Women Spaces Africa | Module 3 | DSROI 2023

Welcome, my name is Ririan Kifuti. I'm the co-founder of Women Spaces Africa, a feminist disability-led organization. We work to promote access to reproductive health services for girls and women with disabilities in Kenya.

And today, as we highlight the challenges that we go through, I would like to call upon different stakeholders to have intentional mind when programming, when funding. Most of the times, persons with disabilities have been considered to be passive beneficiaries, and I would like to call the stakeholders to be deliberate, because the disability agenda must be moved from the margin to the center for effective implementation, and for us to achieve the SDG3 that cannot be achieved without persons with disabilities being included. Thank you so much.

It is very difficult for a person with disabilities to be accepted, because when we hear the question, they ask, even you? So, even you, it seems as if you also have to get pregnant. So, those questions are difficult, you will get a person with disabilities, he can go to the clinic, get the first service, but another time, he will not return. And also, to be able to look at, when you are doing family planning, it is as if they are being forced, they have to force themselves.

You will get, maybe, he is being forced with everything he has to do. So, you get a person, it is very challenging, because maybe what he has been given is a medicine and he does not need the medicine. Maybe it is a drug and he does not need it.

So, the choices, or he does what is called closing, because his own people are forcing him. Because they have seen his condition, they saw that Yakomba had to continue her education. It was a challenge.

I had experience. Yakomba and I did the same thing. It was good because I did it without my consent.

Yakomba had to do it. They saw that I had three children and I had done CS. So I had to continue doing CS.

I was released. I was released because I had recovered. After two days, I was in a lot of pain.

I was doing CS. I asked the doctor. The doctor took a file and asked me if I had done T.L. I asked myself what T.L. was.

I didn't know. He told me it was the obligation of Yakomba to close the children. I asked him why.

He told me that we found in the file that I was the mother and that I was positive. that I was the mother It was painful for me because I had an old man That marriage was a success because my husband wanted to have a son. But I didn't get married to him because if I did, we would have been able to have all the consents we wanted.

He would have known that my wife was going to have another child. But I had already done it, and there was nothing I could do. Because I told him that he couldn't reverse it.

I would like to say to the hospitals and those who deal with such things, you have to ask someone first, and you have to tell them what is good and what is bad. Don't just do it because they have seen my wife. She wasn't good.

I would say that she wasn't a good wife. I also think that there are people who haven't gotten out of it yet. They might have done something similar to what I did.

They have gone crazy, and they don't know where to go. You get a lot of problems. People are going through a lot because I know what they are going through.

I know what I have been through. I have a lot of challenges. So it was hard for me to get out of that marriage.

I am a single mom, and I live with my three children. So I would say that it's not good. They are doing good, but it's not good to do bad things.

You have to sit down and tell them. I would say that they should have the kind of support they need, so that we can get the services they need. I am also a single mom.

I have a problem with my husband, but he can't force me to do bad things. He can't force me to do bad things. So I would say that they should have the kind of support they need, so that we can get the services they need.

They can't force me to do bad things. I would also like to do that. My name is Yasuin Mwende, and these are some of the challenges women and girls with disabilities face while seeking sexually productive health services.

So, you know, at times when we go to the health facilities, and maybe we are looking for, let's say, for example, we are looking for an ICD-19 condom, and the way the service providers or the health workers take it as if maybe you are not supposed to get the service just because you have a disability. They assume we are asexual. So it is a big challenge to us because it's not easy.

You must go there, ask for an ICD, that is a condom, and they ask you, and what is it for? And yet they well know it's purpose, because they can't just go there, ask you for it, to go and cook it. They know it's for sex, and yet they ask. When it comes to health workers, girls and women with disabilities, their attitude is not so welcoming, because when you go there, you know, there are those societal misconceptions about disabilities.

So when they see you, they just think you don't have a right to access those services, just because you have a disability. They tend to think you have to go with someone who will speak on your behalf, and yet you know what you want and why you want the service, yet they cannot provide it just because you have a disability. It is very weird.

When it comes to information on sexual health rights services, it is not that available. We don't get it easily. Why? Because let's say, for example, for me, I always need a guide whenever I go to, maybe to the hospital, and then when I ask for something, they tend to first ask my guide, is this okay with this one? And yes, I'm the one asking it.

Why do they ask my guide? I don't know what they want. So the information is not that clear, and again, you may also go to those hospitals, and maybe you are deaf. There is no sign language interpreter.

