NAVIGATING THE LABYRINTH OF GYNECOLOGICAL CARE IN JORDAN

⬩ A CALL FOR SYSTEMIC TRANSFORMATION ⬩

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Gaps usually weave their way into the healthcare system, aggravating the existing shortcomings in our contexts. The complicated tapestry of issues afflicting women's and girls' sexual and reproductive health and rights (SRH-R) related topics is particularly filled with discriminatory norms within the complex network of structural inequalities, adding yet more barriers to an already challenged healthcare landscape. A study by the Jordan Health Information Network (JHIN) found that only 54% of women in Jordan have ever had a Pap smear, significantly lower than the rate of Pap smear screening in other developed countries. This highlights the urgent need to address the gaps in SRH-R services and raise awareness about the importance of preventive screenings.[1]

It is essential to acknowledge that access to comprehensive healthcare services, encompassing SRH-R is an essential human right. However, the reality in Jordan often falls short of this noble ideal. Women commonly struggle with formidable obstacles, ingrained biases, and a general sense of unease within gynecology clinics.

Compounding these challenges is the deeply rooted stereotypes surrounding discussions and experiences related to gynecology in Jordan. Even in contemporary times, these topics remain seated as societal taboos, preserving a cycle of misguidance and, in many instances, a serious lack of essential knowledge about SRH-R. The consequences of this reverberate in the form of inconvenient experiences for women with gynecologists.

Feminist movements and lenses have played a crucial role in reshaping societies and advocating for the fundamental rights and bodily autonomy of women and girls. This has led to the emergence of healthcare and feminism as a critical domain for inspection. Feminist perspectives on healthcare emphasize the recognition of gender-based disparities, bodily autonomy and reproductive rights, social determinants of health, and intersectionality. Specifically, feminist critiques address the medicalization of women's bodies, explore healthcare access and utilization, examine mental health and gender, advocate for maternal health and reproductive justice, and highlight the impact of violence against women and girls. By delving into these specific feminist perspectives, the white paper can provide a more comprehensive and nuanced understanding of the intersection of healthcare and feminism.

INTRODUCTION

Access to comprehensive and safe healthcare services, including SRH-R, is leaving women and girls contending with unease in gynecology clinics. A complex of challenges and imbalance has knitted itself into the experiences of women seeking gynecological care, restricting access to safe, confidential, and healthy environments within the realm of healthcare in Jordan. This white paper marks the beginning of a journey to explore and analyze the current relationship between women and gynecologists in Jordan. By leveraging discussions, experiences, and insights, we aim to light up the path towards a healthcare landscape that manifests equality, dignity, and safe choice.

Navigating the intricate landscape of women's healthcare in Jordan often leads to a sense of unease and discomfort in gynecological clinics. A complex web of challenges and disparities has trapped the experiences of women seeking gynecological care, hindering their access to safe, confidential, and nurturing environments within Jordanian healthcare settings. This white paper embarks on a journey to unravel and analyze the current relationship between women and gynecologists in Jordan. By drawing upon discussions, experiences, and insights, we aim to illuminate a path towards a healthcare landscape that embodies equality, dignity, and informed choice.

Our findings reveal a complex interplay of socio-cultural barriers, limited access to information, disqualified healthcare infrastructure, and discriminatory healthcare provider attitudes and practices that hinder women's access to quality gynecological care in Jordan. Deeply ingrained cultural norms and gender stereotypes often discourage women from seeking care, perpetuating a cycle of silence and delayed diagnoses. Limited access to accurate and comprehensive information about sexual and reproductive health leaves women vulnerable to misinformation and disempowers them from making informed decisions about their bodies. A limited healthcare infrastructure, particularly in rural areas, further exacerbates the barriers, creating geographical disparities in access to quality care. Additionally, discriminatory attitudes and practices among some healthcare providers perpetuate a culture of disempowerment, further discouraging women from seeking care.

This journey towards a feminist healthcare landscape demands a collective commitment to dismantling multilayered norms, challenging discriminatory practices, and upholding women's bodily autonomy as a fundamental human right.

METHODOLOGY

To gain a comprehensive understanding of the relationship between women and gynecologists in Jordan, a mixed-methods approach was employed, encompassing qualitative research techniques. This multifaceted approach enabled the collection of rich data from diverse perspectives, allowing for a more nuanced and thorough examination of the research question.

An intersectional approach was adopted to ensure that the focus groups and interviews were representative of a diverse range of women in Jordan. This included engaging women from varying backgrounds across three regions and four governorates, capturing both urban and rural perspectives. Furthermore, the research included both married and unmarried women to gain insights into different life stages, and specifically focused on urban and camp refugees to understand their unique challenges. Additionally, key informant interviews were conducted with women with disabilities and healthcare providers, enriching the understanding of women's experiences from diverse perspectives. By considering these intersecting identities, the research sought to capture a holistic understanding of healthcare needs and experiences for women in Jordan from different walks of life.

FOCUS GROUPS AND CONSULTATIONS: UNVEILING DIVERSE PERSPECTIVES ON GYNECOLOGICAL CARE IN JORDAN

To gather a comprehensive understanding of how women in Jordan experience gynecological care, we organized nine focus groups and consultations, engaging 96 young women from diverse backgrounds across three regions (North, Central, and South) and four governorates (Amman, Zarqa, Irbid, Karak). This ensured representation from both urban and rural areas, capturing a broad spectrum of perspectives.

We specifically included women aged 18-65, both married and unmarried, to gain insights into the various stages of life and their unique experiences. Additionally, we focused on understanding the specific challenges faced by urban and camp refugees, who often navigate additional barriers to access and care.

Furthermore, we conducted key informative interviews with healthcare professionals directly involved in women's health. These included a nurse and three midwives, their insights providing valuable perspectives on the systemic challenges and opportunities within the healthcare system.

To further enrich our understanding, we conducted separate interviews with two women with hearing disabilities and a sign language interpreter, seeking their unique experiences and perspectives on accessing and navigating gynecological care. Their insights shed light on the specific barriers and needs of this often marginalized population.

Through these diverse focus groups, consultations, and interviews, we explored the multilayered challenges and barriers women face in accessing and utilizing gynecological care in Jordan. Additionally, we delved into the significant impact of economic, social, and health structures on their experiences which allowed us to gain a comprehensive understanding of the landscape of gynecological care in Jordan, paving the way for informed interventions and improved healthcare access for all women.

FINDINGS:

Socio-cultural factors

BECAUSE OF CULTURAL CONSIDERATIONS AND SOCIETAL NORMS **20.51%** OF WOMEN REFUSED TO TAKE THEIR DAUGHTERS TO SPECIALISTS OR WOMEN'S HEALTH SERVICES

44.89% of women shared their gynecological health information with female family members

11.22% of women had never shared anything with their families

"My mother called to ask me where I was. I told her that I was at the gynecologist. She told me, What will people say about you going alone to the gynecologist? "It is shameful to go alone and you must have someone with you, or you must have your mother with you."

