

**LIVED EXPERIENCES IN THE UTILISATION OF MATERNAL HEALTH
SERVICES AMONG WOMEN WITH HEARING DISABILITY IN KAMPALA
DISTRICT**

FAZIRAH NAKABUUBI

RS18M07/063

**A DISSERTATION SUBMITTED TO THE FACULTY OF PUBLIC HEALTH, NURSING AND
MIDWIFERY IN PARTIAL FULFILLMENT FOR THE REQUIREMENTS OF THE AWARD OF
THE DEGREE OF MASTER OF PUBLIC HEALTH LEADERSHIP OF UGANDA CHRISTIAN
UNIVERSITY**

June, 2025



**UGANDA CHRISTIAN
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

Declaration

I, **FAZIRAH NAKABUUBI** hereby declare that this is my original work, is not plagiarized and has not been submitted to any other institution for any award.

Name, Fazirah Nakabuubi

Signature 

Date: 05th/06/2025

Approval page

The research Report has been written under my supervision and has been submitted under my approval

Name: Kobusingye Jacqueline

Signature: 

Date: 05th/06/2025

List of acronyms

WHO **World Health Organization**

HoH Hard of Hearing

VHTS Village Health Teams

UHC Universal Health Coverage

TBAs Traditional Birth Attendants

List of appendices

APPENDICE I; IN-DEPTH INTERVIEW GUIDE

APPENDICE II; CONSENT FORM

APPENDICE III; CONSENT FORM (LUGANDA VERSION)

APPENDICE IV; WORK PLAN

APPENDICE V; STUDY BUDGET

Operational Definitions

Women with Hearing Disabilities: Women aged 15-49 years residing in Kampala District who have difficulties hearing, whether with or without the use of hearing aids, and who have utilized at least one maternal health service (antenatal care, delivery, or postnatal care) at a health facility.

Utilization of Maternal Health Services: The act of seeking, accessing, and using health services related to pregnancy, childbirth, and postnatal care, including antenatal care, skilled birth attendance, and postnatal care services, by women with hearing disabilities within health facilities in Kampala District.

Perceptions of Maternal Health Services: The subjective views, opinions, attitudes, and feelings of women with hearing disabilities regarding the quality, accessibility, inclusiveness, and communication practices in the maternal health services they receive.

Table of Contents

Declaration	i
Approval page	ii
List of acronyms	iii
List of appendices.....	iv
CHAPTER ONE: INTRODUCTION	1
1.1 Background;	1
1.2 Problem statement	3
1.3 General objective.....	5
1.3.1 Specific objectives.....	5
1.4 Study questions.....	5
1.5 Justification	5
1.6 Significance	6
1.7 Theoretical Framework	6
CHAPTER TWO: LITERATURE REVIEW.....	8
CHAPTER THREE: METHODS.....	15
3.1. Study design	15
3.2 Study site	15
3.3 Study Population	15
3.4 Sample size.....	15
3.5 Sampling.....	16
3. 6 Inclusion and exclusion	16
3.7 Data collection methods and study procedure.....	16
3.7.1 Data collection method.....	16
3.7.1 Study Procedure;	16
3.8 Data collection tools	18
3.9 Data management	18
3.10 Data analysis.....	18
3.11 Quality control.....	19
3.13. Ethical considerations.....	20
3.13.1. Ethical Challenges and Risks	20

3.13.2. Principles of ethical conduct.....	20
3.13.3 Ethical Approval.....	21
CHAPTER FOUR: FINDINGS	22
4.1 Themes	22
4.1.1. Table of themes and subthemes here.....	23
4.1.2. Perceptions on the nature of maternal health services provision	24
4.1.3 Challenges/barriers to utilization	25
4.1.4 Nature of support provided.....	28
4.1.5 Coping mechanisms.....	30
CHAPTER FIVE: DISCUSSION	32
5.1. Perceptions on the nature of maternal health services provision	33
5.2. Challenges/barriers to utilization	35
5.3. Nature of support provided.....	37
5.4. Coping mechanisms.....	38
CHAPTER SIX; CONCLUSION AND RECOMMENDATIONS	40
6.1. Conclusion	40
6.2. Recommendations.....	41
REFERENCES	42
APPENDICE I; IN-DEPTH INTERVIEW GUIDE.....	46
APPENDICE II; CONSENT FORM.....	50
APPENDICE III; CONSENT FORM (LUGANDA VERSION).....	52
APPENDICE IV; WORK PLAN	54
APPENDICE V; STUDY BUDGET.....	55

CHAPTER ONE: INTRODUCTION

1.1 Background;

The attainability and enjoyment of the highest quality level of healthcare is a fundamental right to all people regardless of their financial, social or physical nature although this is not usually the case with people living with disabilities. Centers for Disease Control and Prevention (CDC) defines disability as any condition on an individual's body or mind that creates challenges and difficulties for that particular person to do specific activities and or have full and effective interaction with his or her environment these include the four major types of disabilities i.e. Physical disabilities, Behavioral disabilities, Developmental disabilities and Sensory disabilities.

Disability has for a long time been central and an important issue of public health concern around the globe. Several studies suggest that people living with different forms of disabilities face several challenges in accessing different social services include healthcare and this is due to different bottlenecks which are structural, financial or relating to the attitudes of service providers (Hashemi G 2022, Maart S 2014). Even though all people living with disabilities face challenges, it's worse off among women as opposed with men living with disabilities with disabilities due to other social concerns that affect women including the poverty levels, low education levels and poor incomes they face within the community. (Kakchapati S et.al 2022)

Hearing disabilities are an important aspect of global health. Hearing impairments or disabilities are defined as all kinds of hearing loss whether permanently or fluctuating and in turn affects an individual's hearing ability; these impairments include the hard on hearing (HoH) and the totally deaf. World Health Organization (WHO) 2021, reports that over 430million people require some form of rehabilitation to support in addressing their hearing loss, it further projects that nearly 2.5million people will have some level of hearing loss by 2050 and about 700 of those requiring rehabilitation.

Although all women might find challenges accessing maternal healthcare, women living with disabilities like hearing impairments face more challenges in accessing and utilizing maternal healthcare services and this this further impacts on their wellbeing (Mitra S, et.al, 2013). In a study conducted by Huntington (2002), he noted that women who are deaf don't have equal access and utilization of health services due to different barriers that are not about their gender and form of disability but also the attitude exhibited by some health providers and those with hearing disabilities which eventually result into poor delivery of services to these groups of people

Within the Sub-Sahara African region, women with different forms of disabilities including the hard on hearing and deaf usually face challenges in accessing and utilizing maternal healthcare services especially in public health facilities, they usually don't receive services effectively compared to the abled women and are occasionally left behind in regards to digital

health service provision approaches; they further face several forms of violence and are usually characterized with high poverty rates, low education levels and poor health standards due to the low income and social statuses. (Ronda Zelezny-Green, 2018)

Hard on hearing and Deaf people women accessing maternal healthcare usually face several challenges while at health facilities. (Foltz & Shank, 2020; James et al., 2022; and among the most important one is the ability to effectively communicate and interact with service providers. Several techniques are used by not just health workers but in general to communicate and interact with people living with hearing disabilities and some of these include written communication, speaking with tones and at a slow pace to enable those who can lip read to understand what is being communicated (Lieu et al., 2007), However, the recent Covid-19 made it worse for women with hearing impairments, the guidelines of wearing facemasks made it hard for deaf women to lip read and this leads to occasional miscommunication between the deaf women seeking maternal healthcare and the healthcare providers (Cradden, 2020).

A number of healthcare providers have agreed that lip-reading and use of note writing can be effective ways in communicating important health information to women leaving with hearing impairments (Shank, 2020). According to Foltz, (2020) over 30% of people who are hard on hearing or deaf avoid accessing and utilizing healthcare services due to communication barriers and this includes pregnant women and this puts their lives at risk; this in a way informs that lip-reading especially in low and middle income countries where education levels are low might not be an effective approach thus other options such as sign language interpreters should be developed especially under such circumstances.

Davies and Channon, 2004 noted in there study that pregnant women who are deaf and service providers face a challenges in providing and receiving consent and services that require patients to follow instructions provided verbally. Furthermore, these miscommunications bring about issues of mistrust and fear which are detrimental with the patient-health worker relationship.

According to the Irish Deaf Society, 2022, sign language was considered the most appropriate language among people living with hearing disabilities; however, this might be hard in emergencies and health facilities that don't have interpreters. In such cases, women with hearing disabilities seeking maternal healthcare have utilized relatives and friends while interacting with healthcare providers but this brings in a concern of privacy and confidentiality which is very critical in healthcare utilization and provision but also inaccuracies due to the fact that relatives and friends are not trained in sign language. (James et al. 2022). A study by Baruchi et.al 2014 further added that utilizing relatives and friends is maybe associated with conflict of interest and creates over dependency of people with hearing disabilities on these relatives and friends.

Like in many Low and middle income countries, the situation is similar for women with disabilities. Access and Utilization of maternal healthcare services is a challenge for these

women and they often fail to access the actual services they need. According to a study carried out by Natukunda (2022), only 66% of women with disabilities managed to be attended to by skilled health workers compared to the 84% of women without disabilities and this was attributed to the negative attitudes that health workers often have and the lack of awareness on how best to provide services to people with hearing and other forms of disabilities. The same study revealed that almost all hospitals lack expertise and necessary equipment to assist women with disabilities in accessing healthcare services

Like in other areas, the biggest challenge women with hearing disabilities face in Uganda is difficulties in communicating with healthcare service providers. Several studies (Natukunda, 2020, Ssengoba 2021) carried out in the different parts of Uganda highlighted that women with hearing disabilities face hardships in communicating with health workers and this is made better if they can read and write or with family and friends accompanying them to help in interpreting what the health workers are saying

Many Ugandan health facilities lack the necessary equipment and services like hearing aids and sign language interpreters who would help women in communicating with service providers. Although women use support from accompanying family and friends, this violates their rights to confidentiality and is prone to miscommunication by the unskilled interpreter and this can lead to misdiagnosis and other related challenges

Women with hearing impairments are at risk of experiencing negative experiences while utilizing maternal healthcare services and this may in turn scare them away from seeking professional care thus resulting into poor maternal health outcomes thus this study focused on describing the experiences of women with hearing disabilities during the utilization of maternal healthcare services.

The study set out to explore how the utilization of maternal healthcare services is experienced among women with hearing impairments. It explored how women with hearing impairments are impacted by the mode of service delivery at health facilities which is more designed for abled mothers. The study also sought to explore the barriers to affective utilization of maternal health services and the coping mechanisms utilized by women with hearing impairments to access and utilize maternal healthcare services

1.2 Problem statement

Effective utilization of maternal healthcare is a fundamental right to all human beings regardless of social status and disabilities. Women living with hearing impairments experience access and utilization of maternal healthcare in different ways; many several challenges in accessing healthcare at different points of service delivery and these needs to be addressed. (Foltz & Shank, 2020; James et al., 2022).

Utilization of healthcare services is highly determined by the level of access to these services; access in healthcare can be defined as the equality in opportunities and availability of healthcare services for all regardless of their social status, background and or disabilities,

however, people with hearing impairments face several challenges including the failure to effectively communicate and interact with service providers and this makes it hard for them to access and utilize the needed services when they visit these health facilities. (Palese, et.al 2017).

The utilization of maternal healthcare services among women with disabilities in Africa is greatly impacted on by the poor healthcare system service delivery which is usually unable to provide adequate healthcare services especially for women with disabilities like hearing impairments. According to a study by Chinkonono et al., 2020 in South Africa, Communication is the greatest barrier to effective access and utilization of maternal healthcare among women with hearing disabilities. Other challenges included the discrimination and stigmatization due to the poor attitudes they face from health workers

In a study conducted in Ghana by Appiah et.al, 2018, the most common communication means used by women with hearing disabilities was sign languages although this presented a challenge in effective communication since health workers are not trained and can't understand sign language.

Like in many countries in the Sub-Saharan Africa, there is lack of sign language interpreters in public health facilities in Uganda and this has exposed women with hearing impairments to several challenges while accessing maternal healthcare; this is made worse by the poor attitudes exhibited by some health workers towards these women; these poor attitudes from healthcare providers leave them stigmatized and thus push them away from accessing and utilizing professional care. (Doreen M, 2023 et.al)

According to an Article by Terence Kalule (New vision, 2022), the Ugandan healthcare service delivery system does not have the necessary aspects to promote the inclusion of people with hearing disabilities including women in programing and planning for service delivery. This leaves the mothers exposed to a wide range of challenges while accessing healthcare services and this usually leads to poor maternal health outcomes.

Although there is some information about the experiences of women with disabilities in accessing and utilizing maternal healthcare in Uganda, the specific experiences of women with hearing impairments in Uganda are not adequately documented with more studies documenting experiences of women with physical disabilities; little is known about how these women are affected during access and utilization of maternal healthcare since there form of disability is not visible and may not receive the attention it requires

Exploring and documenting the actual experiences of women with hearing impairments in regards to maternal healthcare service access and utilization is very important in informing the planning and designing of strategies and guidelines to improve services delivery and ensure the achievement of Universal health coverage.

This study aimed at exploring the experiences of women with hearing impairments and the challenges they face at healthcare service points. The study also explored the experience in

terms of accessing the service points, the kind of interactions with healthcare providers and the quality of services provided to these mothers.

