

Original Research Article

Attitude towards utilization of family planning services among women of reproductive age living with disability in Kajiado County, Kenya

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ABSTRACT

Background: Family planning refers to practices that allow people to control the number of children and determine healthy spacing and timing of births between pregnancies. Approximately 10 percent of the world's population experience some form of disability. Worldwide, the most vulnerable groups include women with disabilities who highly need contraception most. The objective of this study was to assess the nature of attitude associated with utilization of family planning services among women living with disabilities in Kajiado County, Kenya.

Methods: A descriptive cross-sectional study design was adopted with both quantitative and qualitative data collection methods applied. The study systematically sampled 316 women living with disability. Additional information was obtained from Focused Group Discussions. Required ethical clearance and permissions were sought prior to the study. Descriptive data and inferential statistics were analyzed through use of SPSS version 20.0. Results from focused group discussions were triangulated with quantitative data as direct quotes.

Results: Only 32.0% of women living with disability utilized family planning in Kajiado County. About 61.2% of them had a negative attitude towards family planning. The nature of attitude ($p=0.001$) was significantly associated with utilization of family planning.

Conclusions: The nature of attitude towards family planning among women with disability in Kajiado County was negative. Approximately 6 out of 10 women of reproductive age with disability had a negative attitude towards family planning. There is need to for policy makers and relevant stakeholders to dispel myths, misconceptions and religious beliefs associated with underutilization of family planning thus changing their nature attitude towards family planning.

Keywords: Attitude, Family planning, Women living with disability, Reproductive age

INTRODUCTION

Globally, about 10 per cent of the world's populations live with some form of disability. Women account for 50.4 per cent with 66 per cent of the disabled living in rural areas and 67 per cent living in poverty.¹ Women with disabilities have same sexual and reproductive health needs as the people without disability thus require access to family planning services too. However, they experience social

exclusion from participating in important activities within many communities leading to health disparities such as seeking family planning services.²

Approximately, 55% of married people are not using contraceptives worldwide despite being able to bear children with 57% of women aged 18-49 were not using any form of contraceptives in 2012.³ Among the 222 million clients who were unable to access contraceptives

majority came from Asia (97 million) and Sub-Saharan Africa (53 million). This was mainly attributed to religious and political reasons.⁴ Contraceptive prevalence of women ages 15-49 in Kenya was reported at 66.3% in 2015, according to the World Bank collection of development indicators, compiled from officially recognized sources.³

Contraceptive helps individuals in planning number and spacing of births. They help in reducing complications associated with pregnancy and child delivery.⁵ Previous research findings from developing countries have shown that use of FP methods has the potential to avert 32% of all maternal deaths and nearly 10% of childhood deaths, while at the same time decreasing rates of poverty and hunger.⁶ Additionally, the use of contraceptives helps in economically empowering women especially those living with disability. Thus, adequate information regarding family planning should be provided to enable women make informed decisions.⁷

Women living with disability are the most affected with low rates of utilizing family planning options. Reducing unmet need for contraceptives through their increased use is key to enhancing maternal health, reduced child deaths and combating the effects associated with HIV/AIDS in the society.⁸ In United States of America, about 73 per cent disabled women at risk of unplanned pregnancy were on contraceptives. Use of modern contraceptive methods was hindered by presence of disability.⁹ In Ghana, it was reported that only 18.0% of women living with disability utilized family planning.¹⁰ In a study on access to and uptake of contraceptives by women with disabilities, it was concluded that 26.1% of them used contraceptives.² In another study on use of modern contraceptive among women living with disability, it was concluded that 59.3% of respondents had utilized family planning services.¹¹

In Kajiado County only 36.7 per cent of women of reproductive age use family planning commodities with the disabled women accounting for even less. This low contraception rate could be attributed to several factors including lack of information, cultural beliefs and practices, myths and misconceptions, commodity accessibility, limited choice of commodities and limited staff skills.⁵ It is worrying as only 19 per cent of people living with disabilities (PLWD) have received secondary education.¹² They are not included in Sexual and Reproductive Health information outreach efforts.⁶ Poor attitude toward the disabled by the health care workers hinder them from seeking for reproductive health services including family planning commodities.¹³

