

Title proposal on Attitudes and use of family Planning among people with disabilities.



CHAPTER I

INTRODUCTION

1.1 Introduction

Family planning is a crucial aspect of reproductive health and well-being for individuals and communities. Access to family planning services and information enables individuals to control their reproductive health and prevent unintended pregnancies. However, people with disabilities face numerous barriers to accessing these services, leading to unintended pregnancies, lack of control over their reproductive health, and decreased quality of life. Family planning methods also known as Birth control, contraception, anticonception, and fertility control are the use of methods or devices to prevent unwanted pregnancy. Birth control has been used since ancient times, but effective and safe methods of birth control only became available in the 20th century. Methods of contraception include oral contraceptive pills, implants, injectables, patches, vaginal rings, Intra uterine devices, condoms, male and female sterilization, lactational amenorrhea methods, withdrawal, and fertility awareness-based methods. These methods have different mechanisms of action and effectiveness in preventing unintended pregnancy.

Despite its importance, there is a lack of research on the attitudes and use of family planning among people with disabilities, and this study aims to fill this gap by providing valuable insights into this important issue. The findings of this study will inform the development of evidence-based interventions to address the barriers faced by people with disabilities in accessing family planning services and information and contribute to improved reproductive health outcomes for this population. The World Health Organization (WHO) global disability action recognizes disability as a public health, human rights, and development priority issue. Disability is a human rights issue since persons with disabilities (PWDs) experience inequalities and are subject to multiple rights violations including violence, abuse, prejudice, disrespect, and denied autonomy (World Health Organization. Global disability action plan 2014-2021: Better health for all people with a disability: WHO; 2015.). The UN convention on the rights of persons with disabilities (UNCRPD) marks the paradigm shift by applying a human rights-based approach to disability and claiming an accessible and inclusive society for all (United Nations (UN). Convention on the rights of persons with disabilities. 2006.). Article 25 of the Convention guarantees persons with disabilities the right to access the same range, quality, and standard of free or affordable health care and programs as

provided to other persons, including those in sexual and reproductive health (SRH). Article 23 of the Convention points out the rights of PWDs to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, and reproductive and family planning services including the means necessary to enable them to exercise these rights. The article further mentions the importance of effectively eliminating discrimination against PWDs in all matters relating to marriage, family, parenthood, and relationships.

WHO/UNFPA, the Program of Action of the International Conference on Population and Development (1994), and the Vienna Declaration (1993) cite these basic reproductive health rights [World Health Organization (WHO) and United Nations Population Fund (UNFPA). Promoting sexual and reproductive health for people with disabilities. Geneva: WHO/UNFPA guidance note; 2009, United Nations Population Fund (UNFPA). The Program of Action was adopted at the International Conference on Population and Development. Cairo; 1994., Vienna Declaration on Human Rights. Population and Development Review, 19(4), 877–882.]. Ethiopia, being a signatory of the above conventions, protocols, and needs to ensure that PWDs enjoy these SRH rights. The fourth strategic theme of the national health sector transformation plan (July 2015–June 2020) mentioned disability to measure equitable access to quality health services. Reducing health disparities through improved access to care for under-served populations including PWDs is a top priority on the Country's health sector transformation plan (Federal Ministry of Health. Health Sector Transformation Plan (2015-2020). Ethiopia: Addis Ababa; 2015.). These show that the country is doing something to address the SRH needs of PWDs at the policy or strategy level.

Research investigations addressing the reproductive health of women with disabilities began earnestly in the 1990s following an NIH-sponsored conference on the reproductive health of people with physical disabilities (1–4). There is a growing evidence base on family planning for women and girls with disabilities, which is assessed to be medium-sized according to DFID (2014). How to Note on Assessing the Strength of Evidence. FP2020 countries with the most evidence include Ethiopia, Ghana, Nepal, Senegal, and Uganda (5). Different factors affect access to and uptake of family planning for women and girls with disabilities such as Individual factors, Environmental factors, Attitudinal factors, and Institutional factors (6).

Persons with disabilities are marginalized groups of the population and they are frequently marginalized from FP education due to misconceptions that they are not sexually active (7).

