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Experiences of Women with Visual and Orthopedic Disabilities in Obstetrics and Gynecology Units: A Phenomenological Study

Görme ve Ortopedik Engelli Kadınların Obstetri ve Jinekoloji Birimlerinde Yaşadıkları Deneyimler: Bir Fenomenolojik Çalışma

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ABSTRACT

Objective: This research was conducted to understand the core/base of the experiences, thoughts, and feelings of women with visual and orthopedic disabilities about health care services related to obstetrics and gynecology units.

Methods: A descriptive phenomenological design was used in this study. This study was conducted with women with 10 visual and 12 orthopedic disabilities registered to physical disability associations in Izmir, western Turkey, between May 2020 and November 2020. Data were collected by in-depth interview method using semi-structured questions. All transcripts were evaluated by two researchers and codes were created. The codes formed the sub-themes in terms of similarities and differences, and themes were created as a result of combining sub-themes.

Results: The data obtained consists of two main themes: "1) Challenges and Problems", "2) Attitude of Health Professionals." "Challenges and Problems" has 10 sub-themes: "Social pressure, dependence on others-helplessness, problems with gynecology/obstetrics examination chairs, transportation problems, poor physical conditions, financial problems, procrastination/disregard, obscurity-uneasiness, privacy-shame-hesitate, and discourses in the past." "Attitude of Health Professionals" has three positive sub-themes and eight negative sub-themes. "Positive attitude consisted of helping, giving information before the procedure, being understanding and relevant." "Negative attitude included not taking enough time-disinterest, exclusion- stigma, violence, maltreatment from female healthcare professionals, communication problems, lack of privacy, helplessness, and lack of education/awareness."

Conclusion: In the study, women with visual and orthopedic disabilities experienced problems, negative thoughts, and feelings related to the attitudes and behaviors of individuals, and environmental, social, institutional, economic, information, and health professionals related to obstetrics and gynecology units. Health professionals working in obstetrics and gynecology units and women's health policies must focus on the problems experienced by women with visual and orthopedic disabilities.

ÖZ

Amaç: Bu araştırma, görme ve ortopedik engelli kadınların obstetri ve jinekoloji birimleri ile ilgili sağlık bakım hizmetleri hakkındaki deneyimlerini, düşüncelerini ve duygularını özünü/temelini anlamak amacıyla yürütülmüştür.

Yöntem: Araştırmada tanımlayıcı fenomenolojik desen kullanılmıştır. Araştırma Türkiye'nin batısı İzmir'deki fiziksel engelli derneklerine kayıtlı 10 görme ve 12 ortopedik engelli kadın ile Mayıs 2020 ve Kasım 2020 tarihleri arasında yürütülmüştür. Veriler, yarı yapılandırılmış sorular aracılığıyla derinlemesine görüşme yöntemiyle toplanmıştır. Tüm transkriptler iki araştırmacı tarafından değerlendirilmiş ve kodlar oluşturulmuştur. Kodlar, benzerlikler ve farklılıklar açısından alt temaları oluşturmuş ve alt temaların birleştirilmesi sonucunda temalar oluşmuştur.

Bulgular: Elde edilen veriler iki ana temadan oluşmaktadır: "1) Zorluklar ve Sorunlar", "2) Sağlık Çalışanlarının Tutumu". "1) Zorluklar ve Sorunlar" teması 10 alt temadan oluşmaktadır: "Sosyal baskı, başkalarına bağımlılık-çaresizlik, jinekoloji/obstetrik muayene masaları ile ilgili problemler, ulaşım problemleri, kötü fiziksel koşullar, finansal problemler, erteleme/önemsememe, belirsizlik-tedirginlik, mahremiyet-utanma-çekingenlik ve geçmişteki söylemler." "Sağlık Profesyonellerinin Tutumu" teması üç olumlu ve sekiz olumsuz alt temadan oluşmaktadır: "Olumlu tutum; yardım etme, işlemden önce bilgi verme, anlayışlı ve ilgili olma alt temalarından oluşmaktadır." "Olumsuz tutum, yeterli zaman ayırmama-ilgisizlik, dışlama-damgalama, şiddet, kadın sağlık profesyonellerinden kötü muamele, iletişim problemleri, mahremiyet eksikliği, çaresizlik ve eğitim/farkındalık eksikliği alt temalarından oluşmaktadır."

Sonuç: Araştırmada görme ve ortopedik engelli kadınların obstetri ve jinekoloji birimleri ile ilgili bireysel, çevresel, toplumsal, kurumsal, ekonomik, bilgi ve sağlık profesyonellerinin tutum ve davranış ile ilgili problemler, olumsuz düşünceler ve hisler yaşadıkları sonucuna varılmıştır. Obstetri ve jinekoloji birimlerinde çalışan sağlık profesyonelleri ve kadın sağlığı politikaları görme ve ortopedik engelli kadınların yaşadıkları problemlere odaklanmalıdır.

