

**ACCESS AND UTILISATION OF ANTENATAL CARE SERVICES AMONG
WOMEN WITH PHYSICAL DISABILITIES ATTENDING MWANANYAMALA
REFERRAL HOSPITAL IN KINONDONI DISTRICT**

ELIA MACHA

IRJ21M07/004

**A DISSERTATION SUBMITTED TO THE SCHOOL OF MEDICINE IN PARTIAL FULFILMENT
OF THE AWARD OF THE DEGREE OF MASTER OF PUBLIC HEALTH LEADERSHIP OF
UGANDA CHRISTIAN UNIVERSITY**

May, 2024



**UGANDA CHRISTIAN
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

DECLARATION

I, **Elia Macha**, declare that the work in this dissertation is my original work and that it has never been presented to any university, college or institution for any Academic award.

Signature: 

Date:09th July 2024.....

APPROVAL

This dissertation has been written at Uganda Christian University for the partial fulfilment of the requirements of the award of a master's degree of public health leadership. It has been written under my guidance.

Signature:



Date: 14 June 2024

Supervisor

SSEMUJJU Stephen

LIST OF ACRONYMS ABBREVIATIONS

ANC -	Antenatal Care
COVID-19 -	Coronavirus Disease 2019
FANC -	Focused Antenatal Care
HBM -	Health Belief Model
HIV -	Human Immunodeficiency Virus
ICF -	International Classification of functioning Disability and Health
IPTp -	Intermittent presumptive treatment for malaria during pregnancy
LMICs -	Low and Middle Income Countries
MHC -	Mother and Child Health Clinic
PBC -	Perceived Behavioural Control
PDPW -	Physically Disabled Pregnant Women
SCT -	Social Cognitive Theory
SDGs -	Sustainable Development Goals
TDHS -	Tanzania Demographic and Health Survey
TPB -	Theory of Planned Behaviour
TRA -	Theory of Reasoned Action
TTM -	Trans theoretical Model
TZ -	Tanzania
UDHS -	Uganda Demographic and Health Survey
UN -	United Nation
UNICEF -	United Nation International Children's Emergency Fund
WHO -	World Health Organization

GLOSSARY OF TERMS

Antenatal care services: This refers to the healthcare and medical services that expectant mothers get prior to giving birth.

Women with disabilities: This refers to females who have impairments in their physical functioning, mobility, dexterity, or stamina.

Physical disability: a collection of conditions that affect a person's mobility and stability.

ABSTRACT

This qualitative study investigated the access and utilization of antenatal care services among pregnant women with physical disabilities attending Mwananyamala Referral Hospital in Kinondoni District, Tanzania. The specific objectives of the study were to identify barriers and challenges faced by physically disabled women in accessing antenatal care services, to explore the experiences and perspectives of physically disabled women regarding the quality antenatal care services they receive and to examine the support systems and accommodations required by physically disabled women to access antenatal care services effectively.

The research employed a case study methodology, and 20 individuals were chosen using the purposive sample technique. Data were gathered through interview while data were analysed using content analysis.

Findings from the study reveal a spectrum of barriers faced by physically disabled women, including physical limitations, attitudinal barriers from healthcare providers, policy-related challenges, transportation difficulties, and communication obstacles. Moreover, participants' narratives illuminate the significance of tailored support, education, and accessible infrastructure in facilitating positive antenatal care experiences for this population.

From this study, we recommend that there is need to enhance accessibility infrastructure within healthcare facilities, improve transportation options for physically disabled women, and implement training programs for healthcare professionals to become more cognizant of and knowledgeable about the unique requirements of this population.

Future research could further explore communication challenges, longitudinal health outcomes, and comparative studies across healthcare facilities, aiming to enhance inclusivity and quality of care for this vulnerable population.

TABLE OF CONTENTS

DECLARATION.....	ii
APPROVAL	iii
LIST OF ACRONYMS	iv
CHAPTER ONE	1
GENERAL INTRODUCTION.....	1
1.0 Introduction	1
1.1 Background to the Study	1
1.2 Problem Statement	2
1.3 Purpose of the Study	3
1.4 Objectives of the Study	3
1.5 Research Questions	4
1.6 Scope of the Study	4
1.7 Justification of the Study.....	5
1.8 Significance of the Study	6
CHAPTER TWO	7
LITERATURE REVIEW.....	7
2.0 Introduction	7
2.1 Theoretical Framework	8
2.1.2 The Theory of Planned Behaviour	10
2.2 Empirical Literature Review	10
2.3 The Gap in the Literature	15
CHAPTER THREE	17
METHODOLOGY.....	17
3.0 Introduction	17
3.1 Study Design	17
3.2 Study Area.....	17
3.3 Population of the Study	18
3.4 Sample Size.....	18
3.5 Sampling Techniques	18
3.6 Data Collection.....	19
3.7 Data Management	19

3.7.1 Data Processing and Analysis	19
3.8 Ethical Considerations	19
CHAPTER FOUR.....	21
PRESENTATION OF RESULTS	21
4.0 Introduction	21
4.1 Response Rate	21
4.2 Demographic information of respondents.....	22
4.3 Barriers and Challenges Faced by Physically Disabled Women in Accessing Antenatal Care Services	23
4.4 Experience and Perspectives of Physically Disabled Women Regarding the Quality Antenatal Care Services they receive.....	37
4.5 Support Systems and Accommodations Required By Physically Disabled Women to Access Antenatal Care Services Effectively	50
CHAPTER FIVE.....	63
DISCUSSION OF FINDINGS	63
5.0 Introduction	63
5.1 Discussion of Findings	63
5.2 Experience and Perspectives of Physically Disabled Women Regarding the Quality Antenatal Care Services they receive.....	73
5.3 Support Systems and Accommodations required by Physically Disabled Women to access Antenatal Care Services Effectively	85
CHAPTER SIX	96
CONCLUSION AND RECOMMENDATIONS	96
6.0 Introduction	96
6.1 Conclusion.....	96
6.2 Recommendations	98
6.3 Area for Future Studies	98
REFERENCES	100
APPENDICES	104

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

This part provides an extensive overview of the study's context, including the issue statement, goals and objectives, background information, and research questions. This chapter also explains the scope of the study, its purpose, the significance of the research, and the conceptual framework that underpins it.

1.1 Background to the Study

Antenatal Care (ANC), or prenatal care, involves the healthcare and support provided to pregnant women by medical professionals throughout pregnancy. Its main objective is to protect the health and welfare of the expectant mother and her growing child by spotting possible issues, providing direction and instruction, and guaranteeing a secure and healthy pregnancy and delivery (Rogers, 2019). By encouraging good habits, enhancing nutrition, and guaranteeing emotional, physical, and logistical preparedness, this care is crucial for assisting women in getting ready for childbirth (Rogers, 2018). The first step in safeguarding the health of the mother and fetus throughout pregnancy is to use ANC, which can lower maternal death rates by as much as 20% (WHO & UNICEF, 2015). However, compared to their counterparts without impairments, pregnant women with physical limitations use ANC services less frequently worldwide in both commercial and public healthcare settings (Apolot, 2019).

80% of the world's population—more than a billion people—lives in low- and middle-income countries (LMICs), and they suffer from a variety of impairments (Clark, 2017). The world's largest minority, the handicapped population, is expanding as a result of both chronic health issues and population increase (WHO, 2018a). People with disabilities continue to experience social exclusion and marginalization notwithstanding the United Nations Convention on the Rights of Persons with Disabilities, especially when it comes to getting access to high-quality healthcare, which includes treatments related to sexual and reproductive health (United Nations, 2016).

Women with impairments have been noticeably underrepresented in studies on reproductive health. According to a recent study on sexual and reproductive health research and regulations in Tanzania, academics and politicians have generally disregarded people with impairments, particularly women. The special requirements of women with disabilities are frequently ignored by structural issues in maternity care systems in many LMICs, making it difficult for these women to obtain and use healthcare services. (Devkota et al., 2017).

While able-bodied women can access healthcare facilities independently, physically disabled pregnant women face obstacles such as negative attitudes and abusive behaviors from healthcare providers. Communication difficulties and unsupportive attitudes further hinder individuals with disabilities and their families from receiving adequate care. Depending on the kind of handicap, women's experiences with maternity care differ; those with numerous impairments report the lowest levels of satisfaction. People with disabilities constantly have their rights violated by discriminatory attitudes and ineffective legislation and policy enforcement, which emphasizes the necessity for disability-inclusive health care worldwide (Homer and Hoope-Bender, 2016).

Despite Tanzania's financial success in providing maternity and child health services, people with disabilities—especially physically handicapped pregnant women—continue to encounter obstacles while trying to access antenatal care. Since existing models do not sufficiently represent the needs and experiences of physically handicapped pregnant women, there is a critical need for research to identify and address the unique problems these women encounter while accessing and using ANC services.

1.2 Problem Statement

Physically disabled pregnant women, similar to other individuals with disabilities, stress the importance of inclusivity with the mantra 'nothing about them without them.' As those most directly affected, they possess valuable insights into the specific areas where assistance is crucial to facilitate the effective utilization of antenatal care (ANC)

packages (Salmin, 2020). From a legislative and policy perspective, the United Republic of Tanzanian government, via the Ministry of Health, has demonstrated strong dedication to guaranteeing that people with disabilities have access to healthcare (TEPDGHO, 2018). The Tanzania impairment Act of 2010 acknowledges that individuals with disabilities are entitled to the best possible level of health without facing discrimination due to their impairment. However, despite such as milestone, according to the report of Tanzanian Ministry of Health in 2022, only 43% of women with physical disabilities in Dar Es Salaam attended at least four antenatal care visits during their pregnancies, compared to 64% of women without disabilities. This low attendance rate is alarming, as it puts both the mothers and their unborn babies at a higher risk of complications during pregnancy and childbirth.

Additionally, it was shown that obtaining antenatal care services was difficult for women with physical disabilities due to a variety of factors, such as physical accessibility concerns, a lack of accessible transportation, unfavorable attitudes from medical professionals, and a lack of knowledge about the significance of antenatal care (Salmin, 2020).

The issue of women with physical impairments at the Mwananyamala Referral Hospital having limited access to and use of prenatal care services is worrisome because it jeopardizes the general wellbeing of this susceptible group and helps to maintain health inequities. Given this, it is evident that an analytical research is required to investigate how women with physical impairments use and have access to prenatal care services at Mwananyamala Referral Hospital in Kinondoni District.

1.3 Purpose of the Study

The purpose of the study was to explore the access and utilization of antenatal care services among women with physical disabilities attending Mwananyamala Referral Hospital in Kinondoni District.

1.4 Objectives of the Study

- i. To identify barriers and challenges faced by physically disabled women in accessing antenatal care services
- ii. To explore the experiences and perspectives of physically disabled women regarding the quality antenatal care services they receive
- iii. To examine the support systems and accommodations required by physically disabled women to access antenatal care services effectively

1.5 Research Questions

- i. What are the barriers and challenges faced by physically disabled women in accessing antenatal care services?
- ii. What are the experience and perspectives of physically disabled women regarding the quality antenatal care services they receive?
- iii. What are the support systems and accommodations required by physically disabled women to access antenatal care services effectively?

1.6 Scope of the Study

1.6.1 Content Scope

This study looked into the antenatal care (ANC) that physically handicapped women used, the factors that affected their use of ANC services, and the challenges that these women faced at Mwananyamala Hospital.

1.6.2 Geographical Scope

With its location in Kinondoni Municipal Council, Mwananyamala Regional Referral Hospital serves a population of approximately 2.2 million people in Dar es Salaam and its environs, particularly in the districts of Kinondoni and Ubungo. It was first founded in July 1973 under the name Mother and Child Health Clinic (MHC Clinic), with a primary focus on maternal and child health. It became a district hospital in 1983 after growing to include four wards and 112 beds, which have now been increased to 254 beds. Despite this, the hospital—which can now hold up to 317 beds—often exceeds its capacity.

Mwananyamala Hospital, which is under the jurisdiction of the Ministry of Health, Community Development, Gender, Elderly, and Children, acts as a referral hub for

public and private healthcare institutions located in Kinondoni and Ubungu. It manages a daily intake of 1,500 to 1,800 patients, and it is vital to providing Tanzania's Dar es Salaam population with basic healthcare services. Due to its wealth of knowledge and commitment to providing treatment, the hospital is well-known in the area and is a prominent entity in Dar es Salaam's public healthcare system.

1.6.3 Time Scope

This research aimed to investigate how women with physical disabilities utilized information related to antenatal care during the period from 2010 to 2020.

1.7 Justification of the Study

The United Nations Convention on reproductive health emphasizes that all pregnant women have equal rights to access Antenatal Care (ANC) services, requiring at least four visits for each pregnant woman. Notably, physically disabled pregnant women tend to rely predominantly on ANC services during the later stages of pregnancy. However, existing literature reveals a significant gap in the adequate utilization of ANC services by physically disabled pregnant women, primarily due to various challenges such as mobility issues, limited financial resources, negative societal attitudes, and inadequately equipped healthcare facilities, among other factors.

According to research by Chemo (2017), pregnant women with physical disabilities who live in developing nations where poverty is pervasive encounter financial obstacles that keep them from being able to purchase care in private health facilities. This is consistent with the viewpoints expressed by Addai and Magoma (2016). The financial burden extends beyond medical costs, encompassing expenses for transportation to distant healthcare facilities and the procurement and maintenance of mobility aids. Given the limited opportunities for income generation among physically disabled pregnant women, accessing ANC services at healthcare facilities becomes a formidable challenge.

Opio (2017) emphasizes how high transportation expenses, bad road conditions, and the unequal distribution of healthcare facilities are additional issues that prolong trip

times and make it more difficult for pregnant women with physical disabilities to receive health services.

1.8 Significance of the Study

To Researchers/ Academicians

This research could contribute additional insights to the current knowledge base, benefiting students and researchers who recognize the importance of maternal healthcare services for women with disabilities.

To the Government/ Policy Makers

This research aims to provide valuable insights to the Tanzanian government, specifically the Ministry of Health and Social Welfare, regarding the current situation in maternal healthcare services for women with disabilities. The findings will raise awareness about the government's responsibility to adhere to the prescribed standards outlined in international human rights agreements that Tanzania has endorsed.

To the Public

This highly significant evidence reassured me that the awareness of disabled women's entitlement to maternal healthcare has been acknowledged by both disabled women and healthcare professionals.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The definitions of important words, theoretical and empirical elements, and research gaps are covered in this section's overview of the literature. The need for women to have access to maternal health care services is particularly critical in Tanzania and other African nations, where thousands of women lose their lives to difficulties during pregnancy and delivery every year.

The concept of "disabled" or "disability" has generated controversial discussions since different people have different ideas on what constitutes a disability (World Health Organization [WHO], 2020). Studies by Mubyazi et al. (2015) and Mubyazi (2017), which show differing opinions on disability categories, highlight this intricacy. The World Health Organization (WHO) adopted the International Classification of Functioning, Disability, and Health (ICF) after a revolutionary process spanning two decades. This change emphasizes activity restrictions and societal involvement above medical impairments as the main emphasis of the paradigm (Mubyazi et al., 2010; Mubyazi et al., 2014a; Mubyazi et al., 2014b). This transition produces an interaction model that offers a more thorough knowledge of disability and the disablement process, without completely rejecting the medical model.

The Sustainable Development Goals, which enhance the health of expectant mothers and newborns, are in line with the requirement that pregnant women have access to antenatal care (ANC) services. In order to obtain complete treatment, the Uganda Ministry of Health requires all pregnant women to attend four antenatal care sessions (Chakraborty et al., 2003; Hausman-Muela et al., 2017). There is still a global trend of underutilization of ANC services for pregnant women with physical limitations, even in the face of established laws and legislative frameworks that facilitate their usage (Hausmann-Muela et al., 2016). This tendency is exacerbated by the challenges Physically Disabled Pregnant Women (PDPW) have in getting ANC treatments at healthcare institutions. Studies currently conducted on the use of ANC services frequently fall short in addressing the particular difficulties experienced by pregnant

women with physical disabilities (Mubyazi et al., 2010; Ochako et al., 2011; Nyamtema et al., 2012; Guliani et al., 2014).

2.1 Theoretical Framework

By demonstrating the links between variables, a theory offers an organized framework of ideas, definitions, and propositions that together explain or forecast events (Glanz et al., 1990). According to Kasl and Cobb (1966; p. 246), "health behavior" is the term used to describe the steps made by people who consider themselves to be healthy in order to avoid or identify illnesses at an asymptomatic stage. This concept is expanded by Conner and Norman (1996a, p. 2) to include any activity taken to improve health and well-being, such as routine checkups with doctors, following treatment plans, and engaging in self-directed activities like exercising, eating a balanced diet, and engaging in safe sexual conduct (Conner & Norman, 2005).

Changes in human behavior are thought to occur gradually rather than all at once. It is essential to comprehend the mechanisms, catalysts, and influencing variables that lead to behavioral change. Behavioral theories provide explanations for why individuals act in certain ways, what motivates these actions, and how to change these behaviors. The purpose of this study is to investigate how pregnant women's usage of healthcare services is influenced by their access to maternal health information. By employing health behavior theories and models, researchers can understand the factors shaping current healthcare utilization behaviors among pregnant women and identify avenues for potential change. However, selecting the most appropriate theory or model for the study requires a literature review exploring similar health behavior challenges, given the wide range of over 60 theories and models in health education and promotion initiatives.

A systematic review conducted in 2002, analyzing research from 1999 to 2000, identified two prevalent hypotheses among the Social Cognitive Theory (SCT) and the Transtheoretical Model/Stages of Change theory (TTM) are the two most often utilized models for comprehending health behaviors (Glanz et al., 2002). The remaining models were the Community Organization, Ecological/Social Ecology, Diffusion of Innovations theory, Stress and Coping, Patient-provider Communication, Social

Support and Social Networks, Theory of Reasoned Action/Theory of Planned Behavior (TRA/TPB), and the Health Belief Model (HBM). Transtheoretical Model (TTM), Social Cognitive Theory (SCT), and Health Belief Model (HBM) were shown to be the most prevalent and useful theories in predicting and comprehending health behaviors in a more recent study by Painter et al. (2008).

2.1.1 Health Belief Model

The Health Belief Model (HBM) gained prominence in the 1950s as a response to the limited success of public health initiatives in the United States at the time. It was designed to explore why people were reluctant to participate in health programs aimed at preventing and detecting diseases, even though these services were readily accessible and free of charge. For example, even though tuberculosis screening programs were widely available through mobile X-ray machines in local communities at no cost, only a small percentage of eligible individuals chose to participate (Janz et al., 2002).

Over time, the area of application of HBM expanded to encompass responses to illness symptoms (Kirscht et al., 1978) as well as compliance with post-diagnosis medical treatment regimens (Becker, 1974; Janz & Becker, 1984; Harrison et al., 1992). The degree to which individuals perceive a prospective sickness and the amount of labor they feel is necessary to lessen that illness are two linked characteristics that the Health Belief Model (HBM) takes into consideration for understanding people's health-related activities (Conner & Norman, 2005). Whether or not a person chooses to adopt advised health behaviors relies on how they weigh their alternatives, the advantages and efficacy of the suggested activities, and the costs and viability of doing so (Conner & Norman, 2005).

There are five main constructions in the HBM. "Perceived susceptibility" describes a person's subjective perception of their likelihood of contracting a disease. Rosenstock (1966) asserted that if an individual feels they are at risk for a particular adverse health consequence, they are more inclined to seek medical attention or engage in health-promoting activities. On the other hand, Carpenter (2010) contends that if individuals

believe a health concern is unlikely to affect them, they are less likely to take preventative action.

The second construct involves an individual's subjective assessment of the severity of the consequences associated with the health issue. The incentive to take preventative measures against unfavorable health outcomes is influenced by this perspective (Rosenstock, 1966). People might be less inclined to act when they believe that a health issue only has minimal consequences. These consequences include physical and mental restrictions, as well as other types of pain and death (Carpenter, 2010). The concepts that follow center on how a person views possible treatments that might minimize severity or susceptibility while maximizing convenience (Janz et al., 2002). "Perceived benefits" refers to how people assess the benefits of implementing new health-related behaviors. It is important that someone believes the recommended activity has the potential to be both useful and realistic before they adopt a new health behavior.

2.1.2 The Theory of Planned Behaviour

The incentive to take preventative measures against unfavorable health outcomes is influenced by this perspective (Rosenstock, 1966). People might be less inclined to act when they believe that a health issue only has minimal consequences. These consequences include physical and mental restrictions, as well as other types of pain and death (Carpenter, 2010). The concepts that follow center on how a person views possible treatments that might minimize severity or susceptibility while maximizing convenience (Janz et al., 2002). "Perceived benefits" refers to how people assess the benefits of implementing new health-related behaviors. It is important that someone believes the recommended activity has the potential to be both useful and realistic before they adopt a new health behavior.