The study findings are beneficial in designing evidence based approaches towards the improvement of service provision to women with hearing impairments and other forms of disabilities and this will contribute to global health goals including Sustainable Goal 3 and the universal health coverage targets. The findings will further support efforts aimed at improving the health policy environment. The findings also provide more opportunities for future studies around experiences

1.3 General objective

The aim of this study was to explore and describe the experiences of women (18-49) with hearing disabilities in the utilization of maternal health services in Kampala district

1.3.1 Specific objectives

The specific objectives of the study will include;

1. To explore the perceptions of women (18-49) with hearing disabilities on the utilization of maternal health services in Kampala district
2. To Understand the challenges faced by experiences of women (18-49) with hearing disabilities in the utilization of maternal health services in Kampala district
3. To explore the coping mechanisms utilized by experiences of women (18-49) with hearing disabilities in the utilization of maternal health services in Kampala district

1.4 Study questions

1. How do women (18-49) with hearing disabilities perceive the utilization of maternal health services in Kampala district
2. What challenges do women (18-49) with hearing disabilities in the utilization of maternal health services in kampala district
3. What coping mechanisms do women (18-49) with hearing disabilities employ to cope with the challenges experienced while utilizing maternal healthcare services in Kampala district

1.5 Justification

The challenges that women with hearing disabilities face during access and utilization of maternal healthcare services are very critical and there is need for these challenges to be documented and strategies aimed at addressing them developed. This will help in ensuring that they are accessing quality services and ensure universal health coverage. Understanding how service delivery in health facilities impacts the utilization of maternal healthcare

services for women with hearing disabilities from their point of view will provide accurate information thus designing responsive solutions

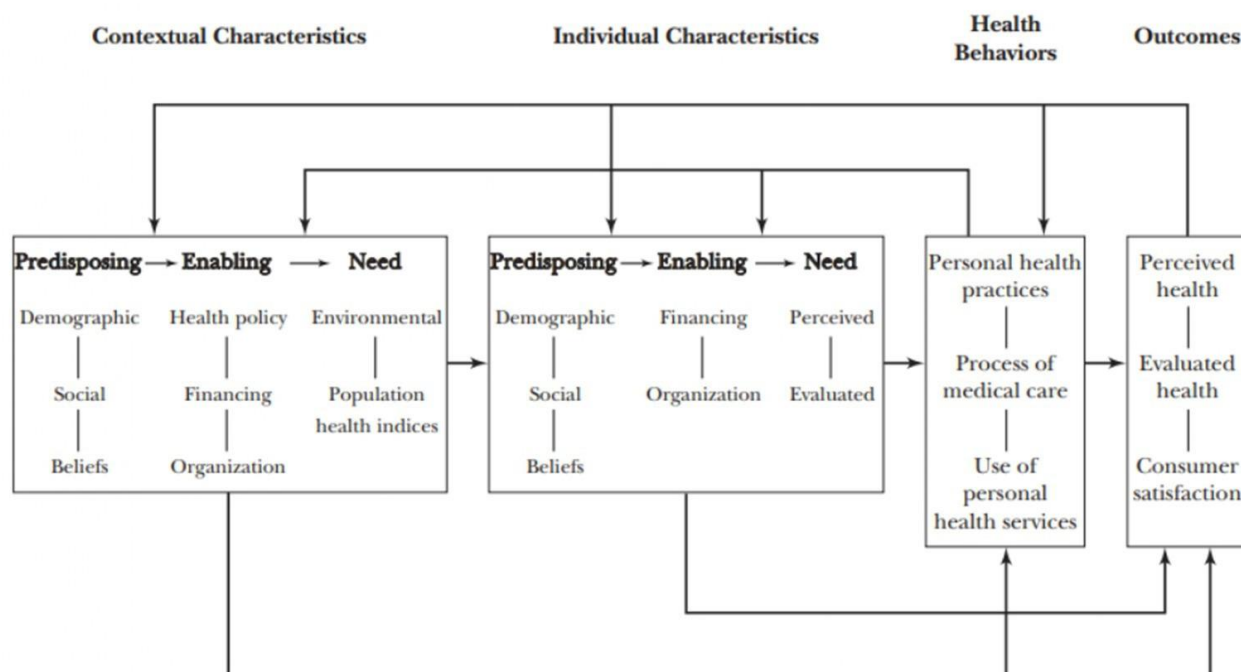
The study also adds on the body of knowledge around the experiences and challenges faced by women with disabilities in utilizing healthcare services which is very important in designing approaches to services delivery that are comprehensive and leave no one behind.

1.6 Significance

The study adds knowledge and information about the actual lived experiences of women with hearing disabilities during access and utilization of healthcare services. This information will act as evidence while developing responsive strategies for the challenges faced by women with hearing disabilities but also other forms of disabilities

1.7 Theoretical Framework

THEORETICAL FRAMEWORK REPRESENTED BY THE ANDERSON’S BEHAVIOURAL MODEL OF HEALTH SERVICE UTILIZATION TO REPRESENT THE EXPERIENCES OF WOMEN (18-49) WITH HEARING DISABILITIES THE UTILISATION OF MATERNAL HEALTH SERVICES IN KAMPALA DISTRICT



The Andersen's Behavioral Model of Health Service Utilization is a well-established theoretical framework that explains the factors influencing an individual's decision to seek and use health services. At its core, the model emphasizes that health service use is determined by three primary components: predisposing factors, enabling factors, and need factors. These elements interact to shape health-seeking behavior, either facilitating or hindering access to care.

Predisposing factors; these refer to the socio-demographic characteristics of an individual that exist prior to the onset of illness and can influence their inclination to use health services. These include variables such as age, gender, marital status, education level, occupation, ethnicity, and cultural or health beliefs.

Enabling factors; these encompass the logistical and structural conditions that either facilitate or obstruct access to health care. These include both personal and community resources such as household income, health insurance coverage, proximity to health facilities, transportation, and the availability of health personnel and infrastructure. Even if a person is predisposed to seek care, lack of money, transportation, or nearby clinics may prevent them from doing so. Enabling factors are often targeted in health system reforms aimed at improving access and equity.

Need factors; these are the most immediate and influential determinants of health service use. These include both perceived needs; how individuals interpret their symptoms or illnesses and evaluated needs medical assessments conducted by professionals. For instance, a caregiver may perceive a child's diarrhea as mild and not seek care, whereas a clinician might identify it as severe and requiring urgent treatment. The urgency and severity of the condition significantly influence whether and how quickly services are sought.

The interplay among these three categories determines the likelihood and frequency of an individual's engagement with the health system. Over time, the model has been adapted to include additional domains such as health behaviors and outcomes (e.g., satisfaction and quality of care), especially in evaluations of system performance and in studies focused on vulnerable populations.

CHAPTER TWO: LITERATURE REVIEW

A number of studies on experiences of women with disabilities in regards to the utilization of maternal healthcare services but fewer have specifically explored experiences of women with hearing disabilities. The fact that hearing disabilities are not visible like other forms of disabilities which are psychical, women face several challenges during access and utilization of healthcare since this kind of disability is not noticed instantly and many end up shunning health facilities and resorting to other options including delivering with traditional birth attendants

Experiences of women with hearing disabilities in utilizing maternal healthcare services

The utilization of maternal healthcare among women with hearing disabilities is a broad concept that should be discussed during programming and policy formulation. Achieving the universal health coverage concept will require a healthcare service delivery system that ensures easy access to information, communication and healthcare for all regardless of disabilities. Several studies have explored access and utilization to healthcare services in regards to social demographics and other factors associated including how women with different from of disabilities including hearing disabilities experience maternal healthcare service delivery. (Gulliford et al., 2002).

Although people leaving with disabilities face several challenges while accessing and utilizing healthcare, women with disabilities like hearing impairments experience greater challenges compared to the men and this is attributed to the low income statuses these women occasionally find themselves (Bonny, 2016)

The situation is even worse for women with disabilities while accessing maternal healthcare due to the common thinking that they are not sexually active, the poor attitudes from health workers towards them and the lack of expertise to provide services to these marginalized groups of people thus negatively impacting on the health and wellbeing. (Mheta 2023)

Several studies have revealed that women with hearing disabilities accessing maternal healthcare experience different barriers while accessing maternal healthcare services and among these include difficulties in communicating and interacting with healthcare providers, unfavorable service provision modes and standards and the poor attitudes from healthcare providers that eventually eaves them stigmatized. (Natukunda, 2022; Mannava 2016)

The lack of expertise among health workers in public health facilities where women seek care to effectively communicate with women suffering from hearing disabilities further worsens their experiences during service provision. Many health facilities in low and middle income countries like Uganda do not have sign language interpreters to help them communicate with healthcare providers and this makes access and utilization of these services very challenging for them (Ronda Z et.al 2018) This has forced many of these mothers to improvise with friends and family members who may not have the skills required to effectively carry out this job.

Women with hearing disabilities also struggle with access to healthcare information which is very essential for their maternal health and wellbeing. A study carried out in Mexico found that women

with disabilities including those with hearing disabilities developed negative attitudes towards family planning services due to the various side effects (Dansereau et al, 2017); many of these attitudes were as a result of misinformation about family planning services that they can make them barren or harm their uterus and ovaries.

Women with hearing disabilities occasionally report poor attitudes from healthcare providers during access and utilization of maternal healthcare services and this stigmatizes these women and pushes them away from accessing maternal healthcare services. (Tunçalp, et al, 2015). Other studies in Kenya and Uganda also found that women with disabilities like hearing impairments felt that they were not respected by healthcare providers and this gives them a negative experience while accessing and utilizing healthcare services (Apolot et al, 2019).

Women with hearing disabilities also experience low levels of privacy during maternal healthcare service delivery. Women have to access and utilize services in the presence of interpreters and usually these are friends and family members in circumstances where there are no trained sign language interpreters (Maphosa 2017).

Challenges faced by women with hearing disabilities in utilizing maternal healthcare services

Women with hearing disabilities face several challenges while accessing maternal service delivery with the most critical one being communication. A study by Gichane M (2017) revealed that although health workers try to communicate with women with hearing disabilities, they often fail due to the lack of expertise in sign language. The study further showed that these women turn to family members as interpreters and this raises question of confidentiality and delays in making diagnosis and providing services to these mothers.

The poor communication approaches more often than not result into misdiagnosis during maternal healthcare due to the failure of the women to articulate themselves or be understood by the care providers (Emond et.al, 2015). The same study found that many women with hearing disabilities shun accessing maternal healthcare services due to the expectations of having poor communication and risks of being misunderstood by care givers. Several studies have reported that the most common practice that women found very challenging was using notes written by health workers while providing services in the absence of interpreters. (Steinberg et al., 2006; Haricharan et al., 2013; Gichane et al., 2017; Witko et al., 2017). One South African study highlight that although English is the official language within healthcare it is often not the first language of the families accessing healthcare.

Due to the poor communication approaches at health facilities, the levels of Self-efficacy among women with hearing disabilities is greatly impacted. The belief that they will be able to access and utilize maternal healthcare services is highly dependent on the perceived quality of care and expected risks thus this creates a barrier to access and eventual utilization of services. A study By Kelly C (2015), surveyed women who were acquiring hearing aids and results indicated with adjustment to the hearing aids, women who had high self-efficacy had more chances of having

positive experiences while accessing and utilizing maternal healthcare services due to the gained self-confidence.

Appiah et.al, 2018 noted that the most common means of communication among women with hearing disabilities is sign language even though several healthcare providers are not able to understand these mothers; she notices that this is usually solved by the use of friend and families to interpret for the mothers although this also presented challenges of lack of confidentiality, mistrust and tendencies of miscommunication since the family and friends are not trained sign language interpreters.

According to Gichane et al., 2017, women with hearing impairments didn't have the confidence to relay their health concerns due to the lack of trust that their concerns will be communicated in very way they wished them to be and usually the women are not familiar with the interpreters thus making it hard for them to explain their reasons for healthcare seeking and this made it hard for them to access and utilize the intended services. (Senayah et.al. 2019)

Another challenge faced by people with hearing disabilities is the lack of equal access to healthcare services including information and this is attributed to communication barriers. (Naseri et.al. 2017). As a result of communication barriers, women felt isolated and this impacted on the self-esteem due to the fact that they were unable to access and utilize the needed services (Kritzinger et al., 2014).

Stigma resulting from discrimination is another factor affecting women with hearing disabilities while accessing healthcare services and this impacts on their willingness to seek, access and utilize maternal healthcare services. Women never get the required time to me seek the needed information, the services at the facility, case management and other services. (Gichane et.al. 2017).

The unwelcoming behavior and poor attitudes from the health workers towards women with hearing disabilities and the usually awkward statements usually made towards them are some of the experiences women complained about in a study conducted by Sithinyiwe & Ngonidzashe, 2016, women reported that tendencies of health workers hauling insults and lacking patience while dealing with them gave them a negative experience in accessing and utilizing healthcare services

Attitudes of health workers towards people with hearing disabilities is another factor that shapes the experience of women with hearing disabilities in accessing and utilizing maternal healthcare services. The most known attitudes related to health workers is that they are usually disrespectful, rude and very neglectful (Mannava P, 2015). Several studies associated these negative attitudes towards a range of reasons including social-cultural, institutional and individual factors contributing to these behaviors (Goldstein WH and M, 2012).

Although studies show that the poor attitudes affect both women with and without any forms of disability, those with disabilities reported that that their disability intensified the negative attitudes and this further made the experience with access and utilization of maternal healthcare services worse (WHO, 2105). The study further informed that women with hearing disabilities were more likely to face the negative attitudes and behaviors from healthcare workers in public healthcare facilities than private settings; this is more attributed to the fact that there is less community

involvement in the high level healthcare facilities in the management and delivery of maternal health services.

Healthcare workers in low and middle income countries including Uganda usually find it difficult to communicate with women facing hearing disabilities and many of these women often leave the health facilities frustrated due to failure to access quality services and this eventually discourages them from seeking healthcare services (Mulumba et.al. 2014). Apart from African countries, healthcare providers in other developed countries are also facing challenges while interacting with women having hearing disabilities Barnett et.al. 2011 informed that doctors in the United Kingdom reported that they were not very comfortable with attending to women with hearing disabilities due to the lack of necessary skills to communicate with them

Maternal healthcare service delivery approaches are designed to suit women without disabilities and more often communications and important information is provided verbally to all women seeking maternal healthcare services, this mode of communication and information sharing does not favour women with hearing disabilities and this presents a challenge for these women to understand what the health workers are saying and this impact negatively on their pregnancy outcomes

Several studies have reported that women experience difficulties in communicating with healthcare providers, in a study done by (Smeijers & Pfau, 2009) found that the challenges experienced by people with hearing disabilities including deaf and hard of hearing are at a larger extent similar to those experienced by ethnic minority populations. Factors at the interpersonal levels, overprotection and limited communication skills by the healthcare providers greatly impact on the level of access and utilization of maternal healthcare services by women with hearing disabilities. (Kritzinger et.al, 2014).

