

Assessment on Family Planning Needs of People Living with Disabilities: Case of Addis Ababa, Ethiopia

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ACRONYMS

CAQDAS	Computer Assisted Qualitative Data Analysis System
CPR	Contraceptive Prevalence Rate
CSA	Central Statistics Agency
ECDD	Ethiopia Centre for Disability and Development
EDHS	Ethiopian Demographic Health Survey
FGD	Focus Group Discussions
FHI	Family Health International
FMOH	Federal Ministry of Health
FP	Family Planning
FPM	Family Planning Modern
HC	Health Centre
HIV	Human Immunodeficiency Virus
IUCD	Intrauterine Contraceptive Device
PROGRESS	Program research for Strengthening Services
SNNP	Southern Nations Nationalities People
SRH	Sexually Reproductive Health
STI	Sexually Transmitted Infections
UN	United Nation
U.S	United States
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

DISCLAIMER

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EXECUTIVE SUMMARY

This assessment sought to explore the family planning needs of people living with disabilities, their attitudes and behaviours towards using modern family planning methods and existing barriers and opportunities in utilizing family planning services in Addis Ababa.

This assessment was conducted using focus group discussion (FGD) with people living with disabilities who were members of the Ethiopian National Association of the Deaf (Person with hearing impairment), Ethiopian National Association of the Deaf -Blind (Person with hearing and visual impairment), Ethiopian National Association of the Blind (Person with visual impairment), Ethiopian National Association of the Physically Handicapped (Person with physical impairment), Ethiopian National Association of Intellectual Disability (Person with intellectual disability). In total 152 people living with disabilities participated in the discussion groups.

Results from the assessment were analysed based on themes and are presented by each group in the following report.

BACKGROUND

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 countries¹.

Across the world, people living with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities. This is partly because people living with disabilities experience barriers in accessing services that many of us have long taken for granted, including health, education, employment, transport as well as information. These difficulties are exacerbated in less advantaged communities².

The same WHO report stated that half of people living with disabilities cannot afford health care, compared to a third of people living with no disabilities. People living with disabilities are more than twice as likely to find health-care providers' skills inadequate. People living with disabilities are also four times more likely to report being treated badly and nearly three times more likely to be denied health care. Disability is also more common among women, older people and children and adults who are poor. People living with disabilities have worse living conditions—including insufficient food, poor housing, lack of access to safe

¹ World Report on Disability, WHO and World Bank Geneva, Switzerland, 2011.

² *ibid.*

water and sanitation—than people living with no disabilities. Because of extra costs such as medical care, assistive devices or personal support, people living with disabilities are generally poorer than people living with no disabilities with similar income.

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 country³. 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 population⁴. 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% respectively⁵. 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%.

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 2014⁶.

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 conditions⁷. 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 decisions⁸. The FMOH has initiated this needs assessment to strengthen FP programs for this population.

³ CSA (2007).

⁴ WHO & WB (2011). World Report on Disability. Geneva, Switzerland.

⁵ ECDD (2010). General Overview of Disability in Ethiopia. Addis Ababa. Ethiopia

⁶ CSA (2014). Ethiopia Mini Demographic and health Survey 2014. Addis Ababa, Ethiopia

⁷ www.disabilityaction.org

⁸ [https://www.womensrefugeecommission.org/.../Reproductive-Health-and-Disability-Summary- Reportextual](https://www.womensrefugeecommission.org/.../Reproductive-Health-and-Disability-Summary-Reportextual)

OBJECTIVES

The overall objective of this assessment was to assess the family planning needs of people who are living with disabilities. The specific objectives were to assess:

- Family planning needs among people living with disabilities.
- Barriers and opportunities for family planning service utilization among people living with disabilities.
- The attitude and beliefs of people living with disabilities towards using modern family planning methods.

METHODS

The current assessment employed a qualitative research method with FGDs as the sole way of gathering information.

Population

The study population included the following married and not married men and women living with disabilities: deaf, deaf-blind, physically handicapped, blind and intellectually disabled.

Sample Size and Selection Scheme

The FGDs formed separately from the different segments of the assessment population (women and men; married/cohabited and unmarried/not cohabited). A total of 18 FGDs were conducted with deaf (four FGDs), deaf-blind (four FGDs), physically disabled (four FGDs), blind (four FGDs) and intellectually disabled (two FGDs). In total 152 people participated in the FGDs. In addition we conducted the FGDs at the Ethiopian National Association of the Deaf (Person with hearing impairment), Ethiopian National Association of the Deaf -Blind (Person with hearing and visual impairment), Ethiopian National Association of the Blind (Person with visual impairment), Ethiopian National Association of the Physically Handicapped (Person with physical impairment), Ethiopian National Association of Intellectual Disability (Person with intellectual disability).

Table 1: Number of Participants for each FGD	
Disability Type	# of participants
Deaf-Blind Married Women	7
Deaf-Blind Married Men	9
Deaf-Blind Single Men	6
Deaf-Blind Single Women	7
Total Deaf-Blind	29
Deaf Single Men	7
Deaf Single Women	9
Deaf Married Men	8
Deaf Married Women	11

Table 1: Number of Participants for each FGD	
Total Deaf	35
Blind Single Men	9
Blind Married Men	9
Blind Single Women	8
Blind Married Women	10
Total Blind	36
Physically Handicapped Married Women	12
Physically Handicapped Single Men	8
Physically Handicapped Single Women	9
Physically Handicapped Married Men	9
Total Physically Handicapped	38
Intellectually Disabled Single Women	7
Intellectually Disabled Single Men	7
Total Intellectually Disabled	14
Total all participants	152

Purposive sampling procedures was used to select FGD participants within each association. In general, data collection (FGD) took place in the members' association offices since it was the best and most comfortable place for participants to carry out the discussion freely. Participants recruited with the help of each association's administrators. The following eligibility criteria was used for selecting the participants.

- Participant should be a member of the association,
- Participant should be within the reproductive age category: 18-49 years old,
- Participant should be willing to participate in the FGD freely and share her/his opinion and experience in relation to family planning service utilization.

Data collection

The FGDs consisted, on average, of six to 10 persons. The moderator and note taker were the same sex as the focus group members. The FGDs were audio taped and conducted in Amharic. A questionnaire was developed (Annex 1) to help focus group moderators to gather information on the following key issues: (1) family planning use, (2) barriers and facilitators for family planning service utilization, and (3) attitudes and behaviours of participants towards using modern family planning methods. The questionnaire and a permission form were first prepared in English and translated into Amharic.

Two data collection teams were established with a FGD moderators, facilitators and internal monitors/supervisors. Each team carried out two FGDs per day and the overall data collection took place from November, 2016 to March, 2017. The data collection was carried out by a consultant or FHI 360 staffs who had experience of conducting FGDs and the overall data collection process was supervised by FHI 360 staffs.

Data Management and Analysis

The FGD were digitally audio recorded and transcribed. Transcripts were analysed using Computer Assisted Qualitative Data Analysis System (CAQDAS) and Atlas.ti version 7.0 and a thematic analysis approach was utilized which consisted of structural and content coding.

KEY RESULTS

The following section describe the results based on FGDs with people who are deaf, deaf-blind, physically disabled, blind or intellectually disabled. The findings of each study groups are in below separate sections.