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INTRODUCTION

Disability is part of being human. An estimated 1.3 billion people—approximately 16% of the global population live with some form of disability and 2-4% of them have significant difficulties in functioning. It is estimated that one in every five women has a disability. Three-quarters of people with disabilities in developing and underdeveloped countries are women (WHO, 2023). Disability prevalence increases with age for both women and men: approximately 4 percent of young adults, 15 percent of 60 year-olds and 35 percent of 79 year-olds report having disabilities. Differences in disability prevalence between women and men are small and increase with age. Across all ages, women have slightly higher rates of disability compared to men. However, men have higher rates of disability at the younger end of the age range, while women have higher rates of disability at the older end of the age range. Also, women with disabilities have a higher disability rate. The number of women with disabilities especially women with physical disabilities (WPDs) is increasing day by day all over the world (Spotlight on Women with Disabilities, 2021; UN Women Organization, 2023). WPDs are more likely to face women's health issues as well as the health problems caused by disability. This situation causes WPDs to need more obstetrics and gynecology services (Heideveld-Gerritsen et al., 2021; Iezzoni, Wint, Smeltzer, and Ecker, 2015). WPDs may experience many women's health problems such as pregnancy, childbirth, postpartum period, menopause, and reproductive, and sexual health problems. Therefore they can apply to obstetrics and gynecology services. However, WPDs may be exposed to some difficulties, pressures, and negative experiences in obstetrics and gynecology services and also may experience negative thoughts and feelings. In a systematic review examining the experiences of WPDs in obstetrics and gynecology services, 10 qualitative studies were examined and it was determined that the studies were conducted in the United States, Ghana, Switzerland, Vietnam, and Canada. In this systematic review, it was determined that WPDs experienced barriers regarding accessibility of facilities, adapted equipment, lack of knowledge, and healthcare providers' dismissals of their concerns and unwillingness to assist (Heideveld-Gerritsen et al., 2021). In another systematic review examining the experiences of WPDs in obstetrics and gynecology services, 27 qualitative and eight quantitative studies were examined. Qualitative studies were conducted in the United States, United Kingdom, Canada, Ireland, Australia, and Norway; quantitative studies were conducted in the United States, United Kingdom, Norway, Canada, and Ireland. As a result of this systematic review, the problems experienced by WPDs; focused on accessibility, care, transportation, environment, accommodation, attitude of health care providers, acceptability, inadequate information, and unmet needs of WPDs (Lawler, Lalor, and Begley, 2013). In a quantitative study conducted with 20,094 women with disabilities in England, it was determined that women with disabilities had problems in obstetric units, such as communication problems, lack of support, not being included in decision-making processes, not being able to establish a trustworthy relationship with health care providers, not being respected and not receiving sufficient attention (Malouf, Henderson and Redshaw, 2017). It is necessary to understand the positive/negative expressions, thoughts, and feelings experienced by women with visual and orthopedic disabilities (WVODs) in obstetrics and gynecology services and determine their origins to overcome these difficulties. This research is important in terms of revealing the problems and difficulties experienced by WVODs in obstetrics and gynecology services and developing solution strategies. This research aimed to understand the core/base of the experiences, thoughts, and feelings of WVODs about healthcare services related to obstetrics and gynecology units.

Research question

How/what are the experiences, thoughts and feelings of WVODs about healthcare services related to obstetrics and gynaecology units?

METHODS

Research Design

This study was conducted in a descriptive phenomenological design with a thematic analysis approach in a qualitative research design. Phenomenological studies examine the lived experience regarding the phenomena under investigation and provide experiential meanings, including rich descriptions. The descriptive phenomenological study designs offer comprehensive information about an event (Creswell and Poth, 2017; Creswell, 2020; Yalçın, 2022). Thematic analysis is an important technique that aims to reveal meaning and patterns in qualitative data, create meaningful subthemes and themes, and determine the theoretical status of categories (Braun and Clarke, 2006; Dowling and Cooney, 2012). In this context, the nature of this study is based on understanding the core/base of experiences, thoughts, and feelings of WVODs about obstetrics and gynecology services. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (O'Brien, Harris, Beckman, Reed and Cook, 2014).

Population and Sample

This study was conducted with women with 10 visual and 12 orthopedic disabilities registered to several physical disability associations in Izmir, western Turkey. The inclusion criteria for the study were to be visually or

orthopedically impaired, and to be willing to participate in the study. Women who never received gynecological services were excluded from the study. Purposeful sampling method (the criterion sampling method) was used in the study. In this research, the criterion sampling method was used because the subject is a specific field and it guides the researchers in determining the participants (Creswell and Poth, 2017; Creswell, 2020; Yalçın, 2022). The interviews were terminated when the data started to repeat each other and reached the saturation point.

Data Collection

Data were collected by in-depth interview method using semi-structured questions (The Interview Form) and observation notes between May 2020 and December 2020 in Izmir in the west of Turkey. Interviews were conducted one-on-one with each participant. Before starting the interviews, for the interview form, expert opinions were obtained from five expert academicians working in the field of women's health and diseases. A pilot study was conducted with two visual and two orthopedic disabilities women. The interviews were conducted by the first researcher in an empty room of the disabled associations where the participants were registered. The researcher observed each participant during the interviews, took observation notes, and audio-recorded the interviews. The names of the participants in the study were kept confidential. The statements of women with 10 visual disabilities and 12 orthopedic disabilities were given by coding as V1, V2; and the statements of WVODs were given by coding as O1, O2. The mean duration of each interview was 45 minutes.

Data Collection Tools

As data collection tools, "Introductory Information Form", and "The Interview Form" were used.

The Introductory Information Form was prepared by the researchers and includes total (n=5) sociodemographic data including age, educational status, work status, disability status and number of living children (Iezzoni et al., 2015; Lawler et al., 2013; Malouf et al., 2017).

The Interview Form consisted of eight open-ended semi-structured questions in line with the literature by the researchers. The Interview Form included what gynecology and obstetrics services meant to WVODs, their feelings, positive and negative experiences, expectations, feelings, and thoughts (Iezzoni et al., 2015; Lawler et al., 2013; Malouf et al., 2017) (Table 1).

Table 1. The Interview Questions

Questions
1. What comes to your mind first, when you think of obstetrics and gynecology services? What do you think? What are your positive and negative thoughts? Can you explain?
2. How do you feel about obstetrics and gynecology services? What are your positive and negative feelings? Can you explain?
3. Could you tell us about your experiences in obstetrics and gynecology services? Please mention this in detail.
4. What are your positive experiences? Please mention this in detail. What are your negative experiences? Please mention this in detail.
5. Can you tell us about an unforgettable experience or moment you had regarding obstetrics and gynecology services? Can you give an example?
6. Are you satisfied with going to obstetrics and gynecology services? What are the factors that affect your positive/negative satisfaction? Can you explain?
7. What kind of difficulties do you have with obstetrics and gynecology services? What/who are the situation/event/people you are having difficulty with? Can you explain?
8. What kind of solutions do you have for these difficulties you experience in obstetrics and gynecology services? What are your expectations and thoughts? Can you explain?

Data Analysis

The data were analyzed with an inductive approach by using the six stages (Generating initial codes, searching for subthemes and themes, reviewing themes, defining, naming themes, and producing the report.) of thematic analysis (Braun and Clarke, 2006). The audio recordings of the interviews and the observation notes were transcribed by the first author (EDTÖ) and double-checked by the second author (GE). The transcripts were read many times by the researchers and inductive coding was performed independently. From the beginning to the end of the research, all transcripts were reviewed by an academician in the field (co-supervisor). This was done to reveal and minimize the prejudices, socio-cultural perceptions, and assumptions of the researchers. The bracketing interviews created negotiated, supportive relationships that served as an interface between the researchers and the research data. In addition, the researchers wrote memos as a method of bracketing to means of examining and reflect upon the researcher's engagement throughout data collection and analysis. The transcripts were coded line by line by

the researchers and the resulting codes were discussed in face-to-face and online meetings on sub-themes and themes. The statements given by the participants were compared in terms of similarities and differences.