Women with hearing disabilities have more chances of having pregnancy complications and poor maternal healthcare outcomes and among these include low birth weights, preterm child births etc. There is scanty data about the maternal healthcare outcomes among people with hearing disabilities, a longitudinal study carried out in the US which included 645 women with hearing disabilities reported that these women are more likely to have caesarean sections or spend longer periods of time after normal vaginal child birth (Schiff et al., 2017).

People living with hearing disparities are more likely not to have enough information about health and the healthcare systems. (Kuenberg et al., 2016, Naseribooriabadi et al., 2017). This is because they usually don't have to the opportunities to access healthcare information while at home or within the communities; unlike other abled women who can pick incidental information from media sources and other community people like VHTs, hearing living with hearing disabilities don't have this opportunity and can only access this information when they intend to and this might be occasional. (Hall et al., 2018, Lesch et al., 2019).

Although several efforts have been made to improve maternal healthcare service delivery to people with hearing disabilities including strict laws that are meant to ensure that health workers provider quality and effective communication approaches to these group of women, health workers and the

entire health systems in different countries especially low and middle income countries are failing to provide tailored communication approaches to women with hearing disabilities (Lesch et al., 2019). Many health facilities lack sign language interpreters that could help in supporting women with hearing disabilities access and utilize services at public health facilities (Jenkins, & Jones, 2017). The poor communication approaches and styles usually used by healthcare providers affect the experience of women in accessing and utilizing maternal healthcare services and this results into wrong diagnosis and treatment and this further impacts negatively on the lives of women and their maternal health outcomes (McKee et al., 2019)

The integrative review aimed to synthesize the published studies' findings on the experiences of people with hearing impairment accessing healthcare services in SSA. The articles analyzed revealed seven (7) themes on challenges of people with hearing impairment accessing healthcare services. The themes included: ineffective Communication, lack of knowledge on health issues, lack of autonomy, financial problems, discrimination, negative healthcare worker attitudes, and security and privacy concerns. Poor communication between people with hearing impairment and healthcare providers was a severe impediment (Chinkonono et al., 2020). The standard mode of communication used by people

Accessing healthcare hearing impaired

with hearing impairment is sign language which most healthcare providers do not understand. To address the gap, healthcare providers communicated through a family member or an interpreter. However, interpreters' use created uncertainties, mistrust, lack of confidentiality, loss of independence, and discrimination perpetrated by the healthcare providers (Appiah et al., 2018; Gichane et al., 2017; Kritzinger et al., 2014; Sithinyiwe & Ngonidzashe, 2016).

Essentially, people with hearing impairment had barriers to relaying their health concerns. Sometimes, the hearing impaired was unfamiliar with the interpreter, making it difficult for them to explain their reasons for seeking health care (Senayah et al., 2019). However, interpreters' unavailability during consultation left the people with hearing impairment vulnerable to poor health history taking, affecting clinical outcomes, mainly when healthcare providers arbitrarily conclude the deaf person's health status. In some healthcare facilities, permission to avail interpreters was never sought from people with hearing impairment (Elkington & Talbot, 2015), which might violate privacy (Mweri, 2018).

Another concern echoed by the people with hearing impairment was that they were not given equal access to healthcare information and services like the hearing individuals. This has been attributed to language and communication barriers (Naseribooriabadi et al, 017). Furthermore, communication barriers also led to isolation and low self- esteem (Kritzinger et al., 2014). To address the communication barriers, family members or friends accompanied people with hearing impairment to the healthcare centers. However, this presented a conflict of interest as family members and friends were too emotionally involved in the client's care, sometimes displaying overprotectiveness in making decisions on behalf of people with hearing impairment.

Consequently, people with hearing impairment became uncomfortable and felt reduced to minors (Kritzinger et al., 2014). People with hearing impairment experienced discrimination that affected their willingness to access healthcare services. They were not afforded enough time to get adequate information on the facility's operations, prescribed course of management, advantages and disadvantages, and scheduled appointments (Appiah et al., 2018; Gichane et al., 2017). The healthcare workers added to the discrimination of people with hearing impairment as they considered them abnormal (Mulumba et al., 2014). People with hearing impairment also complained about unacceptable behavior and attitudes toward them and healthcare providers' demeaning statements. In one study, participants reported being stigmatized because they had conditions such as sexually transmitted infections (Sithinyiwe & Ngonidzashe, 2016).

Healthcare workers lacked patience when dealing with the hearing impaired (Senayah et al., 2019). Providers found it difficult and time-consuming to communicate with people with hearing impairment; thus, the hard-of-hearing individuals ended up leaving the healthcare facilities frustrated, discouraged, and feeling defeated, and some decided never to visit the healthcare facilities (Mulumba et al., 2014). The challenge of healthcare professionals interacting with the hearing impaired is not unique to SSA only. Doctors in the United Kingdom have reported feeling uncomfortable with patients with hearing impairment because they are not equipped with the necessary skills to communicate with them (Barnett et al., 2011). This is consistent with the study done by Despuza et al., 2017 who reported that people with hearing impairment described the encounter with healthcare providers as often challenging due to communication barriers.

Financial affordability was identified as a hindrance to accessing healthcare services. The majority of people with hearing impairment in SSA are either unemployed or engaged in low-paying jobs posing financial constraints to settle out-of-pocket healthcare costs (Senayah et al., 2019). However, Senayah et al. noted that in some instances, deaf and hard of hearing individuals are provided with financial support by families and through social welfare services.

Coping mechanisms women with hearing disabilities adapt to address challenges in the utilization of maternal healthcare services

Pregnant women with hearing disabilities require the same services like any woman accessing maternal healthcare services and even though they face several challenges in communication and other related factors, they have to come up with means to access these services amidst these challenges.

The use of family and friends as interpreters is the most common coping mechanism used by women with hearing disabilities (Blake, Tucker, & Glaser, 2014). Although using relatives in accessing healthcare as interpreters seem to be a better solution, it presents its own challenges; there is a possibility of miscommunication by the assistants to the mothers and this can have long term effects on their health and pregnancy outcomes.

For mothers who can read and write, this comes in handy for them during access and utilization of healthcare services. Some of the participants in a study done by Maart S, 2017 informed that they found it effective to communicate with healthcare providers through reading and writing small

notes and they were able to get the services needed, they added that this also ensured privacy since they didn't need interpreters.

A study noted that it's important that health workers identify communication preferences for women with hearing disabilities, many women may prefer to sit opposite the healthcare provider to be able to do lip reading or the health worker to talk a little slower and appropriately use body language and maintaining eye contact (Yuksel & Unver, 2016). Having a clear understanding of women with hearing disabilities on how they prefer to communicate and equipping healthcare workers with the necessary tools and competence in attending to them is very critical in improving the health wellbeing and pregnancy outcomes of these women

Several efforts should be made to support women with hearing disabilities access quality maternal healthcare services; there is need to improve service delivery for women with hearing disabilities in accessing maternal healthcare service accessibility and utilization. Training and educating healthcare providers on how to effectively communicate to women with hearing disabilities will improve the quality and standards of services provided to this group of women thus improving their health and wellbeing. A study on the experiences of people with hearing disabilities revealed that these women struggle with feelings of vulnerability and occasionally face discriminative treatment and this contrasts with the interpretation of health workers on the patients' needs (Sirch et al., 2017).

The World Health Organization also recommends that health workers be trained and equipped with the necessary skills to deal with women living with all kinds of disabilities. Maternal healthcare providers should be provided with on-job trainings (WHO, 2022). Furthermore, the WHO recommends that all health workers should be trained and equipped with skills in providing healthcare in approaches that are friendly to people living with disabilities. Policymaker should also be encouraged to ensure that the policies designed are mainstreamed to people living with disabilities along in maternal healthcare service delivery (WHO, 2023). The policies should equip health facilities with user friendly equipment or personnel for people living with disabilities including hearing aids or sign language interpreters

CHAPTER THREE: METHODS

3.1. Study design

The study used an existential Phenomenological study design. The phenomenological approach is selected because the study seeks to describe the experiences women living with hearing disabilities following the utilization of maternal healthcare services. In addition, the study benefited from relying on the responses that participants provided to help gain clear insights of their experiences and challenges faced; this approach ensured that the study collects actual information from the women themselves rather than what is generally perceived as true. In asking what is true for the women in this experience, we were able to describe the challenges they faced and how they cope with them and ensure that they access and utilize maternal healthcare services that they need.

3.2 Study site

The study took place in Kampala district at Starkey Hearing Foundation Uganda. The foundation is a global foundation established in 1984 by William Franklin Austin in Minnesota 6700 Washington Av, Eden Prairie, MN 55344, USA with a Mission: “Alone we can’t do much. Together we can change the world.” Since then, we have built the foundation on the goal; - So the World May Hear’.

In Uganda, Starkey Hearing Foundation has been operating since 2010 and has identified and supported people with hearing disabilities and has so far provided over 15,000 hearing aids and of these, 50% are children and women. The organization works in three phase approach, phase 1 involves patient’s identification, phase 2 it’s about fitting hearing aids to the identified patients and phase 3 it’s about following up on patients given hearing aids.

Although the foundation has patients all over the country, the study focused on women within Kampala. Participants for the study were selected from the different social demographic attributes to capture the different experiences

3.3 Study Population

The study focused on women in the reproductive age (15-49) living with hearing disabilities within Kampala district. These will be women who have utilized different maternal healthcare services including antenatal, delivery and postnatal care. The researcher will pay attention to different social aspects during sampling including the age, social and financial statuses, education levels etc. so that different experiences and perspectives are captured.

3.4 Sample size

Data saturation in qualitative research refers to the point in the research process when no new information is discovered in data analysis, Saturation means that a researcher can be reasonably assured that further data collection would yield similar results and serve to confirm emerging themes and conclusions. (Sandra L. Faulkner S and Trotter P. 2017). For

phenomenological studies, Creswell (1998) recommends 5 – 25 and Morse (1994) suggests at least six. A total of 13 interviews were held for this study. Noting of new emerging information necessary for the study objective was done during the interviews until no new information was captured. This signaled that the point of saturation has been reached and this marked the end of data collection process

3.5 Sampling

The researcher acquired the necessary approvals and accessed the necessary registers at Starkey Hearing Foundation. A purposive random sampling technique was utilized to select participants for the study; the purposive sampling approach is considered because the researcher wanted to select participants who had utilized a maternal health eservice but also include different social demographic aspects including age, parity, social and economic statuses etc.

3.6 Inclusion and exclusion

The inclusion criteria for the study included women in their reproductive age (15-49) living with hearing disabilities in Kampala district, have utilized a maternal healthcare service including antenatal care, delivery and postnatal care in health facilities both public and private

The exclusion criteria included women with impairments that render them unfit to give consent or share their experiences, those who have never been pregnant or accessed and utilized maternal healthcare services, women who have heard their children five years ago and those that are below 15 years and above 49 years of age

3.7 Data collection methods and study procedure

3.7.1 Data collection method

In-depth interviews were the main method of data collection used during the study. A one on one interview was held between the researcher and the participant.

An interview guide was used to guide the one on one in-depth interviews and make sure that all the necessary information for the study is being collected, the researcher continuously probed to get further understanding of the participants' experience. During the asking and probing process, the principal researcher also observe the participant for the non-verbal messages.

The recording and notes taking was done by the principal researcher herself using a voice recorder where necessary.

3.7.1 Study Procedure;

The following steps were used during data collection to ensure quality data for the study is being collected;

- Selection of Participants according to the set out guidelines; a lot of effort was made to ensure that the selected participants meet the required study inclusion criteria and that they will be able to participate effectively in the study
- After the selection of the participants, the researcher embarked on scheduling the interviews. The initial contact was made by an identified service provider at Starkey Hearing Foundation who under the supervision of the researcher explained to the participants the aim of the study and sought verbal consent initially.
- The identified staff introduced the researcher to the selected participants; an interview date, time and place was agreed upon between the researcher and the participant. The interviews were community based thus they took place at the participants' home, workplace or their preferred location and setting
- Once the researcher ensured privacy, brief introductions were made and participants were given detailed explanation about aims and objectives of the study by the researcher, their rights as participants, how the information collected will be used and how the interview will be conducted including being recorded on voice recorders. Participants were taken through the consent form and asked to consent at their own discretion.
- Every attempt was made to ensure a safe environment for the participants to share their experience; this included meeting in a place where the women feel comfortable and assuring them that their identity would be protected in the study. Participants were also informed about their rights in the study
- After the detailed briefing, the women were given an opportunity to ask any questions they may have at that point; and thereafter the interviewer began audio recording the interviews. The interviews were recorded using a digital voice recorder; the researcher also took some necessary notes during the interview.
- The interviews were held using guiding questions; the women were asked to describe their overall experience with accessing and utilizing maternal healthcare services adding as much detail as they would like. Probing and clarifying questions were also used. The questions were designed to allow for the sharing of an experience, and not to lead the participants toward positive or negative reports of their experience
- After the participants felt they had shared everything they felt is relevant to the interview, the audio recording was stopped and member checking was carried out. The interviewer spent a few minutes with the participant to debrief, discuss their experience in the interview and answer any additional questions she may have.

Observation; the researcher did some observation during the interview process and this helped capture the non-verbal messages and other important gestures made by the participant. These helped the researcher understand the magnitude of the experience to the participants

and also control the interview to avoid any form of emotional breakdown or discomfort by the participant.