In Jordan, deeply rooted societal norms and values surrounding female virginity and modesty have woven a complex interlock of silence and shame around sexual health issues. This pervasive cultural influence acts as a formidable barrier for women and girls, hindering open communication about their concerns with family members or healthcare professionals. The focus group findings illuminate the stifling effects of this cultural atmosphere, highlighting the constraints on open dialogue and the layers of oppression women face in our communities. From the burden of shame to the deeply ingrained taboos surrounding female sexuality, these factors contribute to a culture of hiding and societal pressure to maintain a facade of purity, further hindering access to essential healthcare and support. These findings reveal interconnected layers of oppression trying to dismantle the barriers that prevent women from accessing the healthcare they deserve.

This cultural emphasis on female virginity and modesty is so deeply ingrained that even mothers, who are often seen as primary sources of support and guidance, may hesitate to take their daughters to the gynecologist due to the fear of compromising their virginity

or facing social pressure. A staggering 20.51% of women with daughters who require gynecological care refrained from doing so due to these cultural considerations, highlighting the profound impact of traditional norms on access to healthcare.

"The mother must always follow up with the daughter, and she and her husband must pay attention to gynecological's issues, because there are issues that she and her husband must take care of."

Moreover, women are hesitant to disclose any gynecological health concerns to their families. This fear of judgment and potential repercussions is evident in the focus group findings, where only 44.89% of participants shared their gynecological health information solely with female family members and 11.22% have never shared anything with their families. This reluctance to confide in family members further exacerbates the barriers to accessing appropriate care.

"I only share with my mother and sister. Oh, I share everything. Imagine me telling my brother private things. He will tell me that I am a man. How can you tell me about your privacy? It won't happen."

"I started bleeding. At first, it was difficult for me to tell everyone, I was afraid it was cancer or something, and I kept silent. Then, when things developed, I had to speak up. I went to the doctor and had an operation. It took me a year until the bleeding started coming down so much while I was standing that I could no longer stop it."

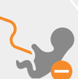
However, the rest of the women from the FGD do choose to share their gynecological health information with their families, primarily for the purpose of obtaining a more comprehensive understanding of their family's gynecological history. This suggests that the need for information can sometimes outweigh the concerns about judgment and repercussions. Understanding the factors that influence women's decisions to disclose or withhold gynecological health information is crucial for developing culturally sensitive interventions that promote open communication and access to appropriate care.

"I started sharing everything with my mother recently because the last appointment I went to, the doctor asked me about my family medical history, because my mother told me about diabetes during pregnancy spontaneously, so I felt that I wanted to know, but before that I had not shared or given any information that I was going to the doctor or details about this topic."

Health Aspect: A System in Need of Reform

Through these diverse focus groups, consultations, and interviews, we explored the multilayered challenges and barriers women face in accessing and utilizing gynecological care in Jordan. Additionally, we delved into the significant impact of economic, social, and health structures on their experiences which allowed us to gain a comprehensive understanding of the landscape of gynecological care in Jordan, paving the way for informed interventions and improved healthcare access for all women.

Health Aspect: A System in Need of Reform



Disregarded and Neglected

Outdated practices persist, such as unnecessary complications and surgeries inflicted upon virgin women based on the misconception that the hymen signifies virginity. Additionally, a concerning bias exists where older and unmarried women are disregarded, deemed not to require gynecological care. Government facilities often prioritize married and pregnant women, neglecting the gynecological needs of unmarried and older women. This practice ignores the diverse reproductive and health concerns of all women.

“I have been suffering from bleeding for a period of time. They told me that because you are old, it is the menopause. I spent 4 years wearing baby pads, and every time I go to someone, they tell me that you are old, it is the menopause. I went to the doctors who referred me to Badia Hospital. On Independence Day, they did not let me in, other days, I don’t know what until I started getting dizzy and my son took me to the private hospital. I had the operation.”

Silence Surrounds Sexual and Reproductive Health, Social Taboos and Stigm

Societal taboos surrounding sex & reproduction prevent women from feeling comfortable discussing these issues

78.57 %
of women did not discuss these sensitive topics with their male and female gynecologists

Our research revealed a concerning silence surrounding sexual and reproductive health among women seeking gynecological care, 78.57% of women in our focus groups did not discuss these sensitive topics with their gynecologists. This reluctance stems from several

factors, creating significant barriers to effective care.Discussing sexual and reproductive health can be uncomfortable and even intimidating for many women. This is often due to social stigma, lack of knowledge, and previous negative experiences with healthcare providers. Additionally, the presence of family members during consultations can further exacerbate fear and discomfort, hindering open and honest communication.

"The problem with my mother started when I became sexually active. Visiting the gynecologist became terrifying for me, because my mother is with me because we are very open about this issue at home. My mother began entering with me at the clinic and I started to find myself in terrifying situations."

Societal taboos surrounding sexuality and reproduction can prevent women from feeling comfortable discussing these issues even with healthcare professionals. This lack of openness hinders communication, prevents early diagnosis and treatment of potential health problems, and limits access to essential reproductive health services.

"When I was a student in training, and I was a virgin, I got an STI. I was working in the gynecology department. I got vaginal warts when I was a virgin, but I immediately noticed that there were fleshy bumps that appeared on me, and I was treated with a cautery at King Abdullah. The issue was very difficult, especially since I was a virgin with no sexual experience."

Concerns about confidentiality can also deter women from discussing sensitive topics. They may fear that their information will be shared with others without their consent, further hindering open communication and trust in their healthcare providers.

Broken Confidentiality Erodes Trust and Delays Gynecological Care

31.63% فقط — Felt that their male or female doctor was committed to confidentiality and maintained privacy.

65.31 % — Reported a violation of confidentiality and privacy at some point during their medical visits

A low level of trust results from previous experiences in which confidentiality was violated

Confidentiality in healthcare goes beyond simply keeping medical information private. It encompasses the patient's right to autonomy, control over their own body and health decisions, and freedom from judgment or discrimination based on their sexual health

Confidentiality in healthcare goes beyond simply keeping medical information private. It encompasses the patient's right to autonomy, control over their own body and health decisions, and freedom from judgment or discrimination based on their sexual health experiences. It also includes the healthcare provider's responsibility to respect the patient's dignity, empower them to make informed choices, and advocate for their rights within the healthcare system.

The societal pressure often leads to feelings of discomfort and hesitation in seeking help, resulting in a delay or even complete avoidance of gynecological care. This cultural inhibition is further exacerbated by the lack of trust in the healthcare system, as only 31.63% of focus group participants felt their doctor upheld confidentiality and privacy. This low level of trust stems from experiences where confidentiality was breached, as 65.31% of them also reported experiencing a lack of confidentiality at some point.