This viewpoint affects the motivation to take preventative actions against negative health consequences (Rosenstock, 1966). When people think there won't be much of an impact on their health, they may be less likely to take action. These repercussions include limitations in one's body and mind, various forms of discomfort, and even death (Carpenter, 2010). The ideas that follow focus on how an individual perceives

potential therapies that might maximize convenience while minimizing severity or susceptibility (Janz et al., 2002).

The term "perceived benefits" describes how people evaluate the advantages of adopting new health-related practices. Before beginning a new health behavior, it's critical that an individual feels the suggested activity has the potential to be both practical and beneficial. (Ajzen, 1988).

Similar to TRA, TPB maintains that the purpose to act determines behavior. However, in addition to attitudes and subjective standards, TPB also takes perceived behavioral control into account (Mathieson, 1991). A person's perception of their capacity to influence both internal and external elements that might support or undermine their behavior is known as perceived behavioral control (Conner & Norman, 2005). The accessibility and availability of the required resources serve as the foundation for this concept (Armitage et al., 2002). People are more inclined to participate in behaviors they believe they have control over, according to Bandura (1986). External variables that are viewed as uncontrolled, such as financial limitations or social criticism, can cause the gap between intention and actual behavior (Conner & Norman, 2005).

Studies show that TPB predicts behavior more accurately than the Health Belief Model (HBM), especially when it comes to condom use (Sheeran & Taylor, 1999). TPB emphasizes that perceived behavioral control has less of an impact on behavioral intention than attitudes and subjective standards. Research on drug use and sexual behavior repeatedly demonstrates that while subjective standards have less of an influence on behavior, perceived behavioral control is a powerful predictor of behavior (McEachan et al., 2005).

Subjective standards have less of an influence on behavioral intention in health-related behaviors like breast self-examination and cervical screening than attitudes and perceived behavioral control. According to McEachan et al. (2005), behavioral intention often predicts actual behavior more accurately than perceived behavioral control. Studies on health behavior have shown that attitude and perceived behavioral

control are important determinants of both intended and actual behavior (Conner & Norman, 2005).

TPB has been shown to be a useful framework for health behavior prediction, exhibiting its efficacy in a range of settings (Armitage and Christian, 2003; McEachan et al., 2005). According to Taylor (2007), the TPB outperforms the Health Belief Model in predicting changes in behavior. When compared to TRA, TPB's predictive power and capacity to explain variability are improved by the inclusion of perceived behavioral control. TPB's promise as a study framework is shown by the fact that it explains 20% to 30% of the variability in health behaviors during behavior change prediction (Sutton, 1998; Hagger et al., 2002). For instance, TPB was utilized in a research on how pregnant women use maternity care to comprehend how cultural and environmental factors, embodied in "Social Norms," impact their use of healthcare services.

Though TRA and TPB offer insightful analyses of health-seeking behaviors, they might not completely account for all the nuanced variables impacting actions in the actual world. Dynamic and contextual variables impact behavior and are subject to change throughout time. In order to gain a thorough understanding of rural women's healthcare-seeking behaviors, the researcher looked through empirical literature to find other factors that influence these behaviors in different situations.

2.2 Empirical Literature Review

2.2.1 Barriers and Challenges faced by physically Disabled Women

Amna's (2015) study in Pakistan found that 72% of pregnant women delayed seeking antenatal care due to the distance to healthcare facilities. Similarly, Sakala (2015) discovered in the Kazungula district that the distance to health services was a significant barrier, with factors such as long travel times and safety concerns while walking alone being prominent issues. Additionally, Nhemachema's (2017) research in Khayelitsha highlighted that the location of clinics posed challenges for primi-

gravid clients in the prevention of mother-to-child transmission program, affecting the timing of their initial visits.

2.2.2 Experience and Perspectives of physically disabled Women

Salmin (2020) out a research to look at the reasons behind pregnant women in Zanzibar's West District not getting antenatal care (ANC) services scheduled when they should. The results of the survey showed that the majority of participants had favorable opinions of ANC services and were pleased with the caliber of care given by medical specialists. HIV testing, unintended pregnancies, healthcare provider attitudes, and privacy concerns were the top causes of late ANC reservations. ANC decisions were also impacted by sociocultural and economic issues, such as rising household costs, reliance on spouses, and constrained family finances. Respondents reported no cost for healthcare treatments, including ANC, demonstrating the effectiveness of the government's goal of assuring health facilities every five kilometers..

Documentary sources also outlined the duties and obligations of nurses and midwives in relation to certain legislative rules. People's conceptions of health, disease, and healthcare-seeking behaviors were greatly influenced by sociocultural ideas, which also had an impact on self-care routines and dependence on traditional healers. A 2011 Chiwaula research conducted in Malawi highlighted the detrimental effects of cultural attitudes on the utilization of focused prenatal care (FANC).

Research by Bassoumah (2019) examined the difficulties experienced by impaired women in comparison to their non-disabled peers. Women with disabilities faced social marginalization in the home, in society, and in medical settings, which resulted in stigma, discrimination, oppression, and verbal abuse. At maternity clinics, fewer people showed up as a result of these difficulties. Social perceptions of disability had a significant impact on interactions between the public and medical personnel and impaired women, which led to subpar maternity care. In order to address these concerns, the Disability Act must be strictly enforced, healthcare personnel must get

thorough training on disability-related issues, and public awareness programs must be launched to dispel myths regarding disability and reproductive rights.

The study conducted by Mubyaza (2015) evaluated pregnant women's knowledge, attitudes, and the actual provision of antenatal care (ANC), taking into account the reasons behind seeking ANC, such as intermittent presumptive treatment for malaria (IPTp). The results demonstrated that, rather than only wanting IPTp, the main reason for getting ANC was the desire for a healthy pregnancy and delivery. Obstacles included user fees at healthcare institutions, prescription and supply shortages, unwelcoming attitudes from service providers, sociocultural views that stigmatize and discriminate against pregnant women, and pregnant women's ignorance about crucial ANC treatments. To enhance the efficacy of the healthcare system, these problems must be addressed by policy modifications and service delivery initiatives that permit remedial measures.

2.2.4 Support Systems and Accommodations required

Adolescent pregnancy poses significant challenges in accessing adequate antenatal care (ANC) services, especially in marginalized urban areas like Mathare Valley in Nairobi County, Kenya. This study aimed to evaluate the use of ANC services among teenage mothers in these informal settlements. The findings revealed several influencing factors, with household income and composition being notably significant. Despite 78.9% of the participants attending at least one ANC appointment, only 31.6% completed the recommended minimum of four visits. Key determinants affecting ANC utilization included parity, pregnancy-related complications, reluctance to disclose the pregnancy, and peer influence. These results highlight the need for tailored ANC services to better meet the unique needs of this demographic in Mathare Valley and similar areas, ultimately improving their access to essential antenatal healthcare.

According to Yakong's (2018) study on Ghanaian rural women, having access to affordable healthcare has a significant impact on people's general healthcare-seeking behaviors, particularly when it comes to women's reproductive health. In Ghana, a

large number of women have restricted access to loans from financial institutions and little control over the assets and money of their families.

According to Ahumuza et al. (2014), a lot of healthcare professionals working in private institutions have unfavorable opinions about physically challenged women since they believe these women are reliant on them and don't have the resources to pay for their medical care. According to Marison (2014), when pregnant women with disabilities who seek antenatal care (ANC) from private facilities, they are frequently transferred to public health facilities because of presumptions about their financial capacity. This results in a disappointing experience for PDPW.

Physically challenged women miss out on important health knowledge on diet, family planning, and pregnancy because they cannot afford to attend specialist seminars due to their unstable income. Cubert (2012) highlights that there is a dearth of information on pregnant women with impairments due to their inability to pay for healthcare, buy health journals, or get mobility devices. The lack of health insurance or coverage for essential services like specialized care, long-term assistance, care coordination, prescription drugs, durable medical equipment, and assistive technologies causes barriers for physically disabled women to access essential healthcare services, including health education and disease prevention programs. Human rights activists need to understand how crucial it is to promote and campaign for women who have physical impairments' rights, making sure they have access to assistive technology that improves their mobility.

2.3 The Gap in the Literature

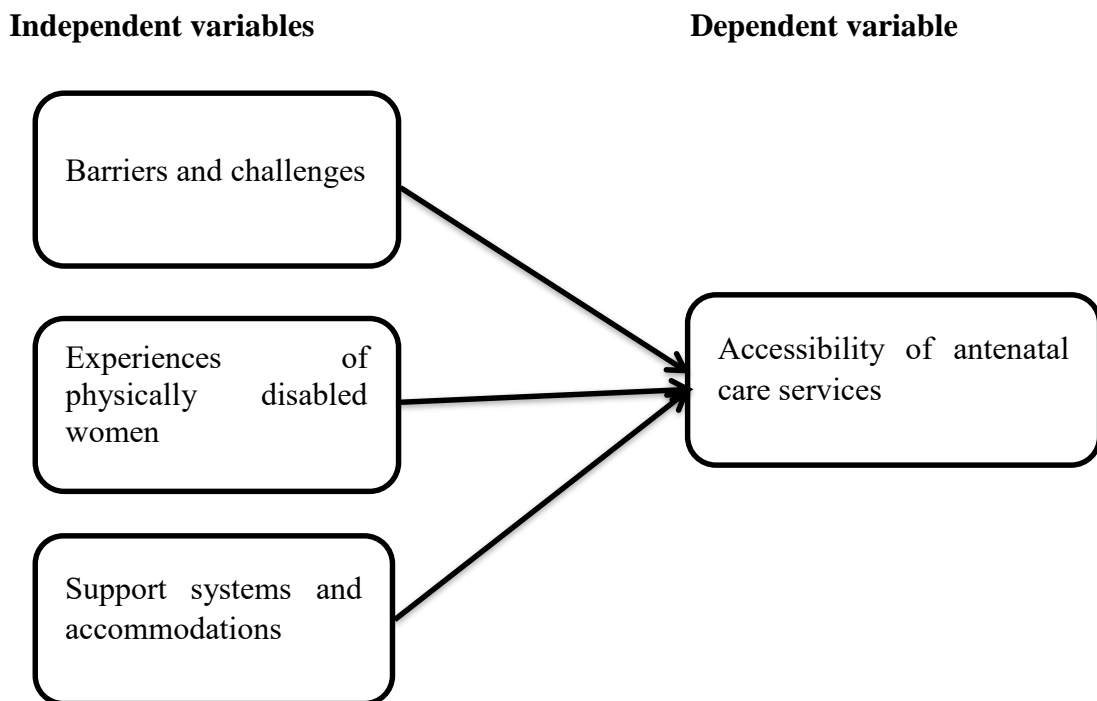
Numerous studies have examined antenatal care services, but most have overlooked the relationship between these services and disabled women. In particular, the experiences of women with physical disabilities were not included in the Tanzanian research that were evaluated. For instance, Mubyazi (2015) looked at Tanzanian women's knowledge and attitudes toward prenatal care as well as the reasons for their desire for such care, without concentrating on physically challenged women. Similarly, Salmin (2020) investigated the reasons behind pregnant women in the West

District of Zanzibar delaying the appointment of prenatal care services, but did not expressly take physically challenged women into account. Thus, a research examining the variables influencing physically handicapped women's usage of prenatal care at Mwananyamala Hospital is obviously necessary.

2.4 Conceptual Framework

The independent and dependent variables were used in this study to show how they are related to one another. The relationship's synopsis is shown in Figure 2.1 below.

Figure 2.1 Conceptual Framework



Source: Constructed by researcher, 2023

Regarding Figure 2.1, the accessibility of antenatal care services depends on the experiences of women with physical disabilities in terms of the quality of care they receive and the available support systems and accommodations.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter outlined the research methodology and provided information on how the study was to be carried out. The research design, geographic focus, target demographic, sample size chosen, sampling technique, data collecting and analysis methodologies, possible limitations, and ethical issues were all covered in the conversation.

3.1 Study Design

In order to thoroughly examine the viewpoints and experiences of physically handicapped women with relation to their access to prenatal care services, this study employed a qualitative case study methodology. This approach made it possible to thoroughly analyze each case and take the surrounding circumstances into account. It was crucial to use a qualitative case study approach in order to fully comprehend these women's opinions and experiences about prenatal care. By using this method, researchers were able to directly collect complicated and extensive data from the participants, such as their subjective opinions, personal experiences, and narratives. Compared to quantitative methodologies, this approach offered a deeper comprehension of the participants' perspectives and experiences and a more comprehensive investigation of the topic.

3.2 Study Area

The study was carried out in Tanzania's Dar es Salaam area at the Mwanayamala Referral Hospital in the Kinondoni Municipal Council. When it opened as a Mother and Child Health (MHC) Clinic in July 1973, it was a regional referral hospital. By 1983, it had become a district hospital, with four wards and 112 beds. It had developed into a major healthcare facility over the years, with 254 beds and an actual occupancy of 317 beds at the time of the research. Because there was limited access to and usage of prenatal care services among women with physical impairments at the Mwananyamala Referral Hospital in the Kinondoni Municipal Council, this study was carried out there. According to the report of Tanzanian Ministry of Health in 2022,

only 43% of women with physical disabilities in Dar Es Salaam attended at least four antenatal care visits during their pregnancies, compared to 64% of women without disabilities.

3.3 Population of the Study

The total group of people or subjects that the researcher is interested in learning more about or making conclusions about is referred to as the study's population. Depending on the study's objectives, this population may include humans, animals, objects, or even concepts (Creswell, 2014). Pregnant women with physical impairments participated in the research.

3.4 Sample Size

The number of distinct units (people, things, events, etc.) chosen for research or study from a broader population is referred to as the sample size (Creswell & Creswell, 2014). The study used a sample size of 20 participants who were pregnant women with physical disabilities. The choice was based on the concept of saturation. This means that interviews continued until no new information or themes were observed in the data, thereby ensuring the depth and richness of qualitative data. The choice of 20 participants allowed for a diverse range of perspectives without making the data too voluminous to analyze effectively. The saturation method is well-regarded for its efficacy in qualitative research, ensuring that a comprehensive view of the phenomena under study is obtained without excessive and redundant data collection (Saunders *et al.*, 2019).

3.5 Sampling Techniques

To achieve a varied representation across disability types, age groups, socioeconomic statuses, and geographical locations, purposeful sampling was utilized. In qualitative research, this approach also referred to as purposive or purposeful sampling is a popular non-probability methodology. It entails carefully selecting subjects or cases for investigation according to predetermined traits or standards that support the objectives of the study. The primary goal of qualitative research is frequently to fully comprehend a certain phenomena or research subject. Purposive sampling allows

researchers to deliberately choose individuals who possess the knowledge, experiences, or viewpoints necessary to successfully address the study objectives.

3.6 Data Collection

Information was gathered via semi-structured interviews, which offered unique individual viewpoints. The collection process involved recording audio with participants' approval and incorporating field notes. These interviews struck a balance between structure and adaptability, presenting a predefined set of questions or subjects to give the researcher some control. Nevertheless, they also permitted the inclusion of open-ended inquiries and follow-up questions prompted by participants' responses. This adaptable approach facilitated the exploration of novel concepts and the acquisition of comprehensive, detailed data.

3.7 Data Management

A qualitative technique was applied to the analysis of the gathered qualitative data in order to produce informative presentations and draw relevant findings. The data that participants supplied was assessed and organized in line with the goals of the study.

3.7.1 Data Processing and Analysis

To ensure that the upcoming data is accurately represented and aligns with the study objectives, several procedures were applied to the gathered information. These steps included tasks like scrutinizing for omissions, spelling errors, or incomplete responses, along with eliminating any irrelevant details. Furthermore, the data underwent encoding and organization according to common attributes to simplify the classification process. The data that was gathered was examined using a thematic analysis method. Transcripts from focus groups and interviews were methodically categorized and arranged into major themes and sub-themes. For the study to be accurate and comprehensive, cyclic data coding, classification, and interpretation were required.

3.8 Ethical Considerations

The university's introductory letter gave a detailed overview of the student, including the research's timeline, subject, and purpose. Before starting the study, Research Ethics Clearance was obtained, allowing the researcher to proceed. The university's research ethics committee confirmed the student's authorization, and the university took responsibility for ensuring the confidentiality of the information collected from the research site while protecting clients' rights. The district health officer, the facility manager, and the individual consent of qualified customers were also given to the researcher. Study limitations: considerable follow-up was necessary since some respondents took a while to finish their surveys. Electronic questionnaires were utilized to speed up the procedure and allow respondents to do them from home in order to address this. Recognizing the potential Covid-19 transmission risk through physical questionnaire distribution and contact with respondents, the researcher used electronic questionnaires and telephone interviews to eliminate physical contact and minimize the risk of virus spread.

CHAPTER FOUR

PRESENTATION OF RESULTS

4.0 Introduction

The primary goal of this study was to investigate how women with physical impairments who were enrolled at Mwananyamala Referral Hospital in Kinondoni District used and had access to prenatal care services. The study mainly used qualitative techniques, with interviews serving as the only way of gathering data. Rich insights and narratives were collected through a comprehensive qualitative analysis, providing light on the difficulties and obstacles experienced by physically handicapped women in receiving prenatal care services. The results, which were given using a thematic content analysis approach, attempted to offer a comprehensive comprehension of the obstacles and enablers impacting this particular group's involvement in prenatal care services.

4.1 Response Rate

The total sample size of data collected for this study was 18 out of 20 (90.00%) of the sample size that had been planned.

Planned Sample size	Respondents Participated	Response rate
20	18	90.00%

In general, the response rate in this study was notably high and considered representative of the entire population, aligning with Mugenda's (2003) assertion that For analysis, a response rate of 50% is adequate, 60% is acceptable, and 70% and more is very good. Mugenda and Mugenda (2003) state that the study's response rate, which surpassed 70%, falls into the category of being very good. These findings are consistent with previous research, such as Mrope's (2018) study where 84% of respondents participated. The elevated response rate in this study can be attributed to

the researcher's proactive approach, involving personal interactions with respondents and communication through mobile phones to encourage questionnaire completion.

4.2 Demographic information of respondents.

The demographic information presented in the data suggests certain trends and characteristics of the measured group, which appears to consist of 18 individuals.

Table 4.1 Demographic information

	N Statistic	Frequency Statistic	Percentage Statistic
Respondent Sex	18		
Male		10	52.1%
Female		8	47.9%
Respondent Age	18		
18-30 years		3	16.0%
31-40 years		9	50.0%
41-50 years		6	34.0%
Respondent education level	18		
Certificate		2	16.6%
Diploma		6	32.3%
Bachelor degree		6	32.3%
Master's		4	18.8%

Source: Field data, (2023)

4.2.1 Age

The age distribution of the interviewed respondent indicates that the majority, or 50.0%, fall within the 31-40 years age group. Younger participants (18-30 years) make up 16.0%, and those aged 46-55 years constitute 34.0%. This age distribution suggests potential variations in experience and perspectives on risk management. Younger individuals may bring innovative approaches to risk management, while older respondents may leverage their experience to address potential challenges.

4.2.2 Sex

The findings revealed a sex distribution among the participants. Among the 52.1% of respondents who were interviewed said they were male and 47.9% said they were

female. Recognizing this gender diversity was crucial, as research suggests that diverse teams, encompassing both genders, could bring a range of perspectives to risk analysis, contributing to the development of more comprehensive and robust strategies. In the context of antenatal care services, understanding these diverse When it comes to customizing services to the diverse needs and preferences of women with physical impairments attending Mwananyamala, perceptions may play a crucial role. citation Hospital in Kinondoni District.

4.2.3 Education Level

The educational backgrounds of the 18 respondents are revealed by the results. Of them, 32.3% possess a diploma or a bachelor's degree, while 18.8% have a master's degree. These educational backgrounds can have a big impact on how well people comprehend risk management techniques.

4.3 Barriers and Challenges Faced by Physically Disabled Women in Accessing Antenatal Care Services

4.3.1 Personal Experiences or Observations Regarding Barriers and Challenges

A qualitative research technique called thematic analysis is used to find, examine, and interpret themes or patterns in a dataset. The replies gleaned from the transcripts of the interviews were subjected to theme analysis in this study. In order to completely comprehend the experiences and viewpoints of the participants on the obstacles and difficulties physically challenged women have while attempting to receive prenatal care services, the replies were first carefully examined. Next, meaningful words or phrases were identified within the responses, which were then grouped together to form initial codes. These codes were derived directly from the participants' statements and represented specific concepts or ideas related to the research topic.

Subsequently, similar codes were clustered together to form sub-themes, representing broader categories of barriers and challenges encountered by physically disabled women. These sub-themes were then further analyzed and synthesized to identify overarching themes that encapsulated the main conclusions drawn from the research. Ultimately, the themes were honed and clarified to appropriately represent the meaning

and content of the data. Throughout this process, attention was paid to maintaining the integrity and context of the participants' statements, ensuring that the analysis remained grounded in their lived experiences.