People are talking there. You don't hear anything, so you end up not getting the information. Others rely on their maybe sisters or mothers, which they won't give them the full information as it is supposed to be.

When it comes to the distance between the health facilities and us women with disabilities and girls with disabilities, it is a real challenge. Why? Because sometimes there are those who can't go alone. You have to go with someone.

You have to pay transport for two, and again, you have to also get up for extra costs. It's like you may go to a hospital and it takes longer than you expected. You see that person who has taken you there, they had another engagement, and now the time which you have consumed in the hospital is much longer than what you were expecting, so you have to pay that person because that person is not going to work, so you have to compensate him for the need, which is a big challenge.

It is very expensive and very costly. I remember very well when I was little, I got labour at around 10 p.m., and I went for various hospitals and I was rejected just because I have cerebral palsy. That is, I'm a woman with disabilities, so I went for various hospitals and they could not accommodate me.

I had to seek services in very different hospitals I was accepted in the large hospital. You can imagine from 10 p.m. up to 5 a.m. in the morning, that is when I was finally being accepted in one of the hospitals that we went to. During that time, remember, I was in labour, which was a blessing to me and my baby, travelling all that long while in labour.

It was not easy for me, which I know if it was any other woman who has no disabilities, would be accepted just in the first hospital I went to. And again, what I can say is when we girls and women with disabilities are seeking for these services, one thing is that the information is not adequate for us. Like, for example, you can go in the hospital with a caregiver, your guide, or even your mum, and you are seeking for some services, whereby after you ask what you want, they get to your guide and they start asking them, is this what you really want? And yes, I'm the one who has asked for the service.

They could, what I would say, they could ask me directly, not my guide, not my mum. And again, there is this attitude of the service health providers. They tend to think we women with disabilities, we are asexual, we are not active, we don't need sex, we can't have our own families.

And so they tend to make decisions on our behalf, which is not recommendable. We should be given a chance to make our own decisions because we know what we want best. Thank you.

Hello, everyone. My name is Tabitha Kaburamwangi, and I identify myself as a woman with psychosocial disability. And I'm here just to share the challenges that we face as a woman with psychosocial disability.

In our communities, one of the challenges that we face is when it comes to decision making. We find a person with psychosocial disability is seen as a person who is not able to make informed decisions, like you're not able to make wise decisions. Maybe, for example, if you want to get married.

I'll use my example. When I was getting married, my family thought that I was not able, they thought that I was making the wrong decision of getting married because they were so concerned what happens when I become sick or what happens when I'm in a crisis or what happens when I enter into a relapse. Will I be able to take care of my family? Will I be able to be a good mother? Will I be able to be a good wife? So you find those are the challenges that we face when it comes to decision making, that you are seen as a person who is not able to make decisions, informed decisions for that matter because you are seen as a person who is not capable.

You are seen as a person who is incapable of taking care of children. Another thing that we face, which is very unfortunate, you can see some of the persons with sexual disability when it comes to sexual report, they have been taken advantage of. You can see a lady who is not, who is not, maybe who is not, maybe a lady who has a sexual disability and is in a crisis, someone can take advantage of her.

Someone can even rape her because the lady is not aware of what this person is thinking. Maybe the person is just pursuing her with a hidden agenda of taking advantage of this girl. And the girl ends up maybe being pregnant, being HIV positive, and the guy flies, never to be seen again.

Then here there's a girl with a psychosocial disability, pregnant, HIV positive, and what does this girl think about? She thinks about suicide. And you know, suicide, it's a permanent thing. That's how nowadays we hear of so many suicide cases, especially among the young people.

So even as we are trying to talk about this, let us also put all these factors together and let us come up with a conclusive report that is going to go out there and it can help people, persons with psychosocial disability. We've seen a person who's incapable of even working, even when it comes to work and employment. We've seen a person who's not able to work effectively in a company, for example.

And I can share my own experience when I was working at a company years back. And I remember I used to, in that year, it was actually in 2015, I was working as a front office agent. And I remember in that year, 2015, I was given a reward of being the best employer of the year.

And just the following year, something, I was going through a crisis in my life. I was going through a depressive situation in my life. And unfortunately, I got a relapse and I had to go for rehabilitation for like two months.