METHODS

This was a descriptive cross-sectional study design adopting both quantitative and qualitative data collection methods. A total of 316 women of reproductive age living with disability were systematically sampled at a pre-determined interval of 4 from disability groups in Kajiado County. Focused Group Discussion sessions were held

with primary respondents to provide additional information. The study sought approval from Kenyatta University Graduate School. Ethical clearance certificate was obtained from Kenyatta University Ethics and Review Committee. A research permit was also given by National Commission for Science Technology and Innovation (NACOSTI). Further permission was sought from the local authorities prior to the commencement of the study. The researcher sought informed consent from study participants and the information collected treated with privacy and confidentiality. Descriptive data was analyzed by use of statistical package for social sciences (SPSS) version 20.0. Inferential statistics were computed using Chi-square tests to show the association between variables at 95% confidence interval and $p < 0.05$ considered statistically significant. The results were presented in form of frequency tables, charts and percentages. Qualitative results from focused group discussions were triangulated with quantitative data as direct quotes.

RESULTS

Socio-demographic characteristics of respondents

The study results revealed that more than a third 99 (34.0%) of the respondents were aged between 28-37 years. Less than a third 92 (31.6%) of respondents attained secondary level of education. More than half 163 (56.0%) were single. Majority 170 (58.4%) had children. Most 263 (90.4%) were Christians.

Less than half 143 (49.1%) were not employed. Most 235 (80.8%) had a monthly family income of less than Kshs 10,000. More than average 154 (52.9%) were physically impaired (Table 1).

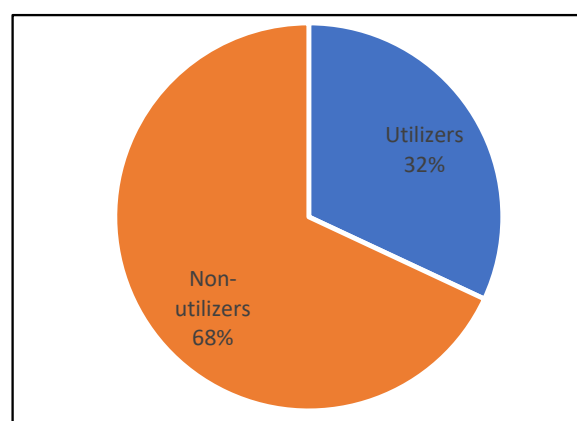


Figure 1: Utilization of family planning among respondents.

Utilization of family planning

The results revealed that majority 198 (68%) of the respondents had not utilized family planning services (Figure 1).

Attitude towards family planning

Regarding attitude, the respondents were given six (6) statements on a Likert scale of scores between 1-4 where “1” means strongly disagree and “4” means strongly agree. The results revealed that less than half 136 (46.7%) of respondents agreed that some myths and misconceptions might hinder use of family planning. About 134 (46.0%) strongly agreed that some family planning methods might lead to infertility. Slightly more than a third 99 (34.0%) strongly agreed that they would feel discriminated in society if they sought for family planning.

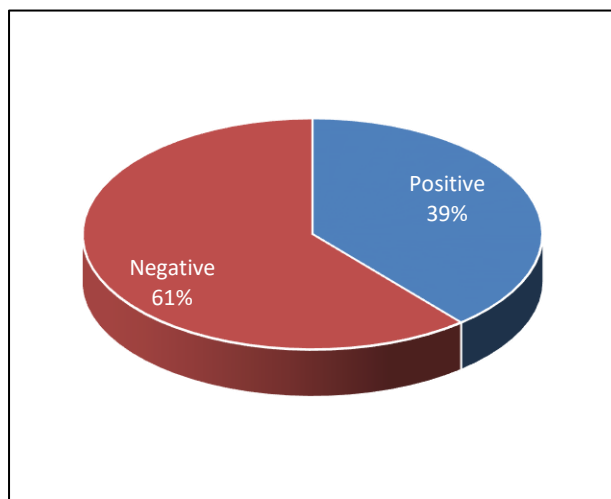


Figure 2: Nature of attitude towards family planning among respondents.

Regarding religious beliefs, 109 (37.5%) disagreed with the statement that religious beliefs did not encourage practice of family planning. More than a third 101 (34.7%) strongly disagreed that Family planning reduced the urge to engage in sexual intercourse. Less than average 121 (41.6%) agreed with the statement that Family planning was a safe method of preventing pregnancy among sexually active partners (Table 2).