Under the theme of "Physical Accessibility Barriers," one of the identified sub-themes was the absence of ramps or elevators in healthcare facilities, as highlighted by a participant: "***One major barrier is the physical inaccessibility of healthcare facilities. Ramps or elevators are often absent, making it challenging for physically disabled women to enter the premises.***" This quote illustrates the direct experiences of participants and serves as evidence of the difficulties women with physical disabilities encounter while trying to get access to healthcare. The scarcity of interpreters who can translate from sign language was the subject of another subtheme., as corroborated by another participant: "***Limited availability of sign language interpreters during antenatal care appointments is a significant challenge. It hinders effective communication between healthcare providers and women with hearing disabilities.***" This quote highlights the communication obstacles that women with hearing impairments must overcome and emphasizes the need of inclusive communication techniques in medical environments. All things considered, these quotations serve as excellent examples of how thematic analysis was used to find and examine patterns in the interview data, which resulted in the identification of important themes and sub-themes associated with the study subject.

Respondents were asked to give their views or personal experiences in this area on the difficulties that physically challenged women have while trying to get prenatal care services. The narratives added insightful details to the qualitative analysis by giving a personal view of the particular challenges faced. The subsequent answers shed light on the complex issues that this particular group faces and provide a more profound comprehension of the complexities related to the availability and application of prenatal care services for women with physical disabilities who are patients at Mwananyamala Referral Hospital in Kinondoni District. One of the participants responded by making the following claim about the circumstances:

"One major barrier is the physical inaccessibility of healthcare facilities. Ramps or elevators are often absent, making it challenging for physically disabled women to enter the premises."

(Source: Field interview, 2023)

In the same case, findings from another participant confirmed the above views:

"Limited availability of sign language interpreters during antenatal care appointments is a significant challenge. It hinders effective communication between healthcare providers and women with hearing disabilities." (Source: Field interview, 2023).

4.3.2 Common Physical Barriers

The exploration of common physical barriers constitutes a pivotal aspect of this study, aiming to discern the tangible challenges faced by physically disabled women when attempting to access antenatal care services.

Thematic analysis was applied to the responses obtained from the interview transcripts regarding common physical obstacles that physically challenged women must overcome in order to get prenatal care services. Initially, the responses were carefully reviewed to extract meaningful words or phrases that described tangible challenges encountered by participants. These excerpts were then grouped together to form initial codes, representing specific physical barriers mentioned by the participants, such as narrow doorways and cramped spaces within healthcare facilities. These codes were further organized and clustered into sub-themes, such as environmental barriers and structural impediments, reflecting broader categories of physical obstacles encountered by physically disabled women during antenatal care visits. Subsequently, these sub-themes were synthesized to identify overarching themes, such as common physical barriers, which encapsulated the main findings of the study. Throughout this process, attention was paid to maintaining the context and integrity of the participants' statements, ensuring that the analysis remained grounded in their lived experiences.

Under the theme of "Common Physical Barriers," one of the identified sub-themes was the difficulty navigating narrow doorways and cramped spaces within healthcare facilities, as articulated by a participant: "Narrow doorways and cramped spaces within healthcare facilities can make it difficult for women who use wheelchairs or mobility aids to navigate comfortably." This quote exemplifies the tangible challenges faced by physically disabled women and highlights the environmental barriers present within healthcare settings. Another sub-theme focused on the insufficient availability of adjustable examination tables, as confirmed by another participant: "Insufficient availability of adjustable examination tables poses a challenge for women with physical disabilities during antenatal check-ups." This quote underscores the structural impediments encountered by physically disabled women and emphasizes the need for accessible medical equipment.

These quotations, taken together, show how thematic analysis was used to find and examine patterns in the interview data, ultimately resulting in the identification of important themes and sub-themes related to common physical barriers experienced by physically disabled women accessing antenatal care services. Respondents were prompted to articulate their perspectives on the prevalent physical obstacles encountered during this process. The ensuing analysis provides a comprehensive analysis of the environmental and structural barriers that make prenatal care more difficult for physically unable women to obtain at Mwananyamala Referral Hospital in Kinondoni District. One participant from the Mwananyamala Referral Hospital in the Kinondoni District presented the following case in response to the circumstances:

"Narrow doorways and cramped spaces within healthcare facilities can make it difficult for women who use wheelchairs or mobility aids to navigate comfortably." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"Insufficient availability of adjustable examination tables poses a challenge for women with physical disabilities during antenatal check-ups." (Source: Field interview, 2023).

4.3.3 Challenges Related to Transportation

The study employed theme analysis to investigate transportation-related obstacles encountered by women with physical disabilities who are in need of prenatal care services. At first, replies from the interview transcripts were carefully reviewed to identify meaningful statements regarding transportation hurdles impacting access to antenatal care. These statements were then condensed into meaningful words or phrases that captured the essence of the challenges described by participants, such as lack of accessibility features in public transportation and limited availability of specialized transportation services. These condensed excerpts formed initial codes, representing specific transportation-related challenges mentioned by participants. Subsequently, related codes were clustered to create sub-themes, such as accessibility obstacles and limited transportation options, reflecting broader categories of transportation challenges faced by physically disabled women. These sub-themes were then synthesized to identify overarching themes, such as challenges related to transportation, which encapsulated the main findings of the study. Throughout this process, attention was paid to maintaining the context and integrity of the participants' statements, ensuring that the analysis remained grounded in their lived experiences.

Under the theme of "Challenges Related to Transportation," one of the identified sub-themes was the lack of accessibility features in public transportation, as articulated by a participant: "Public transportation often lacks accessibility features, making it difficult for physically disabled women to travel independently to antenatal care appointments." This quote highlights the specific transportation obstacles that physically challenged women must overcome in order to get healthcare services additionally underscores the need for improved accessibility in public transportation systems. Another sub-theme focused on the limited availability of specialized transportation services, particularly in rural areas, as confirmed by another participant: "Limited availability of specialized transportation services for women with physical disabilities poses a significant challenge, particularly in rural areas." This quote emphasizes the challenges encountered by physically impaired women in receiving specialized transportation services that meet their requirements and draws attention to

differences in transportation accessibility between various geographical areas. Overall, these quotations show how the interview material was analyzed and patterns found using theme analysis, leading to the identification of key themes and sub-themes related to transportation challenges experienced by physically disabled women seeking antenatal care services.

Unraveling the intricacies of transportation challenges faced by physically disabled women seeking antenatal care services forms a crucial facet of this study. Respondents were encouraged to share their insights on the specific hurdles related to transportation that impact the access and utilization of such services. The ensuing examination sheds light on the multifaceted dimensions of mobility challenges, providing a nuanced understanding of how transportation barriers can significantly impede the journey of women with physical disabilities to Mwananyamala Referral Hospital in Kinondoni District for antenatal care. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Public transportation often lacks accessibility features, making it difficult for physically disabled women to travel independently to antenatal care appointments." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"Limited availability of specialized transportation services for women with physical disabilities poses a significant challenge, particularly in rural areas." (Source: Field interview, 2023).

4.3.4 Lack of Accessible Infrastructure

The lack of accessible infrastructure as a barrier to prenatal care services for physically handicapped women was investigated using thematic analysis method. First, the interview transcripts' replies were carefully examined to extract meaningful statements regarding the absence of tailored infrastructure hindering access to healthcare facilities. These statements were condensed into meaningful words or

phrases capturing the essence of the challenges described by participants, such as the absence of accessible bathrooms and inadequate provision of information in accessible formats. These condensed excerpts formed initial codes, representing specific infrastructure-related challenges mentioned by participants.

Sub-themes were then created by grouping together related codes, such as inaccessible facilities and lack of information accessibility, reflecting broader categories of infrastructure barriers faced by physically disabled women. These sub-themes were synthesized to identify overarching themes, such as lack of accessible infrastructure, which encapsulated the main findings of the study. Throughout this process, attention was paid to maintaining the context and integrity of the participants' statements, ensuring that the analysis remained grounded in their lived experiences.

Under the theme of "Lack of Accessible Infrastructure," one of the identified sub-themes was the absence of accessible bathrooms within healthcare facilities, as articulated by a participant: "The absence of accessible bathrooms within healthcare facilities limits the independence of physically disabled women during antenatal care visits." This quotation emphasizes the need for increased accessibility in healthcare institutions and the unique infrastructural challenges that physically challenged women encounter while attempting to access healthcare services.

According to a second participant, there was insufficient material provided in accessible forms such as big print or Braille. "Inadequate provision of information in accessible formats, such as Braille or large print, creates challenges for women with visual impairments." This quotation highlights the difficulties that physically challenged women have while trying to obtain the information they need for prenatal care, underscoring the need of inclusive communication techniques in medical environments. Overall, these quotes serve as excellent examples of how thematic analysis was used to find and examine patterns in the interview data, which resulted in the identification of important themes and sub-themes about the difficulties physically disabled women seeking antenatal care services faced due to a lack of accessible infrastructure. The deficiency in accessible infrastructure emerges as a focal

point in understanding the impediments faced by physically disabled women in accessing antenatal care services.

Respondents were prompted to reflect on how the absence of tailored infrastructure hampers their ability to engage with healthcare facilities effectively. Through their perspectives, this section delves into the tangible aspects of infrastructure that present barriers, offering valuable insights into the challenges confronted by women with physical disabilities at Mwananyamala Referral Hospital in Kinondoni District during their antenatal care journeys. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"The absence of accessible bathrooms within healthcare facilities limits the independence of physically disabled women during antenatal care visits." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"Inadequate provision of information in accessible formats, such as Braille or large print, creates challenges for women with visual impairments." (Source: Field interview, 2023).

4.3.5 Attitudinal Barriers

Thematic analysis was utilized to explore attitudinal barriers encountered by physically disabled women when seeking antenatal care services. Initially, responses from the interview transcripts were carefully reviewed to identify meaningful statements regarding attitudes exhibited by healthcare providers or other individuals within the healthcare system. These statements were condensed into meaningful words or phrases capturing the essence of the perceptual challenges described by participants, such as negative attitudes and assumptions about ability or willingness to bear children. These condensed excerpts formed initial codes, representing specific attitudinal barriers mentioned by participants. Sub-themes, such as unfavorable attitudes and presumptions made by healthcare providers, were then formed by

grouping related codes together. These sub-themes represented larger categories of attitudinal hurdles that physically challenged women must overcome. These sub-themes were synthesized to identify overarching themes, such as attitudinal barriers, which encapsulated the main findings of the study. Throughout this process, attention was paid to maintaining the context and integrity of the participants' statements, ensuring that the analysis remained grounded in their lived experiences.

Under the theme of "Attitudinal Barriers," one of the identified sub-themes was negative attitudes from healthcare providers, as articulated by a participant: "Negative attitudes from healthcare providers, such as assumptions about inability or unwillingness to bear children, create a discouraging environment for physically disabled women seeking antenatal care." This quote highlights the specific attitudinal barriers faced by physically disabled women when interacting with healthcare providers and emphasizes how crucial it is to create a welcoming and accepting atmosphere in medical facilities. Overall, this remark serves as an excellent example of how thematic analysis was used to find and examine patterns in the interview data, which resulted in the identification of major themes and supporting topics about the attitudes that physically challenged women faced while attempting to get maternity care services.

Exploring the landscape of attitudinal barriers, this section delves into the perceptual challenges that physically disabled women may encounter when seeking antenatal care services. Respondents were asked to share their observations and personal experiences regarding attitudes exhibited by healthcare providers or other individuals within the healthcare system. The ensuing qualitative analysis unravels the complex ways in which attitudes at Mwananyamala Referral Hospital in Kinondoni District may either help or impede women with physical limitations from accessing prenatal care. The study attempts to investigate these attitudinal hurdles in order to illuminate the interpersonal dynamics shaping the healthcare experiences of this specific demographic. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Negative attitudes from healthcare providers, such as assumptions about inability or unwillingness to bear children, create a discouraging environment for physically disabled women seeking antenatal care." (Source: Field interview, 2023).

4.3.6 Communication Barriers

Thematic analysis was employed to explore communication barriers experienced by physically disabled women accessing antenatal care services. Initially, responses from the interview transcripts were carefully reviewed to identify meaningful statements regarding instances of communication challenges encountered during interactions with healthcare providers. These statements were condensed into meaningful words or phrases capturing the essence of the communication breakdowns described by participants, such as difficulty understanding information or lack of accessible communication methods. These condensed excerpts formed initial codes, representing specific communication barriers mentioned by participants.

Sub-themes were then created by grouping together related codes, such as ineffective communication with healthcare providers and lack of accessible communication methods, reflecting broader categories of communication challenges faced by physically disabled women. These sub-themes were synthesized to identify overarching themes, such as communication barriers, which encapsulated the main findings of the study. Throughout this process, attention was paid to maintaining the context and integrity of the participants' statements, ensuring that the analysis remained grounded in their lived experiences.

The dimension of communication barriers within the context of antenatal care services for physically disabled women is explored in this section. Respondents were prompted to articulate instances and observations related to communication challenges encountered during their interactions with healthcare providers. The ensuing analysis unveils the intricacies of communication breakdowns, emphasizing their impact on the overall antenatal care experiences for women with physical disabilities attending Mwananyamala Referral Hospital in Kinondoni District. By delving into these

communication barriers, the study seeks to comprehend the diverse ways in which effective communication can be compromised and, consequently, its implications on healthcare accessibility and quality. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Communication barriers often arise when healthcare providers lack training in sign language, hindering effective dialogue with women who have hearing disabilities during antenatal care visits."

(Source: Field interview, 2023).

4.3.7 Financial Barriers

Thematic analysis was utilized to explore financial barriers encountered by physically disabled women accessing antenatal care services. Initially, responses from the interview transcripts were carefully reviewed to extract meaningful statements regarding economic challenges associated with seeking antenatal care. These statements were condensed into meaningful words or phrases capturing the essence of the financial hurdles described by participants, such as costs related to transportation, assistive devices, and caregiving support. These condensed excerpts formed initial codes, representing specific financial barriers mentioned by participants. Sub-themes were then created by grouping together comparable codes such as transportation costs and expenses for assistive devices, reflecting broader categories of financial challenges faced by physically disabled women. These sub-themes were synthesized to identify overarching themes, such as financial barriers, which encapsulated the main findings of the study. Throughout this process, attention was paid to maintaining the context and integrity of the participants' statements, ensuring that the analysis remained grounded in their lived experiences.

Under the theme of "Financial Barriers," one of the identified sub-themes was the costs related to specialized transportation, assistive devices, and additional caregiving support, as articulated by a participant: "Many physically disabled women face financial barriers when accessing antenatal care, including costs related to specialized

transportation, assistive devices, and additional caregiving support." This quotation emphasizes the particular financial difficulties that physically challenged women have while attempting to get prenatal care services and emphasizes the necessity of financial assistance in order to overcome these obstacles. Overall, this remark serves as an excellent example of how thematic analysis was used to find and examine patterns in the interview data, which resulted in the identification of major themes and supporting topics about the financial obstacles that physically challenged women seeking maternity care services had to overcome.

This section looks into the financial obstacles that women with physical disabilities could run across while trying to get prenatal care. Respondents were prompted to share their personal experiences and observations pertaining to the economic challenges associated with seeking antenatal care. The ensuing exploration provides a detailed analysis of the financial hurdles faced by women with physical disabilities attending Mwananyamala Referral Hospital in Kinondoni District. By examining the economic aspects, the study aims to unveil how financial barriers can potentially impede the access and utilization of antenatal care services within this specific demographic. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Many physically disabled women face financial barriers when accessing antenatal care, including costs related to specialized transportation, assistive devices, and additional caregiving support." (Source: Field interview, 2023).

4.3.8 Policy or Legal Barriers

Thematic analysis was employed to explore policy and legal barriers encountered by physically disabled women accessing antenatal care services. Initially, responses from the interview transcripts were carefully reviewed to identify meaningful statements regarding existing policies and legal frameworks impacting antenatal care experiences. These statements were condensed into meaningful words or phrases capturing the essence of the policy and legal challenges described by participants, such

as lack of enforceable accessibility standards. These condensed excerpts formed initial codes, representing specific policy and legal barriers mentioned by participants. Sub-themes were then created by grouping together related codes, such as regulatory gaps and enforcement issues, reflecting broader categories of policy and legal challenges faced by physically disabled women. These sub-themes were synthesized to identify overarching themes, such as policy or legal barriers, which encapsulated the main findings of the study. Throughout this process, attention was paid to maintaining the context and integrity of the participants' statements, ensuring that the analysis remained grounded in their lived experiences.

Under the theme of "Policy or Legal Barriers," one of the identified sub-themes was the lack of enforceable accessibility standards in healthcare facilities, as articulated by a participant: "Policy and legal barriers, such as the lack of enforceable accessibility standards in healthcare facilities, contribute to the ongoing challenges faced by physically disabled women in accessing appropriate antenatal care services." This quotation emphasizes the unique legal and policy obstacles that physically challenged women must overcome in order to get prenatal care services, and it also emphasizes the necessity of regulatory actions to remove these obstacles. Overall, this remark serves as an excellent example of how thematic analysis was used to find and examine patterns in the interview data, which resulted in the identification of major themes and supporting topics about the legal or regulatory obstacles that physically challenged women seeking prenatal care services had to overcome.

This section examines possible obstacles that prevent physically challenged women from getting proper prenatal care services by analyzing the legislative and legal landscape.. Respondents were asked to reflect on their encounters or perceptions of existing policies and legal frameworks that may impact their antenatal care experiences. The ensuing qualitative exploration sheds light on the regulatory aspects that either facilitate or impede the journey of women with physical disabilities at Mwananyamala Referral Hospital in Kinondoni District. By unpacking policy and legal barriers, this study aims to uncover the systemic challenges that influence the accessibility and inclusivity of antenatal care services for this specific demographic.

Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Policy and legal barriers, such as the lack of enforceable accessibility standards in healthcare facilities, contribute to the ongoing challenges faced by physically disabled women in accessing appropriate antenatal care services." (Source: Field interview, 2023).

4.3.9 Lack of Knowledge among Healthcare Providers

One of the sub-themes found under the main issue of "Lack of Knowledge Among Healthcare Providers" was the inadequate care given during prenatal visits as a result of healthcare personnel' ignorance and incompetence. The following quote from a participant served as an example of this: "Suboptimal care during antenatal visits often results from healthcare providers' lack of knowledge and awareness about the specific needs of physically disabled women." This quotation emphasizes the substantial influence that knowledge gaps among medical professionals have on the standard of care given to physically handicapped women during prenatal visits.

This section examines the effects of knowledge gaps among healthcare professionals, specifically focusing on how a lack of awareness regarding the unique requirements of women with physical disabilities may limit these women's access to prenatal care services. Respondents were asked to report their views and experiences of situations in which medical professionals showed a lack of understanding of the particular needs of women with physical limitations. The ensuing analysis seeks to unravel the implications of these knowledge gaps on the quality of antenatal care provided at Mwananyamala Referral Hospital in Kinondoni District. By exploring this dimension, the study aims to contribute insights into the educational needs within healthcare settings to enhance the overall experience for physically disabled women seeking antenatal care. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"The lack of knowledge and awareness among healthcare providers about the specific needs of physically disabled women often results in suboptimal care during antenatal visits." (Source: Field interview, 2023).

4.4 Experience and Perspectives of Physically Disabled Women Regarding the Quality Antenatal Care Services they receive

The researcher used content analysis to examine the data and draw meaningful conclusions from the findings.

4.4.1 Personal Experience during Antenatal Care Journey.

This section delves into the personal experiences of physically disabled women during their antenatal care journey. Respondents were encouraged to share their individual perspectives, recounting their unique encounters, challenges, and highlights throughout the process of seeking antenatal care. The ensuing narratives provide an inside look at the experiences of women who are physically disabled and who visit Mwananyamala Referral Hospital in the Kinondoni District providing valuable insights into the intricacies of their antenatal care journeys. By exploring these personal accounts, the study aims to capture the diverse and nuanced aspects that shape the antenatal care experiences of this specific demographic. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"During my antenatal care journey, I faced challenges related to physical accessibility at healthcare facilities. The absence of ramps and elevators made it difficult to enter, impacting my overall experience." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"As a woman with a physical disability, the lack of communication support during antenatal care was a significant challenge. Limited availability of sign language interpreters hindered effective

communication with healthcare providers." (Source: Field interview, 2023).

4.4.2 Overall Quality of Antenatal Care Services

The quality of prenatal treatment was evaluated overall using thematic analysis services received by physically disabled women, gathering subjective evaluations and reflections on the holistic nature of their care journey. Initial review of interview transcripts distilled meaningful statements regarding service quality, such as physical accessibility and communication support, into condensed codes. These codes were then grouped into sub-themes, including satisfaction with care quality and areas for improvement. Synthesizing these sub-themes revealed an overarching theme encapsulating the main findings of the study. Under this theme, participants expressed overall satisfaction with care quality but highlighted areas for enhancement, particularly in physical accessibility and communication support. These insights shed light on the multifaceted dimensions shaping the antenatal care experience for physically disabled women at Mwananyamala Referral Hospital in Kinondoni District, offering valuable perspectives to inform improvements in care provision for this specific demographic.