3.8 Data collection tools

A prepared interview guide was used during the in-depth interviews. The interview guide included questions aimed at exploring the experiences of women with hearing disabilities while accessing and utilizing maternity healthcare; it also included questions on the challenges faced during maternal healthcare access and the coping mechanisms used to deal with those challenges. Probing questions were asked during the interviews to make sure that all the needed information for the study is captured and recorded.

The guiding questions were designed to bring out how the women living with hearing disabilities perceived their experience in accessing and utilizing maternal healthcare services, the challenges they faced and how they dealt with them. The in-depth interviews were held face to face using voice recorders, notebooks and pens.

3.9 Data management

The researcher made sure that the guidelines set for the selection of participants are strictly followed to ensure that the right persons are selected. The guiding questions were constantly reviewed to ensure that the right information is being collected.

A recording and some notes were taken during the interview and each interview was captured in its natural form. After every interview, the recordings were saved on a personal computer and on the researcher's personal Google drive account to avoid loss.

A naturalistic approach was taken by the researcher during the transcription process of the recordings at the end of every day of data collection. The transcriptions in vernacular were translated in English after the transcription process.

In the data management process, the researcher ensured that the data meets the principle of ethical conduct which include, but are not limited to confidentiality and human subject protection from harm. The researcher also paid attention to data storage, sharing, and ownership after the study is complete.

The researcher aims at publishing the findings after being approved so that they can be accessed for planning and informative purposes.

3.10 Data analysis

The researcher carried out an inductive thematic approach for data analysis. The following steps were taken by the researcher during data analysis:

1. **Familiarizing; this was the first step in data analysis.** The researcher made sure that he is familiarized with the data; this involved listening to the audios from time to time, transcribing the audios and reading through the text several times.
2. **Coding and Interpretation;** the next step was coding and initial interpretation of the data. At this stage, the researcher came up with shorthand labels to describe the content. Each label described an idea or feeling expressed by the participant in the text. This was followed by thoroughly going through the transcript of every interview and highlighting everything that jumps out as relevant or potentially interesting. The researcher highlighted all the phrases and sentences that match the codes. More codes were added as the researcher goes through the text. After going through the text, all the data identified by the codes was collected together into groups. These codes allowed the researcher to gain condensed overview of the main points and common meanings that recur throughout the data.
3. **Generating Themes;** the third step was looking at the codes created, identifying the patterns among them, and coming up with themes. The codes that don't appear a lot and seem vague were discarded. The researcher aimed at creating themes that can potentially tell everything important about the data in regards to the aim of the study. Themes for this study include;
 - I. Perceptions of quality of Maternal health services
 - II. Barriers to effective utilization of Maternal health services
 - III. Nature of Support provided
 - IV. Coping mechanisms
4. **Reviewing the themes;** themes were reviewed to ensure that they are useful and are accurate representation of the data. The data set was compared to the themes to make sure that nothing is missing and also make the themes a clear representation of the data.
5. **Defining and naming the themes;** under this step, the researcher identified what each theme actually means and what it entails, this helped in providing easily understandable names for each of them
6. **Write up;** the researcher embarked on writing the final report of the study.

3.11 Quality control

The researcher ensured quality control at all the stages of the study. The researcher used guiding questions during the interview sessions to ensure that the responses meet the objectives of the study. She also ensured that there is no influence in regards to the responses and that the interviewee is allowed to voice out as much as they needed.

During the transcription and translation stages, the researcher made sure that the stories are not distorted or changed and that what is written clearly represents what the interviewee meant during the interview. The researcher also ensured that the raw data and the transcription are not accessed by anyone not authorized to access them.

The researcher followed the following strategies to ensure quality control Criteria Strategies

- 1) Credibility/Internal; Subject review/Member checking was used to determine internal validity. Each Participant listened to the audio recording after the interview to assured that what was said is what they actually meant. Findings have been discussed with some of the participants to ensure that the findings speak to their experiences while utilizing maternal health services
- 2) Transferability/External; A clear description of the study context detailing the researchers role in the context and a clear representation of how the context might affect the ability to answer the original research questions was documented to ensure external validity
- 3) Dependability; Changes that occurred were described and how these changes affected the way the researcher approached the study.
- 4) Conformability; the researcher documented procedures for Objectivity checking and rechecking the data from the study to ensure conformability.

3.13. Ethical considerations

3.13.1. Ethical Challenges and Risks

Due to the nature of the phenomenon being studied there are many ethical challenges and risks that may face this research. Being very aware of these ethical issues, the researcher was well prepared with tools to help the participants through the interview, these include: giving the participants as much time as they need to tell their story and express their emotion, and balancing the interviews through allowing breaks where need arises.

3.13.2. Principles of ethical conduct

- 1) Voluntary Participation; Participants were given the opportunity to voluntarily agree to participate in the study or decline. Participants were asked if they wish to participate in the study during the initial contact by the contact person, further consent sought by the researcher before the start of the interview and only those that consent to participate were taken on.
- 2) Informed consent; a detailed explanation regarding the study and how the information will be used was provided to the participants prior to the commencement of the interviews. A consent form in the language the interviewee is more comfortable with was provided and signed to show that the participant understood the aim of the study and that they were not influenced in any way to participate in the study
- 3) Respect for anonymity and confidentiality; privacy and anonymity will be maintained throughout the study. All participants will have individual interviews therefore participants will not be aware who the other participants are. All documents containing confidential information such as recordings, consent forms and transcriptions will be kept in a secure place where they can't be accessed by third

- party. Participants were given pseudonyms to protect their identity in the research report.
- 4) Beneficence and non-maleficence (To do no harm); beneficence relates to the benefits of the research, while non-maleficence relates to the potential risks of participation”. The researcher ensured beneficence by sticking to the aim and objectives of the study and ensured Non-maleficence by being extra sensitive during the interviews.
 - 5) Respect for privacy; an invasion of privacy happens when private information such as beliefs, attitudes, opinions and records, is shared with others, without the participant’s knowledge or consent. A researcher cannot decide on behalf of other persons on those delicate issues. All aims, instruments and methodology must be discussed with the prospective subject and the research workers prior to the investigation. The researcher will ensure that never at any one time does a third party unless authorized will access personal details of the participants.

3.13.3 Ethical Approval

Ethical approval was sought from Research Ethical Committee of Uganda Christian University. Approvals from Starkey foundation to access clients’ information was also sought from the foundation management

CHAPTER FOUR: FINDINGS

Within the Ugandan context where the study took place, it was evident that women with hearing disabilities go through several challenges while utilizing maternal health services especially in public health facilities. Access and utilization of maternal health services in public health facilities in Uganda presents challenges to all women including the abled but gets worse for women with different disability due to the unique challenges they face. The fact that Uganda's healthcare system is designed to suit abled women more, women with disabilities struggle to access and utilize maternal healthcare services and many of them end up delivering with Traditional Birth Attendants (TBAs).

4.1 Themes

The study used a phenomenological study design and its objective was never to capture everything that is there to be known about the experience of women with hearing disabilities while utilizing maternal health services. It aimed exploring lived experiences of selected study participants in utilizing these services without general attributing the findings to all women with hearing disabilities. For the purposes of documenting allowing a clear understanding of experiences of women with hearing disabilities, several codes were developed during the analysis process and these were merged according to how they related to each other to come up with themes and these included;

1. Perceptions on the nature of maternal health services provision
2. Challenges/barriers to utilization
3. Nature of support provided
4. Coping mechanisms

The above themes are discussed according to the women's experiences at the individual level, interpersonal level and the institutional level in this results section. Illustrative quotes that align with the themes provided by the participants will be used throughout this section.

The table below shows details for the study participant. It represents participants' pseudo name and age

Characteristics of Participants

Participants' No.	Pseudo name	Age
Participant 1	Mary	34
Participant 2	Jane	26
Participant 3	Flavia	41
Participant 4	Scovia	29
Participant 5	Tracy	25

Participant 6	Cissy	30
Participant 7	Ann	35
Participant 8	Blessing	27
Participant 9	Stella	29
Participant 10	Justine	25
Participant 11	Naava	23
Participant 12	Asiimwe	30
Participant 13	Celestin	26

4.1.1. Table of themes and subthemes here

Themes	Subthemes
Perceptions on the nature of maternal health services provision	<ul style="list-style-type: none"> I. Awareness of the maternal healthcare services among women with hearing disabilities II. Effectiveness/quality of communication with health workers during maternal healthcare service provision III. Sensitivity and inclusiveness in the provision of maternal healthcare services by health workers IV. Confidence in accessing maternal healthcare services among women with hearing disabilities
Challenges/barriers to utilization	<ul style="list-style-type: none"> I. Communication challenges between women with hearing disabilities and services providers II. Accessibility at health facilities including lack of hearing aids III. Discrimination and stigma IV. Disrespect from maternal healthcare service providers V. Delays in accessing services VI. Failure to access quality and needed services VII. Inadequate time with health workers
Nature of support provided	<ul style="list-style-type: none"> I. Availability of customized support for women with hearing disabilities II. Availability of support system in terms of family/spouse and friends to support communication processes

Coping mechanisms	<ul style="list-style-type: none"> I. Utilizing family and friends during access and utilization of maternal healthcare services II. Prior psychological preparation II. Acquisition of hearing aids V. Building rapport with health workers prior to access and utilization of services
-------------------	--

The table above represents the themes and their related subthemes. The themes and the subthemes relate to the theoretical framework above that describe the experience of women with hearing disabilities during the utilization of maternal healthcare services. The experience of women with hearing disabilities is better explained at the individual level and how other levels including the interpersonal, community and the institutional level influenced their access to maternal healthcare services.

4.1.2. Perceptions on the nature of maternal health services provision

Individual level; the perceptions of women with hearing disabilities on the nature of service delivery accorded to them entirely depended on individual experiences among the participants in the study. Due to the fact that hearing disability is an invincible disabilities, all the 13 participants noted that they normally face challenges while utilizing maternal health services since the health care service delivery lacks proper procedures to screen out women with such disabilities. Ann noted that “...and it gets hard since the health workers don’t know that you can’t hear what they are saying and they just speak to all of us in a group so sometimes you end up not getting the necessary information that you need”

Social economic status; the experience with the nature of maternal health service delivery among women with hearing disabilities is impacted by their social economic status. Women with higher social economic statuses and can afford private facilities have better experiences and perceptions on the nature of maternal healthcare service provision compared to women with lower socioeconomic statuses. From the study, two participants had a better perception about maternal healthcare service provision approaches but they attributed this to the fact that they were in private facilities, Blessing shared that, “...I had received care and generally better services but I think it’s because I was paying for them, I don’t think I would receive the same when in public facilities like Mulago...”

On the other hand, Justine and 7 other participants noted that she didn’t receive the quality of services she ought to receive because she didn’t have the money but also because services in public health facilities are not good, “you need money if you are to get the services you want, the health workers need to be motivated and if you give them some money they will give you the services the way you need them...” Justine.

Perceived quality of care; the nature of service delivery that women with disabilities faced while interacting with health workers is very critical in shaping their perceptions about healthcare service delivery. From this study, all the 13 participants mentioned that the general mode of service delivery is designed for abled women thus women with disabilities especially invincible disabilities face challenges while utilizing healthcare services delivery. They noted that the current approach to service delivery is not accommodative to them and occasionally face several challenges “...*I would struggle here and there because there was no service delivery customization for people with hearing problems, it was general services and this creates challenges for us since we can't get the information the same way like fully abled women*” Cissy

4.1.3 Challenges/barriers to utilization

Although all women including those without disabilities may face challenges while utilizing maternal healthcare services due to the state of public health facilities in Uganda, women with hearing disabilities face more challenges due to their invincible type of disability. From the study, participants reported several challenges that included

i. Poor Communication and interaction with health workers; Communication with health workers during the utilization of healthcare services was the most reported challenges by the participants, 11 of participants reported severe challenges in interacting with health workers. They noted that the fact that the hearing disability made it hard for them to effectively interact with health workers and more often left them dissatisfied with the nature of services maternal health provided to them.

All the participants in the study had a problem some with communicating and interacting with health workers at least once during the utilization of the different maternal healthcare services. One of the participant noted that, “*I can't say effective because there were challenges and am sure there was a lot of things that I didn't hear while they were talking to me because at that time you are in pain due to labour and you can't hear well*” Jane.