So after the rehabilitation, I got well and I went back to work only to be given a notice that I'm no longer an employer of that company. Why? Because of a psychosocial disability. I was regarded as someone who cannot be able to man my office.

How are you going to be able to take care of guests when they come in the hotel? How are you able to take care of high-end investors who are going to bring great businesses in your company? So unfortunately, that's how I lost a job because of a psychosocial disability. Because I was seen as a person who is not able to make decisions for the company. And especially when it comes to the relation with a customer relation, we are seen as a person who is not able to make, or to relate well with even other people out there.

So it's a factor that we urge also the government to sensitize employers when it comes to how to handle a person with a psychosocial disability. How well do you accommodate people with a psychosocial disability? Do you offer them reasonable accommodation? Do you give them counselling services? Do you give them flexible working hours? If a person with a psychosocial disability, due to the medication that I take, sometimes they are very drowsy and even waking up is an issue. Are they able to accommodate me so that I can be coming to work from 10 to 5 maybe? Because I cannot be able to make from 8 to 5. So those are the things that we urge also the employers, the stakeholders, the government to create reasonable accommodation.

Because a person with a psychosocial disability can be able to work effectively. The only issue that you have are the barriers that we face. The barriers that we face.

If they can be able to remove the barriers and give us reasonable accommodation, reasonable working hours, flexible time. If I'm not feeling well, if I woke up in a very depressive mood, are they willing to give me sick off me without so many things, without criticizing or judging me that I'm lazy, I don't want to work. So those are the things that we face when it comes to work and employment.

Another thing that we face when it comes to sexual reproductive health, which is a very major factor. Sexual reproductive health with a person with psychosocial disability is still something that we're struggling with. That's why we want to be vocal enough and speak about it.

I can say one of the issues we face is even access to contraception. We see some people with psychosocial disability are being denied the rights to have contraception because you are seen as a person who is not... In fact, they ask, how come you have a disability and you are sexually active? You're not supposed to be sexually active with a psychosocial disability. How? You have the right to have children.

You have the right to have a family. You have the right. So these are the things that are being denied and it's very, very unfortunate because a person with psychosocial disability is also a person who has the right, like any other person.

So another thing which is something that we really want to advocate about is being forced, being forced, like for example, sterilization. Because you have a psychosocial disability, you are being forcibly sterilized because you are seen... They don't want you to have children. They don't want you to have children because they think you are incapable of taking care of children.

So they forcibly sterilize you. They forcibly take you for sterilization or to obligation so that you can't have children. And that is so unfortunate because me as a person with psychosocial disability, at some point in my life, I also want to have children.

So who gives you the right to make decisions for me? Who gives you the right to go ahead and forcibly sterilize me? So those are things that we are really trying to have normalized discussion, to make this discussion normal. And we are trying to normalize this discussion so that people can have information out there. The community people, the health providers, even the health providers themselves, they don't have information.

If a parent brings a child with psychosocial disability and they say, please sterilize for me this child because of this and this, that health provider without information, they'll do that just because the parent has said. What about the consent of the person who's been done the process? So those are the things that we say that we're really trying to speak. We are really trying to vocalize it.

We're really trying because I believe that when I speak, someone else will hear about it and the people will come out and they say, people will eventually come out and speak up about all the issues that they're going through. And maybe our voices will be heard and implementation will be made. Look at our policies.

They don't even support people with psychosocial disability. Even policies are being made, but they don't implement the policies. So why are policies being made for persons with psychosocial disability even without involving them? You see, when policies are being made by duty bearers and government officials, they don't even incorporate, they don't even invite people with psychosocial disability.

Why are they speaking for us? Yeah, they're not the ones who are experiencing. So my urge to the government, to the decision makers, if they're having discussions when it comes to persons with psychosocial disability, they should involve us. Yeah, let us not be left behind.

Let us be involved when it comes to decision making, when it comes to things, when it comes to psychosocial disability. Even when it comes to being given chances, we should be given equal opportunities when it comes to work and employment, when it comes even to making decisions, when it comes even to the government. So those are the things that we really want to talk about so that at least the information can be passed there.

I'm Mary Muruwa, a lesbian person living with disability. The challenges that you're facing as women with disability and as queer persons, there are a lot in Kenya. So I'll highlight a few of them.

But as we go on, we'll get to understand what can be done as a society, as a country in Kenya. The first challenge that we face is stigmatization. We as lesbian people, as a person with disability, as a sex worker, you get to find we face challenges when you're going to access the sexual and reproductive health rights service.