Notably, all of the positive experiences with confidentiality and privacy occurred in private clinics, highlighting the potential impact of clinic settings on patient trust. These findings underscore the need for systemic changes within the healthcare system to foster trust and encourage open communication among young women and girls seeking gynecological care.

“One of the worst experiences I have ever seen in my life was that I had to attend the birth of my daughter because it was an early birth. Everything was on the bed that she was sleeping on, and next to her was a patient sleeping in the room. They gave birth to her on the regular bed and the whole dirty sheet that was under her. I mean, while I was with her in the hospital, I collapsed more than she did.”

“The experience was zero privacy, minus a million privacy. We went and there were nurses and students who were residents came to see. I got used to this thing, and they did not ask, it was the presentation of a fait accompli. I felt like my body was completely violated and exposed.”

Information Gap Between Gynecologists and Women

A lack of transparency and clear communication leads to women not understanding their medical situation and eroding trust in health care providers.

84.69%
of women were not adequately informed about medical procedures, diagnoses and treatment plans

A disturbing gap between the information provided by gynecologists and the information desired by women was revealed. An overwhelming 84.69% of women in our focus groups felt inadequately informed about procedures, diagnoses, and treatment methods. This lack of transparency and clear communication has several detrimental effects, when women do not fully understand their medical situation and treatment options, it erodes trust in their healthcare providers. This can ultimately hinder their ability to actively participate in their own healthcare decisions, decision-making requires a clear understanding of all available options, their potential benefits and risks, and their long-term implications. Without this information, women cannot make informed choices about their health and well-being. This can have a direct impact on health outcomes, potentially leading to complications and worse health conditions. When information is withheld, it creates a power imbalance between the healthcare provider and the patient. This can leave women feeling disempowered and unable to advocate for their own needs and preferences.

"I was afraid that there was a tumor, and I told her if there was one let us remove the uterus, 3 months ago, I removed it and went back to examine the tumor that had appeared in the uterus, but I am telling you, it was the stupidity of the doctors. They actually left me in the hospital for a whole month without discovering that the tumor is in the abdomen and without giving an alternative solution that instead of removing the uterus. They immediately made the decision that we had to remove the uterus, and I was not treated well. "

A Need for Individualized Treatment

Women in the focus groups have raised concerns about the way certain medications, particularly Metformin (Glucophage) and contraception, are being prescribed for conditions like Polycystic Ovary Syndrome (PCOS) and irregular periods.
One major concern is the lack of explanation of potential side effects associated with these medications. Many women report receiving prescriptions without a thorough discussion of the risks and benefits involved. This can lead to unnecessary anxiety, confusion, and a lack of informed consent. Another concern is the tendency towards standardized treatment plans. This means that individual needs and preferences are often overlooked, and the same medication may be prescribed to all women regardless of their specific circumstances. This can lead to ineffective treatment and missed opportunities for optimal care. Underlying these issues is the perception that women's health concerns, particularly those related to their reproductive system, are often seen as secondary to other medical conditions. This can result in a lack of time and attention dedicated to women's health

during consultations, leading to inadequate diagnosis and treatment.

Illegal Abortion: A Major Contributor to Maternal Mortality Rates

21.3%
OF MATERNAL
DEATHS IN JORDAN

NATIONAL PERCENTAGE OF
MATERNAL DEATHS IN JORDAN
85.2 per 100,000 live births

Systemic issues further exacerbate the problem. The illegality of abortion forces many women to seek unsafe methods. Unsafe abortions contribute significantly to maternal mortality rates in Jordan. Unsafe abortions are responsible for 21.3% of maternal deaths in the country, this translates to a staggering Jordanian National Maternal Mortality ratio (MMR) of 85.2 per 100,000 live births[2], significantly higher than developed countries and some Middle Eastern counterparts. The illegality of abortion restricts women's autonomy over their bodies and reproductive choices. This violates their fundamental human rights and hinders their ability to achieve their full potential.

"We went to the clinic in Zarqa, which had zero cleanliness, it had no infrastructure. We entered and the doctor came after an hour. It was a private clinic in a strange building on a strange street very underground. The atmosphere was not comfortable at all. Even as we entered the building, there were bad looks. We entered, we told him that she was married, she wore a ring and that she didn't want her husband to know, and he took a large amount of money. The girls who were in the clinic were all wearing their Burqas, and I think it's because it is known that this was an abortion clinic. They understood that they needed to keep the confidentiality of it."

Gender Bias and Harassment Prevalent in System

40%
Of women who visited a gynecologist experienced some form of harassment, inappropriate touching, comments or jokes
Study By The Jordanian Women's Union

25%
Of the female gynecologists were harassed by their male colleagues
Study By The Jordanian Medical Association

Gender bias and harassment are prevalent within the system. Focus group participants shared experiences of harassment from gynecologists, 2019 study by the Jordanian Women's Union found that 40% of women in Jordan who have visited a gynecologist

have reported experiencing some form of harassment, such as inappropriate touching, comments, or jokes.[3] Another study, conducted by the Jordanian Medical Association in 2020, found that 25% of female gynecologists had been harassed by male colleagues[4]. This creates an unsafe environment for women seeking essential care. Additionally, the dominance of male gynecologists, particularly in senior positions, can create discomfort and hinder open discussions about sensitive topics for many women. There is no exact percentage of male gynecologists in Jordan due to limited publicly available data, yet a study surveyed female gynecologists and reported that 60% of respondents had senior male colleagues.

"He was examining me and telling me, 'Hey, your nipple is open. Are you breastfeeding?' He asked me, knowing that I am not married and do not have children, so why should I breastfeed? I felt that I was not comfortable, and the question was coming from somewhere unnecessary, and I stopped feeling comfortable. I was in a situation while he was touching my boobs, and I felt that it was not comfortable for me to ask such a question."

The Unacceptable Delay of Ambulance Response for Pregnant Women: When Profit Overrides Care

The perverse financial incentive system that rewards ambulance personnel for delivering babies en route to the hospital

delayed ambulance response for pregnant women in labor puts the health and lives of both pregnant women and their babies at risk

One of the most disturbing findings in our research is the practice of delayed ambulance response for pregnant women in labor. This delay is directly linked to a perverse financial incentive system that rewards ambulance personnel for delivering babies en route to the hospital. This system prioritizes profit over timely and essential care, putting the health and lives of both pregnant women and their babies at risk.