After independent coding by the researchers, a total of 625 codes were obtained and the participants' experiences, thoughts, and feelings regarding gynecology and obstetrics services were determined with the thematic mapping methodology. Considering the purpose of the research the suitable themes of the expressions of the WVODs were determined. Two main themes and 22 sub-themes were identified in the study, and these themes were translated from Turkish to English by a native English speaker outside the research team.

Trustworthiness of the data: The trustworthiness of the data was carried out in line with the principles of credibility, reliability, confirmability, transferability, and transparency (Connelly, 2016). To increase the credibility of the research, a semi-structured interview form was developed in line with the literature (Iezzoni et al., 2015; Lawler et al., 2013; Malouf et al., 2017) and a conceptual framework was created. To ensure the reliability of the data, participants were asked to detail their experiences as much as possible. After each interview was completed, the interviews, which were transcribed verbatim, were sent back to the participants, and they were asked to check the accuracy and comprehensibility of the statements. All transcripts were examined by an expert academician (co-supervisor) working in the same field, and data source triangulation and researcher triangulation were used in the study. To increase the reliability of the research, the researchers carried out the thematic analysis process independently from each other. Afterward, the researchers held face-to-face and online meetings and repeatedly discussed the relationship between the identified themes, observation notes, and findings. Researchers have certification in qualitative research.

Ethical Considerations

Ethics committee approval was obtained from the Non-Interventional Clinical Research Ethics Committee of the university where the first researcher worked (Decision number: 522 on 09 January 2020). Informed consent was read to the participants before the beginning of the audio recording, and written consent was obtained from the participants. Participants' data was not used anywhere else. Voice recordings and transcriptions were stored on a password-protected computer.

RESULTS

The ages of the participants in the study ranged from 29 to 49 years old (N=22). Ten of the WVODs were graduates, ten of them were undergraduates, and two of them were illiterate. Twelve of the WVODs were working, nine of them had congenital disabilities and all of them had one living child. Themes and subthemes are shown in Table 2.

Theme 1. Challenges and Problems

Social pressure

Participants were generally exposed to social pressure related to obstetrics and gynecology services and stated that they felt stigmatized and oppressed as a result of the social pressure they experienced.

"I do not like going to obstetrics, I go because I have to. It seems repulsive to me, I do not know if it is something from the past, being a woman is a problem, being a girl is a problem, and disability is a problem. We are an element of pressure in society (V11).", "...I get angry when you go there with a wheelchair, everyone pokes each other and shows you. So I am laughing at that. You live too, I live too, so what does being in a chair change, after all, you are also sitting while you are waiting. This is so stigmatizing (O11)."

Dependence on others- helplessness

Participants stated that they can not go to obstetrics and gynecology services independently or whenever they want, they need the help of others (such as a spouse, friend, or relative) to access or when accessed to these services. All of the participants stated that they could not act independently, lost time, and felt helpless and inadequate.

"I am always dependent on someone. I could not go to the obstetrics two times. What a coincidence, everyone had work back then. I have been faced with the fact that 'we can not always find someone at any moment' ... Later, I made an appointment again and could not go because I was addicted to someone again. I have had this twice, I got nervous. This is disturbing me. I would like to go alone under normal conditions (V1).", "I go with my husband, I go with my mother, I have to... The other problem is they ask me to fill out the form. I say that I can not

fill it out because I can not see. My husband usually helps with it, but they do not let my husband in because it is the obstetrics department (V12).", "You have to do your job very quickly, it may take time for you to get on the stretcher, sometimes you are waiting for someone to help you, you can not do it alone... This is a problem. Not having a suitable place for you (O1).", "...I am going with my husband, my husband can not go inside. Because I am disabled, I can not take off my clothes on my own. Sometimes they help and sometimes they do not, it is very difficult for people (O4).", "...I wish I had my self-care, physical care, health checkups. If I could do it alone... For example, without needing my wife (O6)."

Problems with gynecology/obstetrics examination chairs

In this research, it has been determined that one of the most important problems faced by WVODs when they go to obstetrics and gynecology services is the examination chairs. The most of participants stated that the examination chairs were not suitable in terms of height, ergonomics, and comfort and were not in a way that they could move alone.

"I do not like that thing, I do not like the examination chairs. (V5)." "...My husband was helping. Then when the doctor knew, he/she would help too. But it is very difficult to get into the examination chair of obstetrics (V12).", "It is always a problem for us that the stretchers are high because you can not get there without help (O1).", "I can not get to that chair. I have a hard time because I have a problem with my leg (O2).", "I have trouble getting to the chair. I can not open my hip anyway (O3).", "...For example, when you go to that examination chair, it is hard to lie on your own...(O4).", "...additionally, those examination chairs are very difficult for us. Sitting there, getting up, and getting down is always a problem. That is why I'm having a hard time. But as I said, I wish those chairs had an ascending or descending form, but we could also sit comfortably...(O6).", "Will I not have difficulties? I can not go too high. Now, what shall I tell you? People with disabilities understand people with disabilities (O9).", "I went to the examination chairs, even the examination chair was too high, I had difficulty getting out (P11)."

Transportation problems

One of the important results determined in the research was the transportation problems that participants experienced while reaching the obstetrics and gynecology services or after reaching the hospital. Participants generally stated that they had transportation problems while reaching the hospital, within the hospital, and in every field.

"I always have problems with transportation. Because I have no independent movement. Someone always has to take me (V1).", "Being visually impaired is already a problem not only for that place but for transportation in every way. For example, you can easily cross the street, but if I have trouble getting there if the cars are not suitable for me if I pay more for taxis... I have an independent movement, I take the cane and go away, but it is necessary to see it at certain points. It gets secluded, you have to cross the street, you may not see anyone, you may not find anyone. So we always have a problem with transportation (V6)", "As soon as we leave the house, we have problems with transportation. In the hospital environment, it exists not only in obstetrics but also in every field...(V10).", "There is a transportation problem, you can not go if you do not have a car. When I was pregnant, I had a very hard time going to the hospital, it was very difficult (O4)."

Poor physical conditions

Participants stated that the physical conditions of public institutions or organizations and obstetrics and gynecology services were not suitable for them, they had difficulties in this regard. Also, it was stated that the some of participants experienced some hygiene problems (examination chair, stretcher, corridors, etc.) in the services.