People's perception on disability can have positive or negative impacts on life experiences and opportunities, including seeking, accessing, and using maternal health services. Many studies' findings showed that stereotypical views and misconceptions regarding the sexual and reproductive lives of PWDs impede access to SRH services (8–10). A clear understanding of the contraceptive care experiences of women in specific disability subgroups can guide targeted efforts to better meet the diverse needs of women in the large and heterogeneous disability population. However, little is currently known about the contraceptive care experiences of women with different types of disabilities. In a handful of studies, researchers described reproductive health care experiences (not necessarily specific to contraceptive care) among women with physical disabilities. People with disabilities face numerous barriers to accessing family planning services and information, leading to unintended pregnancies, lack of control over their reproductive health, and decreased quality of life. This disproportionate ~~use~~ impact highlights the need for further research to understand the attitudes and use of family planning among people with disabilities.

1.2 Justification of the Study

Population is very important for a nation. Whether it is over population or under population both can create problematic circumstances for the country. To control population knowledge of family planning method is must for the people of the individual country. For family planning or more specifically for birth control or contraception different types of effective and safe methods or devices such as oral contraceptive pills, implants, injectables, patches, vaginal rings, Intra uterine devices, condoms, male and female sterilization has been used. This study is primarily focused to find out the use or awareness of different types of family planning methods among disabled women.

There is a lack of research on the attitudes and use of family planning among people with disabilities; and this study will fill this gap by providing valuable insights into this important issue. There is limited research into the contraceptive care of people living with disabilities as well as a lack of clinical guidelines on contraceptive methods for use by people with a range of disabilities and conditions (<http://www.disabilityaction.org/>). There is a growing body of literature which recognizes that people living with disabilities have historically been denied their sexual and reproductive health (SRH) rights. They may have less access to SRH information, which is necessary for healthy and safe relationships, protection from HIV and other sexually transmitted infections (STIs), and realization of autonomy in family planning decisions (<https://www.womensrefugeecommission.org/.../Reproductive-Health-and-Disability-Summary-%20Report>). The FMOH has initiated this needs assessment to strengthen FP programs for this population. The findings of this study will inform the development of evidence-based interventions to address the barriers faced by people with disabilities in accessing family planning services and information. The study will contribute to improved reproductive health outcomes for people with disabilities, including increased access to family planning services and information, reduced unintended pregnancies, and increased control over their reproductive health. In summary, a study on the attitudes and use of family planning among people with disabilities is necessary to address the disproportionate impact that people with disabilities face in accessing these services, to fill the gap in research on this issue, and to inform the development of evidence-based interventions to improve reproductive health outcomes.

1.3 Operational Definitions

Standard DHS

Exposure to mass media: Percentage of women 15-49 years who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television

Contraceptive prevalence rate: Percentage of women aged 15-49 years currently married who are using (or whose partner is using) a (modern or traditional) contraceptive method

Functional difficulties: Women 18-49 years with functional difficulties, who use assistive devices and have functional difficulty within each domain (Seeing, hearing, walking, self-care, communication, and remembering).

Widow: A woman who has lost her husband and does not marry again.

Widower: A man who has lost her wife and does not marry again.

Divorced: Husband or wife legally separated is considered as divorced.

1.4 Research Question (s)

- Is there any significant association between the level of education and the use of modern family planning methods among people with disabilities.
- Is there any significant difference in the use of modern family planning methods between urban and rural populations of people with disabilities.

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CHAPTER II

LITERATURE REVIEW

According to the World Health Organization (WHO), around 15% of the world's population, or estimated one billion people, live with disabilities, of whom nearly 200 million experience considerable difficulties in functioning in daily life. In the years ahead, disability will be an even greater concern because its prevalence is on the rise. This is due to ageing populations and the higher risk of disability in older people as well as the global increase in chronic health conditions such as diabetes, cardiovascular disease, cancer, and mental health disorders. According to the UN development program most persons with disabilities, approximately 80%, are living in developing countries (World Report on Disability, WHO and World Bank Geneva, Switzerland, 2011.).