Economic Challenges and Considerations

Women's access to quality gynecological care is essential for their overall health and well-being. However, in Jordan, accessing this care can be challenging due to various economic factors. This white paper explores the economic aspects of accessing gynecological care in Jordan, drawing from the experiences of women who have sought care in both private and governmental facilities

Economic Factors Influencing Gynecological Care Access

21% ONLY The Female Labor Force Participation Rate

the global average of **54%**

93.88 % OF WOMEN REPORTED THAT THE COST OF THE VISIT INFLUENCED THEIR DECISION TO SEE A MALE OR FEMALE GYNECOLOGIST

Working women earn **66%** of what men earn

The cost of gynecological care significantly impacts women's decisions to seek care. A staggering 93.88% of participants in focus groups reported that the cost affected their decision to visit a gynecologist. This financial burden is particularly acute for women in Jordan, where the female labor force participation rate is only 21%, significantly lower than the global average of 54%[5]. Women who do work are often concentrated in low-paying and informal sectors, such as agriculture and domestic work, and earn on average 60% of what men earn[5]. These economic disparities further exacerbate the financial challenges women face in accessing gynecological care.

Unequal Access: High Costs and Varied Expenses

The cost of gynecological consultations in private facilities ranges from

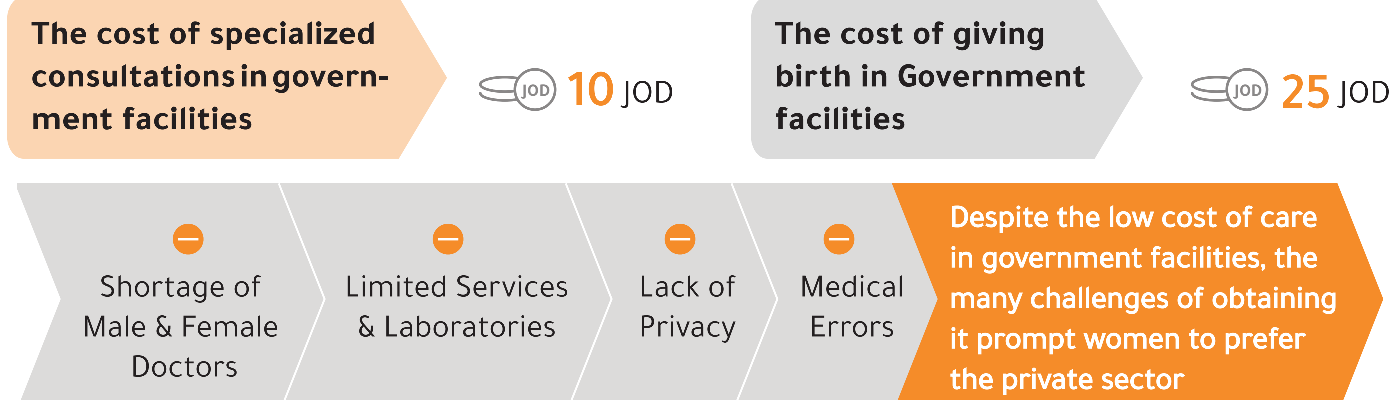
The cost of childbirth is a major expense for many women in private facilities

In private facilities, the cost of gynecological care varies depending on the type of service and the location. In Amman, the capital city, consultations typically range from 15 to 45 JOD. However, for procedures such as pap smears, colposcopies, and mammograms, the cost can be significantly higher, reaching up to 370 JOD.

In governorates outside of Amman, such as Zarqa, Irbid, and Karak, the cost of gynecological care is generally lower due to the lower economic status of these regions. Consultations in these areas typically range from 7 to 30 JOD. The cost of childbirth is another major expense for women in Jordan. In private facilities in Amman, the minimum cost for childbirth is 800 JOD, and it can go up to 3000 JOD. In Zarqa, Irbid, and Karak, the minimum cost for childbirth is slightly lower, ranging from 500 to 2500 JOD.

In addition to these direct costs, women also face expenses for medications, which can range from 5 to 80 JOD. These high costs often deter women from seeking care, particularly for preventive services and routine checkups.

Governmental Facilities: Limited Availability and Quality Concerns



Poverty rate for women is 16.9%, compared to 12.9% for men

Gynecological care in governmental facilities is significantly more affordable than in private facilities. The cost of childbirth in a governmental facility is around 25 JOD. Consultations with a gynecologist typically cost around 10 JOD for uninsured patients.

However, despite the lower cost of care in governmental facilities, women face several challenges in accessing this care. One major challenge is the shortage of gynecologists, particularly in governorates outside of Amman. This shortage leads to long wait times for appointments, making it difficult for women to get timely care.

Another challenge is the limited availability of services and laboratory tests in governmental facilities. Women often face difficulties finding the specific tests or procedures they need, and the availability of medications is also limited. Additionally, women reported concerns about privacy and medical mistakes in governmental facilities. Some women felt that their privacy was invaded by resident doctors and health providers, and others reported experiencing medical mistakes during their care. These challenges contribute to a preference among women for private gynecological care, despite the higher costs.

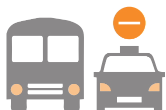
The economic aspects of accessing gynecological care in Jordan pose significant barriers for women seeking this essential healthcare. The high costs of private care, the limited availability and quality of care in governmental facilities, and the lack of comprehensive

insurance coverage all contribute to these challenges. Addressing these economic factors is crucial in a country where the poverty rate for women is 16.9%, compared to 12.9% for men[6], which means that women are more likely to live in poverty than men. This gender gap in poverty is due to a number of factors, including discrimination in the labor market, lower educational attainment levels among women, and a lack of access to social protection programs[6].

Access to care

Access to gynecological care is a critical issue for women's health in Jordan. The study findings reveal significant challenges that women face in accessing gynecological care, particularly in rural areas.

Distance and Availability



60.20 %
Reported difficulty in accessing male and female doctors who specialize in gynecology

82.14 %
Of women outside Amman (Zarqa, Irbid, and Karak) face greater obstacles than their counterparts in the capital.

A substantial proportion of participants, 60.20% reported difficulties in accessing gynecologists, with 82.14% of participants from governorates outside Amman (Zarqa, Irbid, Karak) facing even greater barriers.

"As for the hospital, it is close, but you can go, make a reservation, sit and wait for your turn, and at the end there will not be a doctor at all."

Transportation and Appointment Delays

TO SEE A DOCTOR

WOMEN REPORTED SPENDING between 3 to 8 hours

The distance to healthcare facilities, combined with limited transportation options and lengthy appointment wait times, further hampers access to gynecological care. Participants reported spending between 3 to 8 hours to see a doctor due to these factors.

"Sometimes you wait for the bus and no bus comes, so you have to take a taxi. In addition to our suffering with buses, they put you in two layers on top of each other, you can't take a breath in the bus."

"If I have an appointment at the hospital, I go out after the dawn prayer, because it is very far from me and I need time, and there is also time to wait to catch an appointment early."

