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| **Women with physical disability in Vietnam: Challenges in the access to and utilisation of maternal healthcare services** |
| Women with physical disability (WWPD) are a vulnerable group, particularly in low- and middle-income countries, due to gender inequality and disability disadvantage. There is a dearth of research on maternal healthcare experiences and challenges of WWPD in low-and middle-income countries where 80% of people with disabilities live. This research aims to contribute in addressing this gap by exploring the challenges facing WWPD in accessing and utilising maternal healthcare services in Vietnam, using an interpretive phenomenological approach.  In-depth interviews were conducted with 29 WWPD who gave birth within the last three years in two northern provinces in Vietnam. Supplementary data was collected through semi-structured interviews with 15 maternal healthcare providers at different levels of the Vietnam healthcare system to explore their perceptions and experiences in providing maternity services for WWPD. Thematic approach was used for the data analysis  Study findings highlight that WWPD are currently facing multiple challenges in accessing and utilising of maternal healthcare services during pregnancy and childbirth. Themes that have emerged are: Inaccessible transport to health facilities, that meant most WWPD had to be accompanied and taken on a motorbike; maternal health needs of WWPD went unmet due to inaccessible infrastructure and equipment, i.e. no parking for WWPD, lack of ramps and/or lifts, inaccessible toilets, and lack of wheelchairs; negative and insensitive attitudes toward pregnancy and childbirth of WWPD by some health workers who considered the assistance for WWPD should be provided by WWPD’s accompaniers; most maternal healthcare providers received no training on communicating and providing services for WWPD. Although all WWPD had health insurance card, some WWPD faced financial difficulties as they often chose private clinics for antenatal care and they were recommended to take expensive prenatal screening tests that were not covered by the health insurance. Moreover, there was a lack of specialised information on pregnancy and childbirth for WWPD.  Social systems, including transport and health were ill-prepared in providing maternal healthcare services for WWPD. More disability-friendly infrastructure, information, and healthcare services need to be integrated into mainstream maternal healthcare services to meet the needs of WWPD in low and middle-income countries.  **Keywords: women with physical disability, maternal healthcare, Vietnam** |