"I had a baby at the hospital. I had to stay there for forty days and it was a disgusting place. The hospital was very bad in terms of cleanliness. Even the animal would not give birth there... A female doctor asked me to do a vaginal examination. But no one helped me find the examination chair. While I was trying to find the examination chair with my hand, I suddenly felt a wetness on my hand. I hate touching wet things. It was probably something left over from the patient before me. I had such troubles, especially the gynecological units are needed to be hygienic, the toilets were disgusting, the corridors were very bad (V8)", "We memorize the places we go to more. However, it is very difficult to find the doctor's room first and then sit on the examination chair. (V12).", "The outpatient clinic I went to had stairs, so I had to get help. I was able to get out because I could walk with crutches, but a friend of mine who could not walk at all could not get out. (O1).", "Where I live, there is a gynecologist, there is a family doctor, but for example, in the building where my family doctor is located, the obstetrician is on the second floor and there is no elevator, so I can not use my right to care. I will go to the main health center, there is an elevator, but there is

a very steep ramp to get inside. If you slip off the ramp, you fall directly into the traffic, in front of the vehicles. (O7)."

Table 2. Experiences of Women with Visual and Orthopedic Disabilities in Health Care Services related to Obstetrics and Gynecology Units

Codes	Subthemes	Themes
<ul style="list-style-type: none"> • It is repulsive to me, I do not know if it is something from the past, being a woman is a problem, being a girl is a problem, and disability is a problem. We are an element of pressure in society. 	Social Pressure	Challenges and Problems
<ul style="list-style-type: none"> • I go with my husband, I go with my mother, I have to ... 	Dependence On Others - Helplessness	
<ul style="list-style-type: none"> • We entered the normal examination, you know a slightly high table while lying on the gynecological table. Not accessible. 	Problems With Gynecology/obstetrics Examination Chairs	
<ul style="list-style-type: none"> • We have problems with transportation. In the hospital environment, it exists not only in obstetrics but also in every field. 	Transportation Problems	
<ul style="list-style-type: none"> • I went in my car, but of course, it was difficult inside the hospital. Elevators are troublesome, I had difficulty in the hospital. 	Poor Physical Conditions	
<ul style="list-style-type: none"> • I have to go to a private hospital, it is expensive and I am retired, there are two disabled people at home, how can we go? 	Financial Problems	
<ul style="list-style-type: none"> • There are times that you do not care much or you postpone it. 	Procrastination/Disregard	
<ul style="list-style-type: none"> • We do not know exactly where to sit at the examination table. We may bump, we may not see, and we may stumble. That's why we have anxiety. 	Obscurity- Uneasiness	
<ul style="list-style-type: none"> • This is our privacy, so there can never be a luxury like not being ashamed. 	Privacy-Shame-Hesitate	
<ul style="list-style-type: none"> • They were talking about the bad behavior of the midwives and nurses. I guess we heard it and it scared us. 	Discourses in The Past	
<ul style="list-style-type: none"> • Health personnel tried to help me every time. Then I do not have a problem. 	Positive Attitude Helping	Attitude of Health Professionals
<ul style="list-style-type: none"> • For example, I do not say that every doctor is like this, but it is very nice that some doctors ask permission and say they will do this intervention for you. 	Giving Information Before the Procedure	
<ul style="list-style-type: none"> • I have met very nice people in my life, very nice doctors, and people who took care of me in a way I never expected. Thanks to them, I am standing. 	Being Understanding and Relevant	
<ul style="list-style-type: none"> • He was playing with his phone in hand. He did not care about me. You have also prescribed medicine, but you are not told why that medicine was prescribed. 	Negative Attitude Not Taking Enough Time- Disinterest	
<ul style="list-style-type: none"> • After the baby was born, we took him to the hospital for a blood draw when he was four days old. The nurse asked who is the baby's mother, I said he was mine. She felt sorry for the baby. She said, dear, that is your destiny, she said. 	Exclusion- Stigma	
<ul style="list-style-type: none"> • When I had a miscarriage, the heavy words of that doctor hurt me a lot. When I said that I could not open my leg, he was giving me heavy words 	Violence	
<ul style="list-style-type: none"> • When a male doctor goes to the doctor during pregnancy, the way he welcomes me and the way he comforts me is very different from that of the woman. 	Maltreatment From Female Healthcare Professionals	
<ul style="list-style-type: none"> • If I act very comfortably like that, if I communicate, if I talk, they get comfortable reactions... 	Communication Problems	

They get very nervous.	
<ul style="list-style-type: none">• I went to gynecology about a year and a half ago. The doctor's room was full when I went. I hear what everyone is talking about with the doctor. Then it came to me and I said, I am the only one here, everybody hears what I am going through.	Lack of Privacy
<ul style="list-style-type: none">• Sometimes they do not help you, you can barely get to the table by yourself.	Helplessness
<ul style="list-style-type: none">• For example, if a nurse doesn't know how to use the wheelchair, I get angry, she has to know.	Lack of Education/Awareness

Table 2. Experiences of Women with Visual and Orthopedic Disabilities in Health Care Services related to Obstetrics and Gynecology Units

