

CARE FOR WOMEN WITH DISABILITIES IN HEALTH SERVICES: AN INTEGRATIVE REVIEW**ATENCIÓN A MUJERES CON DISCAPACIDAD EN LOS SERVICIOS DE SALUD: UNA REVISIÓN INTEGRADORA****ATENÇÃO ÀS MULHERES COM DEFICIÊNCIA NOS SERVIÇOS DE SAÚDE: UMA REVISÃO INTEGRATIVA**

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ABSTRACT

Introduction: Women with physical disabilities face challenges in care and access to health services. **Objective:** To identify in the literature the care offered to women with motor, hearing, and visual disabilities in health services. **Method:** This is an interactive review, which took place between March 2024 and July 2024, in the Medline (PubMed), EMBASE (Elsevier), Cochrane Library, and Virtual Health Library (VHL) databases. Theoretical, methodological, quantitative, or qualitative studies that answered the research question were included, totaling 35 articles. **Results:** The results were divided into 4 categories: Experiences of women with physical disabilities; Health professionals in caring for women with disabilities; Differentiated service in care for women with and without disabilities; Barriers to information and health services. **Conclusion:** The study allowed us to explore the experiences of women with disabilities in the context of health care, highlighting challenges and suggesting ways to improve equity and quality of care.

Keywords: Women's Health; Physical Disability; Health Care; Primary Care.

RESUMEN

Introducción: las mujeres con discapacidad física enfrentan desafíos en la prestación de atención y acceso a los servicios de salud. **Objetivo:** identificar en la literatura la atención ofrecida a mujeres con discapacidad motora, auditiva y visual en los servicios de salud. **Método:** se trata de una revisión interactiva, que tuvo lugar entre marzo de 2024 y julio de 2024, en las bases de datos Medline (PubMed), EMBASE (Elsevier), Biblioteca Cochrane y Biblioteca Virtual en Salud (BVS). Se incluyeron estudios teóricos metodológicos, cuantitativos o cualitativos que respondieron a la pregunta de investigación, totalizando 35 artículos. **Resultados:** se decidió dividir los resultados en 04 categorías: Experiencias de mujeres con discapacidad física; Profesionales de la salud en la atención a mujeres con discapacidad; Servicio diferenciado en la atención a mujeres con y sin discapacidad; Barreras a la información y a los servicios de salud. **Conclusión:** el estudio permitió explorar las experiencias de mujeres con discapacidad en el contexto de la atención de salud, destacando desafíos y sugiriendo formas de mejorar la equidad y la calidad de la atención.

Palabras clave: Salud de la Mujer; Discapacidad física; Asistencia de Salud; Cuidados Básicos.

RESUMO

Introdução: as mulheres com deficiência física enfrentam desafios na atenção e acesso aos serviços de saúde. **Objetivo:** identificar na literatura a atenção oferecida às mulheres com deficiência motora, auditiva e visual nos serviços de saúde. **Método:** trata-se de uma revisão interativa, que ocorreu entre março de 2024 e Julho de 2024, nas bases de dados Medline (PubMed), EMBASE (Elsevier), Cochrane Library, e Biblioteca Virtual em Saúde (BVS). Foram incluídos estudos teórico metodológicos, quantitativos ou qualitativos, que respondesse a questão de pesquisa, totalizando 35 artigos. **Resultados:** foi optado por dividir os resultados em 04 categorias: Experiências de mulheres com deficiência física; Profissionais da saúde no cuidado com as mulheres com deficiência; Serviço diferenciado no atendimento às mulheres com e sem deficiência; Barreiras às informações e aos serviços de saúde. **Conclusão:** o estudo permitiu explorar as experiências de mulheres com deficiência no contexto dos cuidados de saúde, destacando desafios e sugerindo caminhos para melhorar a equidade e a qualidade do atendimento.

Palavras-chave: Saúde da Mulher; Deficiência Física; Assistência em Saúde; Atenção Básica.



INTRODUCTION

Women with disabilities come from all age groups, ethnicities, races, religions, economic strata and sexual orientations. Epidemiological data from the World Health Organization indicate that more than one billion people worldwide live with some type of disability. According to estimates from the Brazilian Institute of Geography and Statistics (IBGE), based on the Continuous National Household Sample Survey (PNAD Contínua) of 2022, Brazil has 18.6 million people with disabilities, considering the population aged two years or older, of which 10.7 million are women^{1,2}.