According to the 2007 Population and Housing Census of Ethiopia, the number of people living with disabilities is 805,492, which is about 1.1% of the total population of the country (CSA (2007)). However, this figure is generally agreed to be very low by different actors working in the area. For instance, the World Report on Disability jointly issued by the World Bank and WHO estimated that there are about 15 million children, adults and elderly persons living with disabilities in Ethiopia, representing 17.6 per cent of the population (WHO & WB (2011). World Report on Disability. Geneva, Switzerland). Regional level studies conducted in Ethiopia also showed that the proportion of people living with disabilities in Oromia, Amhara, and SNNP regions is 12.7%, 14.0%, and 16.8% respectively (ECDD (2010). General Overview of Disability in Ethiopia. Addis Ababa. Ethiopia). No other reliable figure could be found concerning estimates for Addis Ababa. However, according to the 2007 Population and Housing Census of Ethiopia, the proportion of people living with disabilities in Addis Ababa was about 1.9%.

Ahumuza et al. finds an inherent societal misperception among interviewed people with disabilities in Uganda that PWDs do not need SRH services and information (Ahumuza SE, Matovu JKB, Ddamulira JB, Muhangazi FK. Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda. Reprod Health. 2014;11:4–6.). As a result, the healthcare delivery system has turned away PWDs from seeking and accessing SRH services. The research reports of the disability rights international and Colectivo Chuhcan's from Mexico

demonstrates that 69% of the women interviewed believed that WWDs cannot financially support child rearing and over 60% believed that WWDs should undergo medical tests before considering pregnancy to prevent her from passing on her disability (Rodriguez P, Rosenthal E, Ahern C, Santos N, Cancino I, Lopez P, Francis R, Wilson C. Abuse and Denial of Sexual and Reproductive Rights of Women with Psychosocial Disabilities in Mexico. A Report by Disability Rights International and Colectivo Chuhcan; 2014. p. 19–24.).

A study was conducted to see the initial exploration of the experiences of women with different types of disability when they attempt to obtain contraceptive care where they found that to aware women with disability right action need to take. For example, offering a paper pamphlet to a blind woman, is not helpful and can be harmful to women with disabilities. Increased attention to the reproductive health care needs of women with disabilities is important for improving health care equity and quality (6)

study assessing the healthcare access for people with physical disabilities in rural Punjab reported poor arrangements and discriminatory attitudes towards both male and female patients with disabilities. In addition, women with disabilities also expressed extreme dissatisfaction with the quality of services and information being provided by healthcare professionals regarding SRH issues (Ahmad M. Health care access and barriers for the physically disabled in rural Punjab, Pakistan. International Journal of Sociology and Social Policy. 2013;33:246–60.).

According to the first ever-national survey in Ethiopia on fertility and family planning in 1990, only 4% of the women in their reproductive ages were using some family planning methods, of which only fewer than 3% were using modern contraceptive. The contraceptive prevalence rate (CPR) has doubled between the periods 1990 and 2000 and by the year 2000 it was estimated at 8.2%. The increase has been rapid and unprecedented after 2000 and, subsequent EDHS survey in 2005 recorded a twofold increase in CPR and put the rate at 14.7%. With the trend continuing contraceptive prevalence reached at 42% by the year 2014 (CSA (2014). Ethiopia Mini Demographic and health Survey 2014. Addis Ababa, Ethiopia).

In Nepal, a study of 293 young people aged 15-30 with three types of impairment (visual, hearing or physical) found that only 38% of young people said that they perceived the nearest SRH service centre to be physically accessible and disability-friendly (Characteristics of a physically accessible and disability-friendly include: provision of physical facilities like ramps/ railings/ elevators,

suitable toilets, availability of sign language interpreters, provision of written text, IEC in Braille or large text, centres located in ground floor with ample moving space (Sunaulo Pariwar Nepal, 2015).).

a study in Uganda noted that people with disabilities often had to wait in long queues at health facilities to access family planning, which were partly due to few health workers: "Whereas long queues is a common occurrence especially at public health facilities in Uganda, lack of consideration for persons with physical disability was a hindrance to access of SRH services (Ahumuza, S. Matovu, J, Ddamulira, J and Muhangazi, F (2014) 'Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda'. Reproductive Health, 11: 59-59.)

a multi-country study from Ethiopia, Uganda and Rwanda observed that discussion on sexuality related matters between parents and young people with disabilities was 'very low', with only 22% of respondents having discussed sex and family planning with their parents (Kassa et al, 2016).