RESULTS FROM THE FGD CONDUCTED WITH DEAF PEOPLE

Biographical profile of study participants

A total of four focus group discussions were conducted with deaf men and women. Two of the FGDs were conducted with married deaf men and women while the remaining two of them were conducted with unmarried deaf men and women.

Knowledge and attitudes of deaf people towards family planning services

Low Knowledge on Family Planning Services

It was reported that among deaf people awareness on family planning services and methods has improved over time, the knowledge of deaf people regarding the types and importance of each family planning method and sources of family planning services found to be low. To this end, communication barriers, limited access to family planning service information, unavailability of sign language interpreters in health facilities, and media based dissemination of information non-tailored to deaf people accounted for low knowledge of family planning services.

“There is a limited awareness on the types of family planning methods and their use, there is a big gap because information dissemination in TV are not accessible to the deaf because they didn’t use sign language interpretation. Some deaf don’t know how to prevent pregnancies and how to get safe abortion services for unwanted pregnancies. They don’t have access to this type of important information. There is a gap in this area. Some Deaf don’t know for how long a family planning method inserted in their arms could prevent pregnancies. They think it still prevents pregnancies after its period of protection ended and unfortunately, they get pregnant when they are not ready for it. Some Deaf don’t know what to do when they couldn’t get pregnant.” Single deaf man.

“I don’t think all Deaf people are using family planning methods, because there is lack of information, but the women awareness on the issue is better than men.” Single deaf man.

Furthermore, the findings of the data revealed that the awareness of deaf people regarding family planning services has been improved with respect to the importance and the availability of family planning methods.

“There are lots of differences. There was limited awareness on family planning methods among the deaf in the past whether they are married or single. As a result there were a lot of unwanted pregnancies among deaf women in the past because they didn’t know how to prevent pregnancies. Many deaf women ruined their future because of unwanted pregnancies. In the past the deaf people didn’t even know the few family planning methods available.” Married deaf man.

“Now a day, many deaf people know about contraception use and they have better awareness than before, because there is an orientation at health centres and partially hearing women can listen to it.” Married deaf woman.

Negative Attitude towards Family Planning Services

The FGD participants mentioned that the majority of deaf people had negative attitudes towards family planning services and did not support use of family planning methods. This was attributed to the low knowledge of deaf people on family planning and prevailing unfounded rumours and misconceptions.

“As to my experience, most Deaf women use Norplant but I myself do not support because it will damage their womb and they cannot get baby for future.” Single deaf woman.

“Many Deaf people think that family planning methods are bad.” Single deaf man.

Unfounded Rumours and Misconceptions

The analysis of the data also revealed that unfounded rumours and misconceptions regarding family planning service pervasively surfaced among deaf people. This has substantially affected deaf people attitudes towards family planning services and use of family planning methods.

“Nowadays there is more information on family planning than before, but I do not support the modern family planning methods because it is bad and I knew one woman who lost her hair due to injectable family planning methods.” Deaf married woman.

“They say that continuous use of family planning methods could affect the womb and affect the woman’s health. It could cause barrenness. If a girl used family planning method before marriage she will not be able to get pregnant when she married. That is why many women prefer condoms as we told you earlier. The woman also say the use of family planning methods damage their face and skin so they don’t like to use them except condoms.” Deaf single man.

Family planning needs and use among Deaf people

Perceived High Demand and Unmet Need for Family Planning Services

The data showed that deaf people have a high demand for family planning and there is an unmet need for family planning services.

“The Deaf people need family planning methods. We may have a boyfriend and we might be interested to do whatever we want, but family warns us not to be careless in this regards and also we are not economically capable of managing our life alone even in terms of securing some success as an individual.” Married Deaf man.

“There is the need for family planning. I don’t think there is difference between being deaf or not before a person get economical readiness do not want to bring kids in to his/her life otherwise whenever we feel necessary things are fulfilled everybody wants to have children.” Married Deaf man.

Perceived Use of Family Planning Service among Deaf People

It was noted that the participants perceived the trend of family planning methods use among deaf people has increased compared to the previous times. However, they believe that the use of modern family planning methods was still low.

“I don’t think most deaf are using family planning, because there is lack of information, but the women awareness on the issue is better than men.” Single deaf men.

“There is a lot of difference. There was no awareness of family planning method among the deaf in the past whether married or not. As a result, there were a lot of unwanted pregnancies among deaf women in the past because they didn’t know how to prevent pregnancies. Many deaf women ruined their future because of unwanted pregnancies. In the past the deaf didn’t even know the few family planning methods available.” Married deaf men.

“Previously, deaf people were not using family planning methods but now a day many deaf are using family planning methods. There are also many deaf who don’t know about family planning methods. They still have sex without taking care. They don’t go health centres for counselling because their awareness is very low.” Single deaf man.

Reliance on Short Acting Family Planning Methods

The majority of the participants preferred to use and have been using short acting family planning methods during the time of data collection, specially condom and injectables. However, a few of them indicated that they also opted for long acting family planning methods such as implants.

“It is true other methods have side effect but men don’t like condoms because you can’t enjoy sex with condoms. I think the injection is the most preferred. The one inserted in the arm has some problem. It is painful if someone knowingly or unknowingly hit you on the arm. That is why many prefer the injection.” Married deaf man.

“What we know is that most deaf use condoms. Condom is the best method. Those who hate condoms have sex without any protection and do not care if the woman gets pregnant.”
Single deaf man.

“Married couples use injection.” Single deaf woman.

Reasons for Preferring Short Acting Family Planning Methods

The analysis of the data revealed that majority of deaf people have chosen short acting family planning methods particularly condoms on account of cost, lack of side effects, and its dual purpose. They also stated that the other family planning methods require time and information to learn and understand how to use them and they have side effects unlike condoms. The low literacy level of deaf people coupled with not having a sign language interpreter to explain other family planning methods made them to choose condoms. They also feared that the use of a sign language interpreter for other family planning methods might introduce confidentiality/privacy issues for the family planning users. Moreover, the rumours and misconceptions about family planning methods among deaf people, such as fertility delay, damage to internal body organs, and others compelled them to choose condoms as their preferred method. However, some of them mentioned sexual displeasure with condom use and reported injectables as their preferred choice.

“The deaf use only condoms because if they want another family planning method they will need an interpreter to get the service, that means announcing to everybody that you are having sex which many don’t want especially the woman so they go for the condoms which is possible to get without the help of an interpreter.” Single deaf man.

“It is true other methods have side effect but men don’t like condoms because you can’t enjoy sex with condoms. I think the injection is the most preferred. The one inserted in the arm has some problems. It is painful if someone knowingly or unknowingly hit you on the arm. That is why many prefer the injection.” Married deaf man.

“It hurts the women’s health. Increased blood pressure. If a woman used them for a long time and then want to get pregnant again she can’t. Family planning methods destroy the womb and prevents getting pregnant again.” Married deaf woman.

“Using other family planning methods requires time to learn how to use it and to get used to it. Many deaf women don’t understand how to use them due to low level of intelligence so they prefer condoms which doesn’t need intelligence or experience. Other methods have side effect but not condom.” Married deaf man.

Family Planning Services

The findings of the data revealed that deaf people have been receiving family planning services from health centres, hospitals, private clinics, pharmacies, and Family Guidance Association of Ethiopia Centers.