This segment focuses on the overall quality assessment of antenatal care services received by physically disabled women. Respondents were prompted to provide their subjective evaluations and reflections on the holistic nature of the care they received during their antenatal journey. The ensuing analysis aims to distill the nuances and specific aspects that stood out in the antenatal care services, shedding light on the strengths and potential areas for improvement at Mwananyamala Referral Hospital from the viewpoint of women with physical limitations in Kinondoni District. Through an examination of the entire quality of treatment, the research aims to capture the complex dimensions that contribute to a positive or challenging antenatal care experience for this specific demographic. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"The overall quality of antenatal care services was satisfactory, but there's room for improvement in terms of physical accessibility. I appreciated the efforts made by healthcare providers to accommodate my needs." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"The lack of communication support during antenatal care affected my perception of service quality. Despite good medical care, the absence of interpreters made it challenging to fully engage in the process." (Source: Field interview, 2023).

4.4.3 Challenges or Barriers Faced in Accessing Antenatal Care

This section delves into the challenges or barriers encountered by physically disabled women in accessing antenatal care services. Respondents were prompted to articulate the specific hurdles they faced throughout the process of seeking antenatal care at Mwananyamala Referral Hospital in Kinondoni District. The ensuing analysis is to give a thorough grasp of the challenges facing women with physical disabilities confront, offering insights into the factors that impede their seamless access to antenatal care. By exploring these challenges, the study seeks to elucidate the complex dynamics influencing the accessibility of antenatal care services for this specific demographic. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Physical barriers such as narrow doorways were prominent challenges. Additionally, the lack of accessible bathrooms within healthcare facilities impacted my overall experience." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"The primary barrier was attitudinal, with healthcare providers sometimes assuming I couldn't understand due to my hearing

disability. This affected the level of care I received." (Source: Field interview, 2023).

4.4.4 Healthcare Providers' Attempts to Address Specific Needs

These revelations highlighted the need of continuous education and inclusive practices to improve the standard of care given to women with physical disabilities during prenatal visits, which would eventually lead to better patient outcomes and experiences.

In this part, the efforts made by healthcare professionals to attend to the unique needs and concerns of women with physical disabilities during their prenatal care appointments are evaluated. Participants were asked to offer their thoughts on the level of responsiveness and adaptability demonstrated by healthcare professionals in catering to their unique requirements. The ensuing analysis aims to unveil the nuances of healthcare provider-patient interactions and their impact on the overall antenatal care experiences of women with physical disabilities at Mwananyamala Referral Hospital in Kinondoni District. By exploring these attempts to address specific needs, the study seeks to discern the effectiveness of healthcare providers in fostering an inclusive and supportive environment for this specific demographic. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Healthcare providers made commendable attempts to address my needs. However, more awareness and training are required to fully understand the diverse needs of physically disabled women."
(Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"While healthcare providers tried to accommodate my needs, there was a lack of understanding regarding the importance of

communication support. More emphasis on inclusive practices is necessary." (Source: Field interview, 2023).

4.4.5 Essential Factors for a Positive Antenatal Care Experience

The study utilized thematic analysis to investigate the crucial elements that contribute to a favorable prenatal care encounter for women with physical disabilities at Mwananyamala Referral Hospital in Kinondoni District. Reviewing responses from interview transcripts enabled the identification of meaningful statements regarding aspects that stood out in creating supportive and satisfactory care journeys. These statements were condensed into codes representing distinct components of positive experiences, such as comprehensive physical accessibility, clear communication, and supportive attitudes from healthcare providers. Grouping similar codes together facilitated the identification of sub-themes, including the importance of medical care, physical accessibility, communication support, and provider attitudes. Synthesizing these sub-themes provided an overarching understanding of the essential factors that play a pivotal role in shaping positive antenatal care experiences for physically disabled women. Under the theme of "Essential Factors for a Positive Antenatal Care Experience," participants highlighted the significance of comprehensive care, effective communication, and supportive provider attitudes in contributing to overall satisfaction. These insights underscored the importance of addressing various aspects of care provision to enhance the quality of antenatal services for this specific demographic, ultimately promoting better health outcomes and well-being.

The key elements that make prenatal care enjoyable for women with physical disabilities are examined in this section. Respondents were asked to consider what elements of Mwananyamala Referral Hospital in Kinondoni District stood out in terms of providing a positive and supportive prenatal care experience. The study that follows attempts to identify the essential components that are crucial in creating favorable experiences, providing insights into the variables that support the contentment and well-being of pregnant women with physical limitations. The study aims to give a comprehensive knowledge of the elements that improve the overall quality of prenatal care services for this population by examining these crucial criteria specific

demographic. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"A positive antenatal care experience involves not only medical care but also comprehensive physical accessibility and clear communication. Additionally, a supportive and understanding attitude from healthcare providers is crucial." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"Communication support is paramount for a positive experience. Feeling understood and involved in decision-making significantly contributes to overall satisfaction." (Source: Field interview, 2023).

4.4.6 Information and Education About Pregnancy

Thematic analysis was utilized to evaluate the provision of information and education about pregnancy to physically disabled women during their antenatal care experiences at Mwananyamala Referral Hospital in Kinondoni District. Through review of interview transcripts, meaningful statements were identified concerning the adequacy of information dissemination and educational support. These statements were condensed into codes representing distinct aspects of information provision, including the sufficiency of information about pregnancy stages and the need for tailoring to specific needs. Grouping similar codes together facilitated the identification of sub-themes, such as the overall adequacy of information and areas requiring improvement in tailoring information to meet the needs of physically disabled women. Synthesizing these sub-themes provided an overarching understanding of the educational practices within the healthcare setting for this demographic. Under the theme of "Information and Education About Pregnancy," participants highlighted both positive aspects, such as sufficient information provision, and areas for improvement, including the need for tailored educational materials. These insights underscored the importance of addressing educational needs to ensure comprehensive antenatal care experiences for physically disabled women, ultimately promoting informed decision-making and improved health outcomes.

This segment focuses on assessing the extent to which physically disabled women acquired enough knowledge and instruction on the different phases of pregnancy, possible issues, and accessible support services catered to their own requirements. Respondents were invited to discuss their thoughts and experiences regarding the educational aspects of antenatal care provided at Mwananyamala Referral Hospital in Kinondoni District. The ensuing analysis aims to uncover the adequacy of information dissemination and educational support, offering insights into the knowledge-sharing practices within the healthcare setting for women with physical disabilities during their antenatal care journeys. By exploring information and education aspects, the goal of the study is to further knowledge of this particular demographic's educational demands on a more thorough level. Reactions from one participant in the Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"The information provided about the stages of pregnancy was generally sufficient, but there's room for improvement in tailoring it to the specific needs of physically disabled women." (Source: Field interview, 2023).

4.4.7 Instances Where Disability Affected Decisions or Level of Care

Thematic analysis was employed to explore instances where respondents' physical disabilities influenced decisions made regarding their antenatal care or the level of care provided at Mwananyamala Referral Hospital in Kinondoni District. Through examination of interview transcripts, significant statements were identified concerning the impact of disability on healthcare decisions and practices. These statements were categorized into codes representing specific examples or instances where disability affected decision-making or care provision. Grouping similar codes together facilitated the identification of sub-themes, such as the influence of physical disability on equipment accessibility and communication barriers.

Combining these sub-themes allowed for a thorough grasp of the difficulties physically challenged women encounter when utilizing prenatal care services. "Instances Where Disability Affected Decisions or Level of Care," is the subject for

this article. Participants highlighted various scenarios where their disabilities influenced the thoroughness of examinations and led to communication-related oversights. These insights underscored the need for tailored approaches to address the unique needs of physically disabled women in antenatal care settings, ultimately promoting equitable access and quality of care.

This section investigates instances where the physical disability of respondents influenced the choices made about their prenatal care or the caliber of treatment given. In order to gather more detailed information, respondents were asked to list specific occasions in which their impairment affected the type of treatment they got at Mwananyamala Referral Hospital in the Kinondoni District or the decision-making process. The resulting research seeks to shed light on the intricate relationships between prenatal care and physical limitations, offering insights into the possible influence of disability on healthcare practices and decision-making. The study aims to provide a fuller understanding of the difficulties physically challenged women have when navigating prenatal care providers by examining these cases. Reactions from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"I felt my physical disability affected decisions at times, especially in the absence of accessible equipment. For instance, the unavailability of an adjustable examination table limited the thoroughness of my examinations." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"There were instances where my hearing disability affected the level of care. Miscommunication led to overlooking certain health concerns during antenatal visits." (Source: Field interview, 2023).

4.4.8 Improvements or Changes to Enhance Antenatal Care

At Mwananyamala Referral Hospital in Kinondoni District, respondents proposed modifications or adjustments to improve the quality of prenatal care services for physically handicapped women. These suggestions were analyzed using thematic

analysis technique. Interview transcripts were scrutinized to identify specific recommendations and suggestions provided by participants. These recommendations were then categorized into codes representing distinct areas of improvement, such as physical accessibility, healthcare provider training on disability awareness, and communication support. Through the process of grouping similar codes, sub-themes emerged, reflecting the common threads in respondents' suggestions.

Synthesizing these sub-themes allowed for a comprehensive understanding of the practical measures that could positively impact antenatal care experiences for physically disabled women. Under the overarching theme of "Improvements or Changes to Enhance Antenatal Care," participants emphasized the importance of enhancing physical accessibility, providing comprehensive training to healthcare providers, and ensuring effective communication support. These suggestions emphasized the necessity of systemic adjustments to establish a more welcoming and encouraging prenatal care setting catered to the particular requirements of women with physical disabilities.

The purpose of this section is to collect information on the enhancements or modifications proposed by the participants to improve the standard of prenatal care services for women with physical disabilities.. Respondents were prompted to share their perspectives on specific modifications or enhancements that, in their view, would contribute to a more inclusive and supportive antenatal care environment at Mwananyamala Referral Hospital in Kinondoni District. The ensuing analysis aims to distill the key recommendations and suggestions provided by women with physical disabilities, offering valuable insights into the practical measures that could positively impact their antenatal care experiences. By exploring these suggestions, the study seeks to assist in the creation of workable plans for raising the caliber and accessibility of prenatal care services for this particular population. Reactions from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Improving physical accessibility, providing training to healthcare providers on disability awareness, and ensuring communication

support are essential for enhancing the quality of antenatal care."

(Source: Field interview, 2023).

4.4.9 Positive Experiences with Healthcare Providers or Facilities

Thematic analysis was employed to explore positive experiences or encounters that physically disabled women had with healthcare providers or facilities during their antenatal care at Mwananyamala Referral Hospital in Kinondoni District. Interview transcripts were carefully examined to identify instances where participants felt their specific needs were adequately addressed and they received supportive care. These instances were categorized into codes representing positive experiences, such as understanding and accommodating healthcare providers and proactive accessibility measures by healthcare facilities. Through the process of grouping similar codes, sub-themes emerged, reflecting common positive practices observed by participants. Synthesizing these sub-themes allowed for a comprehensive understanding of the supportive healthcare practices that have positively impacted physically disabled women during their antenatal care. Under the overarching theme of "Positive Experiences with Healthcare Providers or Facilities," participants highlighted instances where healthcare providers demonstrated understanding and accommodated their needs, creating a supportive environment during antenatal care. Additionally, participants praised healthcare facilities that proactively addressed accessibility concerns, emphasizing the positive impact of their commitment to inclusivity on the overall perception of antenatal care. These examples of best practices underscored the importance of supportive healthcare environments tailored to the unique needs of physically disabled women.

This segment explores positive experiences or encounters that physically disabled women may have had with healthcare providers or facilities during their antenatal care. Respondents were prompted to share instances where they felt their specific needs were adequately addressed, and they received supportive care. The ensuing analysis aims to highlight positive examples and success stories, shedding light on healthcare practices that have positively impacted women with physical disabilities at Mwananyamala Referral Hospital in Kinondoni District. By exploring these positive

experiences, the study seeks to identify best practices and examples of healthcare settings that have effectively catered to the unique needs of this specific demographic, contributing to a more comprehensive understanding of supportive healthcare practices. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"I had positive experiences where healthcare providers demonstrated understanding and accommodated my needs, creating a supportive environment during antenatal care." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"Certain healthcare facilities proactively addressed accessibility concerns. Their commitment to inclusivity positively impacted my overall perception of antenatal care." (Source: Field interview, 2023).

4.4.10 Addressing Unique Needs and Challenges by Healthcare Providers and Systems

Thematic analysis was applied to explore recommendations provided by physically disabled women on how healthcare providers and systems can better address their unique needs and challenges during antenatal care at Mwananyamala Referral Hospital in Kinondoni District. Participants' responses were scrutinized to identify suggestions for strategies and approaches that could create a more inclusive and accommodating environment. These suggestions were categorized into codes representing potential improvements, such as ongoing training for healthcare providers, creating awareness, fostering a culture of inclusivity, and ensuring accessible facilities and communication support. Through the process of synthesizing these codes, sub-themes emerged, reflecting common recommendations proposed by participants. These sub-themes provided insights into the actions that could enhance the accessibility and quality of antenatal care services for physically disabled women.

Under the overarching theme of "Addressing Unique Needs and Challenges by Healthcare Providers and Systems," participants emphasized the importance of giving continuing education for healthcare professionals first priority in order to better

comprehend and handle their special requirements and difficulties during prenatal care. Furthermore, they highlighted the significance of creating awareness and fostering a culture of inclusivity within healthcare systems, emphasizing the need for a holistic approach that encompasses training, accessible facilities, and communication support. These recommendations underscored the necessity for proactive measures to promote equitable healthcare experiences for women with physical disabilities during their antenatal care journey.

This section explores how prenatal care providers and systems might better meet the special requirements and obstacles that women with physical disabilities encounter. Respondents were prompted to share their opinions on the strategies and approaches healthcare providers and systems could adopt to create a more inclusive and accommodating environment at Mwananyamala Referral Hospital in Kinondoni District. The ensuing analysis aims to distill insights into the potential improvements suggested by women with physical disabilities, offering valuable perspectives on the actions that could enhance the accessibility and quality of antenatal care services for this specific demographic. By exploring these recommendations, the study seeks to contribute to the development of guidelines and protocols that promote equitable healthcare experiences for women with physical disabilities during their antenatal care journey. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Healthcare providers and systems should prioritize ongoing training to better understand and address the unique needs and challenges faced by physically disabled women during antenatal care." (Source: Field interview, 2023).

A similar view, findings from another participant confirmed the above views:

"Creating awareness and fostering a culture of inclusivity within healthcare systems are crucial for addressing the unique needs of physically disabled women. This requires a holistic approach, including

training, accessible facilities, and communication support." (Source: Field interview, 2023).

4.4.11 Key Factors Contributing to the Quality of Antenatal Care

To determine the critical elements influencing the standard of prenatal care services provided by Mwananyamala Referral Hospital in Kinondoni District to physically handicapped mothers, thematic analysis was utilized. Participants' responses were examined to discern the elements they deemed crucial in shaping a positive and effective antenatal care experience. Through this analysis, key factors emerged, including physical accessibility, effective communication, and an understanding and supportive attitude from healthcare providers. These factors were identified as essential components that significantly influence the satisfaction and well-being of physically disabled women during their antenatal care journey. The recognition of these key factors underscores the importance of addressing various dimensions, such as infrastructure, communication practices, and provider attitudes, to enhance the overall quality of antenatal care for this specific demographic. By exploring these factors, the study intends to promote changes that provide special attention to the requirements of physically handicapped women and advance a more thorough knowledge of the factors that determine high-quality prenatal care..

This section aims to identify the key factors that respondents believe contribute to the quality of antenatal care services for physically disabled women. Participants were asked to share their perspectives on the elements they consider crucial in shaping a positive and effective antenatal care experience at Mwananyamala Referral Hospital in Kinondoni District. The ensuing analysis aims to distill these key factors, providing valuable insights into the components that play a significant role in determining the overall quality of antenatal care for women with physical disabilities. By exploring these factors, the study seeks to contribute to a nuanced understanding of the dimensions that impact the satisfaction and well-being of this specific demographic during their antenatal care journey. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"The key factors contributing to the quality of antenatal care for physically disabled women include physical accessibility, effective communication, and an understanding and supportive attitude from healthcare providers." (Source: Field interview, 2023).

4.5 Support Systems and Accommodations Required By Physically Disabled Women to Access Antenatal Care Services Effectively

The researcher used content analysis to examine the data and draw meaningful conclusions from the findings.

4.5.1 Physical and Environmental Barriers

The thematic analysis revealed that physically disabled women attending Mwananyamala Referral Hospital in Kinondoni District encounter significant physical and environmental barriers that impede their access to and utilization of antenatal care services. Key challenges include the lack of wheelchair-accessible infrastructure, which restricts independent navigation of hospital premises, and transportation barriers due to limited wheelchair-friendly options for reaching appointments.

Within the hospital, narrow corridors and poorly arranged examination rooms exacerbate difficulties for wheelchair users. Communication barriers, particularly the shortage of sign language interpreters, further diminish the quality of care by hindering effective interaction with healthcare providers. To address these challenges and enhance accessibility, urgent investments in accessible infrastructure, improved transportation services, and increased awareness among healthcare professionals are crucial. The insights provided by participants underscore the pressing need for comprehensive measures to create a more inclusive antenatal care environment for physically disabled women.

It is clear from looking at how physically disabled women who are attending Mwananyamala Referral Hospital in Kinondoni District perceive access to and use of antenatal care services that a number of environmental and physical barriers prevent them from effectively engaging with healthcare. One major obstacle is the absence of

infrastructure that is wheelchair-accessible, which makes it challenging for women with mobility impairments to easily navigate the hospital grounds.

Transportation barriers further compound the issue, with limited wheelchair-friendly options hindering their ability to reach antenatal care appointments. Within the hospital, narrow corridors and inadequately arranged examination rooms create additional challenges for those using wheelchairs. Communication barriers, such as a shortage of sign language interpreters, impact the interaction with healthcare providers, affecting the overall quality of care. To enhance accessibility, there is a pressing need for investments in accessible infrastructure, improved transportation options, and heightened awareness among healthcare professionals to ensure a more inclusive antenatal care environment for physically disabled women. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Physically disabled women face barriers such as inaccessible examination tables and lack of ramps or elevators within healthcare facilities, hindering their seamless access to antenatal care services." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"Environmental barriers, including narrow doorways and cramped spaces, create challenges for women using mobility aids during antenatal care visits." (Source: Field interview, 2023).

4.5.2 Support Systems and Accommodations

Through thematic analysis of interview transcripts, it became evident that physically disabled women accessing antenatal care services encounter various barriers that necessitate robust support systems and accommodations. These findings were derived from participants' accounts, which were initially examined for meaningful words and phrases reflecting challenges and needs. These were then coded into themes and subthemes, with "Support Systems and Accommodations" emerging as a primary

theme. Under this theme, subthemes such as infrastructure improvements, accessible transportation, communication support, and informational materials were identified.

Participants emphasized the importance of infrastructure modifications like wheelchair-accessible ramps and wider doorways, alongside accessible transportation options. They also emphasized the need for interpreters who can communicate in sign language and the availability of educational resources in a variety of forms. These insights underscored the significance of integrating accommodations into the healthcare system to foster inclusivity and enable effective access to antenatal care services for physically disabled women.

Physically disabled women accessing antenatal care services often require robust support systems and accommodations to overcome the barriers they face. In terms of infrastructure, implementing wheelchair-accessible ramps, wider doorways, and well-designed examination rooms within healthcare facilities is essential. Accessible transportation options, equipped with ramps and proper securing mechanisms, would address mobility challenges associated with getting to and from the hospital. Additionally, Prenatal care consultations would be improved overall if healthcare practitioners were trained in efficient communication with persons with impairments and sign language interpreters were readily available.

Establishing support systems that meet the unique requirements of people with visual impairments might also involve providing instructional resources in other formats, such as braille or electronic formats. Physically challenged women can effectively obtain prenatal care services by creating a more inclusive and supportive atmosphere through the integration of these accommodations into the healthcare system. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Key support systems include accessible transportation, assistance with mobility, and clear communication support. Accommodations like adjustable examination tables and accessible information formats are essential." (Source: Field interview, 2023).

4.5.3 Differences from Non-disabled Women

Thematic analysis of interview transcripts revealed notable differences between the experiences of physically disabled women accessing antenatal care services and those of non-disabled women. Participants highlighted various physical and environmental barriers that significantly influence the healthcare journey for disabled women, setting their experiences apart from those of their non-disabled counterparts. The absence of accessible infrastructure, such as ramps and wider doorways, poses challenges when navigating healthcare facilities, which non-disabled women may take for granted. Transportation barriers further exacerbate the situation, necessitating specialized vehicles for disabled women to access healthcare facilities. Communication differences also emerge due to limited sign language interpreters or inadequate training among healthcare providers. These differences highlight the need for specialized support networks and facilities to guarantee that all women have fair access to prenatal care services.