Conversations about sexuality for younger and unmarried girls may be particularly taboo in culturally conservative contexts, for example research in Jordan with parents of adolescents aged 12-18 with Down's Syndrome highlighted cultural barriers to discussing masturbation, sexuality and family planning, which were also seen to be more shameful for parents to discuss with girls (Amr, M, Zaki, N, Raddad, D, Zayed, Z, Deba, M et al (2016) 'Parental report of gender differences in sexual functioning among adolescents with Down Syndrome: A Jordanian experience', Journal of Behaviour Therapy and Mental Health, 1(1): 11-24.).

Studies have found that women with disabilities are at least twice as likely as women without disabilities to be victims of rape, sexual abuse and IPV, with the most common perpetrators being their male partners (van Der Heijden, I (2014) What works to prevent violence against women with disabilities. *What Works to Prevent Violence*. London: DFID). Myths around asexuality can contribute to IPV and other forms of violence going undetected. For example, research conducted in partnership with young people with disabilities in Senegal found high vulnerability to sexual violence and therefore high risk of "unintended pregnancies, particularly among young girls with hearing impairments (Expert comments from Eva Burke, Reproductive and Sexual Health Specialist (30 December 2018)). Research also indicates that women with intellectual impairments are at higher risk, being less likely to receive sexual education, often socialised to be compliant

and more reliant on caregivers (van Der Heijden, I (2014) What works to prevent violence against women with disabilities. *What Works to Prevent Violence*. London: DFID).

a review of seven major SRH policy and practice documents from Ghana government sources and NGOs concluded that the attention given to the SRH needs of persons with disabilities has been ‘cursory’, with a need for more guidance and research to ensure disability-friendly services and information (Mprah, W, Anafi, P and Sekyere, F (2014) ‘Does disability matter? Disability in sexual and reproductive health policies and research in Ghana’. *International Quarterly of Community Health Education*, 35(1), 21-35).

For example, a qualitative study with young people aged 18-24 with physical, visual and hearing impairments in Senegal found that financial costs are a key barrier to accessing SRH services, and recommended that “financial or voucher schemes should be introduced for young people with disabilities to access free or subsidised SRH services. ‘A qualitative study to explore the barriers and enablers for young people with disabilities to access sexual and reproductive health services in Senegal’, *Reproductive Health Matters*, 25:50, 43-54.).

a systematic review of the evidence on contraceptive knowledge and use among women with intellectual, physical, or sensory disabilities from high-income countries identified only six intervention studies – five of which reported post-intervention improvements in contraceptive knowledge and use (Horner-Johnson et al, 2018).

A recent scoping study commissioned by DFID found that “people with disabilit[ies] are largely invisible in monitoring and evaluation (M&E) activities” (Buchy et al, 2017: 14), which extends to family planning programming. The study concluded that there was a lack of experience within the monitoring sector for assessing disability inclusion, with many long-running programmes not being designed with inclusion in mind, leading to a lack of visibility of disability in M&E (Buchy et al, 2017; Wapling, 2018).