Another participants added the hearing problem made it hard for her to communicate with the health workers even when she preferred to talk to them directly, “*of course with my hearing problem, it was communicating with the health workers, it became a problem because sometimes I would prefer talking to the health workers directly but it came with challenges...*” Blessing

Celestin narrates that the communication challenges she faced during her first visit to the health facility made it a must for her to get someone to go with every time she is seeking maternal health services “*it did in a way that I can't go to a health facility without someone accompanying me or without a hearing aid because I know I will find issues with communicating with the health workers*”

Although many all the participants faced a challenge with communication, two of the participant noted that this was lessened due to the fact that they were in a private health

facility and had informed the health workers about her condition prior to utilizing maternal health services, *“I had informed the health workers when we entered even my husband had told them about my problem and although I didn't have a hearing aid by then and the health workers would talk loudly and make sure that I had what they have told me”* Cissy

In this study, it was evident that communication and interaction with health workers is the major challenge that women with hearing disabilities face while utilizing maternal healthcare services especially in public hospitals

- ii. Discrimination and stigmatization from the health workers;** Due to the lack of the ideal skills of handling women with hearing disabilities and some unsympathetic elements among health workers, participants in the study reported scenarios where they felt discriminated and stigmatized by health workers during the utilization of services. Three of the participants reported that they were made to wait until all other abled women are served so that they can be given enough time, *“they made me wait a bit until the other abled women are done getting since for them they talk once and they pick but for me, they need to repeat themselves and this delays them providing services to others since for me it will take more time”* Mary

Jane also reports that she faced a similar problem, *“...that day I came in earlier but when I told the health worker about my hearing problem, she told me to first wait so that she attends to other women since I would take a lot of time, she said I should come last so that she gives me enough time but for me that was discriminative.* Jane further adds that she felt stigmatized due to the fact that health workers discuss their condition with other health workers, *“They should also stop discussing patients’ conditions with their colleagues, someone finds out that you can’t hear well and they go on informing their colleagues how you are giving them a hard time because of the problem, this is stigmatizing*

Flavia also notes that being referred by one health worker to another was also a source of stigma, *“...another issue with the health workers was the stigmatization, many of these health workers would refer to you to another Health worker since they feel they can't help you due to the problem of hearing”*

- iii. Attitudes from the health workers;** the attitudes that some health workers; it is very important that health workers pose a positive attitude all time while providing maternal health services to women in all their diversities. From the study, 9 of the participants reported that they experienced some negative attitudes from health workers at some stage during the utilization of maternal health services. One of the participants noted that the poor attitudes of health workers create fear within them and may fail to interact with health workers, *“for me it was their attitude because I expect that if someone begs your pardon, there is a reason either he/she has heard or something so their attitude is demoralizing because there are times when you feel isolated because you keep wondering how you going to interact with these health workers because of their attitudes”* Ann

Tracy adds that women with hearing disabilities find problems with the attitudes of health workers who are not sympathetic, *“if you find a health worker who is not kind, you will have challenges, some health workers are tough and expect you to be able to hear like other women and wants you to follow instructions the same way the abled women”*

Although majority of the participants reported instances of negative attitudes, one of the participants noted that she never felt a bad attitude from health workers, *“I can say yes because most of them were okay although there are some who get irritated and they would give me time to explain when they found out that I can't communicate effectively with them”* Flavia

- iv. Disrespect from health workers;** respectful maternity care is a fundamental right for all women and it's an ethical duty for health workers to ensure that women are handled with the outmost respect while providing services to them. From this study, 7 participants emphasized that respect from health workers especially in public health facilities is not good enough and it gets worse for women with disabilities. Jane notes that health workers especially the nurses and midwives are always rude and disrespectful *“you know how these midwives and nurses can be, they are always rude so and very disrespectful, because for me I can hear in case someone speaks louder so sometimes you could hear them complaining about the hard time I gave them because I wasn't hearing”*

Justine adds that, *“I think when it comes to respect it's a general problem the nurses and The Midwives are very tough and they can back at you and Shout at you when they are providing their services so I can't say that my rights were fully respected...”*

Another participants noted that, *“health workers they don't really mind about respecting women they only do what they want they only give you the services that they feel that you need in any way they want it's with all women not just us who don't hear very well”* Scovia

Only 3 participants reported that they were fully respected and taken care of but attributed this to the fact that they were in private facilities where they were paying for the services being provided. One of them noted that, *“..., I felt respected but you expect that when you are in a private facility, you paying them so they are forced to respect you and take care of you because you paying them...”* Asimwe

- v. Failure to access needed services in time;** due to the hearing problem, women are usually at risk of failing to receive the required or delays. 5 participants in the study reported that they ever experienced delays to receive services because they didn't hear their names being called out; Mary notes that *“I had gone for ANC, I usually use government owned hospitals so you hand in the book and wait until they call your name and you approach the health worker so for me I lost a little bit of attention and they called my name but I didn't hear so I was served last yet I came in early”* part 1

Another participant noted that she failed to go for some services because she didn't hear the health workers guidance, *“struggle a bit to communicate with them tell me to go to scan*

many times I didn't hear and they kept on asking me why I wasn't going to the scans to them that even though I have this hearing aid” Scovia

vi. Negative impact on health seeking behavior; the nature of service provision women receive has a high impact on their health seeking behavior. It is important that women receive the right care and service so that their health seeking behavior is not negatively impacted. 9 Participants reported that the nature through which received services negatively impacted their health seeking behavior, Blessing reported that *“sometimes you get frustrated and actually I reached a time when during my other pregnancies when I would just go for the first visit and the last visits and I would do the other visits from a clinic”*

Another participants noted that, *“after I gave birth my hearing decreased even further, so sometimes I fear going for services though I haven’t needed maternal health services so I don’t know now because I think with the attitudes of health workers, I might have more issues” Tracy*

Cissy informed that she received a positive experience with utilizing maternal health services since she was in a private facility and would go back for maternal services, *“it was positive experience since I was in a private facility, and I have used the same hospital for both my children because they gave me good services so I would always go there for services”*

vii. Inadequate time provided during service delivery; due to the high volumes of women seeking maternal health services especially in public health facilities, women with hearing disabilities are less likely to get the time they need with health workers. 8 participants reported that the time they spent with the health workers wasn’t enough for them to get satisfying and quality services. Tracy reported that, *“they sometimes give less time to these women, some of them come and want to spend less time on a patient and sometimes women with hearing disabilities miss out of some services because they require some bit of time to effectively communicate to the health workers which these health workers don’t provide since they are in a hurry”*

4.1.4 Nature of support provided

Support for women with disabilities is very important in shaping their experiences while utilizing maternal healthcare services. Women with hearing disabilities more often need all forms of support especially when it comes to communicating and interacting with healthcare workers and those without support may face several challenges in accessing healthcare services.

i. Spousal support; Support from partners is very critical in shaping the experience of women with hearing disabilities. From the study, 7 participants reported that they received enough partner support while utilizing maternal health services and this positively impacted on their general maternal health service utilization experience. Mary informed that her husband played an integral part in helping her communicate with health workers, *“...my*

husband, he really helped me to communicate and interact with health workers because whenever they told me something and didn't hear he would either answer for me or repeat for me"

Justine also shares that her husband was always there to offer support when needed, *"he is always there, talking to the health workers on my behalf, buying the things I need while at the hospital so he supports whenever there is need I can't specify the way but whenever the need for his support arise, he comes through"*

On the other hand, 3 of the participants reported they didn't have partner support although they acknowledged that it would have made a difference in their experiences with utilizing maternal healthcare, *"even my husband, we rarely go to the hospital together yet women who come with their husband find it easy and I think he would have helped me with talking to the health workers because he knows my problem but I have to go alone and I have to find ways of helping myself get services that I need"* Scovia

ii. Health workers' support; the nature of service delivery provided to the women with hearing disabilities has a significant impact on their general experience with maternal health service utilization. It is important that health workers understand women with hearing disabilities and accord them the support they require while accessing maternal healthcare services. Four of the participants reported that they received support from health workers, *"the midwife who helped me deliver was kind, I had explained myself to her and she would talk loudly for me to hear and encourage me"* Jane

Another participant noted that communication with the health workers was okay because she could ask and they health workers could pardon her, *"the communication was okay, of course I would ask when I haven't heard, I wouldn't mind if you had to repeat yourself because I have paid for the service so the communication was okay"* Ann

Another participant informed that she informed the health workers about her condition thus they would make sure she has heard what they are telling her, *"the health workers would talk loudly and make sure that I had what they have told me they would even tap me in case they say something and I don't hear"* Stellah

Apart from the four participants, 9 participants noted that they didn't receive any customized support from health workers while utilizing maternal health services. They noted that they had to figure out how to interact with health workers on their own, *"if you go there without support especially in communication it would be hard, there is no equity to make sure that even though this mother has a problem with hearing problem gets a service that they need"* Cissy

Another participant informed that health workers can't provide the required support due to the number of patients *"Most of us pregnant women have issues and we need health workers to really care for us they need to give us time so that we can explain our conditions"*

to them and we get help but sometimes we never get that since because these health workers are attending to many people” Scovia

iii. **Family and friends;** Family and friends are very key in support women with hearing disabilities while accessing and utilizing maternal healthcare services. All the 13 participants reported that having family or friends supporting them while utilizing services was very critical in shaping their experiences. Blessings informs that her family members were very helpful in communicating with health workers, *“the health workers were asking so they support in communicating with the health workers was very much needed and important for me to successfully access services at the hospital” Blessing*

Another participant informed that her family supported her a lot during delivery, *“that labor time a woman is in a lot of pain and you need all the support that you can get problems, I relied so much on my family especially my husband and my sister because they were there for me all through” Ann.* Tracy added that her family members were supportive, *“my mother was there, also my sisters especially after birth they came in to support me” Tracy*

One of the participants reported that they only got spousal support and not support from other family members and friends *“No they helped me in other things but not with accessing services, maybe my husband but not much, I have a the hearing aids and a little bit of hearing so I could communicate with the health workers but I would need someone who is loud to hear” Justine*

iv. **Community;** From the study, only one participant reported having received some support from the community, Jane reports that, *“maybe the day we were getting discharged I asked the women who was sitting next to me to help inform me what they health worker has said since she was giving us health education in a group and I wasn’t close to her so I would not hear and that lady helped me”*

4.1.5 Coping mechanisms

From this study, it was evident that women with hearing disabilities face several challenges while utilizing maternal healthcare services. The healthcare system in Uganda lacks a customized approach to the provision of maternal healthcare services to women with hearing disabilities thus many have to device strategies to cope with the challenges they face. Participants in the study noted different coping strategies that women with hearing disabilities can employ to cope with the challenges and receive services and these included;

1. **Psychological preparation;** women with hearing disabilities more often know the challenges they might face while accessing and utilizing maternal healthcare services due to the nature of service delivery system that is more accommodative to abled women. From the study, all the participants noted that they had to prepare psychologically for any challenges they would meet especially those who sought services in public facilities. One of the participant noted that women with hearing disabilities should prepare

psychologically for all the challenges that they might face, *“what I can say is that women with a hearing problem like mine should prepare psychologically for a few challenges like being discriminated or stigmatized in any way and focus on getting the needed services”* Flavia

2. ***Support from family and friends;*** family and friends offer an important aspect in regards to support for women with hearing disabilities while utilizing maternal healthcare services. All the 13 participants in the study noted that women should always have someone escort them so that they are supported with while interacting with health workers. One of the participant shared that she always sought support from family while interacting with health workers, *“the health workers would talk to us in a group and you know how tough they can be, so sometimes I would move closer to them or ask my caretakers or fellow women to help me but usually I would ask help from my family members”* Jane

Another participants shared that, *“...I was tired, I slept off and the baby cried a lot but I wouldn't hear him crying, it's the neighbor who helped and by the time I woke up, I realized someone was carrying the child... you can always rely on people when you befriend them so whenever I fell asleep and the bay cried, they would help me carry him or wake me up to breastfeed him”* Blessing

3. ***Prior informing the health workers;*** informing the health workers about the hearing problem was another coping strategy utilized by some women in the study, they noted that although they wouldn't want to share their condition, health workers knowing about the hearing problem creates an opportunity for a customized nature of service delivery especially with sympathetic health workers. Four of the participants reported that they used this option and this helped them lessen the challenges. *“I had informed the health workers when we entered even my husband had told them about my problem and although I didn't have a hearing aid by then and the health workers would talk loudly and make sure that I had what they have told me they would even tap me in case they say something and I don't hear”* Stelah

Another participant shared that because she had already told the doctor about her condition, she managed to get quality services, *“I was really given a good service because whenever we would go ANC visits I would go with my husband and I had already told the doctor that when he is speaking to me he should speak louder and told him about my condition”* Tracy

4. ***Befriending specific health workers;*** some of the participants noted that identifying and befriending a particular health workers is a good strategy in coping with challenges faced by women with hearing disabilities, she noted that, *“I usually try and befriend health workers because then it's easy to tell them about the hearing problem because even though we have this hearing aids you don't hear so sometimes you have to ask again to repeat herself”* Scovia

CHAPTER FIVE: DISCUSSION

Access and utilization of maternal healthcare services has been evidenced as a working strategy to the reduction of maternal mortality in Uganda and the world at large. (Kujala S, 2017). All women in all their diversities have a fundamental right of accessing and utilizing maternal healthcare services without any forms discrimination or challenges.

Several studies have reported several inequalities in the utilization of maternal healthcare services especially among women with disabilities. (Mashamba T, 2016; Gichane, 2017; Mitra, 2019). Women with disabilities face several challenges including discrimination, stigmatizing, and difficulty in interacting with health workers (Mitra, 2019). It's important that customized maternal service delivery approaches aimed at addressing specific challenges that women with disabilities face are designed and implemented to ensure the achievement of universal health coverage.

Several studies show that several improvements have been made to ease the utilization of maternal healthcare services for women with different types of disabilities but not much has been done to cater for women with hearing disabilities. Due to the invisible nature of the hearing disability, women with hearing disability more often suffer in silence and may end up not utilizing the services they need. (Masuku K.P, 2020)

Women with hearing disabilities face several challenges and usually affects the quality of interaction between women and the healthcare providers, the communication barriers the hearing disability creates between women and health workers creates severe challenges which include miss diagnosis but also creates a barrier in access and utilizing maternal healthcare services(Masuku K.P, 2020)

This study aimed at exploring the perceptions of women with hearing disabilities in regards to their utilization of maternal healthcare services. It focused on understanding and documenting the challenges faced by these women and how they coped with them in Kampala district. Exploring the lived experiences of women with hearing disabilities with utilizing maternal healthcare services helps in understanding the challenges they face, their coping mechanism and how best they can be supported.

The literature around the utilization of maternal health services among women with hearing disabilities in other areas showed that these women face several challenges especially when it comes to communicating and interacting with health workers thus it's important to have a clear understanding of how they perceive the nature of services provided to them, the challenges and how they cope with them. Understanding all the challenges faced with these women with hearing disabilities while utilizing maternal healthcare services is very important in planning and designing customized service provision models for women with hearing disabilities.

A total of 10 participants were identified and included in the study; these willingly shared their experiences with utilizing maternal healthcare services both in public and private facilities.