Codes	Subthemes	Themes
<ul style="list-style-type: none"> • It is repulsive to me, I do not know if it is something from the past, being a woman is a problem, being a girl is a problem, and disability is a problem. We are an element of pressure in society. 	Social Pressure	Challenges and Problems
<ul style="list-style-type: none"> • I go with my husband, I go with my mother, I have to ... 	Dependence On Others - Helplessness	
<ul style="list-style-type: none"> • We entered the normal examination, you know a slightly high table while lying on the gynecological table. Not accessible. 	Problems With Gynecology/obstetrics Examination Chairs	
<ul style="list-style-type: none"> • We have problems with transportation. In the hospital environment, it exists not only in obstetrics but also in every field. 	Transportation Problems	
<ul style="list-style-type: none"> • I went in my car, but of course, it was difficult inside the hospital. Elevators are troublesome, I had difficulty in the hospital. 	Poor Physical Conditions	
<ul style="list-style-type: none"> • I have to go to a private hospital, it is expensive and I am retired, there are two disabled people at home, how can we go? 	Financial Problems	
<ul style="list-style-type: none"> • There are times that you do not care much or you postpone it. 	Procrastination/Disregard	
<ul style="list-style-type: none"> • We do not know exactly where to sit at the examination table. We may bump, we may not see, and we may stumble. That's why we have anxiety. 	Obscurity- Uneasiness	
<ul style="list-style-type: none"> • This is our privacy, so there can never be a luxury like not being ashamed. 	Privacy-Shame-Hesitate	
<ul style="list-style-type: none"> • They were talking about the bad behavior of the midwives and nurses. I guess we heard it and it scared us. 	Discourses in The Past	
<ul style="list-style-type: none"> • Health personnel tried to help me every time. Then I do not have a problem. 	Positive Attitude Helping	Attitude of Health Professionals
<ul style="list-style-type: none"> • For example, I do not say that every doctor is like this, but it is very nice that some doctors ask permission and say they will do this intervention for you. 	Giving Information Before the Procedure	
<ul style="list-style-type: none"> • I have met very nice people in my life, very nice doctors, and people who took care of me in a way I never expected. Thanks to them, I am standing. 	Being Understanding and Relevant	
<ul style="list-style-type: none"> • He was playing with his phone in hand. He did not care about me. You have also prescribed medicine, but you are not told why that medicine was prescribed. 	Negative Attitude Not Taking Enough Time- Disinterest	
<ul style="list-style-type: none"> • After the baby was born, we took him to the hospital for a blood draw when he was four days old. The nurse asked who is the baby's mother, I said he was mine. She felt sorry for the baby. She said, dear, that is your destiny, she said. 	Exclusion- Stigma	
<ul style="list-style-type: none"> • When I had a miscarriage, the heavy words of that doctor hurt me a lot. When I said that I could not open my leg, he was giving me heavy words 	Violence	
<ul style="list-style-type: none"> • When a male doctor goes to the doctor during pregnancy, the way he welcomes me and the way he comforts me is very different from that of the woman. 	Maltreatment From Female Healthcare Professionals	
<ul style="list-style-type: none"> • If I act very comfortably like that, if I communicate, if I talk, they get comfortable reactions... 	Communication Problems	

They get very nervous.	
<ul style="list-style-type: none">• I went to gynecology about a year and a half ago. The doctor's room was full when I went. I hear what everyone is talking about with the doctor. Then it came to me and I said, I am the only one here, everybody hears what I am going through.	Lack of Privacy
<ul style="list-style-type: none">• Sometimes they do not help you, you can barely get to the table by yourself.	Helplessness
<ul style="list-style-type: none">• For example, if a nurse doesn't know how to use the wheelchair, I get angry, she has to know.	Lack of Education/Awareness

Financial problems

In this research, it has been determined that some of the participants had economic problems such as a lack of health insurance, and not being able to go to the doctor or institution they wanted. This situation negatively affects their going to obstetrics and gynecology services.

"...I have to go to a private hospital, it is expensive and I am retired, there are two people with disabilities at home, how can we go (V7)?" "The economy is affecting me a lot to go to the examination. Because the prices are way above my budget, the economy is affecting me a lot (O5)."

Procrastination-disregard

Some of the participants stated that they did not care about gynecological and obstetric problems or their symptoms and postponed going to obstetrics and gynecology services.

"I did not go for any reason, I did not have any health problems. I have some nurse and doctor friends. They tell me it will pass if you do it like this, it does. (V4).", "...I didn't have a period for two months when I got pregnant, but I did not go to gynecology services. We learned about the child when he was nine weeks old. I postponed. (V5).", "There are times that you do not care much or you postpone it. Because of the troubles we have been through. I neglect my problems with my women's health. (O1)", "I had a urinary tract infection, I used antibiotics. I have used several creams. Then it repeated from time to time. I did not go because it was repetitive (O5)."

Obscurity- uneasiness

Some of the participants stated that they did not know what they would experience when they went to the obstetrics and gynecology services, they were restless and experienced anxiety.

"A sense of unease fills me. Will there be pain? Will something happen there? I always feel uneasy. The contact of that tool or another substance with my body makes me uneasy. Also, my heart is beating fast because I am visually impaired and can not see. (V1).", "...For example, I have to check and look first with my hand, it can be time-consuming, and I have a problem. (V6).", "When we first go, we are thought to be seen (By health professionals). When we slow down like this, walk nervously, and then approach, our doctor understands that there is a problem with the eyes. For example, we do not know exactly where to sit in the examination chair. We may bump, we may not see, and we may stumble. That's why we have anxiety. (V12)."

Privacy-shame-hesitate

In the study, it was determined that most of the participants were ashamed and hesitant when they went to obstetrics and gynecology services, they thought women's health problems as private.

"I am aware of the fact that it is necessary to go once a year, but I hesitate. Frankly, I go to all kinds of doctors, but for some reason, I hesitate when it comes to obstetrics. I'm ashamed, I'm afraid. (V5).", "I had a lot of difficulties even during control examinations. I can't be comfortable. I think it will hurt me. I get so nervous. I do not know why. I don't want anyone to touch me. I am very afraid and very worried, especially during the vaginal examination. (V12).", "I am not bigoted, but I am ashamed. (O2).", "I am usually embarrassed. I am not a veiled woman. I wear both suspenders and shorts, but when it comes to the examination chair, I feel ashamed... The way of examination chair is scary to me. (O5).", "...I have a lot of difficulty in allowing examination in obstetrics. It is something I do not like. I can't relax myself. I'm in pain. I need to stop for a while, control myself, and calm down, only then I can allow it (O6)."

Discourses in the past

Some of the participants stated that they were exposed to negative statements about gynecology and obstetrics services in the past, such as it hurts, it's a place to fear. For this reason, participants' negative experiences and feelings about obstetrics and gynecology services in their past negatively affected their visits to these services and caused them to be prejudiced about these services.

"Before, when we were children, adults were telling what people went through. Here, they were talking about the bad behavior of the midwives and nurses. I guess we heard it and it scared us. (V5).", "...Such a thing was talked about when talking among women. It is also in my subconscious. Then I went with this fear and my obstetrician hurt me. I already felt that it hurt a lot with the feeling that it would hurt, and I determined this even more in my mind, yes it will hurt. (V12)."

Theme 2. Attitude of Health Professionals

Some positive and negative attitudes of participants with health professionals, determined themes, and some opinions of the participants are given below.

Positive attitude

Helping

One of the participants stated that there should be a staff member who introduces and describes the physical environment in obstetrics and gynecology services.

"When someone introduces the examination chair, women with visual disabilities have no problem getting to the examination chair. But we have a problem when it does not introduce the examination chair and does not tell where it is. When we go to the same doctor, this is not a problem. We get used to it. However, we have a problem when it is a different place. (V3)."