CHAPTER III

RESEARCH METHODOLOGY

3.1 Study Objectives

3.1.1 General Objective

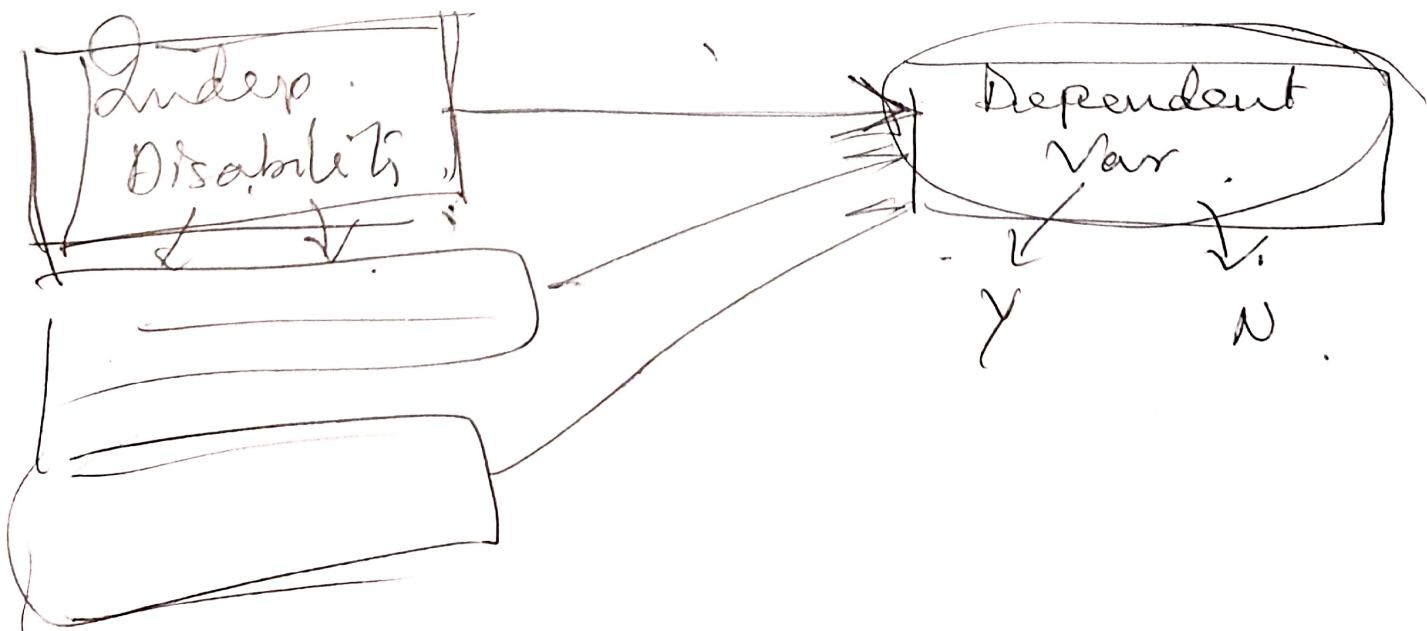
The overall objective of this assessment was to assess the level of education and the use of modern family planning methods among people with disabilities ~~in rural and urban population.~~

prevalence of the

by age & area of residence.

3.1.2 Specific Objectives

- To examine the relationship between level of education and the use of modern family planning methods among people with disabilities.
- To compare the use of modern family planning methods between urban and rural populations of people with disabilities.
- To identify factors that may influence the use of modern family planning methods among people with disabilities, including level of education and place of residence.
- To inform the development of evidence-based interventions to address barriers to accessing family planning services and information among people with disabilities.
- To contribute to the larger body of knowledge on the attitudes and use of family planning among people with disabilities and inform policy and practice.



3.2 Conceptual Framework



3.3 Study Design

MICS survey is a double-stage cluster sampling procedure, randomly selecting households with children under five years. The 2019 MICS is based on a sample of 61,242 households with a 99.4 percent response rate. MICS provides a comprehensive picture of children's and women's health for the seven administrative divisions (Dhaka, Chittagong, Sylhet, Rajshahi, Rangpur, Barisal, and Khulna) of Bangladesh. Districts were identified as the primary sample strata for sample selection at stages two (MICS (2019) Bangladesh 2019 MICS Report).

3.4 Target Population & Sample Population

In the interviewed households, 68,711 women (age 15-49 years) were identified. Of these, 64,378 were successfully interviewed, yielding a response rate of 93.7 percent within the interviewed households.

