



SPECIAL ISSUE: Sexual and Reproductive Health of Women with Disability
Research paper

Disparities in receipt of family planning services by disability status: New estimates from the National Survey of Family Growth



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ABSTRACT

Background: A substantial and increasing population of US women of childbearing age live with disability. Disability-based disparities in access to family planning services have been previously documented, but few studies have used population-based data sources or evidence-based measures of disability.

Objective: To determine population-based estimates of use of family planning services among women 15–44 years of age in the United States, and to examine differences by disability status.

Methods: This is a secondary analysis of a cross-sectional survey, the 2011–2015 National Survey of Family Growth. These analyses include 11,300 female respondents between the ages of 15 and 44 who completed in-person interviews in respondents' homes.

Results: Approximately 17.8% of respondents reported at least one disability in at least one domain. Women with disabilities were less likely than those without disabilities to receive services; the largest differences by disability status were seen among women with low education, low income, and those who were not working. Logistic regression analysis suggests that women with physical disabilities and those with poorer general health are less likely to receive services.

Conclusions: Women living with disabilities reported lower receipt of family planning services compared to women without disabilities, but the differences were small in some subgroups and larger among disadvantaged women. Physical disabilities and poor health may be among the factors underlying these patterns. Further research is needed on other factors that affect the ability of women with disabilities to obtain the services they need to prevent unintended pregnancy.

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In 2009, the Centers for Disease Control and Prevention (CDC) estimated that 11% of U.S. women of childbearing age live with a disability involving difficulty with hearing, vision, cognition, ambulation (mobility), self-care, and/or independent living.¹ This already substantial population is predicted to increase in the coming years, due to medical advances improving survival rates of women born with disability or acquiring disability in childhood to

live into childbearing age and beyond.^{2,3} Research investigations addressing the reproductive health of women with disabilities began earnestly in the 1990's following an NIH-sponsored conference on the reproductive health of people with physical disabilities.^{4–9}

Nosek and colleagues conducted the first national study on the reproductive and sexual health issues of women with physical disabilities, comparing similarities and differences between 504 women with disabilities and 442 women without disabilities.¹⁰ The findings indicated that women with disabilities had greater concern about inaccurate contraception information than those without disabilities. Additionally, more than one-third of women with disabilities reported not using birth control, compared with

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about one-fourth of women without disabilities.

Women with disabilities continue to face barriers to accessing and using contraception and related reproductive health care services.^{2,3,11–14} They may encounter inaccessible health care facilities and equipment, stereotypes and discrimination, inaccessible family planning clinics, programmatic inaccessibility, transportation barriers to accessing facilities, limited coverage of health care, and providers who lack disability-related training or sensitivity and/or fail to recognize the woman as a person with sexual and reproductive health care needs.^{4,12,15–17} Moreover, they may experience problematic interactions between hormonal methods of contraception and disability-related medications; difficulties using barrier methods due to limitations in manual dexterity, loss of sensation, contractures, or spasticity.^{5,18}

Because the sexuality and sexual health of people with disabilities have been traditionally devalued, ignored, or socially stigmatized,^{19–21} women in this population may not be expected to use family planning services, much less consider pregnancy or its prevention^{15,22} nor to seek counseling about appropriate contraception options.⁴ This may be especially true for women with intellectual disabilities who experience multiple barriers to accessing sexual health care, including the receipt of contraception for purposes of menstruation management and pregnancy prevention.^{21,23–26}

Until recently, most extant research studies on the reproductive health of women with disabilities were conducted with relatively small, convenience samples.³ In the past five years, however, there have been several groundbreaking studies using population-based data to investigate pregnancy and its outcomes in women with disabilities.^{2,12–14} Further research using population-based data is needed to understand the impact of functional limitations and other disability-related factors on the use of contraceptive methods and access to family planning services in this substantial and underserved population.