“They are going to health Centers, Family Guidance Association of Ethiopia, and pharmacies when they need family planning services.” Married deaf woman.

“Hospital is the better place for all services.” Single deaf woman.

“Pharmacy, they go and buy them from pharmacy.” Single deaf man.

Gender roles

The FGD participants reported that the men considered family planning as the women’s responsibility and duty.

“It concerns both but many men are not serious about it because they think the woman can handle it alone. She can go and use it.” Married deaf man.

“Sometimes the men don’t support it other times the men think it is the women’s responsibility to go and take family planning.” Married deaf man.

The participants perceived women had a better awareness than men regarding family planning.

“I don’t think the whole deaf are using family planning, because there is a lack of information, but the women’s awareness on the issue is better than men.” Single deaf woman.

“Most women attitude on contraception is very negative due to lack of information assessment through sign language, but the women’s awareness is better than men.” Married deaf woman.

Barriers to access and utilize family planning

There are numerous barriers that prevented deaf people to access and utilize family planning.

Communication Barriers

The unavailability of a sign language interpreter at the health facilities was found to be a major barrier for deaf people to access and utilize family planning services. In conjunction with this, the deaf people found it difficult to get help and receive adequate information regarding family planning in health facilities. Furthermore, miscommunication and misunderstanding between health care providers and deaf clients negatively impacted the quality of care received.

“I think the major barrier is lack of a sign language interpreters at service centres. Many Deaf can’t write a proper sentence other than few words or read lips so hard to access the service if there are no interpreters...” Married deaf man.

“I myself go with my husband when we need family planning and we communicate through writing system as there is no sign language interpreter at health centres.” Married deaf woman.

“Sometimes some are willing but they don’t know how to communicate with the deaf. They start to write big words the deaf don’t know and cause misunderstanding. There were deaf who were given wrong prescription due to miscommunication and ended up causing more harm to their health. I know a woman who gave birth to a disable baby due to the medicine she took. So deaf can’t keep their privacy and get services at the same time that is a problem to many deaf.” Married deaf man.

Limited Financial Resources

The assessment also noted that the low income of deaf people identified to be a barrier to access and utilize family planning. Even though family planning services are being offered free of charge in public health facilities, other associated costs such as transportation deterred Deaf clients to access family planning services.

“The deaf economy power is very limited but this never taken into consideration in providing family planning services. Some don’t even have little money needed for taxi to go service centres.” Married deaf man.

Poor Interpersonal Communication of Health Care Providers

The analysis of the data revealed that poor interpersonal communication of health care providers deterred deaf clients to access and utilizes family planning services. To this end, unethical and impatient behaviours of health care providers were some of the manifestations of disrespectful treatment of deaf clients has made them not seek family planning services from health facilities.

“The big barrier is that health workers are unethical.” Single deaf woman.

“I think the major barrier is lack of sign language interpreters at service centres. Many deaf can’t write proper sentences other than few words or read lips so hard to access the service if there are no interpreters. Many doctors and health workers are impatient with the deaf who can’t speak.” Married deaf man.

Deaf Unfriendly Health Service Delivery

It was indicated that the health service delivery points in health facilities were not designed to address the health service needs of deaf people. The study participants believed that they have been marginalized and less attention paid to address their health service needs.

“The deaf people are not given appropriate attention because our disability is invisible. Because they consider us as if we are not disabled person due to our perfect outer physical appearance they think we need no special help so they are not ready or willing to help the Deaf. Even when you ask for help they just shrug their shoulders and ignore you. The

problem is annoying. It is creating a big gap in the awareness level of the deaf people.”
Married deaf man.

“Many often the various programs on related to family planning methods are not accessible to the deaf people because they are voice based. Hearing people access information at their home and learn a lot from the media but that education is inaccessible to the deaf. Because of this challenge many services are not accessible.” Married deaf man.

“Some deaf continue to use some types of family planning methods even it is uncomfortable for them. Regarding this some health officials do not care about this situation; it was my own experience.” Married deaf women.

Poor Information Provision and Counselling Service in Health Facilities

Most of the participants resented that they did not receive adequate information and counselling service in health facilities regarding family planning and other health services unlike their counter parts. Moreover, they claimed that the health facilities did not address the health information needs of the deaf people. This was believed to be a factor for the low knowledge of deaf people on family planning services.

“Information need of the deaf is not meet well. Many deaf don’t even know where they can get services.” Married deaf man.

“There is a wide gap in the awareness level. Many deaf are still ignorant of family planning so this need is not meet well yet. Before one goes to the service they should understand but this never happens. They ask you few questions then write prescription and tell you go there and buy this and that... this not good the deaf are not happy with it. Service providers must try to meet the needs of the deaf clients for information.” Single deaf man

Use of Mass Media Communication Approach Non-Tailored to Deaf People

The participants reported that most of the television programs including dramas, spot messages and other edutainment which were being broadcasted in national and regional television stations were not considerate of deaf people. The indignation of deaf people on TV programs was steamed from non-use of sign language interpreter during transmission of spot messages and other related programs. This was also blamed as a contributor for the low knowledge of deaf people on family planning services.

“The opportunity the deaf have to increase their awareness is limited. The programs on TV don’t have sign language interpretation. The deaf can’t hear radio so how can the deaf reach the needed awareness level?” Married deaf men.

“There is a limited awareness on the types family planning methods and their uses, there is a big gap because the opportunities in TV are not accessible to the deaf because they didn’t include sign language interpretation. Some deaf don’t know how to prevent pregnancy and how to abort unwanted pregnancy. They didn’t have the opportunity to get this type of important information. There is a gap in this area.” Single deaf man.

Limited Sources of Information

It was indicated that deaf people did not have adequate and multifaceted sources of information in relation to family planning even if they sought to have information. Some of them asserted that most deaf women consulted their friends when they needed information on contraception and related services.

“Most of deaf women consult their friends when they need information on contraception and related issues.” Married deaf women.

“Because no one taught them and they can’t read or listen to radio and TV.” Single deaf man.

Limited Family Support

It was also reported that deaf people have very limited support from parents and family members regarding family planning services. Even to the extent that they were discouraged and receive reprimands whenever they tried to discuss issues related to family planning with their parents and other family members.

“There are needs to meet at home by parents and family but many deaf don’t get these needs met at home. Even when the Deaf try to learn from parents and other family members they are rebuked and told to shut up or ‘why you want to this or that? Are you going to have sex? etc.’ this has created knowledge gap. Before they get married many deaf don’t know about family planning.” Married deaf man.

RESULTS OF THE FGD CONDUCTED WITH DEAF-BLIND

Biographical Profile of Participants

Four FGDs were conducted with deaf-blind participants to assess their family planning needs. The FGDs were conducted separately with unmarried women, married men, and married men. Regarding marital status, half of the participants were married; whilst, the remaining half were unmarried during the data collection.

Knowledge and attitude of deaf-Blind people towards family planning

Knowledge on Family Planning and Access to Family Planning Information

The analysis of the data revealed that the deaf-blind people reported to have low knowledge on family planning services and methods. It was also indicated that the low knowledge of deaf-blind people on family planning services compounded by their low literacy level increased their chance of unwanted pregnancies. Moreover, the assessment noted that they had also poor access to family planning information.