These were women in their reproductive ages, 18-49 years and each participant described the different moments and actions that shaped the whole experience of utilizing maternal healthcare services

Using an inductive approach during analysis, four themes were emerged and these included;

1. Perceptions on the nature of maternal health services provision
2. Challenges/barriers to utilization
3. Nature of support provided
4. Coping mechanisms

The paragraphs below discuss in depth the themes that arouse from the study

5.1. Perceptions on the nature of maternal health services provision

At the individual level; the nature of maternal service delivery in health facilities is very important in shaping the experience and perceptions regarding maternal health service delivery among women with hearing disabilities. The mother's social economic status and quality of care while utilizing maternal healthcare services are very integral in shaping their perceptions about maternal healthcare for women with disabilities. A study done in Ghana by Obeng, 2024 showed that it's very important that women are accorded the social economic status of women with all forms of disabilities including those with hearing disabilities highly impacts the quality of care they receive at health facilities

In this study, women with higher social economic statuses are usually able to access quality services while accessing maternal healthcare services and this in turn leaves them with positive perceptions about their experience with the nature of maternal healthcare services. Findings in studies done by Margret W, 2017 and Mheta D, 2023 showed similar findings where women who were able to afford private facilities had a positive perceptions about the nature of maternal healthcare service delivery for women with hearing disabilities compared to those who relied on public facilities. It is important that women with hearing disabilities are economically empowered but also provided with enough social capital to enable them seek services in a comfortable manner

At the individual level, it's also important to note that women with hearing disabilities have fears when it comes with seeking healthcare due to the challenges involved. Seven of the participants in this study noted they already had fears before going to the health facilities due to the challenges especially with communicating with health workers and although they had some support, they noted that the nature of maternal service delivery for women with hearing disabilities do not effectively respond to their needs. These findings are similar to those made by Emond A (2015) that showed that women with hearing disabilities who had fears or perceived accessing healthcare services as a risk had a negative perception about utilizing health services. It is important that women with hearing disabilities are encouraged and

supported to seek maternal healthcare services and health workers should be trained on how to communicate and serve them

Interpersonal and community levels; Family, friends and the community are important aspects in shaping the experiences of women with hearing disabilities while accessing maternal healthcare services. Women who had a strong social support structure were able to access services easier than those without social support systems. The support rendered to them during the utilization of services is critical in lessening the impact of challenges faced by women with hearing disabilities. Jean A, 2022 had similar findings in his study that women with hearing disabilities who had family and friends supporting them all through their utilization of maternal healthcare services received quality services and hence had a positive perception about the nature of services. In contrast to a study by Foly (2022), he found that although women with social support might not face severe challenges, some of those still negative perceptions about the nature of service delivery due to institutional challenges and the need to interact with health workers by themselves. Women with hearing disabilities are vulnerable during the utilization of maternal healthcare services during to the challenges involved thus it very important for family and friends to provide all forms of support during that period.

The lack of enough health facilities and qualified personnel especially in rural areas also impacts the perceptions on the nature of maternal service delivery among women with hearing disabilities. Facilities being far away from their places of residence makes utilization of services a challenge. Participants in the study noted that health facilities being and far and lacking qualified personnel like sign language interpreters negatively impacts on the nature of access to healthcare services and the nature of its delivery. Studies done by Gichane M.W (2017), Lesch, H (2019) and Hall, W (2018) found similar findings when participants noted that health facilities are more in urban centers which makes it hard for women in rural areas to utilize services even when they wish to and the lack qualified health personnel to handle women with hearing disabilities presents unique challenges to the service provision system for women with hearing disabilities. Health decision makers should ensure that health facilities are physically accessible to all women in their diversities and qualified personnel with the needed skills to handle different forms of disabilities are available in these health facilities.

Institutional level; health workers are an integral component in shaping the experience of women during the utilization of maternal healthcare services. Their attitudes are very important in shaping the perspective of the nature of services among women with hearing disabilities. Health workers who are compassionate and kind to women with hearing disabilities and provide them services with a customized approach leave a positive impact on these women and shape a positive perspective on the nature of service delivery. This study had similar findings in a systematic review made by Mannava P (2015) that showed that the attitudes and behaviors of service providers are very critical in shaping the perspectives of women with hearing disabilities. It's important that health workers uphold their ethical values and ensure that they provide services in a respectful manner to all women regardless of the status or disability.

5.2. Challenges/barriers to utilization

Women with hearing disabilities face lot of challenges while accessing maternal healthcare services. This study found several challenges that directly not only impacted negatively on women's experience with utilization of healthcare services but also their health seeking behavior. The findings are similar to those made by Margaret W (2017) that found several challenges faced by women with hearing disabilities. For the fact that their form of disability is invincible, they usually suffer in silence and health workers don't have the necessary skills to customize service delivery to them and provided the quality services to them

Individual level; Communicating and interacting with health workers is the most challenging aspect for women with hearing disabilities while utilizing maternal healthcare services at the individual level. The lack of professional interpreters in health facilities and customized approaches of service delivery to meet the needs of women with hearing disabilities creates a gap in the interaction of these women with health workers. These findings are similar to those found in several studies (Orulogun, 2018; T.G. James, 2022; Savo. N, 2023) that women have challenges with communicating and interacting with health workers. It is paramount that health facilities management units put in place sign language interpreters to support communication between healthcare providers and women with hearing disabilities.

Institutional level; Majority of the challenges women face during the utilization of maternal healthcare services are based at health facilities. From this study, it was evident that women face challenges at the health facility either with the service delivery approach which is more designed for abled women or with health workers who are rude and impatient with them. Lesch, H (2019) noted that service delivery approaches in health facilities are friendlier to abled women compared to women with disabilities. It's important that healthcare services are designed to meet the needs of all women regardless of their statuses and or disabilities.

The high number of patients attended to by the health workers also make it hard for health workers to provide the required time for women with hearing disabilities to communicate effectively. Participants in the study reported that the difficulties in communication denies them the quality of time and services they ought to get and usually settle for what they can get. These findings are similar to those made by T.G. James, (2022) found that women with hearing disabilities don't get quality services especially in public facilities that have limited healthcare providers attending to big numbers of women. There is need to recruit more health workers to allow patients enough time with healthcare providers.

Women with hearing disabilities also face discrimination and stigmatization while utilizing maternal healthcare services. Due to the workload that health workers have especially in public health, many of them tend to get irritated when women with hearing disability can't get their instructions instantly and usually end up putting them aside or using harsh tones on them. This harsh tones stigmatizes women because some health workers end up insulting them and attending to them last. The study found that women felt discriminated when health workers decide to serve them after all abled women with a reason of according them enough time.

These findings align with those made by Savo N (2023) that found that the mode of maternal service delivery system that is more designed for abled people usually discriminates people with disabilities and often makes them stigmatized. It's important that health workers uphold their ethical standards and treat women with hearing disabilities with respect.

The health workers attitudes towards women with hearing disabilities also challenged their utilization of maternal healthcare services in a way that some health workers are impatient and not comfortable repeating themselves several times yet these it's a necessity while handling women with hearing disabilities especially those without hearing aids; women in this study noted that several health workers prefer attending to women who will pick and grasp their instructions instantly thus end up referring these women to their colleagues thus causing delays in providing services to them. This finding is similar to that made in a study by Mheta D, 2023 in South Africa. (Dutta, G.K). Health workers need to be more compassionate and understanding to women with all forms of disabilities and attend to them with kindness and positive attitude.

Respectful maternity care (RMC) is an important aspect in the utilization of maternal healthcare services. Although all women are face challenges with the abuse of RMC, women with disabilities like hearing impairments are more affected due to the fact that they struggle with both discrimination vices and the stigma from the disrespect from health workers. This creates emotional challenges while utilizing maternal services and affects their health seeking behavior. In this study participants informed that respect for women with hearing disability was very low especially in Public health facilities although they noted that this is a general thing that affects all women seeking services. These findings are similar to those made by Savo N (2023) in Nepal that found that women with all forms of disability experience disrespect while utilizing healthcare services due to the fact that many are not aware of their rights or unable to speak for themselves. All women including those with disabilities have a right to RMC thus health workers should ensure that they provide services with the outmost respect to women with hearing disabilities.

In this study, one of the participant mentioned that she usually failed to seek clarity about some information provided by the health workers due to fear of being shouted by health workers. The fact that health workers especially nurses and midwives are assumed as being harsh creates fear among women to approach them, it's important that health workers are loud enough for women with hearing disabilities to hear them but this is not usually the case thus these women more often fear to make them repeat themselves thus leaving the health facilities with half-baked information or nothing at all. (Kalule T, 2022). Health workers need to be welcoming so as to have a positive impact on the health seeking behavior of women with hearing disabilities.

The nature of services provided to women has a great impact on the health seeking behavior during pregnancy. Women who face challenges might shun away from accessing maternal healthcare services and resort to seeking services from traditional birth attendants thus putting their lives in danger. The challenges that women with hearing disabilities face while utilizing

maternal healthcare push them away from accessing maternal healthcare and many of them resort to RBAs and clinics without qualified health workers. From this study, participants noted that the lack of a customized way of providing services to women with hearing disabilities discourages them from utilizing maternal healthcare services since they don't always have people to escort them, the findings are similar to those in studies done by Dutta, G.K (2022) and Kalule T (2022). Accessing and utilizing healthcare services from health facilities is an important factor in the achievement of global health goals thus health workers need to encourage positive healthcare seeking behaviors among women.

Maternal healthcare service utilization points especially in public healthcare facilities usually receive high numbers of women seeking services and this puts pressure on the few health workers who have to attend to them, this denies women with hearing disabilities enough time that they would need with the health workers since the same health workers have to attend to other mothers thus they prefer to spend less time with each mother. This makes it hard for women with hearing disabilities to explain their service needs to the health workers and in turn affects their wellbeing, (Jean A, 2022). There is need for the recruitment of health workers to ensure that all women receive quality services in health facilities.

5.3. Nature of support provided

Individual level; the support system around women with hearing disability is very critical in shaping their general experiences while utilizing maternal healthcare services. Women need support while interacting with health workers and this can be from family, friends and the community or the health workers themselves, failure to accord the necessary support will create result into failure to utilize services efficiently but might also push these women away from seeking maternal healthcare thus affecting their health and wellbeing. It was evident in this study that women all round support while utilizing maternal healthcare services, these findings are backed up by those made by Jean A et.al, 2022 that found that the nature of support women receive is very important in helping them access quality services.

Interpersonal and community level; Support from partners, family members and friends is very crucial and women in the study indicated that support from their husband goes far from only helping them access services but is also good for their emotional wellbeing. Women knowing that their partners and people close to them acknowledge their hearing problem and creating time to support them while utilizing maternal healthcare services positively impacts on their experience and health seeking behavior. Participants in this study asserted that having full support from family and friends goes far in making the utilization of maternal healthcare services easy, this was also true in a study done by Mheta, (2023) that found that family support especially while interacting with health workers is very important for women with hearing disabilities. It's important that family and friends provide all needed forms of support to women with hearing disabilities while utilizing maternal healthcare services and ensure that access quality services.

Institutional level; Support from health workers is another critical factor for women with hearing disabilities. The fact that they are the primary healthcare providers, they play a critical

role with how women with hearing disabilities experience the utilization of maternal healthcare services. From this study it was clear that women's experiences with maternal healthcare utilization was generally shaped by the nature of interaction they had with health workers; those who had a positive interaction had a positive experience and those with negative interactions had negative experiences. This aligns with findings made by Witko. J (2017) that showed that women with disabilities who are able to receive healthcare from compassionate healthcare providers reported positive experiences with the nature of service delivered compared to the counterparts who faced challenges with health workers.

The attitudes and behaviors of healthcare providers towards women with hearing disabilities is very crucial thus they need to be compassionate, understanding and patient while providing services to women with hearing disabilities. The fact that health workers are usually overwhelmed by the high volumes of clients to attend to, women with disabilities may fail to ask for the extra time they need due to fear and this impact the quality of services they utilize thus health workers need to create an environment that allows women to utilize services in mode customized to their needs. (Hashemi G, 2022) Capacity building for health workers on how to effectively support women with hearing disabilities should be done to enable them provide the kind of tailored support they need.

5.4. Coping mechanisms

Although the challenges women with hearing disabilities face while utilizing are clear, there has been limited support provided to them to cope within the healthcare service provision system and this implies that they have to cope with the challenges on their own. In this study, women reported that they had to figure out strategies on how to cope with the challenges they face during the utilization of healthcare services. Netsanet D. et.al (2024) also found a similar finding that women with disabilities and their families have to find ways to cope with challenges associated with the utilization of maternal health care services. It's important that healthcare providers not only ensure that women with hearing disabilities utilize services without hardships but also put in place strategies to support them once they face them.

To deal with the communications challenges with health workers, women with hearing disabilities use different strategies and most common one is having an interpreter who is always a family member or friend; these interpreters help women in communicating with health workers and making sure that they don't miss any information from health workers. This finding is similar to that made by Maart S (2017) where women reported that utilization of services at health facilities was easier with the support of family and friends who helped in interpreting for them. Family and friends are crucial in shaping the experience of women with hearing disabilities.

Psychological preparation was also used as a coping mechanism for challenges during maternal healthcare utilization. Women with hearing disabilities always expect to face some form of difficulties while interacting with healthcare providers thus some of them decide to prepare for any challenges they might face; this helps them cope with these challenges once

they face them since they are already prepared for them. Participants in this study reported using psychological preparation as one of the coping mechanism.

Another coping strategy employed by women is prior informing the health workers about their hearing disability challenge and befriending them; this is very important in a way that when health workers know about the hearing problem, they are able to discuss and agree on the most effective way of communicating and this helps reduce on the repetitions from health workers which at times gets irritating. This finding was similar to that made by Savo N (2023) where participants informed that informing health workers about their disability helped in coping with challenges that they might have faced. It's important that women with hearing disability inform health workers about their condition so that they are able to help them accordingly.