Geographic Disparities

Number of healthcare facilities **IN URBAN AREAS**

Number of healthcare facilities **IN RURAL AREAS**

The distribution of healthcare facilities and providers is uneven across Jordan, with urban areas having significantly better access compared to rural areas. This geographic disparity disproportionately affects women in rural communities.

"It costs me around 14 Dinars, and it takes until late afternoon. If I want to go to Idon, I need to order a taxi that costs 7 Dinars, and another 7 Dinars for the return trip, as we are from the villages in the north."

Women in Jordan who delayed or forgone gynecological care were more likely to experience unwanted pregnancies, sexually transmitted infections (STIs), and cervical cancer[7]. A study found that women in Jordan who delayed or forgone gynecological care were more likely to develop cervical cancer [8]. The study also found that these women were more likely to be diagnosed with cervical cancer at a later stage, when it is more difficult to treat [8]. These studies provide evidence of the challenges and imbalances that women face when seeking gynecological care in Jordan. They also highlight the importance of comprehensive sex education and early access to gynecological care for the health of women in Jordan.

REFUGEES FRAGILE RELATIONSHIP WITH GYNECOLOGICAL CARE IN JORDAN

49.3% **OF THE REFUGEES, MALE & FEMALE, REGISTERED IN JORDAN, ARE WOMEN**

THESE WOMEN ARE RELUCTANT TO SEEK MEDICAL CARE FROM MALE SPECIALISTS

To avoid disrespectful treatment, unprofessional communication, and even physical abuse, this reduces their trust in health care providers and makes them feel unheard and invisible.

As of October 2023, there are over 600,000 urban refugees living in Jordan. This constitutes roughly 83% of the total refugee population in the country, which is around 730,000 [9]. These refugees come from various countries, with the majority being Syrians fleeing the ongoing conflict in their homeland. Other significant refugee groups hail from Iraq, Yemen, Sudan, and Somalia. And there are approximately 40,000 refugees residing in Azraq camp, Jordan. This number represents roughly 5% of the total refugee population in the country[10].

Around 49.3% of registered refugees in Jordan are women. This figure encompasses all registered refugees, including those living in camps and urban areas[11], each carrying stories of resilience and vulnerability. Yet, when it comes to their gynecological healthcare needs, a fragile relationship unfolds, fraught with challenges that differ between the urban and camp contexts.

For urban refugees, the struggle often mirrors that of Jordanian women - navigating limited options and long wait times. But for those within camps, the barriers are amplified. The ability to choose a female gynecologist, a preference many women hold, is a luxury often unavailable. Discomfort and reluctance to seek care, especially from male providers, become commonplace. Even when they do muster the courage, negative experiences with healthcare providers cast long shadows. Dismissive attitudes, inadequate communication, and even physical abuse chip away at trust, leaving women feeling unheard and unseen.

> “There was a male doctor, and I honestly didn’t go to him very often unless there was something very necessary. This is the first time. I mean, I prefer if there is a female doctor, not a male doctor, for privacy reasons, I don’t tell him everything.”

Financial hurdles further complicate matters. Many refugees lack the funds for treatment,

and the process of accessing UNHCR support is a labyrinthine one, demanding patience and persistence. Often, even basic procedures remain shrouded in mystery. The causes of their ailments, the complexity of examinations, and the details of their treatment plans are not explained clearly, leaving them uninformed and vulnerable.

"One time I went to put on Helix contraception. She put it on a table and I found it being put in without understanding. I spent 10 days bleeding and when it went back she told me it was normal."

Camp life presents its own unique set of challenges. Here, access to gynecological care hinges heavily on pregnancy. Non-pregnant women, seeking general services or struggling with reproductive health concerns, find themselves overlooked. The pressure to be pregnant to access basic care becomes a cruel reality.

within Village 5
designated high-risk zone in Azraq

Women face additional obstacles, because access to specialized health facilities abroad is very difficult, subject to strict procedures and very expensive.

For those within Village 5, a designated high-risk zone in Azraq, the hurdles reach new heights. Even basic external gynecological care becomes an ordeal, laced with stricter procedures, exorbitant costs, and permit delays that stretch into days. Long travel distances, often on foot, add insult to injury, making the journey to a gynecologist an act of full determination.

Pregnant women, across both urban and camp settings, bear the brunt of this fragile system. Even before entering Jordan, they endure harsh pre-entry conditions and unsuitable prenatal care. Once within, the pressure to be pregnant for access to gynecological services compounds their vulnerability.

"When I first entered Jordan, I was between the fourth and fifth months pregnant, and my belly was not moving at all. We went to someone in an area called Ruwaished. Then I went to the doctor. They did not examine me. I don't know what happened. What they did. The doctor told her to give me medication. I stayed in the area for 3 months. After that, we went back to the area and we sat in the place for two hours, except that I had pain, birth cramps. The nurse mixed the medicine between me and another woman, and she gave me the birth medicine. I spent three days while I was in labor, giving birth, that's it. Of course, I was in the sixth month, and I kept on going to them to give me a pregnancy stabilizing needle."

And most importantly, the camp's sole female gynecologist, though present, is not a beacon of hope. Her age and hearing and seeing weaknesses often lead to misdiagnoses

and a one-size-fits-all approach to treatment, leaving women feeling unheard and their concerns unaddressed. This, understandably, fuels their preference to seek care outside the camp, even if it means digging deep into their already strained finances.

“The doctor is old and does not hear, and if I want to share something, I must make my voice heard and everyone will listen so that she can understand me.”

WOMEN WITH DISABILITY

A cervical smear examination is performed

42 % ONLY

OF WOMEN WITH DISABILITIES IN JORDAN

So there is a big gap in efforts Detection of cervical cancer

Women with disabilities in Jordan navigate a landscape of significant obstacles when it comes to accessing sufficient gynecological care. Communication barriers stand as a formidable challenge, with many healthcare providers unequipped to effectively communicate with patients who have hearing or speaking disabilities. This often translates to crucial information remaining inaccessible, leaving patients feeling uninformed and anxious.

"I would very much like to have an interpreter everywhere, instead of the doctors learning English, they must teach them sign language, because we need it."

Furthermore, the presence of family members during consultations, while intended to be helpful, can hinder open communication and discussion of sensitive topics, ultimately diminishing patient agency and decision-making power.

"My mother was there as an interpreter. My husband and I were in an embarrassing situation talking in front of each other and hearing the private things between me and my husband."

Adding to these difficulties are the inconvenient explanations of procedures, causes, examinations, and treatment options. Women often feel left in the dark, lacking the necessary knowledge to make informed decisions about their health. This lack of clear and accessible communication is further compounded by the limited availability of sign language interpreters, leaving women with hearing disabilities struggling to understand vital information and express their concerns.