The experiences of physically disabled women accessing antenatal care services often differ significantly from those of non-disabled women. Physical and environmental barriers introduce unique challenges for disabled women, influencing their overall healthcare journey. Non-disabled women may take for granted aspects like easily navigating hospital premises or using standard transportation to reach healthcare facilities, which can be formidable hurdles for physically disabled women. The lack of accessible infrastructure, such as ramps or wider doorways, can make entering healthcare facilities a challenging task. Moreover, transportation barriers may necessitate specialized vehicles for disabled women, adding complexity to their travel arrangements. Communication differences arise due to limited sign language interpreters or healthcare providers' lack of training in addressing the unique needs of disabled individuals. These disparities underscore the importance of tailored support systems and accommodations to ensure equitable access to antenatal care services for all women, regardless of physical abilities. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Physically disabled women may encounter additional challenges related to physical accessibility and attitudinal barriers, impacting their antenatal care experiences compared to non-disabled women."

(Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"The experiences of physically disabled women differ in terms of the need for specific accommodations and the potential lack of awareness among healthcare providers about their unique requirements."

(Source: Field interview, 2023).

4.5.4 Existing Policies and Guidelines

Thematic analysis of interview transcripts revealed that existing policies and guidelines aimed at enhancing healthcare accessibility for physically disabled women during antenatal care emphasize crucial factors such as wheelchair-accessible infrastructure in healthcare facilities, wheelchair-friendly public transportation, and communication support like sign language interpreters. These policies are designed to eliminate physical and communication barriers, ensuring equitable access to antenatal care services. However, participants noted a gap in comprehensive guidelines specifically focusing on support systems and accommodations for physically disabled women during antenatal care. This suggests a need for more targeted policies to address the unique needs of this demographic and ensure their inclusion in healthcare services.

Existing policies and guidelines aimed at enhancing healthcare accessibility for physically disabled women during antenatal care emphasize crucial factors. These include provisions for wheelchair-accessible infrastructure in healthcare facilities, mandates for wheelchair-friendly public transportation, and the implementation of communication support, such as sign language interpreters. These policies are designed to eliminate physical and communication barriers, ensuring equitable access to antenatal care services. Healthcare organizations must match their practices with

these rules in order to foster an inclusive environment that meets the various requirements of pregnant women who are physically challenged. Regular updates and evaluations of these policies contribute to ongoing improvements in support systems and accommodations.

Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"While there are some policies addressing accessibility, comprehensive guidelines specifically focusing on support systems and accommodations for physically disabled women during antenatal care are often lacking." (Source: Field interview, 2023).

In addition to that, findings from another participant confirmed the above views:

"Existing policies should be more explicit in detailing the required support systems and accommodations, fostering a more inclusive antenatal care environment." (Source: Field interview, 2023).

The responses from physically disabled women shed light on the existing policies and guidelines aimed at enhancing healthcare accessibility during antenatal care for this specific demographic. These policies are crucial for addressing the unique needs of physically disabled women, with a focus on eliminating physical and communication barriers to ensure equitable access to antenatal care services.

4.5.5 Attitudes and Perceptions of Healthcare Providers

Thematic analysis of interview transcripts highlighted the significance of healthcare providers' attitudes and perceptions in shaping the experiences of physically disabled women accessing antenatal care. Positive and empathetic attitudes contribute to a supportive healthcare environment, whereas negative attitudes or lack of awareness can pose barriers to accessible and inclusive care. Participants emphasized that healthcare providers play a crucial role beyond clinical expertise, including creating a welcoming space, addressing communication barriers, and advocating for accessible

infrastructure. However, some participants noted that some healthcare providers may lack awareness of the specific needs of physically disabled women, which can impact the provision of appropriate support systems and accommodations. This emphasizes how crucial it is for healthcare professionals to participate in training and awareness initiatives so they may be prepared to fulfill the various demands of every patient, regardless of their physical capabilities.

The attitudes and perceptions of healthcare providers are pivotal factors influencing the experiences of physically disabled women seeking antenatal care. Positive and empathetic attitudes contribute to a supportive healthcare environment, whereas negative attitudes or lack of awareness can pose barriers to accessible and inclusive care. The role of healthcare providers extends beyond clinical expertise to encompass creating a welcoming space, addressing communication barriers, and advocating for accessible infrastructure, ultimately shaping the overall quality of antenatal care for disabled pregnant individuals. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Some healthcare providers may lack awareness of the specific needs of physically disabled women, impacting the provision of appropriate support systems and accommodations." (Source: Field interview, 2023).

4.5.6 Utilizing Technology for Support

Thematic analysis revealed that leveraging technology holds significant promise in providing crucial support for physically disabled women accessing antenatal care. Telehealth services offer remote consultations, mitigating transportation challenges, while mobile applications deliver tailored resources and information. Assistive technologies, such as voice recognition and screen readers, enhance communication, and online support communities foster connection and shared experiences. Wearable devices enable continuous health monitoring, and accessible information portals ensure that antenatal care information is available in diverse formats. Participants

underlined that healthcare professionals may foster a more welcoming and encouraging atmosphere by utilizing these technology advancements, which will eventually enhance the prenatal care experience for physically handicapped women.

Leveraging technology holds significant promise in providing crucial support for physically disabled women accessing antenatal care. Telehealth services offer remote consultations, mitigating transportation challenges, while mobile applications deliver tailored resources and information. Assistive technologies, such as voice recognition and screen readers, enhance communication, and online support communities' foster connection and shared experiences. Wearable devices enable continuous health monitoring, and accessible information portals ensure that antenatal care information is available in diverse formats. Healthcare professionals may foster a more welcoming and encouraging atmosphere by utilizing these technology advancements, which will eventually enhance the prenatal care experience for physically handicapped women. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Technology can play a significant role in enhancing access for physically disabled women, including virtual consultation options, mobile apps for appointment scheduling, and accessible information in digital formats." (Source: Field interview, 2023).

4.5.7 Best Practices and Success Stories

Thematic analysis revealed that implementing best practices, such as inclusive infrastructure design, technology integration, and healthcare professional training, can significantly improve antenatal care for physically disabled women. Success stories highlight the positive impact of these approaches, emphasizing the importance of collaboration with advocacy groups and patient-centered strategies to create a more inclusive and supportive environment. Participants emphasized that successful implementation involves healthcare facilities providing training for staff on accommodating diverse needs, offering accessible facilities, and actively involving disabled women in the planning process.

Implementing best practices, such as inclusive infrastructure design, technology integration, and healthcare professional training, can significantly improve antenatal care for physically disabled women. Success stories highlight the positive impact of these approaches, emphasizing the importance of collaboration with advocacy groups and patient-centered strategies to create a more inclusive and supportive environment. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Successful implementation involves healthcare facilities providing training for staff on accommodating diverse needs, offering accessible facilities, and actively involving disabled women in the planning process." (Source: Field interview, 2023).

In the same case, findings from another participant confirmed the above views:

"Best practices include creating dedicated accessible spaces within waiting areas, training staff to address diverse needs, and fostering a culture of inclusivity within healthcare settings." (Source: Field interview, 2023).

4.5.8 Improving Education and Awareness Initiatives

Thematic analysis underscores the importance of enhancing education and awareness initiatives to improve antenatal care accessibility for physically disabled women. Best practices include developing targeted educational programs for healthcare providers to raise awareness about the unique needs of this demographic, emphasizing communication skills, cultural competence, and disability sensitivity. Campaigns for public awareness are essential for fostering inclusion and informing the public about the difficulties experienced by pregnant women with physical disabilities. Success examples demonstrate the benefits of comprehensive education and awareness campaigns and show how they may increase understanding, lessen stigma, and improve the environment for pregnant women with disabilities.

Enhancing education awareness initiatives is essential for improving antenatal care accessibility for physically disabled women. Best practices include developing targeted educational programs for healthcare providers to raise awareness about the unique needs of this demographic. These programs should emphasize communication skills, cultural competence, and disability sensitivity. Campaigns for public awareness may also be extremely important in fostering inclusion and informing the public about the difficulties experienced by pregnant women with physical disabilities. Success stories highlight the benefits of comprehensive education and awareness campaigns, highlighting how they may increase understanding, lessen stigma, and create a more welcoming atmosphere for pregnant women with disabilities. One of the delegates from the Mwananyamala Referral Hospital in the Kinondoni District presented the following reasoning in response to the circumstances:

"Education initiatives should focus on raising awareness about the rights of physically disabled women, available support systems, and the importance of inclusive antenatal care." (Source: Field interview, 2023).

4.5.9 Outcomes and Benefits of Support Systems

The results and advantages of efficient support networks for physically impaired women seeking prenatal care are highlighted using thematic analysis. These systems promote enhanced accessibility, independence, and positive healthcare experiences by addressing mobility challenges and ensuring regular attendance at appointments through accessible transportation and telehealth services. Improved communication facilitated by sign language interpreters and accessible information enhances understanding and informed decision-making, contributing to a sense of inclusivity, reducing isolation, and improving mental well-being. Overall, robust support systems positively impact antenatal care experiences, promoting better health outcomes and overall satisfaction with healthcare services for physically disabled women.

Effective support systems for physically disabled women accessing antenatal care yield numerous positive outcomes and benefits. These include enhanced accessibility

through features like wheelchair ramps, promoting independence and positive healthcare experiences. Support systems address mobility challenges, ensuring regular attendance at appointments through accessible transportation and telehealth services. Improved communication, facilitated by sign language interpreters and accessible information, enhances understanding and informed decision-making. These initiatives contribute to a sense of inclusivity, reducing isolation and improving mental well-being. Overall, robust support systems positively impact antenatal care experiences, promoting better health outcomes and overall satisfaction with healthcare services for physically disabled women. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Adequate support systems contribute to positive antenatal care experiences, increased adherence to appointments, and potentially improved maternal and fetal health outcomes among physically disabled women." (Source: Field interview, 2023).

Additionally, findings from another participant confirmed the above views:

"Benefits include enhanced mental well-being, reduced stress, and better communication with healthcare providers, leading to improved decision-making during the antenatal care process." (Source: Field interview, 2023).

4.5.10 Collaboration for Guidelines and Protocols

Collaboration for developing and implementing guidelines and protocols is crucial for ensuring comprehensive and effective antenatal care for physically disabled women. Inclusive input from healthcare professionals, disability advocates, policymakers, and affected individuals is essential to address diverse needs and perspectives. The identification of potential obstacles and the development of guidelines that are considerate of the particular difficulties experienced by physically challenged

pregnant women are made possible by interdisciplinary collaboration. The involvement of disability organizations ensures that protocols consider the social and cultural aspects of disability. Successful collaboration results in guidelines that not only enhance accessibility and inclusivity in antenatal care but also foster a healthcare environment that respects the dignity and autonomy of physically disabled women. Ongoing collaboration and periodic reviews help adapt guidelines to evolving needs and advancements in healthcare practices, ensuring a sustained positive impact on antenatal care services for this demographic.

Collaboration for developing and implementing guidelines and protocols is crucial for ensuring comprehensive and effective antenatal care for physically disabled women. Inclusive input from healthcare professionals, disability advocates, policymakers, and affected individuals is essential to address diverse needs and perspectives. Interdisciplinary collaboration allows for the identification of potential barriers and the creation of guidelines that are both sensitive and responsive to the unique challenges pregnant physically handicapped women encounter.

The role that disability plays organizations ensures that protocols consider the social and cultural aspects of disability. Successful collaboration results in guidelines that not only enhance accessibility and inclusivity in antenatal care but also foster a healthcare environment that respects the dignity and autonomy of physically disabled women. Ongoing collaboration and periodic reviews help adapt guidelines to evolving needs and advancements in healthcare practices, ensuring a sustained positive impact on antenatal care services for this demographic. Responses from one of the participants from Mwananyamala Referral Hospital in Kinondoni District, made the following argument regarding the situation:

"Collaboration between healthcare organizations and policymakers is crucial to develop comprehensive guidelines that address the unique needs of physically disabled women during antenatal care."
(Source: Field interview, 2023).

In similar view, findings from another participant confirmed the above views:

"Policymakers should actively involve healthcare organizations, disabled women, and advocacy groups in the development of guidelines, ensuring a holistic and inclusive approach." (Source: Field interview, 2023).

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

The results of the theme analysis carried out in this study were thoroughly discussed in this chapter. It went over the goals and research questions again and provided a framework for analyzing the information in light of the study's objectives. The conversation delved into the significance of these findings on the experiences of physically handicapped women obtaining prenatal care services, as well as major themes and subthemes discovered during the study process. The chapter also critically evaluated the findings' implications for future research, policy, and practice, taking into account how well they aligned with theoretical frameworks and current literature. Overall, Chapter five served as a reflective analysis, offering valuable insights into the challenges faced by physically disabled women and suggesting avenues for improving the accessibility and inclusivity of antenatal care services for this demographic.

5.1 Discussion of Findings

5.1.1 Personal Experiences or Observations Regarding Barriers and Challenges

Lack of physical accessibility can deter women from seeking timely antenatal care, impacting maternal and fetal health. Insufficient communication support may lead to misunderstanding and inadequate provision of care (WHO, 2011; Shakespeare, 2006).

The obstacles that have been found at Mwananyamala Referral Hospital are consistent with more extensive studies on the difficulties that physically challenged people have when trying to obtain treatment, especially when they are pregnant. Physical inaccessibility in healthcare facilities is a major obstacle, as studies like "Disability and Maternal and Child Health in Sub-Saharan Africa: A Systematic Review" (Munthali et al., 2014) have repeatedly underlined. A common issue is the lack of ramps or elevators, which makes it more difficult for people with disabilities including expectant mothers to get vital healthcare services. The study emphasizes the need for policy interventions and infrastructure improvements to enhance accessibility for

disabled populations, echoing the findings from the field interview at Mwananyamala Referral Hospital (Munthali et al., 2014).

Furthermore, the problem of the scarcity of sign language interpreters fits in with a larger body of research on the communication obstacles that people with disabilities have in hospital settings. A research by Iezzoni et al. (2016) titled "Barriers to Healthcare for Deaf Women" highlights how crucial efficient communication is to guaranteeing full treatment. The lack of communication accessibility, such as the absence of sign language interpreters, is noted as a barrier preventing deaf individuals from fully participating in healthcare decision-making. This literature reinforces the significance of addressing communication challenges faced by women with hearing disabilities during antenatal care appointments at Mwananyamala Referral Hospital and calls for the implementation of inclusive communication strategies (Iezzoni et al., 2016).

5.1.2 Common Physical Barriers

The exploration of common physical barriers constitutes a pivotal aspect of this study, aiming to discern the tangible challenges faced by physically disabled women when attempting to access antenatal care services. Physical barriers may lead to delays in receiving timely and essential antenatal care. Inadequate facilities can contribute to discomfort and anxiety, affecting the overall health experience (Krahn & Fox, 2014).

The investigation into common physical barriers faced by physically disabled women seeking antenatal care at Mwananyamala Referral Hospital reveals compelling insights. A recurrent issue identified by respondents is the presence of narrow doorways and cramped spaces within healthcare facilities. This particular challenge significantly impacts women who rely on wheelchairs or mobility aids, hindering their ability to navigate these spaces comfortably. The study findings are supported by Smith et al., (2018). The structural limitations within the hospital environment pose a tangible obstacle, creating a physical barrier that directly affects the accessibility of antenatal care services for disabled women. This finding echoes broader research on the importance of inclusive infrastructure in healthcare settings, emphasizing the need

for modifications such as wider doorways and spacious layouts to accommodate the diverse mobility needs of patients.

Moreover, respondents also pointed out that a significant physical obstacle is the dearth of flexible examination tables available for prenatal checkups. The lack of these specialty tables is a major obstacle for women who have physical limitations, as it affects both their comfort level and the efficiency of medical exams. This is consistent with previous research highlighting the value of accessible medical equipment in advancing fair healthcare services for people with disabilities (Iezzoni, 2006). In order to ensure that prenatal treatment is customized to the specific requirements of physically handicapped women, healthcare institutions must invest in inclusive equipment. This will address a critical component of the accessibility of healthcare for physically challenged women, which is the lack of adjustable examination tables.

5.1.3 Challenges Related to Transportation

Transportation challenges may lead to missed appointments and inadequate prenatal care. Rural-urban disparities in transportation can exacerbate healthcare access inequalities (Schofield & Kolt, 2007).

Significant obstacles that impact physically handicapped women's access to prenatal care services at Mwananyamala Referral Hospital are revealed by investigating the transportation issues these women confront. A prevalent issue identified by respondents is the lack of accessibility features in public transportation. This challenge poses a considerable obstacle for physically disabled women who may struggle to travel independently to antenatal care appointments. The absence of features such as ramps or designated spaces for individuals with mobility aids limits the autonomy of disabled women, exacerbating the difficulties they face in accessing essential healthcare services. This result is consistent with previous research emphasizing the necessity for accessible public transportation systems that can accommodate the various mobility requirements of people with disabilities (Lucas, 2019).

Additionally, another noteworthy transportation challenge outlined by respondents is the limited availability of specialized transportation services for women with physical disabilities, particularly in rural areas. This finding underscores the geographic disparities that compound the difficulties faced by disabled women seeking antenatal care. In rural settings where public transportation options may already be limited, the absence of specialized services tailored to the needs of physically disabled individuals further isolates this demographic. Addressing this challenge necessitates a multifaceted approach involving improved infrastructure, expanded services, and potentially community-based solutions to ensure that in both urban and rural settings, the accessibility of prenatal care services for women with physical disabilities is not substantially impacted by transportation difficulties.

As a result, the study's analysis of the transportation issues at Mwananyamala Referral Hospital highlights the complex dynamics preventing women with physical disabilities from accessing prenatal care services. The identified barriers in public transportation and the limited availability of specialized services underscore the need for comprehensive interventions to enhance the mobility options for disabled women. Implementing inclusive transportation policies and services is essential for breaking down these barriers and ensuring equitable access to antenatal care for all women, regardless of physical ability and geographic location.

5.1.4 Lack of Accessible Infrastructure

The exploration of accessible infrastructure, or rather the lack thereof, unveils critical challenges faced by physically disabled women seeking antenatal care services at Mwananyamala Referral Hospital. A prominent issue highlighted by respondents is the absence of accessible bathrooms within healthcare facilities. This deficiency significantly curtails the independence of physically disabled women during antenatal care visits. The lack of facilities that accommodate the diverse needs of individuals with mobility challenges reinforces the notion that accessible infrastructure is fundamental for ensuring the dignity and autonomy of disabled women in healthcare settings. This result is consistent with larger studies that highlight the value of

accessible buildings in fostering inclusion and providing people with disabilities with equitable access to healthcare services (Shakespeare, 2014).

Moreover, a noteworthy obstacle that has been discovered is the insufficient availability of information in easily readable formats, such as big print or Braille, which poses difficulties for women who are visually impaired.

Effective communication is a cornerstone of quality healthcare, and the absence of information in accessible formats undermines the ability of visually impaired women to fully comprehend the details of their antenatal care. This finding highlights the necessity for healthcare facilities to adopt inclusive practices in disseminating information, ensuring that materials are available in various formats to cater to the diverse needs of the patient population (World Health Organization, 2011).

The lack of accessible infrastructure at Mwananyamala Referral Hospital underscores the tangible challenges faced by physically disabled women during their antenatal care journeys. The identified barriers, including inaccessible bathrooms and insufficient provision of information in accessible formats, underscore the urgent need for infrastructure modifications and inclusive practices. By addressing these deficiencies, healthcare facilities can contribute significantly to creating an environment that fosters the equitable access and quality of antenatal care services for all women, irrespective of their physical abilities.

5.1.5 Attitudinal Barriers

Exploring the landscape of attitudinal barriers, this section delves into the perceptual challenges that physically disabled women may encounter when seeking antenatal care services. Respondents were asked to share their observations and personal experiences regarding attitudes exhibited by healthcare providers or other individuals within the healthcare system. The qualitative study that follows reveals the complex attitudes that might either make it easier or harder for women with physical limitations to get prenatal treatment at Mwananyamala Referral Hospital in the Kinondoni District. The study intends to provide light on the interpersonal dynamics influencing

this particular demographic's healthcare experiences by looking at these attitudinal obstacles.

Attitudinal barriers may discourage women from seeking essential antenatal care services. Stigmatization can contribute to mental health challenges during pregnancy (Mitra & Long-Bellil, 2018). The exploration of attitudinal barriers in the context of physically disabled women seeking antenatal care at Mwananyamala Referral Hospital sheds light on the perceptual challenges they encounter within the healthcare system. A noteworthy observation from respondents underscores the impact of negative attitudes from healthcare providers. Specifically, assumptions about the inability or unwillingness of physically disabled women to bear children create a discouraging environment during the antenatal care-seeking process. This finding underscores the importance of understanding and addressing biases that healthcare providers may hold, as such attitudes not only perpetuate stigma but also compromise the quality of care and support offered to disabled women during pregnancy.