CHAPTER SIX; CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

Access and utilization of maternal healthcare services is among the proven strategies of ending maternal mortality and morbidity but also improving the general wellbeing of women in their reproductive age. It's important to note that it is a fundamental right for all women in their diversities to access and utilize quality maternity healthcare without challenges and bottlenecks

All women with hearing disabilities that took part in the study mentioned that they faced one or more challenges while utilizing maternity healthcare service especially in public health facilities. They noted that the lack of a customized approach for women with disabilities especially the hearing disability which is invisible creates challenges since many health workers don't have the necessary skills and knowledge needed to provide quality services to women with hearing disabilities. The fact that the entire healthcare provision system is more suited for non-disabled women makes it hard for them to utilize services with ease.

The perspectives of women with hearing disabilities are very critical because they shape the entire access and utilization of maternal healthcare services but also their healthcare seeking behaviors. In the study, it was evident that women who had a positive perspective and had confidence in effectively accessing and utilizing healthcare services had a positive experience and are more likely to continuously utilize services as compared to those who had a negative perspective.

Women with hearing disabilities also face several challenges with the most Communicating and interacting with health workers being presented as most challenging factor while utilizing maternity healthcare services, majority of the health workers don't have the necessary skills to attend to women with hearing disabilities and are not comfortable attending to them due to the unique service mode of delivery required to ensure they get quality services. This further breeds a poor attitude towards women with hearing disabilities from health workers thus impacting on the quality of services provided to them. Other key challenges include stigma and discrimination associated with their hearing challenges, delays in accessing services, inadequate time with healthcare providers and failure to access and utilize the actual services they need.

It's important that women with hearing disabilities are accorded with all the necessary support while utilizing services. Family and friends have are always at the center stage in providing support to women with hearing disabilities, this comes in form of acting as a means of communication between these women and the health workers but also making sure that they access all needed services through interpreting for them health workers' instructions. Health workers also play a critical role in ensuring that women with hearing disability receive quality services through providing services customized to their disability support requirements. It is evident that failure to support these women while utilizing services exposes them to several challenges and in turn affects their maternal healthcare seeking behaviors

The study findings presented some coping strategies that women with hearing disabilities utilize; among them is using family and friends as interpreters although this creates a risk of misinterpretation at smaller extent. Prior informing health workers about the hearing problem and befriending health workers is also a coping strategy utilized since it helps women and health workers agree on the most effective way to communicate and interact during service utilization process

The study findings provide a clear and better understanding of the experiences of women with hearing disabilities during the utilization of maternal healthcare services; the findings present the challenges they face and how these impact the experience, the support they receive and how it shapes their experience and the coping strategies they employ to overcome with the challenges. The study also informs global public health stakeholders about the needs for women with hearing disabilities and how they can be supported to improve their experiences in utilizing maternal healthcare services

6.2. Recommendations

To the Health department Kampala City Council Authority/Ministry of health- Uganda

- Develop and implement customized maternal healthcare service provision strategies that respond to the unique needs of women with hearing disabilities.
- Train and build capacities of health workers on the needed skills for the provision of healthcare services to women with hearing disabilities.
- Monitor maternal healthcare service delivery approaches and ensure that they cater for women with disabilities

To other researchers

- Future research should to explore and document experiences and challenges faced with women with hearing disabilities like the total deaf and how women with hearing disabilities can be supported to overcome these challenges

REFERENCES

1. Kujala S, Waiswa P, et.al (2017); Trends and risk factors of stillbirths and neonatal deaths in Eastern Uganda (1982–2011): *a cross-sectional, population-based study*. Trop Med Int Heal. 2017; 22 (1):63–73.
2. Mashamba-Thompson, T.; (2016); Drain, P.; B. Sartorius, B. Evaluating the accessibility and utility of HIV-related point-of-care diagnostics for maternal health in rural South Africa: *a study protocol*. BMJ Open, 2016, 6, p. e011155.
3. Gichane, M.W.; Heap, M.; et.al (2017); “They must understand we are people”. Pregnancy and maternity service use among signing Deaf women in Cape Town; Disability and Health Journal. 2017,10, 434-439
4. Obeng, B., Asante, E.A., Agyemang, E. et al. Maternal health care for women with disabilities: perspectives of health professionals in Ghana. Discov Health Systems 3, 22 (2024). <https://doi.org/10.1007/s44250-024-00083-9>
5. John Kuumuori Ganle, (2016); Challenges Women with Disability Face in Accessing and Using Maternal Healthcare Services in Ghana: A Qualitative Study, Published: June 27, 2016 <https://doi.org/10.1371/journal.pone.0158361>
6. Mheta, Doreen, Maureen Nokuthula Sibiyi (2023); Experiences of Women with Disabilities in Accessing Maternal Healthcare Services: *A South African Case Study*" International Journal of Environmental Research and Public Health 20, no. 21: 6966. <https://doi.org/10.3390/ijerph20216966>
7. Margaret W. Gichane, et.al, (2017); “They must understand we are people”: Pregnancy and maternity service use among signing Deaf women in Cape Town, Disability and Health Journal, Volume 10, Issue 3, 2017, Pages 434-439, ISSN 1936-6574, <https://doi.org/10.1016/j.dhjo.2017.03.016>.
(<https://www.sciencedirect.com/science/article/pii/S1936657417300663>)
8. Arulogun, O. S., Titiloye, M. A., Afolabi, N. B et.al (2013); Experiences of Girls with Hearing Impairment in Accessing Reproductive Health Care Services in Ibadan, Nigeria. African Journal of Reproductive Health / La Revue Africaine de La Santé Reproductive, 17(1), 85–93. <http://www.jstor.org/stable/23486144>
9. T.G. James, K.A. Coady, J.-M.R. et al. (2022); They’re not willing to accommodate deaf patients”: Communication experiences of deaf American Sign Language users in the emergency department Qualitative Health Research, 32 (1) (2022), pp. 48-63
10. Mheta D, Sibiyi MN, Nkosi PB. (2023); Experiences of Women with Disabilities in Accessing Maternal Healthcare Services: A South African Case Study. Int J Environ Res Public Health. 2023 Oct 24;20 (21):6966. doi: 10.3390/ijerph20216966. PMID: 37947524; PMCID: PMC10647398.

11. Savo Noori et.al, (2023); Women with Disabilities' Experiences with Respectful Maternity Care in Nepal: a Qualitative Study, December 13th, 2023, DOI: <https://doi.org/10.21203/rs.3.rs-3684627/v1>
12. Equality Now, 2024; The reality of women with disabilities and maternal health care (<https://equalitynow.org/public-voices/the-reality-of-women-with-disabilities-and-maternal-health-care/>)
13. Dutta, G.K., Sarker, B.K., Ahmed, H.U. et al. (2022); Mental healthcare-seeking behavior during the perinatal period among women in rural Bangladesh. BMC Health Serv Res 22, 310 (2022). <https://doi.org/10.1186/s12913-022-07678-z>
14. Terence Kalule, 2022; A mute system to the deaf; (https://www.newvision.co.ug/category/blogs/a-mute-system-to-the-deaf-NV_126715)
15. Jean Anthony Grand-Guillaume-Perrenoud, et.al, (2022); Barriers and facilitators of maternal healthcare utilization in the perinatal period among women with social disadvantage: A theory-guided systematic review, Midwifery, Volume 105, 2022, 103237, ISSN 0266-6138, <https://doi.org/10.1016/j.midw.2021.103237>.
16. Goldstein WH and M. (2012); “Being treated like a human being”: Attitudes and behaviours of reproductive and maternal health care providers. 2012 ;(August):1–87.
17. Centers for Disease Control and Prevention, (2024); Disability and Health Overview; Impairments, Activity Limitations, and Participation Restrictions ([https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html#:~:text=A%20disability%20is%20any%20condition,around%20them%20\(participation%20restrictions\)](https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html#:~:text=A%20disability%20is%20any%20condition,around%20them%20(participation%20restrictions)))
18. World Health Organization (2001); [International Classification of Functioning, Disability and Health \(ICF\)](#). Geneva: 2001, WHO.
19. Hashemi G., Wickenden M. (2022); Barriers to accessing primary healthcare services for people with disabilities in low and middle-income countries, a Meta-synthesis of qualitative studies. Disabil. Rehabil. 2022;44:1207–1220. doi: 10.1080/09638288.2020.1817984
20. Kakchapati S., KC S.P., Giri S. et.al (2022); Factors associated with access to sexual and reproductive health services among women with disabilities in Nepal. Dialogues Health. 2022;1:100068. doi: 10.1016/j.dialog.2022.100068.
21. Maart S., Jelsma J. (2014); Disability and access to health care—A community based descriptive study. Disabil. Rehabil. 2014;36:1489–1493. doi: 10.3109/09638288.2013.807883.
22. T.G. James, et al. (2022); They're not willing to accommodate deaf patients: Communication experiences of deaf American Sign Language users in the emergency department, Qualitative Health Research, 32 (1) (2022), pp. 48-63

23. Foltz, C. Shank (2020), Deaf sign-language using patients' experiences in health emergencies in wales: Perspectives for improving interactions, *Frontiers in Communication*, 5 (2020), Article 572855, ARTN 572855. 10.3389/fcomm.2020.572855
24. Mitra S, Posarac A, & Vick B. (2013). Disability and poverty in developing countries: a multidimensional study. *World Development*, 41: 1–13.
25. C.C. Lieu, G.R. Sadler, J.T. Fullerton, P.D. Stohlmann, 2007; Communication strategies for nurses interacting with patients who are deaf *Dermatology Nursing*, 19 (6) (2007), pp. 541-544549-551. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18274509>
26. Ronda Zelezny-Green, Vosloo S, Conole G. (2018); Digital inclusion for low-skilled and low-literate people. 2018. <https://www.incode2030.gov.pt/sites/default/files/261791eng.pdf>
27. Terence Kalule, 2022; A mute system to the deaf; (https://www.newvision.co.ug/category/blogs/a-mute-system-to-the-deaf-NV_126715)
28. Mitra, S, Shakespeare, T; (2019); Remodeling the ICF. *Remodeling the ICF. Disability and Health Journal*. 2019, 12, 337-339.
29. Masuku, K.P. (2020); ‘Access to healthcare for persons with disabilities in Eswatini’, PhD thesis, Centre for Augmentative and Alternative Communication, University of Pretoria, South Africa.
30. Gulliford M. et.al. (2002). What does “access to health care” mean? *Journal of Health Services Research & Policy* , 7 , 186 – 188 . doi: 10.1258/135581902760082517
31. Emond A, et.al . (2015). Access to primary care affects the health of deaf people . *British Journal of General Practice* , 65 , 95 – 96 . doi: 10.3399/bjgp15X683629
32. WHO . (2011). World report on disability 2011 . Geneva, Switzerland : World Health Organization .
33. Gichane M.W., Heap M (2017). “They must understand we are people”: Pregnancy and maternity service use among signing Deaf women in Cape Town. *Disabil. Health J.* 2017;10:434–439. doi: 10.1016/j.dhjo.2017.03.016.
34. Schiff MA, Doody DR, (2017); Pregnancy Outcomes Among Deaf Women in Washington State, 1987-2012. *Obstet Gynecol.* 2017 Nov;130(5):953-960. doi: 10.1097/AOG.0000000000002321. PMID: 29016488; PMCID: PMC5958610.
35. Mannava P, et.al. (2015); Attitudes and behaviours of maternal health care providers in interactions with clients: a systematic review. *Global Health*. 2015;11(1):36.
36. Goldstein WH and M. (2012) “Being treated like a human being”: Attitudes and behaviours of reproductive and maternal health care providers. 2012 ;(August):1–87.

37. WHO (2015); The prevention and elimination of disrespect and abuse during facility-based childbirth. World Heal Organ. 2015;1–4.
38. Lesch, H. (2019). Barriers to healthcare services and supports for signing deaf older adults. *Rehabilitation Psychology*, 64(2), 237.
39. Hall, W. C., Smith, S. R. (2018). Considering parental hearing status as a social determinant of deaf population health: Insights from experiences of the "dinner table syndrome." *PloS one*, 13(9), e0202169.
40. Steinberg, A. G. (2006); Health care system accessibility. Experiences and perceptions of deaf people. *Journal of General Internal Medicine*, 21(3), p. 260–266. doi: 10.1111/j.1525-1497.2006.00340.x
41. Witko, J., Boyles, (2017); Deaf New Zealand Sign Language users' access to healthcare. *New Zealand Medical Journal*. 130(1466) p:53-61. <https://pubmed.ncbi.nlm.nih.gov/29197901/>
42. World Health Organization. (2020); Disability-Inclusive Health Services Toolkit: A Resource for Health Facilities in the Western Pacific Region. World Health Organization, Regional Office for the Western Pacific; Geneva, Switzerland: 2020.
43. World Health Organization. (2023); WHO Disability-Inclusive Health Services Training Package: A Companion to the Disability-Inclusive Health Services Toolkit: A Resource for Health Facilities in the Western Pacific Region. World Health Organization, Regional Office for the Western Pacific; Geneva, Switzerland: 2023.
44. McKee, M. M., Meade, M. A. (2019). The relationship between hearing loss and substance use disorders among adults in the U.S. *American Journal of Preventive Medicine*, 56(4), 586-590.

