

# Reproductive and sexual health needs among differently abled individuals in the rural field practice area of a medical college in Karnataka, India

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## Abstract

**Background:** Individuals with disability have to face multiple physical and attitudinal barriers to seek reproductive health services. Hence this study intends to bring out reproductive health needs of individuals with disability, which will help future policy or program formulation.

**Objective:** To know the reproductive and sexual health needs among differently abled individuals in the field practice area of a medical college in Karnataka, India.

**Materials and Methods:** A cross-sectional study was carried out in rural field practice area of a medical college in Karnataka, India. By conducting house-to-house visit, all the selected differently abled individuals were interviewed after obtaining written and informed consent from the individuals, parents and/or guardians, using a predesigned questionnaire. Data were entered and analyzed using Epi Info, version 4.0.

**Results:** Only 19.2% of the study population were married. More than 67.17% were not sexually active. Only 4.0% reported STI/RTI. About 38.67% were still using cloth during menstruation. Only 7.9% used contraceptives.

**Conclusion:** Differently abled individuals have the same reproductive and sexual health needs as their normal counterparts. They must have the same access as everyone else to the health services, and resources that support them in their decisions.

**KEY WORDS:** Disability, reproductive-and-sexual health needs, rural area


## Introduction

Based on the 2010 population estimates, over a billion people (or about 15% of the world's population) are estimated to be living with disability<sup>[1, 2]</sup> and their sexual and reproductive health (SRH) has been neglected. About 30% of families live with a family member who has a disability.<sup>[3]</sup>

In India, the prevalence of disability is estimated to range from 2.1% to 2.21%.<sup>[4-6]</sup> It is estimated that the prevalence of disability in Karnataka is about 2.02%.<sup>[7]</sup>

Adolescents and adults with disabilities are as likely as persons without disabilities to be sexually active.<sup>[8]</sup> Women with paralysis, impaired motor function or obvious physical disability were rarely offered contraceptive methods or information.<sup>[9]</sup> Of equal concern is the fact that in many places, women with disabilities are routinely turned away from such services should they seek help, often also being told that they should not be pregnant, or are scolded because they have decided to have a child.<sup>[10]</sup>

In India, women with very minor physical disabilities do not receive reproductive health services because they are considered to have no marriage prospects.<sup>[11]</sup> Many have been subjected to forced sterilizations, forced abortions, or forced

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**Table 1:** Demographic details of the study population

Parameter	Frequency	Percentage
Gender		
Female	75	37.9
Male	123	62.1
Age (in years)		
≤20	21	10.6
21–30	115	58.1
31–40	34	17.2
41–49	28	14.1
Total	198	100.0

**Table 2:** Distribution of the study population according to type of disability

Type of disability (N=198)	Responses	
	Frequency	Percentage
Blind	21	10.34
Deaf	17	8.11
Dumb	16	7.72
Mental retardation	20	9.58
Physically handicapped	123	59.42
Others	10	4.83
Total	207	100.0

marriages.<sup>[12]</sup> Girls as young as 9 years old have been sterilized for reasons that include the elimination of menstruation and the prevention of pregnancy.<sup>[13–15]</sup>

There is limited literature available on SRH needs among differently abled persons in India especially in rural areas. Hence this study intends to know the SRH needs and the factors influencing the same among differently abled individuals in the field practice area of a medical college in Karnataka, India.

## Materials and Methods

The list and information such as address and phone numbers of all differently abled individuals residing in Davangere district were obtained from the Department for Empowerment of Disabled and Old age, Davangere.<sup>[16]</sup> After an initial analysis, 198 differently abled individuals, aged 18–45 years, were found to be residing in the rural field practice area of a medical college in Karnataka, India. Ethical clearance to conduct the study was obtained from the Institutional Ethics and Review Board (IERB). This cross-sectional study was conducted from September to October 2014. After obtaining written and informed consent from the individuals and/or guardians, information concerning the type of disability, SRH, etc., was obtained using a predesigned questionnaire. In case individuals were unable to comprehend to the questionnaire and give valid information (because of various disabilities), data were collected from parents,

**Table 3:** Marital status of the study population and reasons for being unmarried

Marital status	Frequency	Percentage
Yes	38	19.2
No – disability	94	47.5
No – economical	17	8.6
No – both	49	24.7
Total	198	100.0

**Table 4:** Sexually activity status of the study population

Sexual active	Frequency	Percentage
Yes	38	19.19
No	133	67.17
No response	27	13.64
Total	198	100.0

**Table 5:** Prevalence of sexual/reproductive transmitted infections (STI/RTI) among the study population

STI/RTI	Frequency	Percentage
Yes	8	4.0
No	163	83.0
No response	27	13.0
Total	198	100.0

guardians, or any other reliable informants present at the time of interview.

## Statistics

Data were entered and analyzed using Epi Info, version 4.0. Descriptive statistics such as mean, median, and standard deviation were employed to summarize the quantitative data such as age, monthly income, etc. Proportions were computed for qualitative parameters such as type of disability, and dependency.

## Result

A total of 198 individuals with disability were identified in the rural field practice area of a medical college in Karnataka. A majority of them (62.1%) were male individuals, and more than half (58.1%) were in the age group of 21–30 years [Table 1].

As shown in Table 2, among the 198 individuals, a total of 207 disabilities were identified (taking into consideration the possibility of some individuals having more than one disability). A majority of the study population was having physical disability (59.42%), followed by blindness (10.34%).