You find that you're not given the medicine that you need. Maybe I want to go and acquire the emergency pill or the condoms. Because I'm a sex worker, I need to earn money at the end of the day.

The first thing they do is just look at you and wonder, as a masculine representing woman, why do you want to do that? Why are you a sex worker? So we've already faced two things. We've already faced stigmatization and we've already faced the attitude that comes from the doctors, from the pharmacy attendants. So for us as masculine women, lesbian women who have disability, we get to find that at the end of the day, we do not acquire the condoms that you wanted.

So even as trans men, they won't be given the services that they need. We find out that at the end of the day, if they wanted the contraception pills or even just information about it, they won't be because they've already been judged from the way they are. So that is a very huge problem that you're facing as persons with disability and as women who identify as lesbian.

The next challenge that you face is gender-based violence. You'll get to go to a police station. Maybe you've had an intimate partner violence.

What do I mean by intimate partner violence? We are a couple. We are two women. We fought.

I've been injured as a partner. But when you go to the police station at the desk, you'll be asked questions that sometimes you find them sarcastic or rhetorical because you've not been asked what the problem is, but they've heard that it's two women who are fighting. How can two women be fighting? It's very rhetorical for them.

It's very sadistic when you go to the stations and you want any access, any service acquired. So I believe that the police stations need to work, to have something, to work on something. They need the advocacy, some policies put in place.

Yes, you have the gender desk and you appreciate for that, but is the gender desk doing what it's supposed to do? Are there policies that have been put in place at the gender desk for lesbian people, for people with disability? Are there policies that have been put in place that if these people come because of fighting, the laws that have been put there, are we following them? Are we helping them? So that is also a challenge. And you also get to find a challenger when it comes to the heteronormative society. You'll find that there are some norms that have been put in place that queer people shouldn't be in Kenya.

Like right now as you are speaking, there's a lot that is happening in Kenya when it comes to religion and societal norms. We are facing a lot of fights. We are facing a lot of struggles.

You coming out as a person with disability and as a queer person in Kenya, right now it's like to collect a hotcake. You're either bashed, you're either beat, you're even killed. I once experienced that a few days ago.

I came, I went to see someone. I was beaten thoroughly because of being a lesbian person. They didn't even know, want to know that I have a disability.

So it's a problem that you're having. The religion at this point, yes, you have the Repel 162 that is happening right now, but have we had the justice that we need? No, we are still fighting and we are going to keep on fighting because we want to be recognized, not even as a queer person, but as a human being. At the end of the day, we're just humans.

What we need is just being a human being. And when you speak about religion, there are things, there are beliefs that they put that a family is made of male and a female, not a woman and a woman, not a man and a man. A baby is made through a man and a woman.

We have the services, the HR services. We have IVF. You can acquire that and have a baby.

At the end of the day, it's a right to life and a right to give birth. And the right to choose whoever you want to marry. Thank you.

I'm Scovia Sabatia. That's my surname. I'm a beneficiary of Women's Presence Africa.

I want to talk about the challenges which deaf women and girls face when they look for services for sexual reproductive health. For example, one of the challenges is that with the deaf girls face and women with disability, for example, when a deaf person want to know their status and then go for VCT services, they have a challenge. They don't get full information about the VCT.

For example, as a deaf, I go to VCT. Then, you know, the doctor don't give me information or they don't cancel. They don't give information about the VCT or cancel as before.

So what they do, the on-callers, they take our blood without even explaining anything. And then we wait for some few minutes and they bring the results. So when they bring the results, they tell you you are positive or negative.

So I don't know what the meaning of negative. So I think it's good for them to explain before so that I can be aware of the results. So that's a very big challenge to us.

So I want the government to do what? To train the youth to be aware, especially the deaf community to get full information. Okay, the second challenge. Okay, when a woman is expectant and she goes to antenatal clinic, for example, the ones who are deaf and blind, the deaf-blind group, they are not aware about the sexual reproductive health rights.

Yeah, there are some challenges. Maybe you are deaf and you are blind. You can't even see.

Sometimes you use your hands to walk. You see, it's hard for them. They can't even be able to walk and they don't even get the services.

You know, sometimes there are no lamps. Okay, for example, if a girl or a woman who is deaf is deaf-blind and she's expecting, when she's going to deliver, you know, the bed is the same with others. They share with other people, even the hearing.