APPENDICE I; IN-DEPTH INTERVIEW GUIDE

IN-DEPTH INTERVIEW GUIDE

EXPERIENCES OF WOMEN IN THE REPRODUCTIVE AGE (15-49) LIVING WITH HEARING DISABILITIES IN THE UTILISATION OF MATERNAL HEALTH SERVICES IN KAMPALA DISTRICT

<p>Introductory key components</p>	<p>These include;</p> <ul style="list-style-type: none"> ✓ Thank the participant for the time being provided to talk to you and also for accepting to share their experience ✓ Introductions; the interviewer will introduce himself, her name and where she is coming from ✓ Explain the aim of the study; a thorough explanation of the purpose and objectives of the study will be done ✓ Inform the participant the magnitude and the sensitivity of the study ✓ Inform the interviewee how the study is going to be done, highlighting the fact that you are going to record the interview. Inform them what information is going to be collected and how the information will be used ✓ Allow them to ask questions that they might have at this point ✓ Take the interviewee through the assent form and make sure they satisfactorily understand and agree to each and everything in it. Allow them to ask any questions that might arise from the assent form before they sign it ✓ After the interviewee has accepted and signed the consent, the interview will star
<p>Research Questions and probing</p>	<p>The following questions will be used during the interview;</p> <p>Study Question 1; How do women (18-49) with hearing disability experience the utilization of maternal healthcare services in Kampala district</p> <p>Experiences</p> <ol style="list-style-type: none"> 1) Tell me about the last time you utilized a maternal healthcare service <ul style="list-style-type: none"> • What maternal health service have you utilized recently • How did you access the health facility 2) Tell me how the services were provided from the point you arrived until you left the

hospital (probe for hospitality of health workers)

- How did you find the services delivery mode
 - How were the health workers; attitudes during service delivery
 - Do you feel you received the service you needed
- 3) How did you communicate and interact with the health workers amidst your hearing disability
- Did you communicate with the health workers effectively
 - Did you need any assistance to communicate with the health workers and did you receive if needed
- 4) How was the health workers attitude towards you as a woman with a hearing disability
- Do you feel health workers treated you with respect while providing the service
 - Did you feel you were treated the same way as other abled women
- 5) How were you treated during service provision (probe for discrimination)
- Did you any anyway feel discriminated against basing on your hearing disability
- 6) Where you able to get the right service you needed (probe for availability of services and the impact to the participants)
- Where the services readily available for you to utilize
 - Did you feel that you were able to get all the services that you need
- 7) How did family and friends impact on your utilization of maternal healthcare services
- Did you have any family or friends with you the last time you went to utilize a service
 - What support did you get from family and friends during the last time you utilized a maternal health service
- 8) Where you rights to utilization upheld effectively including privacy and confidentiality during service provision
- Do you feel that your rights to access and utilize maternal health services were not violated while utilizing services
 - Was privacy and confidentiality upheld during service provision

- 9) How did you find the quality of services provided to you
 - How was the quality of the services provide especially for you as a mother with a hearing disability
- 10) What did you like about the nature of service delivery provided to you
 - What did you like most about the mode of service delivery provided to mothers with earing disability
- 11) What didn't you like about the services nature of service delivery provided to you
 - What didn't you like about the nature of service delivery provided to mothers with a hearing disability
- 12) How would you advice a mother with hearing disabilities to prepare before seeking maternal healthcare services in hospitals
 - What should a mother with a hearing disability know before accessing and utilizing healthcare
 - How prepared should a mother with a hearing disability be while before accessing and utilizing healthcare

Study Question 2; What challenges do women (18-19) experience during the utilization of maternal healthcare services in Kampala district

1. What major challenges did you face while utilizing maternal healthcare services that are associated with your hearing disability
 - What are those key issue that made the utilization of maternal healthcare a challenge
 - how were these key issues a challenge to your utilization of maternal healthcare services
2. How did these challenges impact your general heath and maternal heath seeking behavior
 - Did these barriers affect your health seeking behavior
 - How did they affect your health seeking behavior
3. Did you face any challenges that have affected you in the long run including your decision to seek maternal healthcare in health facilities again
 - Would you still utilize maternal healthcare services from the same health facility amidst those challenges stated above
 - What are those challenges that happened in a long run and are as a result of those challenges

	<p>Study Question 3; What coping mechanisms do women (18-49) who are hard of hearing employ to cope with the challenges experienced while utilizing healthcare services in Kampala district</p> <ol style="list-style-type: none"> 1. How did you cope with each of the challenges mentioned <ul style="list-style-type: none"> • What strategies did you use to cope with those challenges in the short and long run 2. What specific actions did you take to deal with the mentioned challenges while utilizing healthcare services 3. How were you supported to deal with the challenges you faced at the; <ol style="list-style-type: none"> I. Health facility II. Interpersonal level (Family and friends) III. Community level 4. What do you think can be done at the health facility to support women with hearing disabilities in utilizing maternal healthcare services <ul style="list-style-type: none"> • How should health workers support women with hearing disabilities • What support should be put at health facilities to support women with hearing disabilities <p>Other questions;</p> <p>How do you feel about sharing your experience today</p> <p>Is there anything else I haven't asked yet you would like to share with regards to your experience with accessing and utilizing maternal healthcare services</p>
Closing components	<p>Ask the interviewee if there is anything they would like to add or if there is any question they would like to ask</p> <p>Tell the interviewee the next steps and remind them about their rights in the study</p> <p>Thank the interviewee for the time and information provided</p>

APPENDICE II; CONSENT FORM

EXPERIENCES OF WOMEN IN THE REPRODUCTIVE AGE (15-49) LIVING WITH HEARING DISABILITIES IN THE UTILISATION OF MATERNAL HEALTH SERVICES IN KAMPALA DISTRICT

Greetings, I am from Uganda Christian University. I am working on this research project entitled **EXPERIENCES OF WOMEN IN THE REPRODUCTIVE AGE (15-49) LIVING WITH HEARING DISABILITIES IN THE UTILISATION OF MATERNAL HEALTH SERVICES IN KAMPALA DISTRICT**

Your parent(s) know we are talking with you about this study. This form will tell you about the study to help you decide whether or not you want to take part in it.

Purpose of the study

The purpose of the study is to collect information on the experiences of women in living with hearing disabilities in the utilization of maternal health services. You are being asked to participate in this study because you have particular knowledge and experiences that may be important to the study. There are no risks to your participation in this study and your feedback will be beneficial to the study and the improvement maternal health service delivery

What participation Involves

If you agree to participate in this study the following will occur:

1. You will sit with the researcher and have a conversation about your experience with the utilization of maternal healthcare services, the challenges you faced, the coping mechanism you used to deal with these challenges
2. You will be interviewed only once for approximately I and half hours in a private setting.
3. No identifying information will be collected from you during this interview.

Confidentiality

I assure you that all information collected from you will be confidential. Only individuals working with me in this research will have access to the information. We will be compiling a report, which will contain your responses without any reference to individuals. We will not put your name or other identifying information on the records of information you provided. You may refuse to answer any particular question and may stop the interview at any time.

Right to withdraw and Alternatives

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop

participating in this study at any time, even if you have already given your consent. Refusal to participate or withdraw from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

There is no monetary or any form of compensation for your participation in the study. The information you provide will be beneficial in understanding the experience, challenges and coping mechanisms of women living with hearing disabilities while accessing and utilizing maternal healthcare services.

Risks

We do not anticipate any risk resulting from your participation in the study

In Case of Injury

We do not anticipate that any harm will occur to you or your family as a result of participation in this study.

Who to contact

If you ever have questions about this study, you should contact Principal Investigator, Nakabuubi Fazirah On

Research Ethics violation;

In case of ethical issues pertaining this research or questions about your rights, contact UCUREC chairperson; Prof. Peter Waiswa, 0772405357, pwaiswa@musph.ac.ug or UCUREC Manager; Mr. Osborn Ahimbisibwe, 0775737627, oahimbisibwe@ucu.ac.ug

Agreement of the Participant

Do you agree to participate in the study?

I have read and understood the contents in this form. My questions have been answered. I agree to participate in this study.

Signing below means that you have read this form and that you are willing to be in this study

Signature of participants

Signature of Principal Researcher.....

Date of signed consent

APPENDICE III; CONSENT FORM (LUGANDA VERSION)

EXPERIENCES OF WOMEN IN THE REPRODUCTIVE AGE (15-49) LIVING WITH HEARING DISABILITIES IN THE UTILISATION OF MATERNAL HEALTH SERVICES IN KAMPALA DISTRICT

Nkulamusiza ko, nze okuva mu Uganda Christian University. Nkola ku pulojekiti eno ey'okunoonyereza eriko omutwe EXPERIENCES OF WOMEN IN THE REPRODUCTIVE AGE (15-49) LIVING WITH HEARING DISABILITIES IN THE UTILISATION OF MATERNAL HEALTH SERVICES IN KAMPALA DISTRICT

Ekigendererwa ky'okunoonyereza kuno

Ekigendererwa ky'okunoonyereza kwe kukungaanya ebikwatta kubiyittibwamu abakyala abalina obulemu bwo kuwulila nga bagenze okuffuna ebyobulamu ebikwatta ku byokuzzala mu disitulikiti y'e Kampala. Osabibwa okwetaba mu kunoonyereza kuno kubanga olina okumanya okwenjawulo okuyinza okuba okwenjawulo mu kunoonyereza kuno. Tewali bulabe bwonna mu kwetaba kwo mu kunoonyereza kuno era endowooza yo ejja kuba ya mugaso eri okunoonyereza n'okutumbula ebyobulamu n'eddembe ly'okuzaala abawala mu Uganda

Okwetaba mu kunoonyereza kuno Kizingiramu

Singa okkirizza okwetaba mu kunoonyereza kuno bino wammanga bijja kubaawo:

1. Ojja kutuula n'omunoonyereza era mubeere n'embooji ku by'ewayitamamu mu byo kuffuna obuweleza obukwata kubyo kuzzala, ebizibu byewassanga nabatya bwe wabivvunuka
2. Ojja kubuuzibwa omulundi gumu gwokka okumala nga essawa emu n'ekitundu ky'essaawa mu mbeera ey'ekyama.
3. Tewali bikwata ku muntu bijja kukuŋŋanyizibwa okuva gy'oli mu mbooji eno.

Obwekusiffu

nkukakasa nti amawulire gonna agakung'aanyiziddwa okuva gy'oli gajja kuba ga kyama. Abantu ssekinnoomu bokka abakola nange mu kunoonyereza kuno be bajja okufuna amawulire ago. Tugenda kuba tukung'aanya lipoota, ejja kubaamu eby'okuddamu byo awatali kwogera ku bantu ssekinnoomu. Tetujja kuteeka mannya go oba ebikukwatako ebirala ku biwandiiko by'amawulire ge wawadde. Oyinza okugaana okuddamu ekibuuzo kyonna era oyinza okuyimiriza yintaviyu essaawa yonna.

Eddembe ly'okuggyayo olukussa

Okwetaba mu kunoonyereza kuno kwa kyeyagalile ddala. Bw'osalawo obuteetaba mu kunoonyereza oba bw'osalawo okulekera awo okwetaba mu kunoonyereza tojja kufuna bulabe bwonna. Osobola okulekera awo okwetaba mu kunoonyereza kuno ekiseera kyonna, ne bw'oba nga wawadde dda okukkiriza kwo. Okugaana okwetaba oba okuva mu kunoonyereza tekijja kuzingiramu kubonerezebwa oba okufiirwa emiganyulo gyonna gy'olina okufuna mu ngeri endala.

Emigaso

Tewali ssente oba ngeri yonna ya kuliyirirwa olw'okwetaba kwo mu kunoonyereza. Amawulire g'owaayo gajja kuba ga mugaso mu kutegeera ebiyittibamu abakyala abalina obulemu bwokuwulila nga bagenzze okuffuna obujjanjabi obukwatta kubyokuzzala

Obulabe

Tettusuubira bulabe bwona buyinza kuva mu kwettabakwo mu kunonyelezza kunno

Mu mbeera y'obuvune

Tetusuubira nti obulabe bwonna bujja kukutuukako oba ku famire yo olw'okwetaba mu kunoonyereza kuno.

Ani gw'olina okutuukirira

Bw'oba olina ekibuuzo ku kunoonyereza kuno, ojja tuukirira Principal Investigator, Nakabuubi Fazirah ku

Okumenya empisa z'okunoonyereza;

Singa wabaawo ensonga z'empisa ezikwata ku kunoonyereza kuno oba ebibuuzo ebikwata ku ddembe lyo, tuukirira ssentebe wa UCUREC; Prof. Peter Waiswa, 0772405357, pwaiswa@musph.ac.ug or UCUREC Manager; Mr. Osborn Ahimbisibwe, 0775737627, oahimbisibwe@ucu.ac.ug

Okukkaanya kw'Omwetabamu

Okiriza okwetaba mu kunoonyereza?

Nze..... nsomye era ne ntegeera ebirimu mu kiywandiko kyino. Ebibuuzo byange biddiddwamu. Nzikiriziganya okwetaba mu kunoonyereza kuno.

Okussa omukono wansi kitegeeza nti osomye foomu eno era nti oli mwetegefu okubeeramu kunoonyereza kuno

Omukono gw'abeetabye mu kunoonyereza kuno

.....

Omukono gw'Omunonyereza Omukulu

.....

Olunaku lw'okukkiriza okuteekebwako omukono

.....

APPENDICE IV; WORK PLAN

ACTIVITY	May	June	July
Writing the research proposal			
Submission for REC approval and receiving feedback			
Data Collection			
Data Analysis and Final Report writing			
Submission and defending the report(Viva)			

APPENDICE V; STUDY BUDGET

Budget Item	Quantity	Unit Cost	Total Cost	Justification
Voice Recorder	1	100,000	100,000	The recorder will be used to record the interviews
Notebook and Pen	Lump sum	20,000	20,000	These will be used to note important details during the interviews
Transport for the researcher and sign language interpreter	Lump sum	150,000	150,000	This will help transport the researcher to and from the study sites
Meals and Refreshment during the interview	25	10,000	250,000	The interviews might take more than an hour; the funds will cater for basic refreshment during the interviews
Data analysis	Lump sum	200,000	200,000	To help in the data analysis process
Report writing and binding	Lump sum	50,000	50,000	Funds will support the production all report copies and binding them before submission
Incidentals	Lump sum	100,000	100,000	To cater for any eventualities during the study
Total			850,000	