In addition to low screening rates, women with disabilities face several difficulties in accessing tests, including problems with inadequate physical infrastructure, financial limitations, difficulties in getting around, low levels of education and lack of information about the tests by women, their family members or caregivers, and health professionals³.

Architectural barriers and lack of professional training are factors highlighted by women with physical disabilities. A study on access and accessibility to cancer screening for women with disabilities pointed out barriers related to access and accessibility, regardless of the health service used. It was reported that these barriers range from caregivers, to transportation, physical structure, and even the lack of training of health professionals to serve this population⁴.

Health services play an essential role in providing care to women with disabilities. Both

in offering health care based on the needs presented, and in offering breast and cervical cancer prevention programs, prenatal care, postpartum care, and hyperdiabetes treatment. It is important to consider individual needs, ensure access, accessibility, effective communication, and patient safety.

In this context, it is crucial to recognize the attention dedicated to women with motor, hearing, and visual disabilities within the scope of health services, in order to guarantee not only the minimum rights to dignity, care, and attention to their health, but also a comprehensive approach that takes into account their specific needs and peculiarities.

Therefore, with the aim of expanding understanding of existing practices, gaps to be filled and opportunities for improvement to ensure more inclusive and effective care, the objective of this work is to identify in the literature the care offered to women with motor, hearing and visual disabilities in health services.

METHODS

This is an Integrative Literature Review (ILR) with a systematic search, carried out with the support of the National Council for Scientific and Technological Development - Brazil (CNPQ).

After defining the research topic, the research question was formulated, based on the PICO acronym strategy, in which “P” refers to the study population; “I” to the intervention; “C” to the comparison; and “O” to the outcome.



Table 1 – PICO Strategy. Mossoró, RN, Brazil, 2024.

Stage	Definition	Description
P	Population	Women with physical disabilities
I	Intervention	Literature search
C	Comparison	How is care given to women with physical disabilities compared to those without disabilities?
O	Outcome	Health Services

Source: Prepared by the authors, 2024.

The descriptors were combined with each other using the Boolean operators “OR” between the PICO element descriptors and “AND” between the descriptors of different elements. Thus, the research question of the review was: “What care is offered to women with motor, hearing and visual disabilities in health services?”

The search was carried out between March 2024 and July 2024, in the databases Public Medical Literature Analysis and Retrieval System Online Complete (Medline via PubMed), EMBASE (Elsevier), Cochrane Library, and Biblioteca Virtual em Saúde (BVS). The

descriptors for the search were previously researched considering the controlled vocabulary for indexing articles of the Medical Subject Headings (Mesh) and the Health Sciences Descriptors (DeCS), through which the following were found: “Women's Health”, “Disabled people”, “Primary health care”, “Women's Health”, “People with Disabilities”, “Primary Health Care”. Table 2 presents the summary of the search strategy carried out in the databases.

Table 2 – Systematic search strategy for research in the databases. Mossoró, RN, Brazil, 2024.

Database	Search Strategy
Medline via Pubmed	<p>#1 “Women's Health” [Mesh] OR (Health, Women's) OR (Womens Health)</p> <p>#2 “Disabled Persons” [Mesh] OR (Disabled Person) OR (Person, Disabled) OR (Persons, Disabled)</p> <p>#3 “Primary Health Care” [Mesh] OR (Care, Primary Health) OR (Health Care, Primary)</p>
Embase	<p>#1 'women`s health'/exp OR (women`s health)</p> <p>#2 'disabled persons'/exp OR (disabled patient) OR (disabled persons) OR (handicapped)</p> <p>#3 'primary health care'/exp OR (health care, primary) OR (primary care nursing) OR (primary health care)</p>
BVS	<p>#1 MH: "Women's Health" OR (Salud de la Mujer) OR (Women's Health) OR MH: N01,400,900 OR MH:</p>