"She brought the doctor's scissors, out of fear, I had a lot of feelings of anger, they brought a trainee nurse to try to give birth to me. I was tired, and I needed a specialist doctor, and she was treating me in a disrespectful way."

Beyond the communication barriers, accessibility issues also present a major obstacle. The financial strain of accessing private clinics, coupled with the overburdened public healthcare system, further limits their choices and access to quality care.
Perhaps the most alarming statistic is the incredibly low rate of Pap smear screenings among women with disabilities in Jordan. With only 42% having ever received this crucial test[12], a significant gap exists in cervical cancer detection and prevention efforts.

This disparity underscores the urgent need for comprehensive reforms across the healthcare system.

AN EXAMINATION OF HYSTERECTOMY FOR WOMEN WITH DISABILITIES IN JORDAN

70 to 64
UTERUS REMOVAL

uterus removal operations for non-therapeutic reasons are performed annually for women with disabilities in Jordan

The practice of hysterectomy for women with disabilities in Jordan raises a multitude of ethical concerns. Human Rights Watch reports estimate that between 64 and 70 non-therapeutic hysterectomies are performed annually on women with disabilities in Jordan [13]. This alarmingly high number signifies a systemic disregard for the bodily autonomy and reproductive rights of this vulnerable population.

Often, such procedures are performed without proper informed consent, fueled by superior notions that view women with disabilities as incapable of making informed decisions about their own bodies. This not only violates their right to self-determination but also perpetuates harmful stereotypes that dehumanize and marginalize them.

Research published in the International Journal of Law and Disability further reveals a disturbing trend: women with intellectual disabilities are disproportionately targeted for these unnecessary surgeries [14]. This highlights the intersection of disability and gender discrimination, where societal biases and misconceptions about disability combine with ingrained systematic oppression to create a situation ripe for exploitation.

Furthermore, resorting to hysterectomies for managing menstrual hygiene or controlling behavior overlooks alternative solutions that prioritize the needs and well-being of women with disabilities. Accessible menstrual hygiene resources and comprehensive sex education programs could empower women and provide them with the tools to navigate their health and bodies with dignity and autonomy.

Experts on the rights of people with disabilities have condemned involuntary hysterectomies, a surgical procedure that removes the uterus, as a violation of the rights of girls with mental disabilities. These procedures are often performed under the pretext of preventing or curing health problems or personal hygiene issues. A poignant statement by a Jordanian gynecologist in Al Jazeera powerfully captures the essence of this issue: "We need to

respect the bodies of women with disabilities and understand that they are not defined by their reproductive organs" [15]. This call to action underscores the need for a radical shift in perspective, one that recognizes the inherent worth and agency of women with disabilities, regardless of their physical or mental abilities.

HEALTHCARE PROVIDERS REVEAL REALITIES OF WOMEN'S GYNECOLOGICAL CARE IN JORDAN

Healthcare providers in gynecology in Jordan have observed a range of challenges faced by women and girls in accessing and receiving quality gynecological care. These challenges stem from various factors, including cultural norms, lack of awareness, unsuitable infrastructure, and economic constraints.

TRAPPED BY SHAME AND STIGMA

Unmarried women in Jordan face plenty of barriers in accessing sexual and reproductive health services. Cultural stigmas surrounding premarital sex often lead to feelings of shame and reluctance to seek care, according to the providers. Additionally, a lack of awareness about their health rights and options further hinders their ability to make informed decisions about their health, as the providers observed.

Furthermore, the question of marital status often serves as a gatekeeper for accessing gynecological care. Healthcare providers may withhold certain procedures or examinations from unmarried women, even when medically necessary. This discriminatory practice can have detrimental consequences for their health and well-being.

FEAR AND TRAUMA IN THE DELIVERY ROOM

THERE IS FEAR & PSYCHOLOGICAL TRAUMA IN THE DELIVERY ROOMS

THE EPISIOTOMY PROCEDURES IN JORDAN

It exceeds the recommendation of the World Health Organization Rate of **10 %**

81 % of primiparous women (first-time mothers)

24 % of multiparous women (women who have given birth before)

Married women also encounter challenges in accessing quality gynecological care. During childbirth, some women report being subjected to violent treatment from healthcare providers. This mistreatment can exacerbate the already stressful experience of childbirth and leave women feeling traumatized, as shared by the healthcare professionals.

"Midwife might hit her because she remembered that she was in pain now and asked her where she was before she got pregnant. This thing is happening, and it is very dangerous and harmful."

Moreover, the routine practice of episiorrhaphy, also known as the "husband stitch," raises concerns about the autonomy and informed consent of women during childbirth. Despite a lack of evidence to support its effectiveness, the episiorrhaphy is routinely performed on women giving birth in Jordan. This procedure can cause unnecessary pain and discomfort, highlighting the need for evidence-based practices in maternity care. In fact, some studies have shown that episiotomies can actually increase the risk of severe perineal tearing[16]. A 2018 study published in "ScienceDirect" found that the episiotomy rate in Jordan was 81% among primiparous women (first-time mothers) and 24% among multiparous women (women who have given birth before)[17]. The episiotomy rate in Jordan is higher than the World Health Organization (WHO) recommendation of 10%. The WHO recommends that episiotomies only be performed when there is a clear medical indication, such as to prevent perineal tearing.

"There was one woman who told the doctor that she did not want the stitches. The doctor told her that she would leave to find that her husband had married another woman."

"After 90 days of bleeding, I was stitched and I did not know that I was stitched after giving birth, the stitches became rotten and they had to operate on me again."

BEYOND THE DELIVERY ROOM

Women seeking gynecological care often lack privacy and confidentiality. The presence of family members during consultations can hinder open communication between women and their healthcare providers, potentially affecting the quality of care received. Additionally, healthcare providers may not always prioritize maintaining women's privacy and confidentiality, leading to feelings of discomfort and distrust, as shared by the healthcare professionals.

Police interference in cases of parentage unknown, underage pregnancy, & child abandonment can be disruptive and intimidating for women seeking gynecological care, as mentioned by the healthcare providers. The involvement of law enforcement officials can create a hostile environment and discourage women from seeking necessary medical attention.

"When we entered the maternity ward, there were a lot of police, and the nurses treated the patient badly. They didn't give her sanitary pads after having the abortion and they did not even allow us to talk to her. The police were waiting for her outside to take her to the judge, I took the pad and left it between the pages of my book, I gave it to her. They were treating her as a criminal. Six security men were standing at the door of her room, and a police women's unit inside."

Economic barriers pose a significant challenge for women seeking gynecological care. The high cost of services, particularly in private facilities, can be prohibitive for many women, especially those without health insurance. This financial burden can delay or prevent women from seeking essential care, potentially leading to adverse health outcomes, as noted by the healthcare professionals.