The identified attitudinal barrier aligns with broader research on the experiences of individuals with disabilities within healthcare settings. A study by Iezzoni et al. (2013) highlights the prevalence of negative stereotypes and assumptions among healthcare providers regarding the capabilities and desires of individuals with disabilities, often leading to suboptimal care. Addressing attitudinal barriers requires not only awareness and sensitivity training for healthcare professionals but also a broader cultural shift within the healthcare system towards fostering inclusivity and eliminating stereotypes that may adversely affect the care experience for physically disabled women.

Mwananyamala Referral Hospital brings attention to the interpersonal dynamics that shape the antenatal care experiences of physically disabled women. Negative attitudes, as highlighted by assumptions about reproductive capabilities, pose significant challenges that must be actively addressed to ensure a supportive and inclusive healthcare environment. By promoting education and awareness campaigns among healthcare providers, institutions can contribute to dismantling attitudinal barriers, fostering a healthcare system that respects the autonomy and choices of all women, including those with physical disabilities.

5.1.6 Communication Barriers

This lack of effective communication can lead to misunderstandings about medical instructions and hinder the provision of person-centered care, potentially impacting maternal and fetal outcomes (WHO, 2011; Shakespeare, 2006). The Mwananyamala Referral Hospital field interview sheds light on the critical impact that communication obstacles play in the prenatal care experiences of women with physical disabilities. The statement emphasizing the deficiency of sign language instruction among medical professionals highlights a critical communication accessibility gap for women with hearing impairments. This result is consistent with previous research that highlights the value of healthcare providers receiving training to improve their ability to communicate with people who have impairments. To promote successful and inclusive communication, for example, a research by Iezzoni et al. (2013) emphasizes the necessity for healthcare staff to get proper training in a variety of communication techniques, including sign language. The study highlights that inadequate training contributes to misconceptions and misunderstandings, hindering the overall quality of care for individuals with disabilities. The findings from the field interview align with this literature, pointing to a specific instance where the lack of training in sign language creates a communication barrier, potentially compromising the antenatal care experiences of women with hearing disabilities.

Furthermore, the literature emphasizes the broader implications of communication barriers on informed decision-making and patient empowerment. Effective communication is essential for engaging patients in shared decision-making processes, promoting active participation in their healthcare journey. The response from the field interview suggests that communication barriers can lead to the exclusion of women with hearing disabilities from such processes. This aligns with the principles outlined in patient-centered care literature, which emphasizes the importance of involving patients in decision-making to improve healthcare outcomes (Stewart et al., 2003). Addressing communication barriers is not only crucial for providing equitable and accessible care but also for promoting the psychosocial well-being of physically disabled women. The insights gained from the field interview underscore the need for

targeted interventions and align with existing literature advocating for comprehensive communication strategies to enhance the overall antenatal care experiences of women with physical disabilities.

5.1.7 Financial Barriers

Financial barriers contribute to inequities in healthcare access, potentially leading to delayed or inadequate antenatal care. Studies have shown that economic constraints disproportionately affect individuals with disabilities, creating a cycle of disparities in health outcomes (Krahn & Fox, 2014).

The field interviewee's response sheds light on the many financial obstacles that physically handicapped women confront while attempting to get prenatal care services at Mwananyamala Referral Hospital. The aforementioned statement highlights the wider financial obstacles that this population faces, including expenses linked to customized transportation, assistive technology, and extra care assistance. This result is consistent with the body of research that highlights the financial barriers that people with disabilities face when trying to get healthcare services, especially for women in the critical prenatal care period (Lindamer et al., 2003).

Research indicates that individuals with disabilities often incur additional costs related to transportation, assistive devices, and personal assistance, contributing to financial barriers that hinder access to healthcare services (Krahn et al., 2015). The cost of specialized transportation, which may be necessary for physically disabled women to reach healthcare facilities, can be a substantial economic burden. Additionally, expenses associated with assistive devices and caregiving support further compound the financial challenges faced by this demographic. The field interview's findings resonate with the broader literature, emphasizing that financial barriers are integral to understanding the overall accessibility of antenatal care services for physically disabled women.

Addressing financial barriers requires a comprehensive approach, including policy interventions to reduce the economic burden on individuals with disabilities.

Implementing strategies such as financial assistance programs, subsidies for transportation, and ensuring insurance coverage for assistive devices can contribute to alleviating the economic challenges faced by physically disabled women seeking antenatal care. By acknowledging and addressing these financial barriers, healthcare systems can work towards fostering an environment where economic constraints do not disproportionately impact the ability of physically disabled women to access and benefit from essential antenatal care services.

5.1.8 Policy or Legal Barriers

This section examines possible obstacles that prevent physically challenged women from getting proper prenatal care services by analyzing the legislative and legal landscape. Respondents were asked to reflect on their encounters or perceptions of existing policies and legal frameworks that may impact their antenatal care experiences. The ensuing qualitative exploration sheds light on the regulatory aspects that either facilitate or impede the journey of women with physical disabilities at Mwananyamala Referral Hospital in Kinondoni District. By unpacking policy and legal barriers, this study aims to uncover the systemic challenges that influence the accessibility and inclusivity of antenatal care services for this specific demographic.

The absence of clear legislative frameworks may perpetuate systemic discrimination and hinder the creation of universally accessible healthcare environments. Empirical studies underscore the necessity of all-encompassing policies and legal frameworks that uphold accessibility norms, hence facilitating fair and impartial access to healthcare for people with disabilities (WHO & World Bank, 2011). The field interviewee's response highlights the substantial influence of legislative and regulatory constraints on the availability of prenatal care services for women with physical disabilities at Mwananyamala Referral Hospital. The statement points to the absence of enforceable accessibility standards in healthcare facilities as a crucial hindrance. This finding aligns with the broader discourse on disability rights and healthcare accessibility, emphasizing the critical role of policies and legal frameworks in ensuring equal access to healthcare services for individuals with disabilities (Shakespeare, 2014).

Existing literature highlights the importance of comprehensive accessibility standards in healthcare settings to address the diverse needs of individuals with disabilities, including those related to mobility, communication, and infrastructure (Americans with Disabilities Act, 1990). The absence of such standards may result in inconsistent accommodations and hinder the provision of appropriate antenatal care services for physically disabled women. Additionally, legal frameworks that lack enforceability may contribute to a lack of accountability among healthcare facilities, perpetuating systemic barriers for disabled individuals seeking care (World Health Organization, 2011).

Addressing policy and legal barriers necessitates a commitment to the development and enforcement of inclusive standards in healthcare facilities. International guidelines emphasize the significance of incorporating disability perspectives into healthcare policies and making sure that legal frameworks uphold the rights of people with disabilities. One example of this is the World Health Organization's (WHO) recommendations on disability inclusion (World Health Organization, 2011). By incorporating and enforcing accessibility standards, policymakers and healthcare administrators can work towards creating an environment that prioritizes the needs of physically disabled women during antenatal care, ultimately fostering a more inclusive and equitable healthcare system.

5.1.9 Lack of Knowledge Among Healthcare Providers

Insufficient awareness among healthcare professionals can lead to overlooked health concerns, missed opportunities for preventive care, and an overall substandard antenatal care experience for women with physical disabilities. Addressing this knowledge gap through targeted training programs is crucial for enhancing the quality of care provided to this population (Mitra & Long-Bellil, 2018). The response from the field interview sheds light on a critical issue the lack of understanding and consciousness among medical professionals regarding the unique requirements of women with physical disabilities seeking prenatal care. This finding raises the possibility that medical professionals lack the necessary knowledge or training to handle the particular difficulties experienced by pregnant women with physical

limitations. Such knowledge gaps can have far-reaching implications for the quality of care provided, potentially resulting in suboptimal experiences for physically disabled women during antenatal visits.

Existing literature supports the significance of healthcare provider knowledge in ensuring equitable and accessible care for individuals with disabilities. Studies have indicated that insufficient training and awareness among healthcare professionals about the needs of disabled patients can lead to disparities in healthcare delivery (Iezzoni et al., 2013). In the context of antenatal care, understanding the specific requirements of physically disabled women is crucial for tailoring services, providing appropriate accommodations, and fostering a supportive healthcare environment.

It is necessary to implement focused teaching programs that emphasize disability-inclusive healthcare practices in order to address the ignorance of healthcare personnel. Workshops, training sessions, and professional development programs can improve healthcare providers' comprehension of the special requirements and difficulties experienced by physically handicapped pregnant women. The inclusion of disability-specific information in medical education curriculum can also help to create a workforce of healthcare professionals who are better educated and compassionate, which will eventually improve the standard of prenatal care provided to physically disabled women.

5.2 Experience and Perspectives of Physically Disabled Women Regarding the Quality Antenatal Care Services they receive

5.2.1 Personal Experience during Antenatal Care Journey.

Physical accessibility challenges can lead to delayed or missed appointments, affecting maternal and fetal health outcomes. Communication barriers can result in misunderstandings, impacting the quality of care provided (WHO, 2011; Krahn & Fox, 2014). The personal experiences shared by physically disabled women during their antenatal care journeys at Mwananyamala Referral Hospital offer valuable insights into the challenges and dynamics they encounter. The first respondent highlights the significant issue of physical accessibility at healthcare facilities. The absence of ramps

and elevators posed a substantial challenge, making it difficult for her to enter the facilities. This firsthand account underscores the practical barriers that physically disabled women face when trying to access essential healthcare services. It also aligns with the broader findings on physical barriers discussed earlier, emphasizing the urgent need for infrastructure improvements to ensure equitable access for all women, irrespective of their physical abilities.

The experiences of the second responder highlight the difficulties in communicating that women with physical limitations encounter when receiving prenatal care. The limited availability of sign language interpreters emerges as a significant obstacle, hindering effective communication with healthcare providers. This personal narrative reflects the earlier discussions on communication barriers, emphasizing the impact of insufficient support on the ability of women with hearing disabilities to actively engage in their antenatal care. It underscores the importance of prioritizing communication accessibility within healthcare settings to facilitate meaningful interactions and ensure that disabled women can fully participate in decision-making regarding their care.

These personal narratives collectively highlight the multifaceted nature of the challenges faced by physically disabled women during their antenatal care journeys. The experiences shared by these respondents underscore the need for holistic interventions that address both physical and communication barriers to create a more inclusive and supportive healthcare environment. By centering the voices and experiences of women with physical disabilities, the study contributes to a deeper understanding of the complexities surrounding antenatal care accessibility, paving the way for targeted improvements and initiatives within the healthcare system.

5.2.2 Overall Quality of Antenatal Care Services

The subjective assessments of the general quality of prenatal care services given by mothers with physical disabilities at Mwananyamala Referral Hospital offer nuanced insights into their experiences. The first respondent expresses a generally satisfactory experience with antenatal care but points out a need for improvement in physical accessibility. Acknowledging the efforts made by healthcare providers to accommodate her needs, this feedback highlights the importance of creating an

inclusive physical environment within healthcare facilities. While the overall quality is deemed satisfactory, the emphasis on physical accessibility as an area for improvement underscores the significance of addressing infrastructure barriers to ensure a more universally accessible healthcare setting.

Conversely, the second respondent draws attention to the impact of communication challenges on the perception of service quality. Despite acknowledging good medical care, the absence of communication support, particularly sign language interpreters, made it challenging for her to fully engage in the antenatal care process. This underscores the pivotal role of effective communication in shaping the overall quality of care, emphasizing the need for healthcare facilities to prioritize and invest in communication accommodations to enhance the experiences of women with physical disabilities.

Together, these answers show how closely physical accessibility, communication assistance, and the general standard of prenatal care services for women with physical disabilities interact. The study obtains important knowledge about areas that might be enhanced to guarantee a more patient-centered and inclusive approach. Healthcare professionals and politicians may improve the quality of prenatal care services and create an atmosphere that caters to the various needs of all pregnant persons, regardless of their physical ability, by taking into account the input provided by women with physical impairments. Enhancing healthcare quality requires both emphasizing areas for improvement and recognizing good characteristics. Incorporating communication support is crucial for a comprehensive and patient-focused strategy (WHO, 2011; Mitra & Long-Bellil, 2018).

5.2.3 Challenges or Barriers Faced in Accessing Antenatal Care

The difficulties that physically handicapped women describe in obtaining prenatal care services at Mwananyamala Referral Hospital point to complex obstacles that include both material and psychological components. The first response draws attention to obvious physical obstacles, such as tight entrances and the lack of accessible restrooms in medical institutions. These difficulties highlight the observable shortcomings in the infrastructure that make it difficult for women with physical limitations to access

resources. In addition to jeopardizing their freedom during prenatal care appointments, the absence of accessible restrooms highlights larger problems with inclusive infrastructure in healthcare environments (Shakespeare, 2014).

In contrast, the second respondent sheds light on attitudinal barriers, noting that healthcare providers sometimes assumed a lack of understanding due to her hearing disability. This attitudinal challenge adversely affected the quality of care received, emphasizing the importance of addressing biases and fostering a more inclusive healthcare culture. Research supports the idea that negative attitudes and assumptions held by healthcare providers can contribute to disparities in care and hinder the overall healthcare experiences of individuals with disabilities (Iezzoni et al., 2013).

The intersectionality of the obstacles that people with physical disabilities experience in healthcare settings is further highlighted in supportive literature. The World Health Organization's (WHO) 2011 World Report on Disability emphasizes how critical it is to remove obstacles in the form of physical and mental barriers in order to guarantee people with disabilities fair access to healthcare services. Furthermore, the United States' Americans with Disabilities Act (ADA) provides a legislative framework supporting the elimination of architectural and communication obstacles in public areas, including medical institutions (Americans with Disabilities Act, 1990).

Therefore, the challenges articulated by physically disabled women in accessing antenatal care underscore the urgent need for comprehensive interventions addressing both physical and attitudinal barriers. Healthcare systems have the ability to foster an atmosphere that is inclusive and supportive, hence increasing the quality and accessibility of prenatal care services for women with physical impairments. This may be achieved via enhancing infrastructure and raising knowledge and sensitivity among healthcare workers. Physical obstacles can erode someone's dignity and prevent them from getting the treatment they need. Attitude barriers have the potential to cause inequalities in the delivery of healthcare and exacerbate unfavorable experiences with it (WHO & World Bank, 2011; Mitra & Long-Bellil, 2018).

5.2.4 Healthcare Providers' Attempts to Address Specific Needs

The opinions of women with physical disabilities on the efforts made by medical professionals to meet their unique requirements during prenatal visits at Mwananyamala Referral Hospital offer important insights into the dynamics of patient-provider relationships. The initial response recognizes the admirable efforts made by medical professionals to attend to her needs. However, the response also emphasizes the need for more awareness and training to fully understand the diverse needs of physically disabled women. This observation underscores the significance of ongoing education and sensitivity training for healthcare professionals to enhance their ability to cater to the unique requirements of this demographic. It aligns with existing literature that advocates for increased awareness and training to promote disability-inclusive practices in healthcare settings (Shakespeare, 2014).

The second respondent notes that while healthcare providers made efforts to accommodate her needs, there was a lack of understanding regarding the importance of communication support. This draws attention to a crucial component of prenatal care for disabled women, highlighting the requirement that healthcare professionals identify and give priority to communication modifications. Patient-centered care relies heavily on effective communication, and healthcare professionals must be aware of the many communication needs of their patients, including those who have impairments. (Iezzoni et al., 2013).

Supportive literature emphasizes the role of healthcare provider education and training in enhancing the quality of care for individuals with disabilities. Addressing knowledge gaps and fostering an understanding of the unique needs of disabled patients are involved in the development of more patient-centered and inclusive healthcare environments (World Health Organization, 2011).

the commendable efforts made by medical professionals to attend to the unique requirements of women with physical disabilities during prenatal care. They also point out areas that still require work, stressing the continuous need for more knowledge, instruction, and comprehension of the many demands this group has. Healthcare professionals can make a significant contribution to fostering an environment that meets the particular requirements of every person by emphasizing education and

inclusion. This will guarantee that women with physical limitations get prenatal care that is more fair and supportive.

5.2.5 Essential Factors for a Positive Antenatal Care Experience

The responses from physically disabled women highlight key factors that are essential for creating a positive antenatal care experience at Mwananyamala Referral Hospital. The first respondent emphasizes the multidimensional nature of a positive experience, emphasizing that it involves not only medical care but also comprehensive physical accessibility and clear communication. Additionally, a supportive and understanding attitude from healthcare providers is deemed crucial. This holistic perspective aligns with the principles of patient-centered care, emphasizing the importance of addressing both medical and non-medical aspects to enhance the overall well-being and satisfaction of patients, especially those with physical disabilities (Stewart et al., 2003).

The second respondent underscores the paramount importance of communication support for a positive antenatal care experience. Feeling understood and involved in decision-making processes significantly contributes to overall satisfaction. This insight aligns with existing literature highlighting the critical role of effective communication in patient satisfaction and engagement (Iezzoni et al., 2013). For women with physical disabilities, ensuring that communication methods are tailored to their needs is essential for fostering a sense of empowerment and active participation in their antenatal care journey.

Supportive literature further emphasizes the significance of accessibility, clear communication, and a patient-centered approach in creating positive healthcare experiences for individuals with disabilities (Americans with Disabilities Act, 1990; World Health Organization, 2011). Prenatal care may be made more positive and inclusive by attending to the special needs and preferences of physically challenged women. This includes making modifications that are appropriate and creating a supportive healthcare atmosphere. The characteristics that have been recognized as critical to a pleasant experience of prenatal care for women with physical disabilities include the provision of medical treatment, as well as extensive physical accessibility,

clear communication, and a supportive attitude from healthcare personnel. Healthcare facilities may help create an atmosphere that guarantees the well-being, contentment, and active engagement of women with physical limitations in their prenatal care journey by giving priority to these factors.

5.2.6 Information and Education About Pregnancy

The response from physically disabled women regarding the information and education aspects of antenatal care at Mwananyamala Referral Hospital highlights a nuanced perspective. The respondent acknowledges that the information provided about the stages of pregnancy was generally sufficient. However, she points out that there is room for improvement in tailoring the information to the specific needs of physically disabled women. This observation sheds light on the importance of customized and targeted educational support that addresses the unique challenges and considerations faced by women with physical disabilities during pregnancy.

Existing literature supports the idea that personalized and culturally sensitive education is vital in promoting positive health outcomes and enhancing the overall healthcare experience for individuals with disabilities (Krahn et al., 2015). Ensuring that information about pregnancy is presented in a way that considers the diverse needs of physically disabled women, including any specific concerns related to mobility, communication, or other disability-related factors, is essential for fostering informed decision-making and empowering women to actively participate in their antenatal care.

Healthcare providers play a key role in delivering information and education, and their awareness of the specific needs of physically disabled women is crucial. Research suggests that incorporating disability-specific content into medical education curricula can enhance the cultural competence of healthcare professionals and improve their ability to address the unique needs of patients with disabilities (Iezzoni et al., 2013).

Although the recognition of generally adequate information is encouraging, the identification of areas for development emphasizes how crucial it is to modify instructional materials to the unique requirements of pregnant women with physical disabilities. Healthcare professionals can help create a more welcoming and

encouraging prenatal care environment by improving and personalizing information distribution procedures. This will guarantee that pregnant women with physical disabilities have the information and understanding they need to make educated decisions.

5.2.7 Instances Where Disability Affected Decisions or Level of Care

The responses from physically disabled women provide valuable insights into instances where their disabilities affected decisions or the level of care received during antenatal visits at Mwananyamala Referral Hospital. The first respondent highlights the impact of her physical disability on decisions related to the availability of accessible equipment. Specifically, the unavailability of an adjustable examination table limited the thoroughness of her examinations. This incident emphasizes how crucial it is to have suitable and easily accessible medical equipment in order to guarantee that people with physical impairments receive the same level of care as their peers without disabilities. It is consistent with previous research highlighting the necessity of an accommodating and inclusive healthcare system in order to eradicate care inequities (Americans with Disabilities Act, 1990; Iezzoni et al., 2013).

The second respondent sheds light on instances where her hearing disability affected the level of care received. Miscommunication led to the overlooking of certain health concerns during antenatal visits. This highlights the critical role of effective communication in healthcare decision-making and the potential consequences of communication barriers for individuals with hearing disabilities. It underscores the importance of healthcare providers being attuned to the communication needs of patients with disabilities, ensuring that information is conveyed in a manner that is accessible and facilitates mutual understanding (Iezzoni et al., 2013).

Together, these cases highlight the difficulties experienced by physically handicapped women when utilizing prenatal care facilities, since the nature of their disability may affect the treatment they get and the decision-making process. To provide inclusive and equitable prenatal care experiences, addressing these issues calls for a comprehensive strategy that includes both infrastructural upgrades, including accessible equipment, and communication accommodations.

Instances where a person's disability influences decision-making or the level of care highlight the importance of universally accessible healthcare equipment and communication support to avoid disparities in care provision (WHO, 2011; Mitra & Long-Bellil, 2018).