	SP2.770.750.141 #2 MH: "Disabled Persons" OR (People whit disabilities) OR (Person with Disability) OR (Person with Congenital Disability) OR MH: M01.150 #3 MH: "Primary Health Care" OR (Basic Service) OR (Primary Care) OR MH: N04,590,233,727 OR MH: SP2.630.121
COCHRANE LIBRARE	#1 "Women's Health" OR (Health) OR (Women's) OR (Woman's) OR (Womens Health) #2 "Disabled Persons" OR (Physically Disabled) OR (Disabled) OR (Persons with Disabilities) #3 "Primary Health Care" OR (Primary Healthcare) OR (Health Care) OR (Healthcare) OR (Primary Care)

Source: Prepared by the authors, 2024.

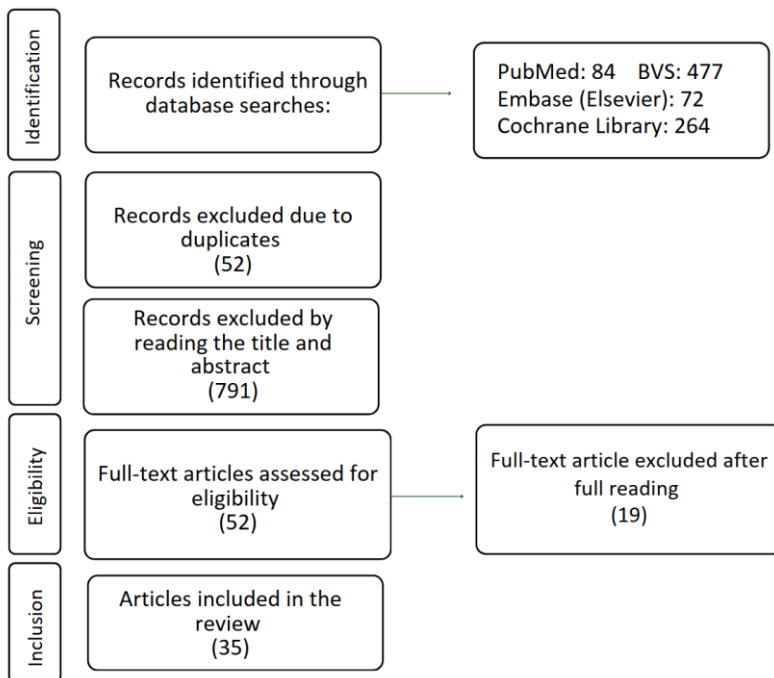
Theoretical-methodological, quantitative or qualitative studies that answered the research question were included. Primary studies that used Integrative Review as a methodology to review a research object, duplicates and publications that did not meet the research objective were excluded. No limits were established regarding the publication date or language of the primary studies.

After applying these criteria, the primary studies were selected according to the guiding question and the previously defined inclusion criteria. All studies identified through the search strategy were initially evaluated by analyzing the titles and abstracts in order to assess their suitability for the review. In cases where the titles and abstracts were not sufficient to define the initial selection, the publication was read in full.

The search in the databases identified 897 publications with individual and combined descriptors, which were evaluated on the "Rayyan Reviews" platform by two evaluators in blind title evaluation mode. After deleting duplicates and screening titles and abstracts, 52 duplicates and 791 publications were excluded by screening titles and abstracts. Of these, 54 met the selection criteria specified for full-text reading. After evaluation, 19 were excluded as they were not related to the guiding question, resulting in 35 eligible articles (Figure 1).

Data analysis was performed systematically and critically, including a detailed review of the content to gain an understanding of the topic under discussion. The selected articles that aligned with the research criteria were chosen. After selecting the articles, an organized summary of their contents was made.

Figure 1 - Selection process and final sample of publications, Mossoró, RN.



Source: Prepared by the authors, 2024.

RESULTS

After reading and evaluating the 35 publications, they were summarized in a Table format. According to the data analyzed, it was decided to segment the findings into categories, namely: 1) Experiences of women with physical disabilities; 2) Health professionals in the care of women with disabilities; 3) Differentiated service in the care of women with and without disabilities; 4) Barriers to information and health services (Table 3).

The selection of themes for this categorization was based on the most relevant and recurrent content in all articles, which directly reflect the care offered to women with

motor, hearing and visual disabilities in health services.