Access to gynecological facilities is limited outside of Amman, with many clinics and centers lacking sufficient equipment and resources. This uneven distribution of resources forces women in rural areas to travel long distances for care, often facing transportation and logistical challenges, according to the providers.

"We are one hospital in the district, 20-21 villages, barely able to take appointments, and urgent appointments are given after two or three months because there is a lot of pressure on the hospital. People come from the end of the world and it takes an hour of transportation with them, and when they arrive, they sit and wait until 2 p.m. for the doctor to see them. There is still a terrible shortage of healthcare providers."

Healthcare providers lack proper training and protocols for dealing with women with disabilities, as reported by the healthcare professionals. This lack of expertise can lead to care and a failure to address the specific needs of women with disabilities, according to the provider.

CALL TO ACTION

Healthcare providers in Jordan aren't just demanding change; they're offering a blueprint. Training for healthcare providers on sensitivity and competence in treating women with disabilities is another crucial step. Funding for gynecological care must increase, making services accessible and affordable for all. Rural areas need improved infrastructure and equal access to quality facilities.

Finally, they advocate for awareness sessions in schools, empowering adolescent girls with accurate information about sexual and reproductive health. This can lead to informed decisions, early interventions, and a future where shame and fear are replaced by knowledge and agency.

RECOMMENDATIONS

This white paper will serve as a valuable resource for policymakers, health-care providers, and collectives working to advance SRH-R in Jordan. We recommend implementing a feminist approach that encompasses raising awareness and addressing socio-cultural barriers, improving access to information, expanding and improving healthcare infrastructure, and addressing healthcare provider attitudes and practices. By implementing these recommendations, we can work towards creating a healthcare system that empowers all women in Jordan to make informed decisions about their sexual and reproductive health.

01 EMPOWER YOUNG WOMEN WITH KNOWLEDGE AND ACCESS

- In Takatoat space and in partnership with governorate organizations, we will implement comprehensive and culturally sensitive education and awareness programs specifically designed for unmarried women aged 18 to 34. These programs will actively dismantle the prevailing cultural norms that perpetuate silence and shame around sexual health issues with young women that are inclusive and address the specific needs of young women in Jordan.

02 HIGHLIGHT CULTURAL NORMS AND FOSTER OPEN COMMUNICATION

- Cultivate an environment of open communication and trust within healthcare settings, encouraging young women to discuss their concerns without fear of judgment or discrimination. This can be achieved by providing training to healthcare providers on cultural sensitivity and implicit bias, as well as by creating a welcoming and supportive environment for young women.

03 MAPPING SAFE AND CONFIDENTIAL GYNECOLOGISTS

- Conduct a comprehensive mapping to identify and map all safe and confidential gynecologists in Jordan, including information on their location, expertise, and patient reviews.
- Develop a user-friendly resource that allows women to easily search for gynecologists, filter by specific criteria (e.g., location, specialization).
- Collaborate with healthcare providers to ensure the platform's accuracy and promote its use among women.

04 DEVELOPMENT OF CLEAR PROTOCOLS FOR HEALTHCARE PROVIDERS

- Establishing clear protocols for conducting consultations, examinations, and procedures for all women, taking into consideration the sensitivity of women with disabilities will ensure consistency and quality of care across different healthcare settings.
- Defining protocols for respectful communication guidelines, including obtaining informed consent, utilizing preferred communication methods, and addressing confidentiality concerns, is crucial for empowering women and ensuring their autonomy.
- Strict privacy and data security protocols should be in place by ensuring informed consent, limited disclosure, and respect for women's decision-making.

05 PROMOTE ACCESSIBILITY AND AFFORDABILITY

- Subsidize the cost of consultations and procedures for low-income women, ensuring that financial barriers do not hinder access to essential gynecological care.
- Encourage insurance companies to cover gynecological care, making it more affordable for women to access the services they need.
- Establish mobile clinics in rural areas to provide accessible gynecological care to women who live far from hospitals and clinics, addressing geographical disparities in healthcare.

06 STRENGTHEN THE HEALTHCARE SYSTEM

- Increase government funding for gynecological care in governmental facilities, enabling the expansion of services, the hiring of more gynecologists, and the improvement of overall infrastructure.
- By collaborating with disability support services:
  Specialized training for gynecologists and healthcare providers:
  - IMPROVED COMMUNICATION TRAINING: This includes teaching healthcare providers effective communication techniques for diverse patients, such as those with hearing or speaking disabilities. This training should cover topics like sign language basics, nonverbal communication cues, and cultural sensitivity.
  - DISABILITY AWARENESS TRAINING: Healthcare providers need to be educated about different types of disabilities, their impact on health and well-being, and how to provide respectful and inclusive care. This training should also address unconscious biases and discriminatory attitudes towards individuals with disabilities.
  - SPECIFIC NEEDS OF WOMEN WITH DISABILITIES: Gynecologists should receive specialized training on the unique physical, psychological, and social needs of women with disabilities in regards to gynecological care. This includes understanding the potential impact of various disabilities on reproductive health, sexual function, and pain management.

07 ACCESSIBLE INFORMATION DELIVERY

- INFORMATION IN VARIOUS FORMATS: Providing written materials, videos, and audio recordings in accessible formats like large print, Braille, easy-to-read language, and sign language interpretation is crucial for ensuring all women can understand important information about their health.
- TECHNOLOGY UTILIZATION: Utilizing mobile apps, telehealth services, and online resources can further enhance accessibility and provide convenient access to information and support for women with disabilities.

08 ENHANCING PHYSICAL ACCESSIBILITY

- INFRASTRUCTURE IMPROVEMENTS: Hospitals and clinics should be physically accessible for all women, regardless of disability. This includes features like ramps, accessible restrooms, lowered counters, and braille signage.