5.2.8 Improvements or Changes to Enhance Antenatal Care

Three main areas are included in the respondent's recommendations for changes to raise the caliber of prenatal care services for physically handicapped women: making the environment physically accessible, educating healthcare providers about disabilities, and providing communication assistance. These suggestions are in line with previous research that highlights the need of removing both structural and psychological obstacles to foster a more welcoming healthcare environment for people with disabilities. Americans with Disabilities Act (ADA) emphasizes the removal of architectural and communication barriers, stressing the need for accessible facilities and effective communication accommodations (Americans with Disabilities Act, 1990). Improving physical accessibility, such as incorporating ramps and elevators, can facilitate easier entry and navigation within healthcare facilities for individuals with physical disabilities (Shakespeare, 2014).

Healthcare provider training on disability awareness is crucial for fostering a more inclusive and patient-centered approach. Literature suggests that healthcare professionals' attitudes and awareness significantly impact the healthcare experiences of individuals with disabilities (Iezzoni et al., 2013). Training programs that focus on disability awareness can contribute to reducing stereotypes, biases, and attitudinal barriers, promoting more respectful and equitable care.

Furthermore, ensuring communication support is fundamental for individuals with disabilities, especially those with hearing impairments. Effective communication is a cornerstone of patient-centered care, and when communication breakdowns occur, it can lead to suboptimal care and outcomes (Iezzoni et al., 2013). By providing training and resources to healthcare providers to enhance communication skills, particularly for interactions with patients with diverse communication needs, healthcare facilities can foster an environment that promotes active participation and engagement for all

individuals. The respondent's recommendations align with established principles of inclusivity and accessibility within healthcare settings. By implementing improvements in physical accessibility, conducting training on disability awareness, and ensuring communication support, healthcare facilities can take significant strides towards creating a more supportive and inclusive antenatal care environment for physically disabled women. Recommendations for improvements emphasize the importance of creating an inclusive healthcare environment, ensuring that facilities, providers, and communication methods meet the diverse needs of physically disabled women (WHO, 2011; Mitra & Long-Bellil, 2018).

5.2.9 Positive Experiences with Healthcare Providers or Facilities

The responses from physically disabled women provide valuable insights into positive experiences they have had with healthcare providers or facilities during their antenatal care, highlighting instances where their specific needs were adequately addressed, and they received supportive care. The first respondent expressed positive experiences where healthcare providers demonstrated understanding and accommodated her needs, creating a supportive environment during antenatal care. This underscores the importance of healthcare professionals' awareness of the particular requirements of individuals with physical disabilities and actively working towards creating a care environment that fosters inclusivity and support. Such positive encounters contribute to a sense of empowerment and can significantly impact the overall satisfaction and well-being of patients.

The second respondent acknowledged certain healthcare facilities that proactively addressed accessibility concerns. The commitment of these facilities to inclusivity positively impacted her overall perception of antenatal care. This example emphasizes the significance of designing physical spaces that are inviting and accommodating for people with varied requirements, which is in line with the concepts of universal design and accessibility (World Health Organization, 2011). In addition to meeting legal requirements, healthcare institutions that take proactive measures to resolve accessibility issues also help people with disabilities have a good and inclusive healthcare experience.

These positive experiences shed light on instances where healthcare providers and facilities have successfully catered to the specific needs of physically disabled women during antenatal care. Identifying and understanding these positive examples is crucial for recognizing best practices and promoting the adoption of supportive healthcare approaches that prioritize inclusivity and individualized care.

5.2.10 Addressing Unique Needs and Challenges by Healthcare Providers and Systems

The input from women with physical disabilities offers insightful suggestions on how healthcare systems and providers might more effectively handle the particular requirements and difficulties encountered during prenatal care. In order to better understand and meet the unique demands and difficulties faced by physically challenged women, the first respondent highlights the significance of continuing education for healthcare professionals. This suggestion is in line with previous research that highlights the need of ongoing education and training for healthcare workers in order to improve their familiarity with and empathy for the needs of people with disabilities (Iezzoni et al., 2013). Continuous training ensures that healthcare providers remain updated on best practices, communication strategies, and accessibility measures, contributing to a more inclusive healthcare environment.

The second respondent advocates for creating awareness and fostering a culture of inclusivity within healthcare systems. This recommendation highlights the need for systemic changes that go beyond individual healthcare providers. A holistic approach is proposed, encompassing training initiatives, accessible facilities, and communication support. This aligns with the principles of universal design, which emphasizes creating environments and systems that are accessible and accommodating for individuals with diverse needs (World Health Organization, 2011). A culture of inclusivity involves not only addressing physical barriers but also promoting a mindset that prioritizes equitable and person-centered care for all.

The recommendations provided by the respondents underscore the importance of continuous training for healthcare providers and systemic changes to foster a culture

of inclusivity within healthcare systems. By prioritizing education, accessibility, and communication support, healthcare providers and systems can contribute to creating an environment that addresses the unique needs of physically disabled women during their antenatal care journey. Recommendations underscore the importance of systemic changes, including training programs and cultural shifts within healthcare systems, to guarantee that physically impaired women's needs are regularly met (WHO, 2011; Mitra & Long-Bellil, 2018).

5.2.11 Key Factors Contributing to the Quality of Antenatal Care

The input from women with physical disabilities offers insightful suggestions on how healthcare systems and providers might more effectively handle the particular requirements and difficulties encountered during prenatal care. In order to better understand and meet the unique demands and difficulties faced by physically challenged women, the first respondent highlights the significance of continuing education for healthcare professionals. This suggestion is consistent with the body of research that highlights the importance of ongoing education and training for healthcare workers in order to improve their familiarity with and empathy for the needs of people with disabilities (Iezzoni et al., 2013). Continuous training ensures that healthcare providers remain updated on best practices, communication strategies, and accessibility measures, contributing to a more inclusive healthcare environment.

The second respondent advocates for creating awareness and fostering a culture of inclusivity within healthcare systems. This recommendation highlights the need for systemic changes that go beyond individual healthcare providers. A holistic approach is proposed, encompassing training initiatives, accessible facilities, and communication support. This aligns with the principles of universal design, which emphasizes creating environments and systems that are accessible and accommodating for individuals with diverse needs (World Health Organization, 2011). A culture of inclusivity involves not only addressing physical barriers but also promoting a mindset that prioritizes equitable and person-centered care for all.

The recommendations provided by the respondents underscore the importance of continuous training for healthcare providers and systemic changes to foster a culture of inclusivity within healthcare systems. By prioritizing education, accessibility, and communication support, healthcare providers and systems can contribute to creating an environment that addresses the unique requirements of physically handicapped women seeking prenatal care.

5.3 Support Systems and Accommodations required by Physically Disabled Women to access Antenatal Care Services Effectively

5.3.1 Physical and Environmental Barriers

The responses from physically disabled women attending Mwananyamala Referral Hospital in Kinondoni District shed light on the substantial physical and environmental barriers that impede their access and utilization of antenatal care services. The lack of wheelchair-accessible infrastructure stands out as a significant challenge, hindering the independent navigation of hospital premises for women with mobility disabilities. This issue is exacerbated by transportation barriers, limiting wheelchair-friendly options and impacting their ability to reach antenatal care appointments. The challenges extend within the hospital environment, where narrow corridors and inadequately arranged examination rooms pose additional difficulties for those using wheelchairs.

These results are consistent with previous research that emphasizes the numerous obstacles that people with disabilities have while trying to receive healthcare, especially in relation to environmental and physical barriers (World Health Organization, 2011). The World Health Organization stresses how crucial it is to design accessible spaces so that people with disabilities may fully engage in all facets of life, including receiving healthcare services. Because the current study focuses on prenatal care services, it is especially important to highlight the necessity for a customized and easily accessible healthcare infrastructure to address the special requirements of pregnant physically challenged women.

Furthermore, the identified communication barriers, such as the shortage of sign language interpreters, point to the broader issue of ensuring effective communication in healthcare settings. Accessible communication is fundamental to providing quality healthcare for individuals with disabilities, ensuring that they can fully understand information, express their needs, and engage in decision-making processes (Iezzoni et al., 2013).

Addressing physical and environmental barriers, including the provision of accessible infrastructure and improved transportation options, is essential to creating a more inclusive antenatal care environment for physically disabled women. These improvements align with broader efforts to enhance accessibility and inclusivity in healthcare settings, fostering an environment where all individuals, regardless of their physical abilities, can receive quality and equitable care.

5.3.2 Support Systems and Accommodations

The response from physically disabled women emphasizes the critical importance of robust support systems and accommodations to address the barriers they face in accessing antenatal care services. The recommendations align with principles of inclusivity and accessibility, aiming to create an environment that caters to the diverse needs of individuals with physical disabilities. The suggested infrastructure improvements, such as wheelchair-accessible ramps, wider doorways, and well-designed examination rooms within healthcare facilities, are fundamental to ensuring physical accessibility. These modifications are consistent with international standards for creating inclusive environments, including healthcare settings (World Health Organization, 2011). Providing accessible transportation options equipped with ramps and securing mechanisms further addresses mobility challenges associated with transportation, facilitating the journey to and from the hospital.

The call for sign language interpreters and training healthcare providers in effective communication reflects a commitment to addressing communication barriers. Clear and accessible communication is essential for fostering positive interactions and ensuring that individuals with hearing disabilities can fully engage in their antenatal

care consultations. This recommendation aligns with the broader concept of patient-centered care, emphasizing effective communication and shared decision-making (Iezzoni et al., 2013).

Additionally, the acknowledgment of informational materials in various formats, such as braille or electronic formats, highlights the importance of catering to the diverse needs of visually impaired individuals. Providing information in accessible formats contributes to empowering individuals with visual impairments to make informed decisions about their antenatal care.

5.3.3 Differences from Non-disabled Women

The responses from physically disabled women highlight the notable differences in experiences when accessing antenatal care services compared to non-disabled women. These disparities are rooted in the presence of physical and environmental barriers that pose unique challenges for disabled women throughout their healthcare journey.

Non-disabled women may not fully appreciate the significance of easily navigating hospital premises or using standard transportation, aspects that can be formidable hurdles for physically disabled women. The lack of accessible infrastructure, such as ramps or wider doorways, becomes a substantial challenge, making entering healthcare facilities more difficult. The study findings are supported by Amna's (2015) that transportation barriers further compound these challenges, requiring specialized vehicles for disabled women, which can add complexity to their travel arrangements. These differences underscore the need for tailored support systems and accommodations to ensure equitable access to antenatal care services.

Communication differences also emerge due to limited sign language interpreters or healthcare providers lacking training in addressing the unique needs of disabled individuals. In healthcare settings, effective communication is essential. Differences in the assistance provided for communication can have a substantial effect on the overall quality of prenatal care experiences for physically handicapped women in comparison to their non-disabled counterparts. These differences highlight importance

of enhancing awareness among healthcare providers and implementing measures to bridge communication gaps.

The second respondent emphasizes the need for specific accommodations and acknowledges the potential lack of awareness among healthcare providers regarding the unique requirements of physically disabled women. This acknowledgment highlights how crucial it is for healthcare workers to get education and training in order to create a more welcoming and encouraging atmosphere that meets the various requirements of all women, regardless of their physical capabilities.

5.3.4 Existing Policies and Guidelines

Existing policies and guidelines aimed at enhancing healthcare accessibility for physically disabled women during antenatal care emphasize crucial factors. These include provisions for wheelchair-accessible infrastructure in healthcare facilities, mandates for wheelchair-friendly public transportation, and the implementation of communication support, such as sign language interpreters. The study findings are linked to the study by Salmin (2020) policies are designed to eliminate physical and communication barriers, ensuring equitable access to antenatal care services. For healthcare institutions, aligning practices with these policies is essential to establish a welcoming atmosphere that meets the many requirements of expectant mothers who are physically impaired. Regular updates and evaluations of these policies contribute to ongoing improvements in support systems and accommodations.

The responses from physically disabled women shed light on the existing policies and guidelines aimed at enhancing healthcare accessibility during antenatal care for this specific demographic. These policies are crucial for addressing the unique needs of physically disabled women, with a focus on eliminating physical and communication barriers to ensure equitable access to antenatal care services.

The mention of provisions for wheelchair-accessible infrastructure in healthcare facilities aligns with international standards and guidelines emphasizing the importance of creating accessible environments for individuals with disabilities (World Health Organization, 2011). Mandates for wheelchair-friendly public

transportation further underscore the recognition of transportation barriers and the need for comprehensive accessibility measures beyond healthcare facilities.

The inclusion of communication support, such as sign language interpreters, highlights the significance of addressing communication barriers. Clear communication is essential for ensuring that physically disabled women can effectively communicate with healthcare providers, understand information, and actively participate in their antenatal care consultations.

However, the first respondent points out that while there are policies addressing accessibility, comprehensive guidelines specifically focusing on physically handicapped women frequently lack access to prenatal care and support networks.. This observation highlights the need for more explicit and detailed guidance on the specific support systems and accommodations required to create a truly inclusive antenatal care environment.

The second respondent emphasizes the importance of existing policies being more explicit in detailing the required support systems and accommodations. This recommendation aligns with the broader concept of universal design, which advocates for creating environments and systems that are accessible and accommodating for individuals with diverse needs (World Health Organization, 2011).

Therefore, while existing policies address some aspects of accessibility, there is a clear call for more comprehensive guidelines specifically focusing on support systems and accommodations for physically disabled women during antenatal care. Regular updates and evaluations of these policies are essential to ensure that they effectively contribute to ongoing improvements in creating an inclusive and supportive healthcare environment.

5.3.5 Attitudes and Perceptions of Healthcare Providers

The answer emphasises how important it is for healthcare professionals' attitudes and views to influence the prenatal care experiences of women with physical disabilities.

The admission that certain medical professionals might not be aware of the unique requirements of women who are physically impaired draws attention to a possible obstacle to the provision of suitable support networks and accommodations.

Fostering a supportive healthcare environment requires healthcare practitioners to have positive and empathic attitudes. Healthcare providers may help create a welcoming environment that improves the general standard of prenatal care when they are cognizant of and sensitive to the special requirements of physically challenged mothers. This includes addressing physical accessibility concerns, providing communication support, and advocating for necessary accommodations.

On the other hand, healthcare practitioners who have unfavorable attitudes or little awareness may face serious difficulties. Such viewpoints might influence the provision of inclusive and equitable prenatal care by supporting the maintenance of barriers. It highlights how important it is for healthcare professionals to continue learning and growing in order to better understand and cater to the various requirements of expectant mothers who have physical impairments.

This result is consistent with more general talks in the medical literature, which highlight the value of patient-centered care and the part healthcare professionals play in fostering inclusive and encouraging settings (Iezzoni et al., 2013). Addressing attitudinal barriers and enhancing awareness among healthcare professionals are critical steps toward improving the overall experiences of physically disabled women during antenatal care. Attitudinal barriers can significantly influence the effectiveness of support systems and accommodations. Cultivating awareness and understanding among healthcare providers is essential for improving care provision (WHO, 2011; Mitra & Long-Bellil, 2018).

5.3.6 Utilizing Technology for Support

Integrating technology into antenatal care services can overcome some barriers. However, it's essential to ensure that these tools are designed with accessibility features to be inclusive for all users (Smith & Smith, 2020; WHO, 2021). The respondent's recognition of technology as a significant enhancer for physically

disabled women accessing antenatal care aligns with the growing trends in digital healthcare solutions. Several studies support the positive implications of leveraging technology to address healthcare accessibility challenges, particularly for individuals with disabilities. Telehealth services, as mentioned by the respondent, have shown promise in increasing access to healthcare for diverse populations, including those with physical disabilities (Kruse et al., 2017). Virtual consultations can significantly mitigate transportation challenges, providing a convenient and accessible alternative for antenatal care appointments.

Moreover, mobile applications tailored to antenatal care can offer a range of resources, from appointment scheduling to educational materials, catering to the specific needs of physically disabled women. Research indicates that the use of mobile health applications can contribute to improved patient engagement, self-management, and overall healthcare outcomes (Marcolino et al., 2018). For individuals with disabilities, such applications can serve as valuable tools for navigating healthcare processes and accessing information in a format that suits their preferences and needs.

The broader integration of assistive technologies, including voice recognition and screen readers, aligns with the principles of universal design, promoting accessibility for users with diverse abilities. Studies have highlighted the positive impact of assistive technologies on communication and information access for individuals with disabilities, contributing to greater independence and participation in healthcare decision-making (Morris et al., 2018). Embracing these technological solutions in antenatal care can pave the way for a more inclusive and supportive environment, ultimately improving the overall healthcare experience for physically disabled women.

5.3.7 Best Practices and Success Stories

The answers highlight important best practices that help ensure that inclusive prenatal care for women with physical disabilities is implemented successfully. Training healthcare professionals to accommodate diverse needs emerges as a critical component. This aligns with broader healthcare literature that highlights the positive impact of staff training on improving the quality of care for individuals with

disabilities (Iezzoni et al., 2013). Training initiatives may encompass creating awareness about the specific needs of physically disabled women, communication strategies, and inclusive practices, fostering a more empathetic and supportive healthcare environment.

Inclusive infrastructure design is another highlighted best practice. This involves creating dedicated accessible spaces within waiting areas, as mentioned by one respondent. Such infrastructure improvements contribute to the physical accessibility of healthcare facilities, ensuring that the environment is welcoming and accommodating for individuals with diverse mobility needs. Successful examples of inclusive infrastructure design have been documented in various healthcare settings, showcasing the positive impact on overall patient experience (Eltoukhy et al., 2019).

Technology integration, as mentioned in the first response, is a best practice that aligns with the broader trend of leveraging digital solutions for healthcare accessibility. Integrating technology, such as telehealth services and mobile applications, can significantly enhance access and communication for physically disabled women, as discussed in previous responses.

Collaboration with advocacy groups and actively involving disabled women in the planning process are essential success factors. Inclusive practices benefit from partnerships with advocacy organizations that specialize in disability rights and healthcare accessibility. Engaging disabled women in the planning process ensures that their voices are heard, preferences are considered, and the implemented solutions align with their unique needs and experiences.

5.3.8 Improving Education and Awareness Initiatives

The response underscores the importance of education and awareness initiatives as integral components for enhancing antenatal care accessibility for physically disabled women. This is consistent with a larger body of research that highlights the value of education in healthcare environments in order to meet the unique requirements of people with disabilities. Developing targeted educational programs for healthcare providers is a best practice mentioned in the response. These programs should aim to

increase awareness about the unique needs of physically disabled pregnant women, emphasizing communication skills, cultural competence, and disability sensitivity. Research indicates that training healthcare professionals in disability awareness and sensitivity can positively impact the standard of care given to people with disabilities, encouraging a more welcoming environment in the medical field (Bartlett et al., 2019).

Campaigns for public awareness are yet another crucial element that the response emphasizes. These initiatives promote inclusion and educate the general public about the difficulties experienced by pregnant mothers with physical disabilities. Successful public awareness campaigns have been shown to contribute to reducing stigma, fostering understanding, and promoting positive attitudes towards individuals with disabilities (Friedman et al., 2019).

Success stories serve as tangible evidence of the positive outcomes that can result from comprehensive education and awareness initiatives. By raising awareness about the rights of physically disabled women, available support systems, and the importance of inclusive antenatal care, these initiatives contribute to creating a more supportive and understanding environment for disabled women seeking antenatal care. Improved education and awareness initiatives can empower physically disabled women to actively seek their rights and engage in their antenatal care journey with confidence (Smith & Smith, 2020; WHO, 2011).

The advantages that come with having strong support networks for pregnant women with physical disabilities highlight how crucial it is to provide a welcoming and accessible healthcare setting. The installation of wheelchair ramps and other accessible features contributes to enhanced accessibility, allowing women with mobility disabilities to navigate healthcare facilities independently. This not only promotes a sense of autonomy but also fosters positive healthcare experiences, aligning with the principles of patient-centered care (Baker et al., 2020).

Support systems play a crucial role in addressing mobility challenges, ensuring that physically disabled women can attend antenatal care appointments regularly. Accessible transportation options and telehealth services serve as valuable

components, promoting consistent engagement with healthcare professionals. Research indicates that regular attendance at antenatal appointments is associated with improved maternal and fetal outcomes (McCarthy et al., 2016).

Effective communication, facilitated by support systems such as sign language interpreters and accessible information, contributes to enhanced understanding and informed decision-making. Clear and effective communication is vital in the healthcare setting, and initiatives that prioritize accessible communication align with the principles of patient-centered communication (Scholl et al., 2014).

Beyond the immediate healthcare context, these support systems contribute to a broader sense of inclusivity. By reducing isolation and fostering a supportive environment, mental well-being is positively impacted. Research has shown that social support and inclusivity contribute to improved mental health outcomes for individuals with disabilities (Wei et al., 2013).

5.3.10 Collaboration for Guidelines and Protocols

The results highlight the vital significance of cooperation among diverse stakeholders in developing guidelines and protocols to enhance antenatal care for physically disabled women. This collaborative approach aligns with existing research emphasizing the need for inclusive practices and interdisciplinary cooperation in healthcare policy development (WHO & World Bank, 2011). Involving healthcare professionals, disability advocates, policymakers, and affected individuals ensures that guidelines are sensitive to the diverse needs and perspectives of physically disabled women. This aligns with Mitra & Long-Bellil's (2018) assertion that including a variety of stakeholders in the decision-making process leads to inclusive policies..