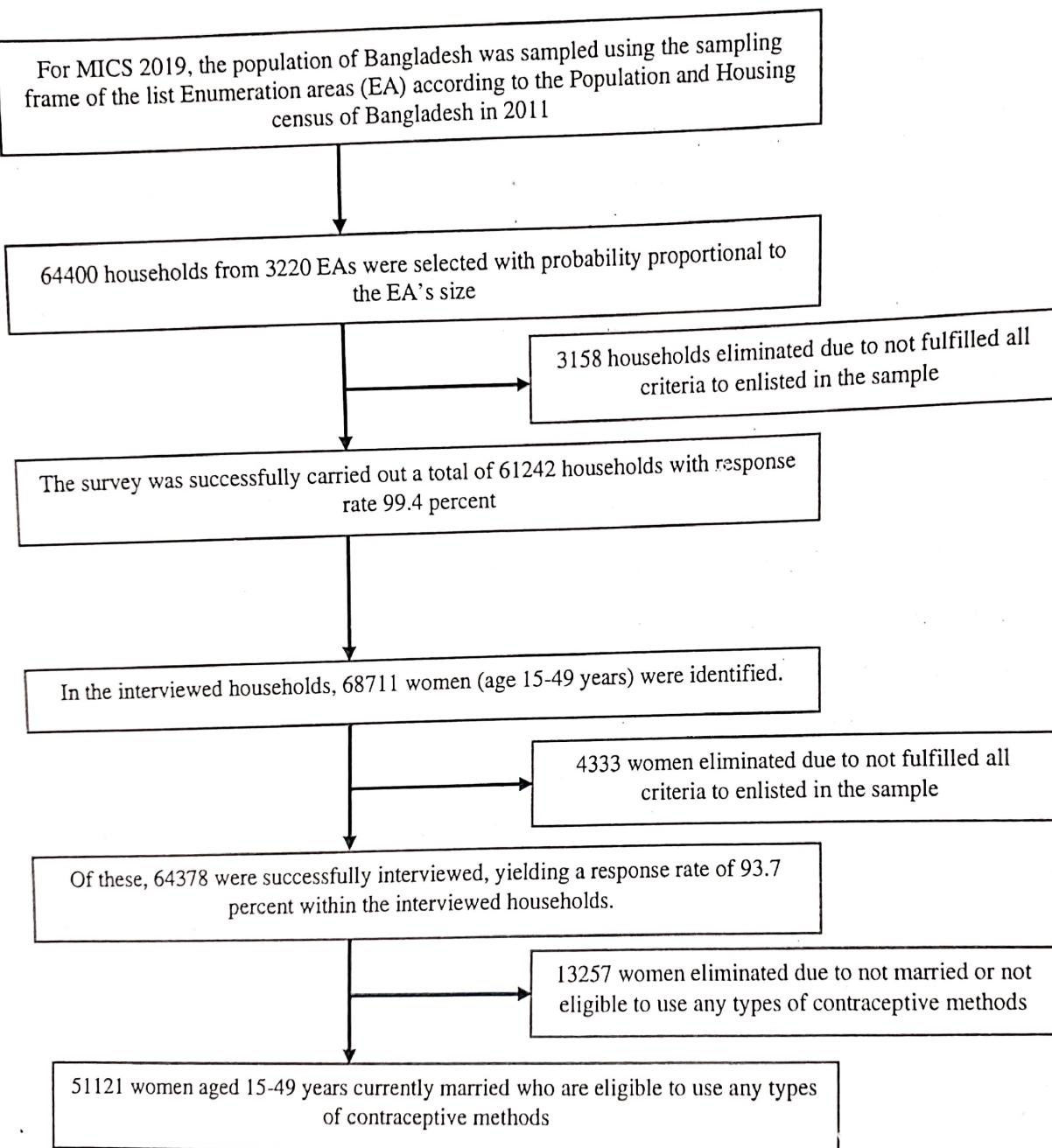
3.5 Study Site & Area

Bangladesh is one of the world's most densely populated countries and has widespread poverty (Bangladesh country profile - BBC News [Internet]. [cited 2019 Mar 10]. Available from: <https://www.bbc.com/news/worldsouth-asia-12650940>). Most of the land is low and flat, consisting of alluvial soil. Seasonal monsoons dominate the tropical climate in Bangladesh, with mild winters and hot humid summers. Bangladesh has a mean elevation of 85 m above sea level, and the fertile delta is often subjected to natural disasters, such as floods, cyclones, tidal bores and drought (Bangladesh [Internet]. [cited 2019 Mar 10]. Available from: <https://www.graphicmaps.com/bangladesh>).

3.6 Study Period

The data were collected by 33 teams; each was comprised of four interviewers, one measurer and a supervisor. Fieldwork began on January 19, 2019 and concluded on June 1, 2019. Data were collected using tablet computers running the Windows 10 operating system, utilizing a Bluetooth application for field operations, enabling transfer of assignments, and completed questionnaires between supervisor and interviewer tablets.