Annex 1

PARTICIPANTS PERSONAL INFO

TOTAL NUMBER

Age: 18-34		Age: 35-45		Age: 46-65	
Jordanian	21	Iraqi	2	Iraqi	4
Iraqi	1	Syrian	25	Syrian	2
Syrian	14	Jordanian	14	Jordanian	13
Sudanese	1				
American	1			TOTAL	98

TOTAL NUMBER BASED ON THE LOCATION

Age	Number	Location
23-60	22	Amman
18-45	27	Zarqa
47-63	13	Irbid
25-45	14	Karak
18-46	22	Azraq Camp

TOTAL NUMBER BASED ON THE NATIONALITIES

48	41	7	1	1
Jordanian	Syrian	Iraqi	Sudanese	American

NUMBERS BASED ON THE STATUS

27 URBAN REFUGEES

22 CAMP REFUGEES

73 MARRIED

17 UNMARRIED

05 WIDOWS

03 DIVORCED

02 WOMEN WITH DISABILITIES

Annex 2

FOCUS GROUPS QUESTIONS

Question Category	Question
Personal Info	Names, ages, status, number of kids (if married)
Family aspect	What is the information you share with your family regarding your gynecological health? If you are a mother and your daughter is facing a health problem that requires her to visit a gynecologist, how do you deal with it? ما هي المعلومات التي تشاركيها مع عائلتك بما يخص صحتك النسائية؟ واذا كنتي أم وكانت ابنتك تواجه مشكلة صحية تتطلب زيارتها لطبيبة نسائية كيف تتعاملين مع هذا الموضوع؟
Social aspect	Can you share an experience with a gynecologist: * What are the questions you are asked when going to the gynecologist? * What are some of the challenges you face when going to the gynecologist? * What are some of the things you like about going to the gynecologist? * Is your doctor committed to confidentiality and the privacy of your experience? اوصفيلنا تجربتك مع العيادة بما يتضمن: * الأسئلة التي تُوجَّه إليكِ * تحديات واجهتِها(داخل العيادة) * سلوكيات أعجبتك/ أو لم تعجبكِ * بناء على التجربة هل تلتزم طبيبتك بالسرية وخصوصية تجربتك؟
Economic aspect	What is the cost of visiting a gynecologist and the following tests and medications? To what extent does this cost affect your decision to visit a gynecologist? ما تكلفة زيارة الطبيبة النسائية وما يرافقها من فحوصات وأدوية. ما مدى تأثير هذه التكلفة على قرار زيارتك للطبيبة؟
Health aspect	How do you feel about talking to your gynecologist about your sexual and reproductive health needs? ما هو شعورك اتجاه التحدث مع طبيبتك/طبيبك حول احتياجاتك المتعلقة بالصحة الجنسية والإنجابية؟

	How are the procedures, causes, examination method, and treatment explained to you by the doctor? (The entire process from entering the clinic to prescribe treatment) كيف يتم شرح الاجراءات، المسببات، طريقة الفحص، طريقة العلاج من الطبيبة لالك؟ (الرحلة ما بين الدخول للعيادة لوصف العلاج)؟
Access aspect	In the previous questions, we covered the Economical part of visiting a gynecologist. In addition to that, what other challenges do you face in terms of accessibility (availability of a doctor, distance, and transportation)? من خلال الأسئلة السابقة غطينا موضوع التكلفة المادية، عدا عن ذلك ما هي التحديات الأخرى التي تواجهنها للوصول الى عيادة نسائية (توفر طبيبة، المسافة والمواصلات)؟
Access aspect / Women with disabilities	Are there any physical barriers to accessing gynecological care, such as inaccessible ramps or elevators or signs? هل هناك أي عوائق تحول دون الوصول إلى العيادة، مثل المنحدرات أو المصاعد او الشواخص التي يمكن الوصول إليها؟
	What are your experiences with communicating with gynecologists and their staff? *Are there any communication barriers to accessing gynecological care, such as a lack of sign language interpreters or accessible materials? ما هي تجاربك في التواصل مع الاطباء/الطبيبات والعاملين/ات معهم/ن؟ *هل هناك أي عوائق في التواصل تحول دون الوصول إلى الرعاية، مثل عدم وجود مترجمين/ات للغة الإشارة أو المواد التي يمكن الوصول إليها؟
	Do gynecologists have the training and experience to provide care to women with disabilities? هل يتمتع أطباء/طبيبات أمراض النساء بالتدريب والخبرة اللازمة لتقديم الرعاية للنساء ذوات الإعاقة؟
	Can you describe a time when you felt that your agency or privacy was respected or not respected in the gynecological clinic? هل يمكنك وصف تجربتك في وقت شعرت فيه أن وكالتك أو خصوصيتك كانت محترمة أو غير محترمة في عيادة أمراض النساء؟

Annex 3

GYNECOLOGISTS, MIDWIVES AND HEALTH CARE PROVIDERS QUESTIONS

Question Category	Question
Icebreakers/Personal	What is your name and role? What are your areas of interest in gynecological care? ما هو اسمك ودورك؟ ما هو اختصاصك في مجال رعاية أمراض النساء؟
Health aspect	What are some of the most common health concerns that married and unmarried women face? ما هي المشاكل الأكثر شيوعا التي تواجهها النساء المتزوجات وغير المتزوجات؟
	What are some of the challenges that unmarried women face in accessing sexual and reproductive health services? ما هي بعض التحديات التي تواجهها النساء غير المتزوجات في الحصول على خدمات الصحة الجنسية والإنجابية؟
	What are some of the challenges that women face in accessing STI testing and treatment? *is it accessible? and safe? and confidential? ما هي بعض التحديات التي تواجهها النساء في الوصول إلى اختبار وعلاج العدوى المنقولة جنسيا؟ *هل يمكن الوصول إليه؟ هل هو آمن؟ وسري؟
Family aspect	How can we ensure that unmarried women have the same access to gynecological care as married women? كيف يمكننا ضمان حصول النساء غير المتزوجات على نفس فرص الحصول على الرعاية النسائية مثل النساء المتزوجات؟
	How do you deal with a patient who has a family member with her in terms of communication, asking questions, and sharing information? كيف تقومين بالتعامل مع المريضة إذا تواجد أحد أفراد عائلتها معها من حيث التواصل، طرح الأسئلة، مشاركة المعلومات؟
Social aspect	What are some of the social norms and taboos that can impact unmarried women's access to gynecological care? ما هي بعض الأعراف الاجتماعية والمحظورات التي يمكن أن تؤثر على حصول المرأة غير المتزوجة على الرعاية النسائية؟

	ما مدى شيوع زيارة مريضات ناشطات جنسيا وغير متزوجات لمراكزكن؟ ما هي الخدمات الرعائية المتاحة لهذه الفئة من النساء؟
Economic aspect	What are some of the economic barriers that women and girls face in accessing gynecological care? ما هي بعض العوائق الاقتصادية التي تواجهها النساء والفتيات في الحصول على الرعاية النسائية؟
Access aspect	What are some of the barriers that women face in accessing gynecological care? (Reaching the clinic, availability of a gynecologist) ما هي العوائق التي تواجهها النساء في الحصول على الرعاية النسائية؟ (الوصول إلى العيادة، تواجد طبيب/ة)
Access aspect / Women with disabilities	What is the protocol followed for dealing with women patients with disabilities? ما هو البروتوكول المتبع للتعامل مع المريضات من ذوي الإعاقة؟ *ما هي التحديات التي تعيقك من تقديم هذه الخدمة؟ How do you ensure that patients with disabilities have agency and privacy in your practice? كيف يمكنك التأكد من أن المريضة ذات الإعاقة لديها الوكالة والخصوصية اثناء ممارستك؟

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