Moreover, involvement disability organizations in collaborative process brings attention to the social and cultural dimensions of disability, enriching guidelines with a more comprehensive understanding of the challenges faced by physically disabled women (Shakespeare et al., 2016). According to research, strategies that remove structural obstacles and advance equitable access to healthcare services are more effective when they take into account the viewpoints of impacted persons and

disability advocates (O'Brien et al., 2014). Thus, collaborative efforts between healthcare organizations, policymakers, and disability advocacy groups are crucial for developing guidelines that are responsive to the unique needs of physically disabled women.

Furthermore, the dynamic nature of healthcare practices necessitates ongoing collaboration and periodic reviews to ensure that guidelines remain relevant and effective. This aligns with the principles of adaptive governance, which emphasize the importance of flexibility and responsiveness in policy-making processes (Leach et al., 2010). By fostering continuous collaboration, stakeholders can collectively contribute to the refinement and adaptation of guidelines, thereby facilitating sustained improvements in antenatal care services for physically disabled women. Overall, the findings highlight the transformative potential of collaborative approaches in shaping inclusive healthcare policies and practices that promote the well-being and autonomy of physically disabled women during pregnancy.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

A summary of the study's results, conclusions, policy implications, and suggestions were presented in this chapter. Lastly, areas for more research were also mentioned.

6.1 Conclusion

This research explored the access and utilization of antenatal care services among physically disabled women attending Mwananyamala Referral Hospital in Kinondoni District, focusing on three main objectives. The first objective was to identify the barriers and challenges faced by these women in accessing antenatal care. The findings revealed a variety of impediments, including physical barriers such as the lack of accessible healthcare facilities, attitudinal barriers due to negative perceptions and discriminatory attitudes from healthcare providers, and policy-related challenges that fail to specifically address the needs of disabled women. In addition, transportation difficulties and communication obstacles were prominent issues, making it even more challenging for these women to access the care they needed.

The second objective of the study aimed to explore the experiences and perspectives of physically disabled women regarding the quality of antenatal care services they received. The participants' stories highlighted the complexity of their experiences, with some expressing satisfaction with individualized care, while others encountered neglect or inadequate attention from healthcare providers. The importance of personalized care, better education on prenatal health, and emotional support emerged as critical factors in improving their antenatal care experiences.

The third objective focused on examining the support systems and accommodations necessary for physically disabled women to access antenatal care effectively. The study revealed a significant lack of accessible infrastructure in healthcare facilities, including ramps, elevators, and adjustable examination tables, which are essential to meeting the needs of this group. Additionally, transportation options were insufficient, presenting a major hurdle for women attempting to attend appointments regularly. The

research also emphasized the potential of using technology, such as mobile health applications, and fostering collaboration between healthcare providers, caregivers, and policymakers to enhance support systems for these women.

The data for this study was corrected and refined through interviews conducted with a sample of physically disabled women who attended Mwananyamala Referral Hospital. The interview guide was revised to ensure clarity and effectiveness, based on feedback from pilot interviews. The participants were asked open-ended questions about their personal experiences with antenatal care services, focusing on the barriers they encountered, their perceptions of the care they received, and the support they needed. The interviews were transcribed, and thematic analysis was used to identify recurring themes, allowing the study to accurately capture the challenges and needs of these women.

In this context, infrastructure refers to the physical features of healthcare facilities that are necessary to ensure accessibility for physically disabled women. This includes ramps and elevators for easier access to different parts of the hospital, wider doorways and hallways to accommodate wheelchairs, adjustable examination tables that cater to patients with mobility issues, and accessible restrooms equipped with handrails and ample space. These infrastructure improvements are crucial for creating a healthcare environment that is welcoming and accessible to physically disabled women, enabling them to receive antenatal care services without unnecessary difficulties or delays.

The study underscores the need for a comprehensive, inclusive approach to healthcare practices that address the unique challenges faced by physically disabled women. To improve antenatal care services, the study recommends the implementation of accessible infrastructure in healthcare facilities, such as ramps, wide doorways, and adjustable beds, along with improved transportation options for these patients. Additionally, raising awareness and promoting sensitivity among healthcare providers regarding the specific needs of disabled women is essential. The study also advocates for the integration of technology and collaborative efforts among healthcare stakeholders to develop effective support systems. These findings contribute to ongoing discussions on healthcare inclusivity and provide a solid foundation for future

initiatives aimed at ensuring equitable access to antenatal care for physically disabled women.

6.2 Recommendations

6.2.1. Enhance Accessibility Infrastructure

Prioritize the implementation of accessible infrastructure within healthcare facilities, including ramps, wider doorways, and suitable examination rooms, to ensure physically disabled women can navigate and access antenatal care services with ease.

6.2.2. Improve Transportation Options

Address transportation challenges by establishing and promoting wheelchair-accessible transportation options, facilitating the timely and convenient travel of physically disabled women to and from healthcare facilities for antenatal care appointments.

6.2.3. Promote Healthcare Provider Training

Implement training programs for healthcare providers to enhance their awareness, communication skills, and understanding of the specific needs of physically disabled women. This training can contribute to a more inclusive and supportive environment during antenatal care consultations.

6.3 Area for Future Studies

Future studies in antenatal care for physically disabled women could delve into specific communication challenges during healthcare interactions, assessing the impact of language barriers and the accessibility of communication tools. Longitudinal research on the health outcomes of physically disabled women, considering maternal and fetal health over time, could provide valuable insights. Comparative studies across healthcare facilities, exploring variations in accessibility and quality of care, could inform best practices. Additionally, investigations into the effectiveness of community-based interventions, the influence of existing policies, and the intersectionality of factors affecting antenatal care experiences for physically disabled

women offer avenues for further research. Exploring the psychological implications, coping mechanisms, and empowerment programs can contribute to a holistic understanding, while global comparative studies can identify best practices on a global scale. These areas hold the potential to enhance inclusivity and improve the overall quality of antenatal care services for physically disabled women.

REFERENCES

- Amaragiri S, Lees T. (2018). Elastic compression stockings for prevention of deep vein thrombosis. *Cochrane Database of Systematic Reviews*. Art No.: CD001484. DOI: 10.1002/14651858.CD001484.
- American College of Obstetricians and Gynecologists. (2019). Committee on Obstetric Practice: ACOG Committee Opinion on Obstetric management of patients with spinal cord injuries. *International Journal of Gynecology and Obstetrics* 79(2):189– 191. 5) EQUINET. 2007. Community Empowerment and participation in Material Health in Kamwenge District Uganda.
- Amnesty International. (2010). Deadly delivery: The maternal health care crisis in the USA. Available from <http://www.amnestyusa.org/digest/pdf/DeathDelivery.pdf>
- Ashton J. (2018). *The New Public Health*. Buckingham, UK: Open University Press
- Barrett J, Brennan P, Fiddler M, Silman A. (2011). Breast-feeding and postpartum relapse in women with rheumatoid and inflammatory arthritis. *Arthritis and Rheumatism* 43(5):1010-1015.
- Borghi J, Storing K & Filipp V (2018). Overview of the costs of obstetric care and economic and social consequences for households. *Studies in Health Services Organization & Policy* 24, 23-46
- Burns A, Jackson A. (2015). Gynecologic and reproductive issues in women with spinal cord injury. *Physical Medicine and Rehabilitation Clinics of North America* 12(1):183–199.
- Center for Disease Control and Prevention, National Center for Health Statistics. December (2008). Monitoring the nation's health. *Monthly Statistical E-Letter*. Available from http://www.cdc.gov/nchs/pressroom/MNH_archive/MNH_1207.htm
- Confavreux C, Hutchinson M, Hours M. (2016). Rate of pregnancy-related relapse of MS. *New England Journal of Medicine* 30(5): 289-339.

- Creswell, J. W., Plano Clark, V. L., Guttman, M. L., & Hanson, W. E. (2013). Advanced mixed methods research designs. *Hand book of mixed methods in social and behavioral research*, 209-240.S
- Cubert R, Cheng E, Mack S, Pepin M, Byers P. (2012). Osteogenesis imperfecta: Mode of delivery and neonatal outcome in London. *Obstetrics and Gynecology* 97(1):66-69.
- Cunningham F, Gant N, Leveno K, Gilstrap L, Hauth J, & Wenstrom K(2013). *Williams Obstetrics*. 21st Edition. New York: McGraw-Hill Medical Publishing Division.
- Cunningham F, Gant N, Norman F, & McDonald, P (2009). *Williams Obstetrics*. 18th ed. New York: McGraw-Hill/Appleton and Lange.
- Damek D, & Shuster E. (2019). Pregnancy and Multiple Sclerosis. *Mayo Clinic Proceedings* 72(10):977-989.
- David W. (2014). Disabled Village Children; Community Health workers. *American College of Obstetricians and Gynecologists*. 2010. *Special Issues in Women's Health*
- Foley F. (2008). Multiple Sclerosis. In: E Blechman, K Brownell, editors. *Behavioral Medicine and Women: A Comprehensive Handbook*. New York: The Guilford Press.
- Frazer C, Gilmour J, & Mykitiuk R. (2006). *Critical Disability Theory: Essays in Philosophy, Politics, Policy and law*. Pothier D, Devlin R, editor, Vancouver. University of British Columbia Press; "Now you see her, now you don't: How law shapes Disabled Women's Experience of Exposure.
- Gill, P., Stewart, K., Treasure, E, & Chadwick, B., (2008). Methods of Data collection in qualitative research: interviews and focus groups. *British Dental Journal*, 204 (6), 291-295.
- Gulick E, & Halper J. (2013). Influence of infant feeding method on postpartum relapse of mothers with MS. *The International Journal of MS Care* 4(4):15-25.

- Haddow J, Palomaki G, Allan W. (2009). New maternal thyroid deficiency during pregnancy and subsequent neuropsychological development of the child. *New England Journal of Medicine* 341:549-555.
- Keeler, E.B. (2007). Effects of cost sharing on use of medical services and health. *The journal of Medical Practice Management* 8:317-321
- Kuczkowski, K. (2009). Labor analgesia for the parturient with spinal cord injury: What does an obstetrician need to know? *Archives of Gynecology and Obstetrics* 174(2):108–112.
- Martens, D. M. (2009). *Research evaluation in education and psychology: Integrating diversity with quantitative, qualitative and mixed methods*. New Dheli: Sage Publication
- Ndeezi, A. (2019). *The Disability Movement in Uganda: Progress and Challenges with Constitutional and Legal Provisions on Disability*. Kampala: National Union of Disabled persons of Uganda.
- Newell M, & Coeshott C. (2018). In: E Blechman, K Brownell, editors. *Behavioral Medicine and Women: A Comprehensive Handbook*. New York: The Guilford Press.
- Noor, K. B. M. (2018). Case Study: a strategic research methodology. *American journal of Applied Sciences*, 5(11), 1602-1604. 4
- Pereira L. (2013). Obstetric management of the patient with spinal cord injury. *Obstetrical and Gynecological Survey* 58(10):678–686. 2
- Rogers J. (2018). Pregnancy in women with disabilities. In: E Blechman, K Brownell, editors. *Behavioral Medicine and Women: A Comprehensive Handbook*. New York: The Guilford Press.
- Rogers J. (2019). *The Disabled Woman's Guide to Pregnancy and Birth*. New York: Demos Publishing.

- Salmin, R. (2020). *Factors associated with delayed booking to antenatal care services (ANC) for pregnant women in West District of Zanzibar Tanzania*. The Open University of Tanzania, Dar Es Salaam, Tanzania
- Smeltzer S. (2010). Pregnancy in women with physical disabilities. *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 36(1):88–96.
- United Nations (2006). *Convention on the Rights of Persons with Disabilities and optional Protocol*, Nairobi, Kenya; United Nations.
- United Nations. (2021). *United Nations Standard Rule on Equalization of opportunities for persons with disability 1991*. New York: Author
- Washington (DC): (1990). American College of Obstetricians and Gynecologists. *Americans with Disabilities Act of 1990*, 42 U.S.C.A. 12101.
- Yassi A, Curtis J, Miles-Tapping C, & Vallentyne S. (1991) Prevention early intervention and return to modified work program to decrease the incidence and severity of back injuries in Nurses: the launching of a pilot program. *Can J of Rehabi.* 1991; 4(3A)

APPENDICES

Appendix II: Questionnaire

Dear respondent,

Dear respondent I am master's candidate of Uganda Christian University of carrying out a research study on **ACCESS AND UTILISATION OF ANTENATAL CARE SERVICES AMONG WOMEN WITH PHYSICAL DISABILITIES ATTENDING MWANANYAMALA REFERRAL HOSPITAL IN KINONDONI DISTRICT** The linked questions aim to gather information about the study. The research is solely for academic reasons. Please feel free to complete the questionnaire; all information you submit will be kept private and used exclusively for this study. The information will be objectively analyzed and interpreted to prevent harming the reputation of your company. I really hope that my plea will be taken into account.

Part A: Personal Details

1. What is your age?
2. What is your level of education?
3. What is your sex?

Part B: To identify barriers and challenges faced by physically disabled women in accessing antenatal care services

1. Would you kindly share your own experiences or observations on the obstacles and difficulties physically challenged women have while trying to get prenatal care services?
2. What physical obstacles do women with physical disabilities typically face when attempting to obtain prenatal care services?
3. Do physically challenged women encounter any particular transportation-related obstacles while accessing prenatal care?
4. How, in your opinion, does the absence of accessible infrastructure impact the availability of prenatal care services for women who are physically disabled?

5. What mental obstacles can physically challenge women have while attempting to obtain prenatal care services, in your opinion?
6. Could you give instances of communication obstacles that women with physical disabilities could have while speaking with medical professionals during prenatal care visits?
7. Do physically challenged women face any financial obstacles while trying to get prenatal care? What are they, if any?
8. Have you encountered any legislative or regulatory obstacles that prevent physically impaired women from receiving the necessary prenatal care?
9. In what ways do you believe that women with physical disabilities' access to prenatal care services is impacted by healthcare practitioners' ignorance and lack of understanding regarding their unique needs?
10. Could you describe any instances or firsthand accounts of the social and cultural obstacles that women with physical disabilities face while attempting to obtain prenatal care?

Part C: To explore the experience and perspectives of physically disabled women regarding the quality antenatal care services they receive

1. Could you kindly provide a brief account of your own experience receiving prenatal care as a physically challenged woman?
2. As a physically impaired woman, how would you rate the general standard of the prenatal care services you received? Did you notice any particular features that caught your attention?
3. Because of your physical impairment, did you encounter any difficulties or obstacles when trying to obtain prenatal care services? If so, could you kindly provide more details?
4. How satisfied were you with the attempts made by the medical professionals to attend to your particular needs and concerns throughout your prenatal care visits?
5. What crucial elements, in your opinion, go into giving physically handicapped women a pleasant prenatal care experience?

6. Did you receive sufficient information and education about the various stages of pregnancy, potential complications, and available support services tailored to your specific needs as a physically disabled woman?
7. Have there been any situations when you thought the decisions made about your prenatal care or the quality of care you received were impacted by your physical disability? Could you give some instances?
8. What adjustments or enhancements would you recommend to raise the standard of prenatal care services for women with physical disabilities?
9. In your prenatal care, have you had any favorable experiences or interactions with medical professionals or institutions that explicitly addressed the needs of women with physical disabilities? If so, kindly describe your experiences.
10. What improvements do you think healthcare systems and providers should make to better meet the special requirements and difficulties that physically challenged women confront when receiving prenatal care?
11. In your opinion, what are the key factors that contribute to the quality of antenatal care services for physically disabled women?
12. Have you encountered any instances where healthcare providers lacked understanding or knowledge about your specific needs as a physically disabled woman during antenatal care?
13. What improvements or changes would you like to see in the provision of antenatal care services for physically disabled women?
14. Have you received any support or accommodations from healthcare providers to ensure equal access to antenatal care services?
15. How do you think the attitudes and perceptions of healthcare providers towards physically disabled women impact the quality of antenatal care services they receive?
16. Are there any specific aspects of antenatal care that you feel are particularly important for physically disabled women, and why?

Part D: To examine the support systems and accommodations required by physically disabled women to access antenatal care services effectively

1. What particular environmental and physical obstacles must physically challenged women overcome in order to get prenatal care services?
2. What are the essential support networks and modifications required to guarantee physically impaired women's successful engagement in prenatal care services?
3. What are the needs and experiences of physically challenged women during prenatal care different from those of non-disabled women?
4. What rules and regulations are in place regarding the provision of accommodations and support networks for physically handicapped women obtaining prenatal care services?
5. How do healthcare professionals' attitudes and opinions about physically challenged women seeking prenatal care affect their ability to provide suitable accommodations and support?
6. How may technology be applied to improve physical challenged women's access to and efficacious support networks during prenatal care services?
7. What are the best methods and case studies from various healthcare environments for putting in place accommodations and support networks for physically handicapped women seeking prenatal care services?
8. How can campaigns to raise awareness and increase education be made to guarantee that women who are physically challenged are aware of their rights, the resources that are accessible to them, and the adjustments that are made for them to get prenatal care?
9. What are the results and advantages of giving physically handicapped women access to appropriate support networks and accommodations in terms of their prenatal care experiences and the health outcomes for both mother and fetus?

10. How can governments and healthcare institutions work together to create thorough policies and procedures for the provision of accommodations and support networks for physically handicapped women seeking prenatal care services?

APPENDIX VI: PROPOSED BUDGET

No	Items	Amount
1.	Issue related to printing	200,000/=
2.	Issue related to photocopying	100,000/=
3.	Issue related to field work – data collection	300,000/=
4.	Issue related to Research Assistants (SDA)	100,000/=
5.	Binding	50,000/=
	Estimate Total	750,000=Tzs

APPENDIX VII: PROPOSED WORK PLAN

No	Activity	Time schedule
1.	Issue related to Topic Submission and Approval	Oct, 2022
2.	Issue related to Proposal writing	Nov-Dec, 2022
3.	Issue related to VIVA-Proposal	Dec, 2022
4.	Issue related to Proposal submission (1 st draft)	Jan-Feb, 2023
5.	Issue related to Final proposal Submission	March, 2023
6.	Issue related to UCUREC Approval	March, 2023
7.	Issue related to Field work –data collection	March-April, 2023
8.	Issue related to Dissertation/Report compilation	April, 2023

9.	Issue related to Dissertation submission (1 st draft)	April, 2023
10.	Issue related to Final copy submission	April, 2023
11.	Issue related to Submission to External Examiners	May, 2023
12.	Issue related to VIVA VOCA (Presentation)	June, 2023
13.	Issue related to Final Submission	June, 2023



Elia Fred Macha
Uganda Christian University
+256 758300528
Email: eliamacha99@gmail.com

14th September, 2023

UG-REC-026 APPROVAL NOTICE

To: Elia Macha, Principal Investigator

Re: UCU-REC Application titled: Access And Utilization of Antenatal Care Services: A Case Study of Women with Physical Disability Attending Mwananyamala Referral Hospital in Kinondoni District.

Application Number: UCUREC-2023-652-1

Version: 4.0

Type: Initial Review
 Protocol Amendment
 Letter of Amendment (LOA)
 Continuing Review
 Material Transfer Agreement
 Other, Specify:



I am please to inform you that the **UG-REC-026**; UCUREC approved the above referenced application.

Approval of the research is for the period from 14th September, 2023, to 14th September, 2024.

This research is considered minimal risk category.

As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and additions to the protocol or the consent form must be submitted to the REC for re-review and approval **prior** to the activation of the changes. The REC application number assigned to the research should be cited in any correspondence.

1 of 2

A Centre of Excellence in the Heart of Africa



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

20th September, 2023

TO WHOM IT MIGHT CONCERN

Dear Sir/Madam,

RE: INTRODUCTORY LETTER FOR ELIA FRED MACHA

Warm greetings from the School of Research and Post-Graduate Studies, UCU!

This serves to introduce the above named; Elia Fred Macha as our student pursuing a Master's degree of Public Health Leadership, registration number IRJ21M07/004.

Elia is conducting a research as a requirement for the award of the above mentioned degree entitled: *Access And Utilization of Antenatal Care Services: A Case Study of Women with Physical Disability Attending Mwananyamala Referral Hospital in Kinondoni District.*

He has fulfilled all clearance requirements such as getting faculty and Research Ethics Approval from UCUREC; accredited by Uganda National Council for Science and Technology (UNCST). His work has minimal risks and deemed not harmful to both individual participants and the institution.

Any assistance given to him to achieving this goal will be highly welcome.

Thank you so much.

Yours faithfully,

Dr. Owor Joseph
Head, Post Graduate Studies.
Uganda Christian University
jowor.ucu.ac.ug



A Centre of Excellence in the Heart of Africa