So I'm recommending for a person with a disability to have special beds in hospitals. The third challenge is that communication barrier. Okay, for example, when a deaf girl or a woman or a deaf person goes to the health facility, so you don't know when to be called.

Maybe, and you are very sick. So, you know, most of the time, the doctor give us number. Maybe you don't know number one, number two, you can't even hear.

So you see people entering into the room. Most of the time you see them, you know, talking. You are not understanding.

Maybe you are number three and two. You are the deaf or number four. Sometimes you see you are number three or number four.

And then another person comes who is yelling, who is number four. And then you are still waiting there. You know, most of the time the doctors ignore us.

And there is that communication barrier. How can we solve that? So I think the best thing is for us, for the government and the health facilities to employ interpreters. Okay, the fourth challenge, there is negative attitudes.

For example, when a deaf person who is a woman or a girl, when a person is expecting a baby and maybe she want to go to deliver. So maybe the woman is, you know, or the girl is in labor. Then the doctor is going to tell you push.

You are not even understanding. You are in pain. You don't know what is the problem.

So the doctor tells you, oh, when you are doing the sex, you enjoyed it. Why are you crying? You have to bear the pain. So we just feel disappointed most of the time.

The sixth challenge. Okay, for example, when you are a deaf person or a girl, you don't get the full information. For example, when the deaf girl is sick, maybe you don't know how to solve your problem.

So you go to hospital because maybe you have a problem. You are feeling you have a stomachache. So when you go there, the doctor thinks that you are talking of, you're having a headache.

So the doctor do what? They give you the long medication. You know, there's a very big challenge with the deaf community. There are only few girls, the women who can be able to light.

So when the doctor is there, they give you medicine, yes, but they give you the long one. Okay, for example, if a girl is married to a deaf and they go to the health facilities, you know, most of the time, as for the deaf community, we use WhatsApp for communication. Okay, the other challenge I want to talk about, the deaf women and girls who are sex workers, they don't have any information about PrEP.

They have no information about the medication which they can take or PrEP. So the sex workers, it's very important for them to use what? To use PrEP or to have the full information because they don't know about the customers. They don't know their situation.

They don't know how they are. They don't know their status. So, you know, the hearing people, they have full information about the PrEP and how they can use the medication.

The other challenge is for the adolescents, adolescents, girls. They have a challenge. For example, they are not aware about the sex education.

They have not learned about it. So they have inadequate information. They don't know how to protect themselves.

And some of them, they don't know how to use pants when they have their menstruation. And they are not aware about the Women's Peace Africa. They can be able to help them.

You know, most of the deaf, some of them maybe they're in the villages. So what I'm recommending for the government, okay, to give full information and also to be sensitive even to train about the sex education in schools. You know, most of the time the adolescent girls, they don't have information about the PrEP.

For example, a girl is leaped. Maybe they are leaped. They just keep quiet.

And then maybe they just keep quiet. They don't even go to hospitals. Then maybe after three days or 72 hours are gone, maybe they decide to go to hospital.

But most of the time you see that they become sick. Maybe a person becomes positive. So that's a very big challenge.

So what I think is if maybe the adolescent girls are aware of the PrEP, they can take it before. Or if they are leaped, they can land hospital before 72 hours. All over.

Because they can even be able to protect themselves from becoming pregnant. Or also they can protect themselves from getting different sicknesses. For example, STIs and HIV.

Okay, I want to talk about safe abortion. And the challenges which deaf person goes through. You know, there's that lack of information.

There's that lack of clear information about the safe abortion. For example, when a hearing person is there, she can be able to go and follow up and follow the instructions very well. And how even to make abortion.

But for the deaf community, it's very hard. Because for the deaf community, they are not aware even for the Google. They have no information about the safe abortion.

So I think the best thing, how we can solve that is for them to be trained about the safe abortion. How to follow the instructions. About MIFE and MISO.

So how to follow the instructions very well. Because for the deaf person, it's very hard. What they want to do or to have safe abortion.

Thank you so much for listening to us. Those are our challenges, our realities, our day-to-day life. That is what we have to undergo through when we go to the health facilities.

And as a woman with disabilities, I know it is not possible for me to change my disabilities. But I know it is possible to change the attitude of health providers, to change the attitude of the stakeholders. For me to be accommodated and for me to get services like every other person without having to undergo all those challenges.

Thank you so much.