3.7 Sample Size



3.8 Inclusion Criteria

1. Married women in reproductive age group (15-49 years).
2. Those who are willing to participate in the study.

3.9 Exclusion Criteria

1. Those who are not willing to participate in the study.
2. Unmarried women in reproductive age group.
3. Data will not be collected from the widows and divorced women.

3.10 Sampling Technique

A two-stage, stratified cluster sampling approach was used for the selection of the survey sample. The sampling frame was based on the 2011 Bangladesh Census of Population and Housing. The primary sampling units (PSUs) selected at the first stage were the enumeration areas (EAs) defined for the census enumeration. A listing of households was conducted in each sample EA, and a sample of households was selected at the second stage.

3.11 Data Collection Tools

MICS survey utilises Computer-Assisted Personal Interviewing (CAPI). The data collection application was based on the CSPro (Census and Survey Processing System) software, Version 6.3, including a MICS dedicated data management platform. Procedures and standard programs developed under the global MICS program were adapted to the Bangladesh MICS 2019 final questionnaires and used throughout. The CAPI application was tested in Gazipur district during October 7-15, 2018. Based on the results of the CAPI-test, modifications were made to the questionnaires and application.

3.12 Data Management & Analysis Plan

WAP
Data ~~will be~~ collected through face-to-face interview. At the beginning of data collection, ^{WAP} permission from respective couple. The purpose of the study ~~will be~~ explained in details to the

respondents. Interview of the respondents will be taken in the slum. Respondents will be given full assurance on some ethical point of view that under no circumstances any part of the interview will not be disclosed to any unauthorized person.

Data Preparation: Clean and prepare the MICS data for analysis. This includes checking for missing values, outliers, and other anomalies in the data.

Descriptive Statistics: Calculate descriptive statistics for the variables of interest, such as the mean, median, standard deviation, and frequency distribution. This will help to get a sense of the distribution of the data and identify any outliers or unusual observations.

Inferential Statistics: Conduct inferential statistical tests to test the hypotheses. For Hypothesis 1, a chi-square test or logistic regression can be used to test the association between education level and the use of modern family planning methods. For Hypothesis 2, an independent samples t-test or ANOVA can be used to test the difference in the use of modern family planning methods between urban and rural populations.

Interpretation of Results: Interpret the results of the statistical tests, including the p-values, effect sizes, and confidence intervals. A p-value less than 0.05 is typically considered to indicate statistical significance, meaning that there is a less than 5% chance that the results are due to chance.

3.13 Quality Control & Quality Assurance

Before data collection from responder's there created the friendly environment and clear on objective on the data to the responders. During data collection their tries to use local Bangla language with respondent.

3.14 Ethical Considerations

Written permission will be taken from the concern authority also from the respondent before data collection. The investigator will explain to the respondents regarding the purpose of the study before data collection.

3.15 Expected Outcomes

Significant association with any types of contraception use and women with functional difficulties. We hypothesis that, women with fictional difficulties are more vulnerable and not met their desire needs of any types of contraception methods as compared with women who haven't any types of functional difficulties.

3.16 Work Plan

- Med. 2020;5(1):1–7.
8. Yimer AS, Modiba LM. Modern contraceptive methods knowledge and practice among blind and deaf women in Ethiopia. A cross-sectional survey. BMC Womens Health. 2019;19(1):1–13.
9. Schenk KD, Tun W, Sheehy M, Okal J, Kuffour E, Moono G, et al. "Even the fowl has feelings": access to HIV information and services among persons with disabilities in Ghana, Uganda, and Zambia. Disabil Rehabil [Internet]. 2020;42(3):335–48. Available from: <https://doi.org/10.1080/09638288.2018.1498138>
10. Ahumuza SE, Matovu JKB, Ddamulira JB, Muhanguzi FK. Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda. Reprod Health. 2014;11(1):1–9.

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APPENDICES

APPENDIX-A

CONSENT FORM

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APPENDIX-B

CONSENT FORM (BENGALI)

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APPENDIX-C

QUESTIONNAIRE

*Sample
Survey*

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APPENDIX-D

QUESTIONNAIRE (BENGALI)

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