“There is lack of information about FP methods for deaf-blind peoples.” Unmarried deaf-blind man.

“Blind-deaf people have not fulfilled their basic needs and most of us are dependants, and our sexual activity is limited. Most of deaf-blind are not educated and having limited about FP information due to this sometimes they are getting unwanted pregnancies.” Unmarried deaf-blind man.

Family planning needs among deaf-blind people

High Demand for Family Planning Services

The FGD participants accounted that the deaf-blind people had a high demand for family planning information and services as most of them were economically dependent and had unwanted pregnancies because of their limited knowledge on family planning and rape.

“FP need for deaf-blind is very high but they need family planning information and education.” Unmarried deaf-blind man.

“FP need in deaf-blind people is high, because these persons are highly dependent and had no possibility to give birth and raise their children and sometimes they may be raped and get unwanted pregnancies or they have to determine when to get pregnant and get child.” Unmarried deaf-blind man.

“Now days’ things are becoming better in many aspects, there are health centres, hospitals and available pharmacies, but still blind-deaf people especially women are prone to unwanted pregnancies. Therefore, blind-deaf people need FP education and services as a special need.” Married deaf-blind man.

Experience of use of family planning services

Sources of Family Planning Services

The FGD participants mentioned health centres, clinics, and hospitals were the sources of family planning services. The FGD participants indicated that health centres were the most preferred source of family planning services because family planning services are free of, accessibility, availability of multiple family planning methods, and availability of trained and qualified staff to provide family planning services.

“Health centres are better and accessible than others.” Deaf-blind single man

“In the health centres there are options and may be qualified staffs for FP.” Deaf-blind single man

“Even we have problem with accessibility still health centers are better accessible.” Deaf-blind single man

“Health centres are better. FP is given less cost /free.” Deaf-blind single man

“Deaf-blind participants replied from where they got family planning services they responded that they got it from hospitals, clinics and pharmacies as well as they use natural

methods. The reason they use these places, they replied that the services provided are more reliable.” Deaf-blind single woman.

Low Family Planning Service Use among Blind-Deaf People

The analysis of the data showed that the FGD participants perceived the trend of family planning use among deaf-blind people have showed improvement as compared to before, however, the overall use of family planning services still remained low.

“Even it is uncommon, currently deaf-blind people are using family planning with partners especially who have supportive family.” Married deaf-blind man.

“Still we cannot say further, our utilization is inadequate.” Unmarried deaf-blind man.

“Previously use of FP was negligible, but now it is better accessible.” Married deaf-blind man.

Decision Making on Family Planning Method of Choice

The FGD participants reported that the decisions regarding which type of family planning methods the deaf-blind people to use were often made by the health care providers or companions. The reason indicated for doing this was the low knowledge of blind-deaf people on family planning. Thus, rights of clients to make informed and voluntary decision making could be compromised.

“Since they don’t have enough knowledge, mostly choices are done by the health care provider.” Married blind-deaf man.

“It is too hard, most of them do not know the drug and their choice is mostly done by their supporter.” Married blind-deaf man.

“Blind-deaf peoples are mostly abstinence and do not have well information and the preference is determined by the health care providers.” Unmarried blind-deaf man.

Family Planning Method Preference

The assessment explored the family planning method preferences of blind- deaf people by sex and marital status. In this regard, the findings revealed that married deaf-blind people preferred to use pills and injectables; whilst, unmarried clients opted for condoms. Furthermore, males often chose condoms whereas females preferred to use pills and injectables.

“Yes there will be a difference, males use condom, female use pills and when married they are using Injectable.” Unmarried deaf-blind man.

“Most unmarried uses condoms while married uses oils, loop and injection. Condom is most preferred by men.” Single deaf-blind woman.

Barriers to access and utilize family planning service

The current study identified several barriers that shunned deaf-blind people from accessing and utilizing family planning services in health facilities.

Communication barriers

The assessment discerned that communication between deaf-blind clients and health care providers was a major barrier to access and utilise of family planning services in health facilities. It was reported that the unavailability of tactile and sign language interpreters in health facilities engendered communication challenges between health care providers and blind-deaf clients. This was mentioned in the following statements:

“No tactile, or translator around the health centre even if we need the FP methods.” Married blind-deaf man.

“No person assigned in the HC who knows tactile and sign language.” Unmarried blind-deaf man.

Lack of Companion

It was noted that lack of a companion was found to be a barrier to access and use family planning services from health facilities. To this end, the unavailability of a companion created a barrier to access health facilities for family planning services; even if; they visited health facilities for family planning services, it was not easy to communicate with the health care provides.

“It is hard to reach HC unless we have supporter, in the HC no one assigned to support us.” Deaf-blind man

“We may not have a companion to reach to the HC.” Deaf-blind man

“It is challenging for both the provider and also for us, unless we have close relative or supporter the provider cannot understand us.” Deaf-blind man

Limited Access to Health Facilities

It was reported that the FGD participants had limited access to health facilities due to their double disability. This has greatly affected deaf-blind people access to family planning information and services.

“Regarding accessibility, all agreed they are not equal beneficiary to access due to double disability.” Deaf-blind single woman.

“Deaf and blind people are unable to access health facilities and have low information.” Deaf-blind unmarried woman.

Inconvenient Health Facility Infrastructure

The FGD participants also claimed that the health facility infrastructures were not designed to address the needs of deaf-blind people. This could be one deterrent factor for deaf-blind people to seek family planning information and service.

“The infrastructure in the HC are not comfortable to deaf-blind.” Unmarried blind-deaf man.

*“Health centres are not near and their infrastructure is not convenient for deaf-blind.”
Married blind-deaf man.*

Non-Supportive Health Facility Environment as Perceived by Participants

The study participants perceived that the health facilities were not designed to provide support for deaf-blind people for family planning services. One FGD participant stated that the health care providers did not give priority for blind- deaf clients when they visited health facilities seeking health services.

“No health care provider is giving priority for us.” Married blind-deaf man.

“There is not any designed support about deaf-blind FP service.” Unmarried blind-deaf man.

*“It is hard to reach HC unless we have supporter, in the HC no one is assigned to support us.”
Unmarried blind-deaf man*

Health Care Providers’ Attitude Towards Family Planning Needs of Deaf-Blind People

The FGD participants perceived that the health care providers considered them to not have any family planning needs. Besides, they believed that the health care providers did not know and understand their family planning needs.

“Even we are using FP very limited most service providers do not consider as we have need, the providers do not understand us.” Married blind-deaf man.

“How even deaf and blinds utilize the service at low rate, service providers do not understand the need of disabilities.” Unmarried blind-deaf man.

Existing opportunities to improve access and utilization of family planning service

The study participants mentioned better access to health facilities and family planning options and the existence of established disability associations as opportunities to improve access and use of family planning services.

Better Access to Health Facilities and Family Planning Options

It was reported among the FGD participants indicated the increase in the number and types of health facilities as an opportunity to improve access and use of family planning services. They also pointed out that there were many options of family planning methods in health facilities however they indicated that they only managed to use a few of them due to limited knowledge on the different methods. This could be an opportunity to improve access and use of family planning services.

