women with disabilities. At the time of the survey 54 health care centres existed. Of the 54 health care centres, 49 responded, including seven hospital service organizations. The survey results show that accessibility to health care continues to be dismal. For example:

- only 6 percent of the centres have TTY's while about half of the centres



---

said that access for deaf, deafened and hard of hearing women was minimal.

- thirty-five percent of the centres have low examination tables that allow for easy access and safety for disabled women.
- only 13 percent of the centres said their staff had received training on disabled women's health issues.
- only one-quarter of the centres have a woman with a disability as a staff member.
- 39 percent of staff received training on the impact of violence and women with disabilities. This compares with 70 percent of the centres that said staff had received sensitivity training on issues of violence and non-disabled women.

### **Disability and illness: the difference**

Many women with disabilities enjoy good health and we need the same health care as non-disabled women. However, many health care professionals view people with disabilities as "sick or ill" and needing to be "cured."

This is very frustrating for disabled women because being disabled does not necessarily mean that we are "sick". Like others we get the common cold or other minor health problems. But the health

care professional may focus on our disability rather than on the problem we want treated.

### **Problems with research**

In the past, much of the research on disability issues has focused on the needs of men with disabilities. Little consideration was given for the unique needs experienced by women with disabilities. Rather, women with disabilities have tended to be lumped with disabled men under the term "people with disabilities". Due to sexist research, little information is available on the differences between women and men with disabilities and how this can effect health care.

Recently, there has been an increase of research on women's health care concerns. However, this research often does not include the experiences of women with disabilities. Again, we have been forgotten. As a result, it is often assumed that disabled women do not need access to women-specific services. These services can include maternity clinics, reproductive health counselling, feminist mental health services and abortion clinics.

### **Our Rights**

- As women with disabilities we recognize that we have the same



---

issues as non-disabled women regardless of our disability, race, age, class, or sexual orientation.

- We get pregnant and have children.
- We need access to abortion services.
- We are sexual and need information about reproductive health, safer sex, and infertility counselling and services. We need this information in formats that are accessible to us such as braille, large print, audio tape, or computer disk.
- We get breast cancer and other cancers. We need access to treatment.
- We age and need access to services for older women.
- We need access to Pap tests and breast examinations.
- We too deal with stress, and must learn stress management techniques so that we can learn to care for ourselves.

### **The Health and Disabled Women Project**

In October 1990, DisAbleD Women's Network (DAWN) Toronto received funding from Health Canada to address the health care concerns of women with disabilities. A goal of the Health and Disabled Women Project was to help women with disabilities become better informed consumers of health care

services. Another goal was to inform and educate health care professionals about the health care needs and issues of disabled women.

The project has developed new and creative resource materials for women with disabilities and health care professionals. The topics include: pregnancy and disability, how to talk to your doctor, sexuality, an access checklist, a guide for health care professionals and a speaker's kit.

This project has had and will continue to have an impact on women with disabilities and health care professionals who have been involved. Women with disabilities have been provided a forum in which to share their experiences. They are now working together with health care professionals to make important changes in the health care system.

### **Building new partnerships**

Although we need greater improvements within our health care system, recently we have seen some exciting changes. These changes show a level of commitment by health care professionals to address the health care issues of women with disabilities. These are some examples:

- A Toronto hospital, during renovations to its maternity ward ensured



---

that two rooms would be made barrier-free for pregnant women with disabilities.

- The College of Midwives of Ontario has a TTY. They also consulted with mothers with disabilities about their needs, and their permanent office will be located in an accessible location.
- A women's health centre has made a commitment to working with women with disabilities. In their clinic, they have a Midmark chair, an electric exam table that lowers to wheelchair height. In addition, the centre provides counselling services and health care services to women with disabilities.
- A number of health care professionals have requested the resource materials, and are actively putting into practice suggestions from the materials.

It is critical for women with disabilities and health care professionals to recognize the importance of the health care needs of disabled women. As women with disabilities we need to take control of our health, to ask questions and get the answers we need. Together, we can create a health care system that treats women with respect and dignity, a system that is truly accessible and inclusive.

---

## **Resources:**

**I want to be a mother, I have a disability: What are my choices?**

DAWN Ontario, 1993.

**Staying Healthy in the 90's: Women with Disabilities Talk About Health Care.**

DAWN Toronto, 1994.

**Table Manners: A Guide to the Pelvic Examination for Disabled Women and Health Care Providers.**

Planned Parenthood Alameda-San Francisco, 1982. 815 Eddy St. Suite 300, San Francisco, California, 94109.

**You and your Doctor: Partners in Care.**

DAWN Ontario, 1993.

**Women with disabilities talk about sexuality.**

DAWN Ontario, 1993.

**Women with Disabilities: A Guide for Health Care Professionals.**

DAWN Ontario, 1993.

---

## **For more information contact:**

DAWN Toronto  
180 Dundas St. W., #210  
Toronto, Ontario  
M5G 1Z8  
(416) 598-2438  
(416) 598-5059 (TTY)  
(416) 598-5244 (fax)

---

Design and Layout by ARTCETERA  
Clear Language by Preise Communications  
DAWN Toronto 1994

The Health Promotion & Social Development Office—Ontario Region, Health Canada contributed financial support to this publication. The views herein are solely those of the authors, and do not necessarily represent the official policy of Health Canada.