In terms of the marital status, only 19.2% of the study population was married and when asked about reasons for not being married, a majority of them attributed it to the disability itself (47.5%), others (8.6%) to financial constraints, and the remaining (24.7%) to both the reasons [Table 3].

**Table 6:** Contraceptive use among sexually active women

Contraceptive use	Frequency	Percentage
Yes	3	7.90
No	23	60.53
No response	12	31.57
Total	38	100.0

**Table 7:** Sanitary napkin use among the female study population

Sanitary napkin use	Frequency	Percentage
Yes	41	54.67
No (use cloth)	29	38.67
Menopause	5	6.66
Total	75	100.0

Table 4 shows the data on the sexual activity among the study population; a majority (67.17%) of the individuals revealed not having any sexual exposure in their lifetime. The prevalence of RTI/STI was found to be low (4.0%) in the study population and about 13% declined to give any response to these questions [Table 5]. Among those reporting to be sexually active, only 7.9% were using any of the available contraceptive techniques and more than half (60.53%) were nonusers [Table 6].

The female study population was enquired about menstrual hygiene. Among the 75 women with disability, though a good number (54.67%) were using sanitary napkins, more than one-third (38.67%) were still using cloth during menstruation [Table 7].

## Discussion

Despite the magnitude of the issue, both awareness of and scientific information on disability are lacking. There are a few documents providing a compilation and analysis of the ways countries have developed policies and responses to address the needs of people with disabilities.<sup>[1]</sup> Hence, in this article, discussion is presented with reference to studies carried out on both general population and differently abled individuals where information is available.

A total of 198 individuals with disability were identified in the rural field practice area of a medical college in Karnataka, India. A majority (62.1 %) of them were male individuals and more than half (58.1%) were in the age group of 21–30 years.

### Type of disability

Among the 198 individuals a total of 207 disabilities were identified (taking into consideration the possibility of some individuals having more than one disability). A majority of the study population were having physical disability (59.42%), followed by blindness (10.34%). This is in contrast to the findings in the Census 2001<sup>[4]</sup> and 2011<sup>[5]</sup>, where blindness is reported as the major type of disability. This indicates that only individuals with physical disability have been able to register and seek assistance in the Department for Empowerment of

Disabled and Old age, Davangere. Hence, a vast majority of individuals with other types of disabilities are still not being covered and remain unattended in the development and rehabilitation activities.

### Marital status

Only 19.2% of the study population was married, and when asked about reasons for not being married, a majority of them attributed it to the disability itself (47.5%), others to financial constraints (8.6%), and the remaining (24.7%) to both the reasons. Similar findings and reasons were reported by Lang<sup>[17]</sup> in a study among south Indian population. Hence sexual-and-reproductive rehabilitation of the differently abled still remains a mirage because of the misconceptions both among differently abled and the general population about their (differently abled individuals') capacity to have a normal reproductive life.

### Sexual activity

Though individuals with disability are known to be as sexually active as persons without disability, many of them are denied the privilege of reproductive and sexual health. In this study, a majority of the study population reported not having any sexual activity. In the South India Disability Evidence (SIDE) study conducted by Murthy et al.<sup>[18]</sup>, a significantly lower proportion of women with disability experienced pregnancy (36.8%) compared to the women without any disability. A higher proportion of women without a disability (7.7%) compared to women with some disability (5.3%) reported a successful pregnancy in the past 2 years.

### Reproductive tract infections or sexually transmitted infections (RTI/STI)

Previous studies among general population report RTI/STI to be still highly prevalent in Indian communities.<sup>[19–23]</sup> The RTI/STI though still prevalent in Indian communities, a large majority of these go unreported because of the stigma and ignorance regarding their aetiology and management. The individuals with disability have an added disadvantage of disability and hence face denial and discrimination in reporting and seeking medical care for STI/RTI's.

### Contraceptive use

Among those reporting to be sexually active, only 7.9% were using any of the available contraceptive techniques and more than half (60.53%) were nonusers. In the study conducted by Olajide et al.<sup>[24]</sup> in Nigeria, only 34% of sexually experienced respondents had used a modern contraceptive method. The male condom was the most commonly used contraceptive. In the studies conducted in general population,<sup>[25–28]</sup> the contraceptive use was found to range from 45% to 60%.

### Sanitary napkin use

Among the 75 female study population, though a good number of them (54.67%) were using sanitary napkins, more than one-third (38.67%) were still using cloth during

menstruation. In a previous study by Nair et al.<sup>[29]</sup> a majority (74.8%) of the girls used homemade sanitary pads, approximately 24% used ready-made sanitary pads, whereas the remaining 1.5% used cotton wool.

### Limitations of the study

This study was conducted in the rural field practice area of a medical college in Karnataka in India. A comparative study to understand the rural–urban differences in SRH needs can throw more light on the unmet needs among differently abled individuals.

### Conclusion

Although the full picture of SRH issues for individuals with disabilities is not yet clear, it is certain that there are significant unmet needs. Like everyone else, persons with disabilities need information about SRH. To do so, they must have the same access as everyone else to programs, services, and resources that support them in their decisions.

### Recommendations

As scientific literature on the SRH needs among differently abled persons is scarce, especially among rural areas, information from multi-centric studies focussing on the need assessment can be helpful for future program and policy formulation.

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