“In relation to the previous HC are expanded and available in every Keble.” FGD participant

“There are different methods available in the HC.” FGD participant

“There are different methods but due to our information barrier we use only few methods.” FGD participant

Existence of Established Disability Associations

The findings also revealed that the disability associations are an avenue to reach deaf-blind people with family planning information and services. They suggested that family planning satellite services could be established in the premises of the associations to address barriers related to accessibility of family planning services. Moreover, it was suggested that the disability associations could serve as a resource to provide trainings on tactile and sign language for health professionals and others.

“Now deaf-blinds have and association and information can be reached through our association.” Unmarried deaf-blind man.

“There are many deaf-blind who are not reached and it is better to reach through our association and get the service.” Unmarried deaf-blind man.

“It is better to give sign and tactile language training through our association for some peoples to help us.” Unmarried deaf-blind man.

“Even a FP center can be established in the association office most of us reach it easily.” Married blind-deaf man.

RESULTS OF THE FGD CONDUCTED WITH PEOPLE LIVING WITH PHYSICAL DISABILITIES

Biographical profile of study participants

A total of four focus group discussions were conducted with physically disabled men and women. Two of the FGDs were conducted with married men and women who are living with physical disabilities and the rest two were conducted with unmarried men and women living with disabilities.

Family planning needs of people living with physical disabilities

Family Planning Needs

The study participants held different perspectives regarding the need of family planning methods. Some of participants expressed that family planning needs is the same as people living without disabilities.

The majority of the participants emphasized the social and economic cost of childbearing as the main factor that drives them to use the family planning. They said people living with disabilities are not in a good economic conditions to be able to provide food, education, clothing and other needs for their children. Some of them also believed that their physical

condition can't allow them to carry frequent pregnancies and they would like to use family planning more consistently than the rest of the community members.

"...if am thinking of having a child I should be aware how to give birth, how to plan a family (spacing), how to bear and rear a child starting from infant stage, educating a child is also an issue, the important part is how I play my responsibly. When thinking of having a baby it brings many things together. My income should also be put into consideration..." (Single woman)

"...Disabled women are more of in need of the family planning because of the economy that's the first and major reason and her physical appearance does not even allow her to give birth every other year..." (Single woman)

Family planning service use

Information about Family Planning

Almost all of them expressed that the contraceptive methods are available at the facilities. However, except for few participants who mentioned that they knew about family planning methods, the majority of them expressed the lack of awareness about family planning use among people living with disabilities specifically on the advantage and disadvantages of each contraceptive methods. They also said sometimes it was difficult for them to choose the best suitable method for them.

"...the awareness is the reason for not using family planning methods otherwise there is a method as per individual's interest and no supply related issue..." (single man)

Family Planning Use

There is a general perception of increased family planning use among the participants attributable to increased media coverage on family planning. Participants explained that long term contraceptive use such as IUCD or implants were preferred as they reduce the frequency of visits to the health facility. Some of the participants also expressed that they use injectable, pills, condoms and natural way for family planning.

"If a physically disabled person is using a wheel chair, it may be hard for her to use in a regular basis so they prefer using the long-term family planning method. If it's a different disability type it depends, I can use a 3 month or the longer term as preferred as discussed with your spouse..." (Single woman)

Myths Attached with Family Planning

Majority of the participants had considerable misinformation about some of the contraceptive methods. For example, participants feared that use of IUCD and modern family planning in general will result in infertility at a later time. Condoms were said to reduce sexual pleasure. Some participants also feared that use of injectables and pills will result in increased body weight which is very difficult for people who use crutches for walking. Some of them also said pills exacerbate Asthma.

“For instance, there is a saying that injectable family planning method makes you fat, and for physically disabled person it’s not recommended to gain weight. So I will consider injectable method as a means of spacing...” (Single woman)

“And the men sometimes refuse to use condoms due to person belief that reduce satisfaction and they think the friction with condoms will affect the women’s uterus area...” (Married woman)

Health Facilities Preferred

Although government health facilities were reported as a reliable family planning service provider, the data showed that the participants visited a range of facilities including health centres, hospitals, pharmacies and private clinics to get family planning services. Some of the reasons mentioned for accessing pharmacies and private clinics were due it is geographic accessibility (most of them are found beside main roads).

Attitude and behaviour of people living with physical disability in using modern family planning methods

Family Planning Use and Gender

Although men were generally supportive of family planning use there appeared to be a wide spread view that family planning use was the women’s responsibility and in case of an unwanted pregnancy it was the woman who should be blamed. In addition, women were described as conservative in disclosing or discussing about family planning issues in home and facilities.

“Mostly it’s considered as a women thing than a man. There are some who even blamed the women when she gets pregnant or whenever she chooses her own favourable type of method...” (Married woman)

Family Planning and Marriage

There are different views on which methods to use before marriage and after marriage. Majority of the participants mentioned that condoms, pills and natural ways of controlling birth were commonly used outside marriage whereas the married ones also used long acting family planning methods such as implants and injectable. However, there were also participants who held the view that married couples should use short term family planning methods to get pregnant whenever they needed and some of them also believed that use of family planning before marriage will result in infertility during marital life.

“If I am not married, I want to use natural method...” (Married man)

“So long term family planning method is not advised for married women...” (Single woman)

“Preference of married couples are implants...” (Single man)

“If we have trust on one another and tested for HIV we might go without condom and rely

on natural methods with menstrual cycle, we decide through discussion...” (Single man)

Barriers to access and utilize family planning service

Health Care Workers Approach

Many the participants noted that the service providers had limited knowledge and preparation on how to meet the needs of people with disabilities. Some of the participants also reported negative attitudes and inappropriate behaviours of the health care workers towards people living with disabilities and due to this some of them also discontinued visiting the health facilities. Some of the discussants also reported verbal abuse

“Most health care providers do not understand the problems of people living with disabilities, they lack ethics, sometimes they are using shocking words...” (married man)

“The service provider attitude is also one major reason to use or not to use the method. I had an experience of a person living with a disability withdraw to use the method due to the provider attitude...” (Single woman)

“If I prefer from modern contraceptive pill the health professional force me to use long term family planning (implanon and IUCD)...” (Married woman)

“I know service providers who asked a disabled pregnant woman if she was raped or not. They don’t consider us having the same reproductive rights as others...” (Single woman)

Health Facilities Design

They are far from the main road and the road is rough not suitable for people living with disabilities. Most of the participants also mentioned that the family planning services are given at the first, second or the third floor where there is no elevator and ramp. Even in the facilities where there are ramps, the FP services are given in the last floor when the ramp ended on the second floor. Some of them also said they had raised this not inclusiveness of the building to the authorities and received a reply *“we don’t have enough spaces for building”*.

“No special delivery system, roads are rough and sewerages are opened and many disabled unable to jump or accessed the health facilities also getting accident...” (Married man)

“Most of the health centers services are found on first or second floor, the buildings are not disability friendly. The constructed buildings are not disability inclusive...” (Single woman)

Opportunities to improve access and utilization of family planning service

Availability of Associations

Some of the study participants or discussants expressed the existence of disability associations as a best opportunity to disseminate family planning related messages and

even to offer family planning counselling services to the association members on the association compound.