Most of the participants stated that there should be a staff member in obstetrics and gynecology services to help them (according to the type and level of disability) (in any subject they would like).

"Health professionals tried to help me every time. Then I do not have a problem. (V4).", "I have no problems when healthcare professionals help me. (V5)."

Giving information before the procedure

Some of the participants stated that there should be health professionals who inform them before the procedure in obstetrics and gynaecology services.

"For example, I do not say that every doctor is like this, but it is very nice that some doctors ask permission and say they will do this intervention for you. It is nice to have permission, it is necessary. (V8)."

Being understanding and relevant

Some of the participants stated that there should be health professionals who treat them with understanding and relevance in obstetrics and gynecology services.

"I have met very understanding people so far. Therefore, I did not have much difficulty in the examination chair. (V11)". "People do not always face negative situations just because they encountered a negative situation. I have met very nice people in my life, very nice doctors, and people who took care of me in a way I never expected. Thanks to them, I am standing (O5)."

Negative attitude

Not taking enough time - disinterest

This research determined that health professionals do not spare enough time for participants, do not care about the participants, and do not show the necessary attention.

"First of all, we expect nurses, midwives, and doctors to devote more time to us. When you go to a hospital and make an appointment with the obstetrician when it is your turn, what can he tell you in five minutes or ten minutes? What can you say, nothing. But as I said, if there is such a one-to-one expression, it will be more productive by coming to the houses (V4).", "We find someone, we have their perspective read, that is, we search online. We waste time, and when we do not see them, it is very difficult to see that the texts are very small. They do not give information about drugs. (V8).", "I went to a doctor for IVF with my husband, and he/she gave me vitamins to keep my menstrual cycle regular. He/she did not tell me that the medicine he gave me was a vitamin (V9).", "He/she asks questions quickly, I think I can not remember and answer all of a sudden. He/she asks about the situation about your illness, says you have five minutes and makes haste (V12).", "I want them to take their time apart. For example, I went, I was very uncomfortable, I entered the room, and ten people also entered the room with me. They do not even talk to me, they do not say, do this and that... (O4).", "I think maybe they can not understand my problem very well. That is why I want people who can listen to me much better and understand me better. (O12)."

Exclusion- stigma

In the study, it was determined that healthcare professionals excluded the participants because of their disabilities and stigmatized them as deficient and inadequate.

"For example, when I went to the doctor to get pregnant, I was warned that there might be a genetic disease. Even health professionals outside the community do not want us to get pregnant. (V3).", "After the baby was born, we took our baby to the hospital to have blood drawn. The nurse asked who is the baby's mother. I said

mine. She felt sorry for the baby. She said Baby this is your destiny. So, they think that it is wrong for people with disabilities to have children. But then I was very upset, I asked why. We are educators, we will not leave our child hungry, we will not leave him without water, we will not leave him without love. (V12)."

Violence

In this research, it was determined that some health professionals applied verbal and emotional violence to participants.

"I am pregnant, they want to constantly perform a vaginal examination. (V8).", "I went to the doctor on the second day after the surgery. He told me this leg was dead. I even thought of committing suicide because of what that doctor said. He said to me that he cannot have children, how do you have sexual intercourse? The doctor was talking to me angrily. He told me: 'This leg is finished', and 'I will cut it short, I will put a prosthesis,' and ruined my life. (O3).", "When I went to the doctor after giving birth, I was treated very badly. I was treated very harshly. I was insulted and fired. (O5).", "I went once, and I was not satisfied with the doctor's behavior at all. I did not go again. The doctor had a condescending, oppressive, irritating demeanor. After all, the gynecological examination is not an easy thing, you know, people already feel very shy, uneasy, and fragile there. The careless, rude behavior of the doctor bothered me so much that I did not go again...(O6).", "You know, our situation is more difficult. When you go to the hospital, they behave very humiliatingly (O13)."

Maltreatment from female healthcare professionals

Some of the participants stated that male doctors were more understanding, had better communication, and treated them better.

"There is a very difference between the male doctor's welcome and the female doctor's greeting. The male doctor reassures me, you'd be surprised. (V5).", "Male doctors behave better than women. Male doctors are better and more understanding. Female doctors do the butcher job you know (O3).", "I think that men approach us differently because we are the opposite sex or because they think we are more fragile or very sensitive... Men's approach is a little more constructive. Women doctors behave very badly. (O12)"

Communication problems

Most of the participants stated that health professionals did not understand them, were rude, and did not know how to communicate with them.

"...I'm saying that I have visual disabilities, He/she exhibits rude behavior. He/she says you will get out of here. It doesn't explain in detail how to get out and where to go. He/she doesn't want to contact me. (V8).", "When I say it hurts, they react with harsh expressions saying I have not done anything yet. They are trying to be quick. In other words, they talk quickly and I feel like they do not have much time. They don't want to be contacted. (V12).", "If I act very comfortably like that, if I communicate, if I talk, they get comfortable reactions... They get very nervous. I think the reason for their concern is that they don't know how to help and communicate. (O7)."

Lack of privacy

In this research, it has been determined that some health professionals do not pay attention to the privacy of participants in obstetrics and gynecology services.

"Why does the other patient enter the room with me when I enter the room for the examination? It has to be a special unit for us. They need to pay special attention to us. (V4).", "You are already afraid, you do not see what they will do. For example, I had a biopsy. While the biopsy is being done, I normally have to have a covering on when I leave the dressing room. They didn't cover me. I said that there were many interns and that the doctor was male. I wanted a cover. But they didn't care about me because I was visually impaired. They told me you don't see it already. (V8).", "The doctor's room was full when I went. I hear what everyone is talking about with the doctor. When I entered the room, everyone could hear what I was going through. I didn't want others to hear what I was talking about. I asked the other patients to leave the room. But after me, more than one patient continued to enter the room at the same time. (V10)."

Helplessness

In our study, it has been determined that most health professionals do not help participants with their difficulties (such as correct guidance when going to the gynecological chair).

"Doctors and nurses do not introduce themselves. You don't know who is a doctor and is a nurse. You don't know who the person you told your problem to is. For example, it says you can lie here, he/she does not say where to lie. I wish he/she directed me and showed me the correct place (V6).", "When we go to the doctor, we should be able to get answers to our questions. Doctors should inform us. All healthcare professionals should help us. The most important thing is that we are allowed to be comfortable. For example, no one helps with getting into

the examination chair. For example, it should be shown saying there is this one on the right, you will pass through there. They want us to see and find everything spontaneously. (V12).”, “They do not know how to dress you, you know better how to dress yourself, they try to do it with faster movements, but you are already standing, having difficulty, and usually they do not help (O9).”