Although patterns of use of family planning and reproductive health services by the general population are available,^{27,28} these patterns have not been documented in the context of disability.^{3,23} In addition, research has often used widely-varying operational definitions of disability, making it difficult to compare findings across studies or determine disparities related to disability.²³ Thus, there is little population-based information on the nature, scope, and consequences of reproductive health care disparities experienced by women with disabilities. This study is a critical step toward filling that gap.

Methods

We used data from the 2011–2015 National Survey of Family Growth (NSFG). The NSFG is conducted by the CDC's National Center for Health Statistics in collaboration with other agencies of the U.S. Department of Health and Human Services. The survey is based on self-reported data and is largely focused on topics of fertility, sexual activity, contraceptive use, reproductive health care, family formation, and child care. The NSFG uses a stratified, multistage probability sample to construct nationally representative estimates for women and men aged 15–44 years residing in the household population of the United States. Interviews are conducted in respondents' homes by trained, female interviewers. The 2011–2015 NSFG contains interviews with 11,300 women with response rates of about 73%.

The NSFG collected standard demographic characteristics such as age, marital and cohabiting status, race and Hispanic origin, parity, educational attainment, household income, and self-reported health (in the self-administered questionnaire): "In general, how is your health?" with answer categories, "excellent, very

good, good, fair, poor." Specific to our analyses, we included NSFG's measures of current disability status and receipt of family planning services within the past year.

In 2011, the United States Department of Health and Human Services established six standardized disability-related measurement items for all population-based, public health U.S. surveys, defining disability from a comprehensive, evidence-based functional perspective, i.e., current limitations in hearing, vision, cognition, mobility, self-care, and independent living. These were included for the first time in the 2011–2013 NSFG (released December 2014).²⁹ Disability status was measured via the following six questions, with yes/no responses: (1) *Do you have serious difficulty hearing?* (2) *Do you have serious difficulty seeing, even when wearing glasses or contact lenses?* (3) *Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?* (4) *Do you have serious difficulty walking or climbing stairs?* (5) *Do you have difficulty dressing or bathing?* and (6) *Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?* For the present analyses, participant responses were collapsed into "no disability" (i.e., "no" to all six questions) or "any disability" (i.e., "yes" to any of the disability-related questions).

Female respondents were queried about receiving a variety of family planning and reproductive health services within the 12 months prior to the interview. For the present analyses, we included the following family planning services: receiving a birth control method or prescription for a method, receiving advice or counseling about birth control, having a check-up or test in order to use a birth control method, and "all other family planning services," which includes having received counseling for emergency contraception (EC) or sterilization, having had a sterilization operation, or having received a prescription for emergency contraception.

We compared the use of family planning services among women with and without disability in all survey respondents and within subgroups based on sociodemographic characteristics. The survey module of Stata Version 14 was used for this analysis.³⁰ Contingency table analysis with Rao-Scott second order Corrected Pearson tests were used to test the significance of differences between women with and without disabilities. Analyses took survey weights, clustering and stratification of the data into account. Statistical significance of the tests was defined by $p < 0.05$. The survey logistic regression procedure in Stata was used for the logistic regression analyses. We used receipt of any family planning service in the last 12 months as the outcome variable.

Results

Among all women 15–44, 17.8% of women reported that they have at least one of the 6 types of disability. The most common type of disability reported was a cognitive disability (7.3%), representing a "yes" answer to question (3) above. About 6.5% of participants reported that they had serious difficulty hearing or seeing (even with glasses), representing a "yes" answer to question 1 or 2. Approximately 4% of participants reported other disabilities, indicated by a "yes" response to questions 4, 5, or 6.

The proportion of women 15–44 years of age in the U.S. household population who received one or more family planning services in the 12 months before the interview, overall and by disability status is shown in [Table 1](#). Overall, this proportion was 41.5%, with 37.7% of women living with disabilities reporting having received one or more family planning services compared to 42.4% of women without disabilities ($p < 0.01$). Taken together, women with disabilities were less likely to receive any family planning services, but these disparities were particularly marked within

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