“...most physical handicapped persons will come to the association and if it is possible to use this chance and organize RH education at least once in a month, information will reach better to these communities...”(Single man)

RESULTS OF THE FGD CONDUCTED WITH BLIND PEOPLE

Biographical profile of study participants

A total of four focus group discussions were conducted with 18 blind men and 18 blind women. Two of the FGDs were conducted with married men and women and the rest two were conducted with unmarried men and women.

Family planning needs of blind people

The study found out that the blind women were conservative about talking and expressing their family planning needs to their colleagues as well as to health care workers. However, the blind men were believed to be more expressive and don't feel embarrassed to talk about the use of family planning. This sentiment is upheld by the majority of the discussants.

“...unlike females males directly go to the health centre and express their need without embarrassment...” (Unmarried man)

Most of the discussants held the view that females are responsible for matters related to family planning use including deciding which methods to use and visiting the facility for family planning services. Women were also believed to be responsible for pregnancy related matters. Some of the female discussants also said men only want to satisfy their sexual needs. The issues of getting pregnant or not is the woman's responsibility.

“Men want to have sex they do not worry for its consequences. When their emotion urges them they just want to fulfil that, they do not want to think about what will be next...” (Married women)

“Even men may say ‘do I have to swallow the FP for you? It is your duty to do so...” (Single women)

“Because most of the time females will be going to hospitals to seek FP methods, it is very rare that her partner accompanied her to hospital to choose FP method that is suitable for her...”(single women)

Experience of family planning use

Information about Family Planning

Some of the participants expressed that there is a general lack of information regarding the

available family planning methods and where to get them. Some of them also expressed that the health educations which has been given in school has been stopped.

“Information and the utilization of service is limited in relation to other part...”(married men)

Most Preferred Methods

Most of the participants mentioned that injectables, implants, pills and condoms are the main contraceptive methods used by women. Some of the participants also mentioned they use natural ways of family planning. The use of permanent family planning methods were mentioned less frequently. They raised the issues of lack of some of the family planning methods.

“Modern method is more preferable by blind peoples...” (Single men)

In general, the participants expressed the use of family planning has increased and they attribute this to the increase in information and communication about family planning in different media.

Facility visited for Family Planning

The majority of the respondents cited health centres were usually visited to get contraceptive methods. Public hospitals and pharmacies were also mentioned, health centre are preferred as they provide the services for free. However, the participants mentioned that they don't receive good counselling and services from health centres, due to this some would use pharmacies and private hospitals where they would receive better service.

“... attitude is another barrier the provider's might ask you why you are seeking this service you should abstain; this hurts your feelings...”(married woman)

“Most pharmacies in town are private owned, so it is business, they treat you well that is why we prefer to go to pharmacies to get FP pills...”(single woman)

Information Material for Blind People

The discussants noticed the increased family planning messages via radio, TV and the family planning awareness creation activities in their living area. However, they expressed their dissatisfaction on the way the messages were presented and mentioned that they are presented for people who are able to see.

“It is better to print on brill about family planning methods and label expires date...” (Single men)

“Even there is no designed educational material for blind people to understand about family planning methods...” (Married men).

Attitude and Behaviour of blind people in using modern family planning methods

Preferred methods of FP before marriage

The assessment found that among male participants condoms or natural methods were the preferred methods before marriage. Some of the participants also mentioned that taking pills on daily basis before marriage is boring and said better to use condoms and natural way for birth control.

“...swallowing pills all full three months, is boring we don’t do it...”(Blind married women)

However, there were also participants who preferred to use pills before marriage. Some mentioned that the health facilities advise them not to use injectables before marriage.

“Mostly unmarried females preferred FP pills...”(Blind married men)

“...health centres do not advise injectable for unmarried people...” (Blind married women)

Preferred methods of FP after marriage

The assessment found that the participants preferred to use long acting family planning methods such as injectable and implants after marriage. Some of the discussants also mentioned that the use of family planning after marriage is not different from the rest of the community member.

“...but the long acting one are preferred among married ones not from unmarried...”(Not married blind woman)

“...if they married the use of FP is the same with the other people” (Not married blind man)

Secrecy of Using Family Planning Methods

This study found out that the use of family planning by some of the study participants was confidential not something to be shared with colleagues or family members. Most of the time they felt nobody should know about their family planning use.

“While you are involving other person to help you in getting the service at the health centre there is fear that your secret will go out...”(married woman)

Myths about Family Planning

This study identified that the study participants mistakenly held different beliefs regarding the use of family planning including the use of condoms reduced sexual satisfaction, use of injections caused infertility, IUCD can’t be used by a woman who carry heavy objects, etc.

Barriers to access and utilize family planning service

Contraceptives Methods Related

The existing family planning methods were not “blind” friendly and not easy to use in terms of getting information about expiry date as well locating where to start taking the contraceptive pills.

“It would be easy for us to use if the methods had information with brail subscription...”married women

Health Facilities Design and Infrastructure Related

The discussants reported the poor design of the health facilities that impacted their ability to access family planning services. There are no special clinics/facilities particularly designed for them. Almost all of them mentioned that it was difficult for them to go from one service room to the other easily and to walk up and down in different stairs.

“I have seen many problems, you need to go some room to have your card and the next room for payment it is not possible to do by yourself...” (Married woman)

“For the blind person walking far might be a challenge so easy access for the facility, facility setting has too many steps here and there; if it is possible it would be easy to get the service at ground than required to take steps to 2nd and 3rd floor...”(Married woman)

Distance and Road Conditions Leading to the Health Centres

The participants expressed their difficulties in reaching to the health centres due to poor conditions of roads with a lot of potholes and open sewerage lines here and there. The far distance of the health centres from the main road was also mentioned as a main problem.

“When we want to go to the place where we can get FP, we face several challenges, like, the place may be far from our house, and also zigzag roads that would be difficult for blind people, there is no such services nearby...”(single woman)

Guidance at the Facilities

The majority of the participants mentioned the lack of assistant individuals at the facility who can guide them to the card room/family planning department and to the other service rooms. This problem makes them less interested to visit health facilities for accessing family planning services.

“I suggest there should be assigned person who assist the blind people at facility gate who will guide to the necessary services, location as banking service are doing to ease the service utilization...”(Married woman)

Services Received at the Facilities

The participants expressed the existence of devaluing attitudes of health workers towards them. This included a sense of neglect some received from healthcare staff, telling or asking information from the companion rather than asking directly to them, a feeling that family planning is not for them.

“In health facilities service providers needs special needs training, they have no experience and knowledge how to give service for such blind and disable people...”(single men)

“Some health care providers do not consider us as needing special needs and support, even

they do not give priority to us.” (married men)

“...a nurse said ‘you are blind why do you need family planning?’...” (Single woman)

Existing opportunities to improve access and utilization of family planning

Blind Associations

The discussants expressed the existence of blind associations as good opportunity to provide FP related health education, counselling and family planning services at the compound. Some of the discussants also said their association had already started to dispense condoms for the members.

“For example in our association there is a room distributing condom for members but it could be possible to expand and deliver other options...” (Married man)

Boarding Schools

The participants expressed their living conditions where they are geographical scattered and most of the time spend their time on the street in different areas and said it may be difficult to reach them in groups for mass health education activities and suggested to give FP health education in the existing boarding school.