Lack of education/awareness

In this study, participants stated that health professionals had insufficient knowledge about disability, did not develop their awareness about disability, and had wrong attitudes or behaviors.

“...Nobody knows how to behave people with disabilities. Health professionals also need to be trained. For example, it grasps you under the armpit. He/she does not know how to treat people with disabilities. Our society is not very aware of this anyway, but people working in obstetrics and gynecology need to know how to behave like people with disabilities (V1).”, “They do not recognize individuals with visual disabilities... (V6).”, “Health professionals do not know whether they can touch individuals with visual disabilities. They can't guide us. Because they live very visually and this can make communication difficult. Health professionals experience a lot of panic and anxiety. (V10).”, “Most doctors do not have the same understanding of people with disabilities. (O1).”, “The last time I went to the hospital, I had a smear test. The nurse, caregiver, and doctor did not know what to do. It is very simple, you're going to do the same thing to me as to other patients. Yes, I am a person with disabilities, it is a little difficult to get into the examination chair, but the simplest thing you can ask. They are waiting, what are you waiting for?... Examination chairs may have elevators for obstacles. If technology is used, we are not disabled. For example, if the nurse does not know how to use the wheelchair, I get angry. And for example, when I go to the obstetrician, the doctor gets nervous about me. He does not even know where to put his hand or can not make eye contact (O7).”

DISCUSSION

This study examined WVODs experiences, thoughts, and feelings in gynecology and obstetrics services in Turkey. In this study, the experiences of WVODs regarding obstetrics and gynecology services revealed two main themes: “Challenges and Problems” and “Attitude of Health Professionals”. WVODs faced many difficulties and problems regarding obstetrics and gynecology services. However, they were exposed to positive and negative attitudes of health professionals in obstetrics and gynecology services.

This research determined that WVODs do not want to go to obstetrics and gynecology services for the problems they experience in services of women's health, they look for other solutions, they do not care, they postpone, they experience negative thoughts, and feelings. The reasons why WVODs experience these experiences may be the uncertainties and anxieties they experience about obstetrics and gynecology services, not being able to go by themselves freely, seeing women's health problems as private, embarrassment, hesitation, and things heard in the past. For example, women with orthopedic disabilities postponed their problems because they could not go to the obstetrics and gynecology services independently. Another woman with visual disabilities could not go on time. This may cause the problems experienced to reach a level that threatens the health of the individual and to resort to other solutions that harm the health of the individual. Or, negative discourses that WVODs have heard in the past (about obstetrics and gynecology services) may have caused these negative experiences, thoughts, and feelings. Because the difficulties and obstacles experienced by WVODs in these areas are quite high and may trigger each other.

In the research, social pressure is also included like this experience of WVODs about obstetrics and gynecology services. When WVODs come to obstetrics and gynecology services due to the problems they experience with women's health or for any reason, they are faced with social pressure that includes negative perceptions of society that are curious, questioning, and judging. For example, a woman with orthopedic disabilities stated that she was exposed to the curious and prejudiced gaze of individuals with non-disabled when she went to the obstetrics and gynecology services. It is thought that the patriarchy in Turkish society, the way individuals are raised and negative perceptions of WVODs cause social pressure. Because social pressure, patriarchy, and disability are interrelated (Thomas, 2001). Therefore, WVODs are exposed to more social pressure in obstetrics and gynecology services. Social structure (patriarchal structure-upbringing), negative perceptions of society towards WVODs, and the experiences of WPDs regarding obstetrics and gynecology services can be interpreted as interrelated.

In the study, it was determined that WVODs were dependent on others to go to obstetrics and gynecology services, to receive care and treatment, and that they could not go on their own when they wanted to. Studies indicated that WPDs are dependent on others (mostly families, relatives, friends, or other individuals who are responsible for their care) while receiving health care (Harrison et al., 2020; Ordway, Garbaccio, Richardson, Matrone and Johnson, 2021; Topaloğlu Ören, Dereli and Sarı, 2021). However, the important point in this study was that besides the fact that WVODs can not go alone (without disability), WVODs who see women's health issues as

private also had to go to obstetrics and gynecology services with others (sometimes spouses, sometimes close friends, relatives, or family members). This commitment makes WVODs feel more helpless and inadequate. However, in the study, husbands of WVOD who went to obstetrics and gynecology services with their spouses are not let in the obstetrics and gynecology services. Therefore, WPDs can not find anyone to help them. It can be said that this helplessness and dependency experienced by WVODs regarding obstetrics and gynecology services increase their uncertainty and anxiety and negatively affect their use of this service.

In this study, WVODs were exposed to transportation problems and adverse physical conditions (examination rooms and hospital environment) in and out of the hospital in obstetrics and gynecology services. Ordway et al. (2021) reported that 69% of people with disabilities have difficulties with irregular pavements, 57% with lack of automatic doors, 49% with narrow corridors and halls, 42% with ramps and entrances, 35% with inaccessible toilets, and 41% can not access examination or treatment rooms (Ordway et al. 2021). In systematic reviews, it was stated that WPDs had problems with the physical environment, building accessibility, and indoor accessibility related to women's health services (Heideveld-Gerritsen et al. 2021; Lawler et al., 2013). In this study, it was concluded that, unlike the literature, no counseling or escort service directs WVODs to obstetrics and gynecology services or increases their accessibility, and this situation prevents WVODs from accessing obstetrics and gynecology services.

One of the other important handicaps experienced by WVODs was the difficulties with the examination chairs in obstetrics and gynecology services. It was stated in this study that WVODs can not access the examination chairs, the location of the examination chairs is not described to them, and there is often no staff to assist them. In a study, it was stated that, in parallel with the findings of this research, women with orthopedic disabilities had difficulty moving to fixed-height examination chairs and could not access examination chairs (Iezzoni et al., 2015). In systematic reviews, it was reported that WPDs experience a lack of equipment and materials suitable for disability in women's health services (Heideveld-Gerritsen et al., 2021; Lawler et al., 2013). In the study, it was concluded that the examination chairs in obstetrics and gynecology services were not suitable for the use of WVODs. In addition, this research also brings to light the problems faced by WPDs regarding the unhygienic examination rooms, examination tables, equipment, and hospital environment, and the lack of attention to sterility in these rooms. However, WVODs were either very rarely or never assisted (health professionals or other personnel) to facilitate access to examination chairs. Access to examination tables by WVODs were left to the conscience and will of other individuals, and there is no institutional service for this. Therefore, WVODs does not want to go to obstetrics and gynecology services, they give up or postpone the problems they experience. The participants also postpone or even can not go to obstetrics and gynecology services due to the economic problems they experience. The findings of the review were similar to the findings of this study (Rabinerson and Glezerman, 2008). In addition, the studies were carried out in developing and underdeveloped countries and it can be interpreted that the socioeconomic level of the countries may affect the socioeconomic level of WPDs. Therefore, WPDs with low socioeconomic status can not meet the economic burden of services and therefore they can not access these services.