According to the characteristics of the study, the publication dates range from 1994 to 2023 and scientific productions from several continents and countries were identified. Most of the studies included women with physical disabilities, with some other groups of people with multiple disabilities, black women, health professionals and men and women standing out.

Table 3 - Data extraction table of selected articles. Mossoró, RN, Brazil, 2024.

Category and titles	Titles, authors and year	Description
Experiences of women with physical disabilities.	<p>Dignity and respect in pregnancy and childbirth: a study of the experiences of women with disabilities</p> <p>Hall, et. al, 2018⁵;</p> <p>Comparison of emergency department use among pregnant women with and without disabilities in Ontario, Canada.</p> <p>Brown, et. al, 2023⁶;</p> <p>Population-based analysis of postpartum acute care use among women with disabilities</p> <p>Brown, 2022⁷;</p> <p>'They are my future': desires and motivations for having children among women with disabilities in Ghana - implications for reproductive health.</p> <p>Ganle, et. al, 2020⁸</p> <p>Maternal and newborn health needs of women with mobility disabilities; 'the twists and turns': a case study in Kibuku District, Uganda</p> <p>Apolot, et. al, 2019⁹;</p> <p>Access to and quality of maternity care for women with disabilities during pregnancy, childbirth and the postnatal period in England: data from a national survey</p> <p>Malouf; Henderson; Redshaw, 2017¹⁰;</p> <p>Time trends in births and caesarean sections among women with disabilities</p> <p>Horner-Johnson, et. al, 2017¹¹;</p> <p>Barriers to breast cancer screening in Australia: experiences of women with physical disabilities</p> <p>Peters; Cotton, 2015¹²;</p>	<p>The studies reviewed reveal that women with physical disabilities face substantial challenges during pregnancy, childbirth and the postpartum period, including the need for effective and ongoing communication to ensure appropriate care and reduce medical emergencies.</p> <p>These women often face postpartum complications and have unequal access to care, resulting in more medical interventions and less immediate contact with their babies.</p> <p>In addition, social stigma and structural inequalities negatively affect their experiences and access to health services, exacerbating economic hardship and high unemployment rates, especially for those with congenital disabilities.</p>

	<p>Disparities in breast and cervical cancer screening associated with severity of disability</p> <p>Horner-Johnson et. al, 2014¹³;</p> <p>Women with disabilities and their double vulnerability: contributions to building comprehensive health care</p> <p>Nicolau; Schraiber; Ayres, 2013¹⁴.</p>	
Health professionals caring for women with disabilities.	<p>Gynecologic Care for Women with Physical Disabilities: A Qualitative Study of Patients and Providers</p> <p>Sonalkar, et. al, 2020¹⁵;</p> <p>Social Representations of Primary Care Physicians about Health Care for People with Disabilities</p> <p>Fernandes, et. al, 2023¹⁶;</p> <p>Disability and Pregnancy: A Collaboration Between Federal Agencies to Collect Population-Based Data on Pregnancy Experiences</p> <p>D'Angelo, et. al, 2020¹⁷;</p> <p>Health Care Needs of Women with Disabilities Across the Lifespan</p> <p>Snell, 2007¹⁸;</p> <p>Intimate Partner Violence in Women with Disabilities: Perceptions of Health Care and Attitudes of Health Care Providers</p> <p>Ruiz-Pérez, et. al, 2018¹⁹;</p> <p>Knowledge, Self-Efficacy, and Practices of APN in Providing Health Services to Women with Disabilities</p> <p>Lehman, 2009²⁰;</p> <p>Health conditions among women with disabilities.</p> <p>McDermott, et. al, 2007²¹;</p>	<p>Gynecological care for women with physical disabilities faces challenges such as insufficient time for consultations, difficulties with examinations and lack of specialized training for health professionals.</p> <p>Many professionals, especially in primary care, do not have adequate training, which compromises the quality of care.</p> <p>In addition, there are barriers such as inadequate cancer screening and communication gaps.</p>