Nature of attitude towards family planning

This section consists of results on attitude towards utilization of family planning services among respondents. The six (6) statements concerning attitude had a minimum score of 6 and maximum score of 24. The scores were further divided into two categories. Negative attitude ranged from 6-14 and positive attitude ranged from 15-24. The results revealed that majority 178 (61%) of the respondents had negative attitude utilization of family planning services (Figure 2).

Results from qualitative data showed indeed the women had a negative attitude towards family planning services as one of the women in the FGD session said;

“...I have heard a lot of things being said on the use of family planning. My friend told me that the husband kept complaining that about her lowered sexual urge. Sometimes you can still get pregnant even when using injections as was the case with my neighbor. In our church the pastor also advised us against family planning. So, I cannot use any family planning method. I don’t see any need to do so...” (FGD Discussant).

Table 1: Socio-demographic characteristics among respondents (n=291).

Variable	Respondent response	Frequency (N)	%
Age in years	18-27	92	31.6
	28-37	99	34.0
	38-47	49	16.8
	≥ 48	51	17.5
Highest level of education	No formal education	65	22.3
	Primary	84	28.9
	Secondary	92	31.6
	Post-secondary	50	17.2
Marital status	Married	93	32.0
	Single	163	56.0
	Divorced	14	4.8
	Widowed	21	7.2
Have children	Yes	121	41.6
	No	170	58.4
Religion	Christian	263	90.4
	Muslim	28	9.6
Occupation	Employed	28	9.6
	Self-employed	120	41.2
	Not employed	143	49.1
	< 10,000	235	80.8
Level of family income in KShs	10,000-20,000	35	12.0
	≥ 20,001	21	7.2
	Deaf/impaired hearing	94	32.3
Degree of disability	Physical impairment	154	52.9
	Intellectual disability	43	14.8

Influence of nature of attitude on family planning

The results showed that majority 146 (73.7%) of the respondents who had negative attitude towards family planning had not utilized family planning services. There was a significant statistical association between nature of attitude ($p=0.001$) and utilization of family planning services (Table 3).

Table 2: Responses on attitude towards family planning among respondents (n=291).

Independent Variable	Strongly disagree	Disagree	Agree	Strongly agree
Some myths and misconceptions may hinder use of family planning	43 (14.8%)	84 (28.9%)	136 (46.7%)	28 (9.6%)
Some family planning methods may lead to infertility	51 (17.5%)	50 (17.2%)	56 (19.2%)	134 (46%)
I would feel discriminated if I sought family planning services	91 (31.3%)	44 (15.1%)	57 (19.6%)	99 (34.0%)
Religious beliefs do not encourage practicing family planning	68 (23.4%)	109 (37.5%)	58 (19.9%)	56 (19.2%)
Family planning reduces the urge to engage in sexual intercourse	101 (34.7%)	62 (21.3%)	51 (17.5%)	77 (26.5%)
Family planning is a safe method of preventing pregnancy	57 (19.6%)	66 (22.7%)	121 (41.6%)	47 (16.2%)

Table 3: Association between nature of attitude and utilization of family planning among respondents (n=291).

Independent variable	Respondent response	Dependent variable (Utilization of family planning)		Statistical significance
		Yes (N=93)	No (N=198)	
Nature of attitude	Positive	61 (65.6%)	52 (26.3%)	$\chi^2=32.534$ df=1 p=0.001
	Negative	32 (34.4%)	146 (73.7%)	

DISCUSSION

The study sought to determine the nature of attitude of the respondents towards family planning services. The results revealed that more than half of the respondents agreed that some myths and misconceptions might hinder use of family planning. This may affect their chances of not utilizing family planning services as their cultural and religious beliefs may bar them. The results were similar to study done in Ethiopia on contraceptive utilization and associated factors which revealed that myths and misconceptions surrounding family planning affected their uptake among women of reproductive age.¹⁴ In another study done on pregnancy in disability and community perceptions and personal experiences in a rural setting in Ghana, it was revealed that myths and misconceptions led to underutilization of family planning services thus increasing the unmet need for such services among the disabled.¹⁵