“In boarding schools there are a lot of blind female students, like Shashemene , Bako , Wolayita, Sebeta and the likes , and there are schools here in Addis for blind who are blind after sometime, like, Yemeserach and Addis Hiwot Schools...”(single woman)

Policy/Strategies

Although Ethiopia has signed different national conventions related with disabilities, strategies and guidelines benefiting people living with disabilities have not yet materialized.

“Even Ethiopia admitted international and national conventions about blind and disability, it is not supported by directives and regulation...”(single men)

FINDINGS OF THE FGD CONDUCTED WITH PEOPLE LIVING WITH INTELLECTUAL DISABILITY

Biographical Profile of Participants

Two FGDs were conducted with people living with intellectual disability to assess their family planning needs. The FGDs were conducted separately with unmarried women and unmarried men. The average age of the women and men participants were 27 and 28, respectively.

Family planning needs of people living with intellectual disability

Increased family planning use

Most of them said family planning use has increased over time. It was a common practice that people living with intellectual disability were not allowed to go out from their house and it was not possible for them to visit the health facilities. Nowadays, they have more freedom to go around in society, create friendship or attend schools and due to this family planning knowledge and use has increased. They also said they got information about family planning from the media.

“Currently the family planning use is better than the previous times.” unmarried female

Family planning methods used

All the natural and modern family planning methods were said to be used by the participants. The long-term family planning methods such as IUD was mentioned in most cases.

“IUD is most preferred.” Not married female

Fear of sexual abuse

The majority of the respondents reported sexual abuse. Some of them also mentioned cases of sexual abuse by their neighbours. Fear of experiencing these kinds of sexual abuse were found to be one of the driving factors to use of family planning.

“I have one friend in this school she has been raped and gave birth but today she has not come.” unmarried female

“In our village there was a girl with intellectual disability someone took her saying they were taking her to the hair saloon and then raped her then she delivered healthy baby.”
unmarried single man

Experience of family planning use

Accompaniment for accessing family planning services

The data showed that most of the time it is the parents or care takers who usually take the

people living with intellectual disability to the health facilities for accessing family planning services. In few of the cases, housemaids also accompanied them to the facility although they reported that housemaids often aren't responsible and abandon them at the facility.

Some of the discussants also mentioned that the parents/care takers were supportive of family planning, however some were also not supportive.

"Families will take responsibility for their children, they are the one who takes them to the facility to help them to use family planning methods." unmarried single man

"Sometimes families might not be willing for their children to use any family planning methods. They will carelessly let their children to be by their own but some will take care of their children and help them to take contraceptive." unmarried female

Health Facilities

Almost all of the discussant said that they usually visit health centres for accessing family planning services.

Health care workers and other staffs the health facilities approach towards people living with intellectual disabilities

The participants gave a mix of responses towards the approach of health care workers providing family planning services and administrative staffs at the facilities. Some of them said health care workers treated them with respect and dignity while the others said the contrary. However, the security guards and card room clerks of health facilities were reported as disrespectful and lacked compassion and even some cases abusive.

"The service providers have a good heart for people living with disabilities. I had experience going to the health facility for my own personal problem and they treated me well." Female unmarried

"The security guards at the health facilities mistreat us badly. I wish if there was an improvement with regards to the security." Female un married

"Almost all providers are bad-mannered, even if you are seriously ill they don't care. They tell us to stay on the waiting area regardless of how worse the situation we are in." Female unmarried

Family planning misconceptions

Most of the participants held the view that contraceptive can be taken as medicines during sicknesses and they also said it can also prevent pain. Condoms was also mentioned to reduce sexual sensations. Some of them expressed their fear of incisions during implant insertions.

"If she gets sick she should take tablets and injections to protect herself." unmarried female

Attitude and Behaviour of people living with intellectual disabilities in

using modern family planning

Gender roles on family planning

Almost all the participants mentioned that family planning use is the responsibility of women. It is reported that men have little involvement on family planning use.

“It is only the women who want to use family planning. The men are not as such interested.”
unmarried female

Attitude towards use of family planning

The data showed that the participants have information about family planning and a positive attitude towards using it. The majority of them believed that family planning is important to avoid getting pregnant.

“For families it is mandatory to make sure their children with intellectual disabilities uses FP method.” Female unmarried

Barriers to use family planning

Some of the discussants said that they did not get priority services when they went to the facilities for family planning services. There was also a poor understanding among some of the staff working at the facilities about the problems of people living with intellectual disabilities. Lack of transportation services to reach the facilities was also raised as a barrier for accessing the services.

“Mostly in health facilities they do not understand us.” unmarried single man

Opportunities

The existence of associations for people living with intellectual disabilities was said to be an opportunity for disseminating information about family planning and also to provide trainings, and counselling services on family planning services.

“After I get to this association we have got a chance for training.” Female unmarried

DISCUSSION AND CONCLUSION

The assessment explored the family planning needs and attitude, barriers to access and opportunities to improve access and utilization of family planning services among people living with disabilities.

Deaf People

The assessment found that the knowledge of deaf people on family planning reported to be low. Communication barriers, limited access to family planning information, unavailability of sign language interpreters at the health facilities, and media based dissemination of information non-tailored to Deaf people accounted for low knowledge of family planning. Furthermore, many deaf people have a negative attitude towards family planning and do not support its use, this was partially caused by rumours and misconceptions on family planning methods among deaf people.

The findings noted that deaf people have a high demand and need for family planning services to avert unwanted pregnancies. However, the study participants indicated that the use of modern family planning methods among deaf people was reported to be low. Of those who used family planning short acting family planning methods were the most preferred.

It was also revealed that the involvement of deaf men in family planning was limited. This was exhibited by stereotyping of family planning services for women and the perception of women are more knowledgeable on family planning than men.

The analysis of the data identified several barriers that barred deaf people from accessing and utilizing family planning services. Communication barriers, limited financial resources, poor interpersonal communication of health care providers, deaf unfriendly health services, poor information provision and counselling service in health facilities, use of mass media communication approach non-tailored to deaf people, limited sources of information, and limited family support were all mentioned as barriers. Devising interventions targeting these barriers would redress and improve access to and utilization of family planning service among deaf people.

Deaf- Blind People

It was indicated that deaf-blind people found to have low knowledge on family planning services and methods. The assessment also noted that the participants had no access to family planning information which is believed to be the reason for their low knowledge on family planning services.

The qualitative data showed that deaf- blind people had high demand for family planning information and services as most of them did not have the economical freedom or desire to have many or any children and to avert unwanted pregnancies. Of those who did receiver family planning services there were many sources, but the health center was the most preferred. It was also reported that deaf- blind people were not practicing informed and

voluntary decision making on family planning.

There were several barriers for deaf-blind people to access and utilize family planning service was noted, such as, no translator at the facilities, location, attitudes of service providers.

The assessment also indicated that health and family planning services offered at established disability associations would be an ideal place to access the services.

People living with Physically Disabilities

The current study indicated that people living with physically disabilities had high need for family planning services on account of multiple social and economic factors. Furthermore, it was reported that the awareness of people living with physical disabilities on the pros and cons of each family planning methods was limited. Unlike the other groups, there was an increase use of family planning among people living with physical disabilities, this could be due to the increase information on family planning disseminated by different media sources. In addition, long acting family planning methods was found to be the most preferred and government health facilities were reported to be the most dependable source of family planning services. The majority of participants indicated rumours and misconceptions on some of family planning methods, and this could negatively impact the use of family planning among this group.