	<p>Improved reproductive health care for women with disabilities: a role for nursing leadership</p> <p>Phillips; Phillips, 2006²²;</p> <p>Women with disabilities: general practitioners and breast cancer screening</p> <p>Verger, et. al, 2005²³;</p> <p>Perceptions of primary health care services among people with physical disabilities - part 2: quality issues.</p> <p>Branigan, et. al, 2001²⁴.</p>	
Differentiated service for women with and without disabilities	<p>Promoting best practices for perinatal care for deaf women</p> <p>Hubbard; D'Andrea; Carman, 2018²⁵;</p> <p>Use of screening and prevention services among women with disabilities</p> <p>Lezzoni, et. al, 2001²⁶;</p> <p>Unmet needs, limited access: A qualitative study of the postpartum health care experiences of people with disabilities</p> <p>Tarasoff, 2023²⁷;</p> <p>Continuity of primary care and adequacy of prenatal care among women with disabilities in Ontario: A population-based cohort study</p> <p>Nishat, 2022²⁸;</p> <p>Preconception health characteristics of women with disabilities in Ontario: A population-based cross-sectional study</p> <p>Tarasoff et. al, 2020²⁹;</p> <p>Access to Cancer Screening for Women with Mobility Disabilities</p> <p>Angus, et. al, 2012³⁰;</p> <p>Inadequate prevention of cardiovascular disease in</p>	<p>Women with physical disabilities face neglect of their health needs and lack of post-treatment planning, compounded by the absence of interpreters and insensitivity of providers.</p> <p>These challenges are exacerbated by poverty, social isolation and low education, resulting in reduced access to essential preventive screenings.</p> <p>While continuity of care can improve antenatal care, there are significant gaps in reproductive health and contraceptive services due to inadequate policies and economic barriers.</p>



	<p>women with physical disabilities</p> <p>Capriotti, 2006³¹;</p> <p>Preventive health care in women with multiple sclerosis</p> <p>Shabas; Weinreb, 2000³²;</p> <p>Breast and cervical cancer screening among women with physical disabilities</p> <p>Nosek; Howland, 1997³³;</p> <p>Pregnancy among women in the US: Differences by presence, type, and complexity of disability</p> <p>Horner-Johnson, et. al, 2016³⁴;</p> <p>Disability and receipt of Pap smears among women in the US, 2000 and 2005</p> <p>Drew; Short, 2010³⁵.</p>	
Barriers to information and health services	<p>Health care providers' perceptions of accessible examination tables in primary care: implementation and benefits for patients with and without disabilities</p> <p>Maragh-Bass, et. al, 2018³⁶;</p> <p>Maternal health experiences of deaf and hard of hearing black women in the United States</p> <p>Helm, et. al, 2023³⁷;</p> <p>Barriers to sexual and reproductive health service utilization among deaf youth in Ghana</p> <p>Mprah, et. al, 2022³⁸;</p> <p>Practical considerations in performing physical examinations on women with disabilities</p> <p>Welner, et. al, 1994³⁹.</p>	<p>The study reveals that women with hearing impairments rely on sign language interpreters, family support and cultural understanding from providers to receive quality care.</p> <p>In some places, women face great difficulties in accessing sexual and reproductive health services due to the high cost of interpreters and lack of information about contraception.</p> <p>In addition, some accessibility challenges are highlighted, such as challenges with inadequate transportation and poor infrastructure and equipment.</p>

Source: Prepared by the authors, 2024.

Despite minor differences, the studies converge on the need for more research that concretely points to solutions to problems arising from health care for women with physical disabilities.

DISCUSSION

The studies reviewed highlight significant challenges faced by women with physical disabilities during pregnancy, childbirth and the postpartum period. Effective communication is addressed as a central theme, emphasizing the need to listen to and respect women's choices, acknowledging their knowledge about their bodies and disabilities⁵. Continuity of care was also highlighted, with the aim of improving access to outpatient obstetric and medical care, thereby reducing the high prevalence of emergency department visits among women with disabilities^{6,7}.

Women with disabilities, especially those with physical disabilities, are more likely to experience postpartum complications, including hospital admissions, highlighting the need for extended and specialized care during this critical period^{7,8}. Disparities in access to and quality of maternal care are evident, with higher rates of medical interventions such as assisted births and cesarean sections among women with physical disabilities, as well as less immediate skin-to-skin contact with their babies^{9,10}.