Majority of the respondents were of the view that some family planning methods may lead to infertility. This could probably be attributed to the changes in hormonal balance especially when one is on long acting methods of family planning. It could be also as a result of the side effects of some of the family planning methods which may result to temporary infertility especially during the initial stages when one has ceased from using them. The results concur to with a systematic review on myths and beliefs about contraceptive methods which indicated that one of the

leading reason for underutilization of family planning is that it leads to infertility in women.¹⁶ The results were consistent with another study where women believed that using modern contraceptives at a younger age or before childbirth can make women infertile.¹⁷

The study results revealed that slightly more than half of the respondents reported that they would feel discriminated in society if they sought family planning services. This may be because of the social neglect where people living with disability are seen to be sexually inactive and therefore going for family planning could expose them that they also engage in sexual intercourse. The results were in agreement with a study done in Zimbabwe on childbearing experiences and aspirations of women living with disability where it was noted that they are discriminated against both within and outside reproductive health centers whenever they see for contraceptives.¹⁸ In another systematic review from United States of America, the results showed that women living with disability were discriminated against and subjected to coerced and forced sterilization.¹⁹

The results showed that majority of the respondents believed that their religious beliefs encourages practice of family planning. This is unlike in other religions such as the Roman Catholic and Islam that do not encourage family planning as they teach their believers that they should give birth as much as they can without controlling childbirth using modern contraceptives. It is also as a result

of the fact that majority of the respondents were Christians and most probably Protestants who are not against family planning. In another study on modern contraceptive use among women with disability in Gondar City, Amhara region, Northwest Ethiopia, where similar results were also reported with religion not affecting use of contraceptives.²⁰ In another study done in Uganda on determinants of contraceptive non-utilization among women of reproductive age, it was revealed that women belonging to religions other than Hindu had a higher contraceptive non-use.²¹

The findings of this study showed that more than half of the respondents disagreed that family planning reduced the urge to engage in sexual intercourse. This may be because majority of the respondents were not on family planning and hence may not have experienced the side effects of using family planning. The results were contrary to another study which concluded that some hormonal contraceptives reduce women's libido thus lowering their urge to engage in sexual intercourse.²² In another study done in India on sexual and reproductive health concerns among persons with disability in which the results support the current study as majority of the respondents revealed that contraceptive use does not affect their sexual life patterns.²³

The results further revealed that most of the respondents were of the view that family planning was not a safe method of preventing pregnancy among sexually active partners. This may be as a result of the fact that when family planning services are not used probably or consistently they may backfire thus leading to unintended pregnancies. The results were contrary to a study done in Tanzania on family planning for refugees in camps where it was noted that family planning services are safe in preventing unwanted cases of unintended pregnancies thus persons living with disability should access the sexual and reproductive health services just like others.²⁴ Inconsistent results were also reported by another study done on contraceptive use among high school girls with disability where majority of the respondents were using contraceptives to prevent unwanted pregnancy.²⁵

Regarding the nature of attitude towards family planning among women living with disability in Kajiado County, the results showed that majority of the respondents had negative attitude towards using family planning services. This is because majority of the respondents were single and at the same time were not using family planning services hence the negative attitude amongst majority of them. The results were contrary to a study done in Southern Ethiopia where it was noted that majority of women of reproductive age displayed positive attitude towards family planning.²⁶ Similar results were also reported by a study done in Ghana among women with disabilities which showed that majority of the respondents had negative perceptions towards family planning services.²⁷ In another study on attitude of married women towards contraceptive use in Ilorin Metropolis, Kwara state Nigeria, where majority of

the respondents had a negative towards using family planning services.²⁸

The study further revealed a significant influence of respondents' attitude and utilization of family planning services among respondents. This is because majority of the respondents who had negative attitude towards family planning had not utilized family planning services. The results were similar to a study done in Minch Town in Ethiopia on utilization of family planning and associated factors among women with disability where it was noted that those who had positive attitude were 2.3 times more likely to use family planning as compared to their counterparts.²⁹ In another study done in Bangladesh on attitude of women towards contraceptive use, it was reported that positive attitude towards family planning increases chance of utilization among women of reproductive age.³⁰

CONCLUSION

The study concludes that the nature of attitude towards family planning among women with disability in Kajiado County was negative. Approximately 6 out of 10 women of reproductive age living with disability had a negative attitude towards family planning. The study recommends that the Ministry of Health together with other stakeholders should dispel myths, misconceptions and religious beliefs. This would change the negative attitude towards utilization of family planning.

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