The study also explored the effect of gender and marital status on family planning use. Hence, the findings showed that gender and marital status has an impact on the use of family planning among people living with physical disabilities.

Disrespectful and mistreatment from health workers and health facilities design were are barriers for accessing services.

The existences of disability associations and rules and regulations prioritizing people living with disabilities were identified as best opportunities to enhance access and use of family planning among people living with physical disabilities.

Blind People

The findings showed that blind people had limited information regarding available family planning methods and where to get them. It was reported that the use of family planning has increased over a period of time and this was attributed to increased family planning information and communication efforts. Injectable, implants, pills and condoms were the main family planning methods used by blind women. Blind people often visited health centres to receive family planning methods because they provided family planning services at no cost. However, the participants complained of receiving poor counselling and family planning services from health centres, therefore, they often opted to go to pharmacies and private hospitals to get family planning services. The assessment also noted that dissemination of family planning messages through radio, TV, and other awareness creation activities have increased; but, these interventions did not target people who are unable to

see.

The data showed that blind women were uncomfortable discussing their family planning needs to their friends and health care providers; while, blind men found to be expressive and did not feel embarrassed to talk about use of family planning. The assessment also found that blind people had different family planning method preferences before and after marriage.

The assessment identified barriers that deterred blind people from accessing and using family planning services. The barriers identified were contraceptive method related, poor health facility design and infrastructure, poor road conditions that lead to health facilities, lack of guidance at health facilities, and negative experiences in health facilities.

The existence of blind associations, boarding schools, and policies and strategies were considered as best opportunities and could be further utilized in the future to improve access and utilization of family planning services for blind people.

People living with intellectual disabilities

This study identified that people living with intellectual disabilities have good information about family planning use and they also use contraceptive methods. It was also identified that the use of contraception has increased compared with the previous years. It was also learnt that people living with intellectual disabilities used both traditional and modern family planning methods. IUD was identified as the most common family planning methods used. However, some misconception about family planning were also identified.

It is encouraging that most of the health care workers were said to provide family planning services with respect and dignity to the people living with intellectual disabilities. However, there are still cases of mistreatment from some of health care workers and other staff at the health facility. It is also better if parents/care takers accompany them whenever they visit the health facilities.

The experiences of sexual abuse was also indicated that people living with intellectual disabilities need more protection from the community as well from the government.

There are opportunities such as providing family planning services at the associations for people living with intellectual disability.

LIMITATIONS OF ASSESSMENT

- This is an assessment for program purpose only, this is not meant to generalize FP needs of all people living with disabilities in Addis Ababa. Since this was only an assessment it did not require ethical clearance however we did obtain permission from each participant.
- There was a large communication barrier among participants from the intellectual disability and deaf-blind associations, the use of translators often made the information less direct from the participants. It was difficult for the participants to express what they wanted to say.

- Even when discussion questions forwarded the same group has problem of understanding the intent (less comprehend) while there is lots of probing and clarification. Regarding the FP service issue, they consider it as financial plan for their family or general life plan.
- For this assessment we went through associations however we understand that persons with the same disability who is homeless or who are not members of the association might have different barriers or needs.

RECOMMENDATION

Based on the findings of the assessment, the following recommendations were posited;

- Social behavioral change communication (SBCC) interventions should be designed to improve the awareness of people living with disabilities on family planning based on the needs and type of disabilities. There is a need to prepare key messages on family planning targeting rumours, misconceptions and benefits of using family planning. Moreover, the right communication channels should be selected for audiences based on their disability. There is also a need to design special SBCC tools for blind and deaf people to overcome their communication barriers.
- Peer to peer education is also recommended to improve the awareness of people living with disabilities on family planning methods and services.
- Health facilities should be equipped with tactile and sign language interpreters or train health care providers with tactile and sign language for smooth interpersonal communication between clients and health care providers.
- Key messages on family planning disseminated through TV, radio, and other print media should be tailored to the needs of people living with disabilities. For instance, voice based transmission of TV spots on family planning should be accompanied by sign language interpretation.
- There is a need to improve the interpersonal communication and counseling skills of health care providers as this has emerged to be key barrier to accessing and utilizing family planning among people living with disabilities.
- Engaging family members of people living with disabilities on family planning interventions is very critical in order to get their buy-in and create enabling environment to improve access and utilization of family planning.
- The organization of the service delivery points and/or design and infrastructure of health facilities need to be considerate of people living with disabilities.
- Satellite services for family planning could be offered at the associations for people living with disabilities.

ANNEX 1: Focus Group Discussion Guide - Assessment on Family Planning Needs of People living with Disability

I. Introduction – 5 Minutes

- Provide a brief introduction on the family planning needs assessment (see “Talking Points,” below) purpose and process.
- Explain that you will ask the group to spend a few minutes identifying their current family planning needs, attitudes and belief on using modern family planning methods, and barriers and opportunities to access family planning services,
- Emphasize that their input is vital in helping to identify and prioritize needs, create solutions, and plan for services.
- Explain that you are not trying to evaluate or judge any one person’s opinions or experiences, but rather to capture the thinking of as many people as possible.
- Ask if there are any questions before you begin. Answer questions and then begin with the facilitation questions.

Talking Points:

- The Federal Ministry of Health in collaboration with FHI 360 is interested in assessing the current family planning needs and associated barriers and opportunities of people living with disability.
- The assessment looks at the following three broad categories:
 1. The extent of current family planning need
 2. The attitude and beliefs of people living with disability on modern family planning use
 3. Barriers and opportunities for family planning service utilization among people living with disabilities.
- The information will be helpful in identifying the family planning needs of people living with disability and recommend ways for better future service delivery for people living with disability.
- The discussion will require no more than 45 minutes.

1. FGD Participant Demographics (5 minutes)

Would you please introduce yourself and respond to the following questions?

Number	Sex	Age	Marital Status	Family Planning Use	Name of Your Association	Membership Status

2. Family Planning Need: (20 minutes)

- Would you please tell us about family planning needs among people living with disability?
 - Is your views different among females and males? How? Why?
 - How do you see the current family planning service utilization among people living with disability compared with former times? Why?
- Is there any preference in different family planning (contraceptive) method use? Which method/s is/are mostly preferred? Why?
 - Is there any difference in contraceptive method preference between: 1) males and females? 2) Married and unmarried?
- How much do you think is the unmet needs of family planning among people living with disability?

3. Service Providers and Quality of Service Received (15 minutes)

- Where do people living with disability receive family planning services? Why?
- Looking from the perspective of disability how do you judge the family planning service being rendered? Why?
- What do you think service providers should do in order to fulfil the family planning needs of people living with disability?

4. Attitude and Behavior (10 minutes)

- Would you tell us the attitude and behavior of people living with disability in using modern family planning methods? Why?
 - Is there any difference in attitude and behavior between: 1) males and females? 2) Married and unmarried?

5. Barriers and Opportunities

- What do you think are barriers for people living with disability in obtaining family planning services? Why?
 - What opportunities do you think will have for people living with disability to obtain quality family planning service? Why?
6. Do you have any additional comment or suggestion?

Thank You!!