Issues of social stigma and structural inequalities are also frequently reported^{8,11}, influencing decisions about motherhood and

access to health services, as demonstrated by negative experiences during breast cancer screening exams^{12,13}. These barriers not only affect physical health, but also economic status, with higher rates of unemployment and financial dependency among women with disabilities, especially those with congenital disabilities¹⁴.

Gynecological care for women with physical disabilities represents a significant challenge. Studies highlight concerns such as limited time available during consultations, difficulties in accessing and performing gynecological exams, inadequate facilities and the lack of specialized training for health professionals. These factors contribute to substantial barriers to care for this group, highlighting the urgent need for improvements in clinical practice and training of health professionals¹⁵.

Health professionals, especially nurses, play a crucial role in improving care for women with disabilities by promoting holistic and evidence-based approaches^{16,17}. Specific training, such as that focused on the rehabilitation of women with disabilities who are victims of abuse, is essential to detect and adequately treat cases of violence; however, professionals are unprepared to deal with this situation¹⁸.

In contrast, studies show that only a minority of primary care physicians receive adequate training to care for people with disabilities, reflecting a practice that is often unsafe and incomplete. Additional barriers include inadequate breast cancer screening



practices and a lack of effective communication^{19,20}.

Based on the studies, it is possible to see that health services still need to be structurally adapted and professionally qualified to serve people with physical disabilities. Strategies need to be created to capture this public and facilitate communication, as well as monitoring, from primary care to more complex levels of health.

A study conducted in Canada on how people with physical disabilities perceive primary health care services revealed that women with disabilities were able to undergo essential screening exams to detect breast and cervical cancer. However, the study identified barriers in the provision of health promotion services, in addition to issues related to physical access²¹.

A study suggested that, although nurses have adequate knowledge, work environments are often not conducive to the competent care of women with disabilities²². However, in addition to the environment, it is crucial that professionals are aware of the specific risks faced by women with disabilities, such as a greater propensity for dementia and cardiovascular conditions²³.

It can be seen that the challenges in caring for women with disabilities go beyond architectural and communication barriers. It is important that professionals are up to date on how the patient's physical condition is related to other prognostic risks. It is a set of measures that can promote health promotion and prevention, and in the case of intervention, act in a way that

ensures equity in care, humanized care and effective communication, as well as the use of instruments that are adaptable to the patient's needs. However, despite the challenges, it is possible to identify strategies adopted by some health services in order to improve care for women with disabilities.

The National Institutes of Health and the Centers for Disease Control and Prevention used the Pregnancy Risk Assessment Monitoring System (PRAMS) to collect data on the reproductive health of women with disabilities, which can be used to inform clinical guidelines and improve services, and can guide the development of clinical guidelines, intervention programs and other initiatives to improve services and health for women with disabilities of reproductive age²⁴.

Regarding women with and without disabilities, studies indicate that women with more complex disabilities are less likely to be pregnant compared to women whose disabilities affected basic actions, and this does not differ significantly from women without disabilities. However, the particularities and subjectivities of women, and their physical condition, must be considered²⁵.

A study found in its results that women reported neglect of their specific health concerns due to their physical disability, resulting in complications such as bedsores and lack of post-treatment planning. Lack of sensitivity to physical needs and the absence of interpreters



were cited as significant barriers to adequate care²⁶.

Women with physical disabilities face additional challenges in accessing health care, associated with high rates of poverty, social isolation, low education and inability to work. This results in a lower likelihood of receiving essential preventive exams, such as Pap smears and mammograms, especially among those with severe mobility limitations^{27,28}.

Research in Ontario examined how continuity of primary care affects the adequacy of prenatal care for women with disabilities. It found that the majority of women with disabilities received prenatal care that was considered intensive, regardless of the level of continuity of care prior to conception.²⁹ Women with disabilities are less likely to receive adequate care in reproductive health and contraceptive services.³⁰ Lack of inclusive policies and practices, lack of awareness among health professionals and limited accessibility of mainstream services are highlighted as key programmatic issues.¹⁴

A study in the US showed that women with disabilities, especially those with mobility limitations, are less likely to receive Pap smears due to cost or lack of insurance. This suggests additional barriers beyond physical limitations, highlighting the need for efforts to improve access to reproductive health care for these women³¹.