In the study, the participants were exposed to negative attitudes and behaviors of health professionals. Studies supported these results (Lawler et al., 2013; Malouf et al., 2017). Participants stated that in obstetrics and gynecology services, there should be understanding and caring health professionals who introduce, describe, help, and give information about the physical environment before the procedure. A study supported this result, it stated that the encouragement, support, and emotional assistance of WPDs by health professionals affect women's experiences positively (Heideveld-Gerritsen et al., 2021). This situation can be interpreted as those WPDs having positive experiences, thoughts, and feelings about obstetrics and gynecology services when supported by health professionals.

According to the results of this study, WVODs expected health professionals to spare enough time for themselves, to communicate without a problem, to be cared for, to be taken care of, and to be helped. They want to be listened to by health professionals, who tell them what they are experiencing comfortably and without a time limit and receive the most accurate care and treatment. In a study, paralleled to the findings of this study, it was stated that women with disabilities experience a lack of communication with health professionals, they were not being listened to, not being supported, not able to participate in decision-making processes, and were not a reliable and respectable relationship in women's health services (Malouf et al., 2017). Similarly, in another study, women with disabilities stated that they had problems with inadequate information, attitudes of health professionals, and communication in women's health services (Redshaw, Malouf, Gao and Gray, 2013). This study was similar to other studies conducted in terms of communication problems and interpersonal relationship expectations (such as trust, prestige, etc.) experienced by WVODs regarding health professionals. However, in Turkey, obstetrics and gynecology services have a very busy working environment, the number of patients is high, there is no separate obstetrics and gynecology service for WPDs or they are insufficient, they are not given priority, health professionals do not allocate enough time, not showing enough interest, or care for WPDs. Therefore, the results of this study differed from other studies in the literature. However, the density, number of patients, and lack of special units are

not the only problems here. In this research, WVODs stated that health professionals exhibit negative attitudes and behaviors toward them. The reason for this may be the prejudices, ignorance, and lack of expertise of health professionals towards WVODs.

WVODs stated that they were examined with more than one patient at the same time, that they had to state the problems they experienced publicly, and that this situation disturbed them. Health professionals do not pay attention to the privacy of WVODs. Women with visual and orthopedic disabilities expect healthcare professionals to pay attention to their privacy and confidentiality. However, privacy and confidentiality were not possible when more than one patient was admitted into the examination room at the same time, due to the overcrowding and intense obstetrics and gynecological services. This was one of the other handicaps experienced by WVODs in the study.

When WVODs came to obstetrics and gynecology services, they were excluded by health professionals, stigmatized because of their disability, and exposed to violence and ill-treatment. In a systematic review supported by the result of this research, it was stated that WPDs experienced feelings and behaviors that were inhumane, fearful, reluctant, and inability to defend themselves related to women's health services (Heideveld-Gerritsen et al., 2021). Unfortunately, society's view of WPDs as weak, helpless, and prone to abuse also shows its effect on health. These negative prejudices may increase more in obstetrics and gynecology services where privacy is high. Another interesting finding of this research was that WVODs exhibited the ill-treatment (verbal and emotional violence) they received from female doctors. In this respect, the outcomes of this study differ from other study findings. WVODs were unfortunately exposed to ill-treatment by their fellow men in matters related to women's health. This situation can make them more helpless and angry, and prevent them from going to obstetrics and gynecology services.

WVODs can not find a solution to the problems they experience in obstetrics and gynecology services from health professionals. In addition, it was determined in the study that health professionals do not have sufficient knowledge and education about disability. Their specialization and awareness of disability were insufficient. In a review, it was stated that health professionals did not have training for women with disabilities and trained personnel were scarce (Rabinerson and Glezerman, 2008). In a systematic review, it was stated that due to health professionals having insufficient information about disability, and negative attitudes and behaviors of health professionals, WPDs had problems such as not being able to access all members of the health team or information (Lawler et al., 2013). In another systematic review, it was reported that health professionals had insufficient knowledge, were not educated, refused the worries or fears of WPDs, and helped them involuntarily (Heideveld-Gerritsen et al., 2021). The findings of systematic reviews conducted with this research were similar to each other. However, these research findings also revealed results such as health professionals not knowing how they will treat the WPDs, being panicky or uneasy, making the wrong intervention, or not being able to take any action. It was predicted that the negative perceptions, low education level, and unawareness of health professionals about disability negatively affected the access of WPDs to obstetrics and gynecology services.

Limitations

One of the limitations of the study is that the sample of the study consisted only of WVODs registered with disabled associations in the province where the study was conducted (one city). Another limitation of the study was that the sample could not be generalized to the population due to the nature of qualitative research.

CONCLUSION

This research shows that WVODs experience difficulties and problems related to individual, environmental, social, institutional, financial, information, and health professionals' attitudes and behaviors associated with obstetrics and gynecology services. It also revealed the negative thoughts and feelings of women with visual and orthopedic disabilities regarding obstetrics and gynecology services. This study also revealed the triple relationship between "disabled", "physically disabled women" and "obstetrics and gynecology services". It explained the problems experienced by WVODs in obstetrics and gynecology services with different dimensions. Illuminating the experiences of women with visual and orthopedic disabilities is part of an integrative care approach that will help increase quality care and treatment (service) in obstetrics and gynecology services. Thus, the difficulties and problems experienced by WVODs in obstetrics and gynecology services will decrease, and their positive experiences and satisfaction with health professionals will increase. More qualitative studies are needed to learn more about the experiences of WVODs in obstetrics and gynecology services.

Author Contributions

Concept and design: E.D.T.Ö, G.E. Data collection: E.D.T.Ö. Data analysis and interpretation: E.D.T.Ö, G.E. Writing manuscript: E.D.T.Ö. Critical review: G.E.

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