Corroborating these findings, a study on complex cardiovascular disease prevention in

women with physical disabilities indicated that women with physical disabilities receive less preventive care for serious conditions, such as cardiovascular disease, due to under-assessment of risk and barriers to accessing appropriate screening³². Furthermore, preventive health initiatives specific to conditions such as Multiple Sclerosis have shown significant failures in the provision of regular preventive screening³³.

Women with disabilities, especially those with more severe functional limitations, face substantial barriers to receiving regular pelvic exams, exacerbated by environmental, attitudinal, and informational factors³⁴.

Hospitals are mandated to provide access to interpreters during hospitalization, but greater understanding of deaf culture and deaf-friendly technologies should be considered for best practices in perinatal care. One study showed that nursing care that honors a woman's communication preferences can improve quality outcomes, safety, and patient satisfaction³⁵.

A study examining maternal health experiences among black deaf and hard of hearing women found that the availability of sign language interpreters, family support, and cultural understanding by providers are important facilitators of effective care³⁶.

Conversely, a study of deaf women in Ghana found that they face significant barriers in accessing sexual and reproductive health services, particularly due to the high costs associated with the need for interpreters. In addition, lack of information about contraception

often results in additional health complications for this population³⁷.

Another significant barrier identified was limited mobility to health services and inadequate infrastructure in health facilities. Mothers with mobility disabilities face difficulties with inadequate transportation, lack of physical accessibility in facilities, and additional financial costs. These barriers highlight the urgent need for adapted infrastructure, such as lower beds, ramps, and accessible toilets, as well as more responsive and efficient maternal and child health services⁸.

Architectural barriers are a major obstacle for women with physical disabilities, limiting not only access to health care, but also social, educational, and political participation. Adequate physical accessibility is essential to promote gender equity and the human development of these women¹⁴.

It is essential to consider adapting equipment and instruments to meet the needs of women with disabilities regarding perceptions of health professionals about accessible examination tables in primary care. Despite initial challenges and the need for training, the successful implementation of adaptable tables for people with disabilities contributes significantly to equitable and satisfactory care³⁸.

These studies highlight the importance of inclusive policies and practices that ensure equitable access to quality health care for women with disabilities.

Research suggests strategies to overcome physical obstacles and knowledge deficiencies during the physical examination of women with disabilities. They also address issues related to sexually transmitted diseases, raise awareness about abuse, and provide medical guidance. Therefore, it is important to provide professional training and structural improvements to better serve women with physical disabilities³⁹.

As a limitation of the study, it was identified that there is little research on care for women with physical disabilities, as well as on instruments and measures that can be used to improve care.

FINAL CONSIDERATIONS

Through the analysis of the articles, it was possible to identify a series of barriers faced by women with disabilities in various aspects of their reproductive and general health. Architectural barriers and the lack of adapted equipment were cited as obstacles to accessing health services, impacting not only direct medical care, but also the social participation and quality of life of women with disabilities.

In addition, the studies revealed gaps in the training and sensitivity of health professionals regarding the specific needs of these women. Another point addressed was the inequality in access to preventive and reproductive health care. Women with disabilities face lower rates of essential preventive exams, such as mammograms and Pap smears, due to multiple institutional and structural barriers.



Therefore, the studies point to the need for inclusive public policies and practical interventions in health systems. Measures such as improving the physical accessibility of health facilities, providing ongoing training to health professionals in inclusive care, and ensuring the availability of resources such as sign language interpreters are key steps to reducing health disparities faced by women with disabilities. It is therefore crucial that future research focuses on expanding the evidence base on the specific health needs of these women and developing effective strategies to overcome identified barriers.

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Yraguacyara Santos Mascarenhas Oliveira: contributed substantially to the conception and planning of the study; and to obtaining and analyzing the data;

Maria Valéria Chaves de Lima: to obtaining and interpreting the data, and to critical review;

Kalyane Kelly Duarte de Oliveira: to writing, critical review and final approval of the published version.

Declaration of conflict of interest

Nothing to declare

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