MANAGEMENT PRACTICES OF NURSES ON REPRODUCTIVE HEALTH SERVICES FOR PERSONS LIVING WITH DISABILITIES IN THIKA HOSPITAL, KENYA

MONICA CHEBET BOR

MASTER OF SCIENCE

(Public Health)

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Management Practices of Nurses on Reproductive Health Services for Persons Living with Disabilities in Thika Hospital, Kenya

Monica Chebet Bor

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other University.

Signature…….…… Date……..

Monica Chebet Bor

This thesis has been submitted for examination with our approval as University Supervisors

Signature…….…… Date……..

Dr. Joseph K. Mutai, PhD

KEMRI, Kenya

Signature…….…… Date……..

Prof. Peter Mwaniki, PhD (late)

JKUAT, Kenya

DEDICATION

I dedicate this thesis to my loving parents, my daughter, brothers and sisters for their support prayers and understanding as I undertook my research. May God grant them the desires of their hearts.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BSCN	Bachelor of Science in Nursing
CRPD	Conventional Rights of Persons with Disabilities
ECHN	Enrolled Community Health Nurse
ERC	Ethics Review Committee
HIV	Human Immunodeficiency Virus
INCRESE	International Centre for Reproductive and Sexual Rights
KEPH	Kenya Essential Package for Health
KNBS	Kenya National Bureau of Statistics
KNH	Kenyatta National Hospital
KNSPWD	Kenya National Survey of Persons with Disability
KRCHN	Kenya Registered Community Health Nurse
MOH	Ministry of Heath
MOMs	Ministry of Medical Services
NACOSTI	National Commission for Science, Technology and Innovation
NCAPD	National Coordinating Agency for Population and Development
PLDs	Persons Living with Disabilities

RHS	Reproductive Health Services
SRHR	Sexual Reproductive Health Rights
STIs	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UON	University of Nairobi
USAID	United States Agency for International Development
WHO	World Health Organization

ABSTRACT

Globally, persons living with disabilities experience myriad of challenges associated with reproductive health and face new vulnerabilities to human rights abuses at the onset of adolescence. Though the health system that manages overall health issues under the Ministry of Health in Kenya include the general reproductive health services to all population segments, persons with disabilities have limited or no access to education and health, among other issues whose impact especially on reproductive health has been exposure to unwanted early pregnancies, unsafe abortions and sexually transmitted infections including HIV. **Objective:** The main objective of this study was to determine the management practices of nurses of nurses on reproductive health services of persons with disabilities in Thika Level 5 hospital. **Method:** The study was conducted in Thika level 5 hospital and it adopted a descriptive cross-sectional design where both quantitative and qualitative techniques in data collection were utilized. The study population comprised of nurses working at the hospital and persons living with disabilities. Systematic and purposive sampling methods were used to get the sample size required for the study**.** Pretesting was done to ensure validity and reliability. Data was collected using self-administered structured questionnaire, key informant interviews and focus group discussions. Data entry and analysis from questionnaire was done using STATA. Descriptive statistics were used to describe variability and dispersion of responses, Likert scale used to measure the attitude of Nurses and results presented in tables, charts, graphs and narratives. Data from key informant interviews and focused group discussion were transcribed and subjected to content and thematic analytical processes that ranged from coding to categorization of themes which were developed from the responses in line with the study objectives**.** Its findings were presented in narrative and verbatim form. Ethical approval was sought and granted from KNH/UON ethical review committee. Informed consent was obtained individually from respondents prior to their acceptance to participate in the study. **Results:** The study found out that all RHS are available to PLDs like any other person in the society though they face a number of challenges associated with management of these services. This include lack of policies (45%), inaccessibility (36.4%), stigma (23.2%), affordability (14.6%). The attitude of Nurses had significant influence towards RHS for PLDs. **Conclusion:** PLDs will continue to face direct health-related consequences such as unplanned, unintended pregnancies, poor health and STIs, among others, and the impact of the same, if the identified challenges associated with the management and provision of RHS are not adequately addressed. Clarity on how RHS needs to be provided to PLDs is greatly missing from the management. The Ministry of Health should embrace feasible strategies of embracing a robust health system in Kenya and Kiambu county to ensure that it's sensitive and responsive to the main challenges and the needs of PLDs in regards to RHS.

CHAPTER ONE

INTRODUCTION

1.1 Background information

Over a billion people globally are estimated to live with some form of disability. This corresponds to about 15% of the world's population of whom 2-4% experience significant difficulties in functioning (World Bank, 2015; WHO, 2018)**.** Between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties in functioning. The rates of disability are increasing in part due to ageing populations and an increase in chronic health conditions, thus recognizing disability as a global public health concern, a human rights issues and a development priority. Accidents arising from poor road infrastructure couple with unresponsive government policies in checking road worthiness of motor vehicles and other vessels are contributing populations to disability. Disability is a global public health issue because people with disability, throughout the life course, face widespread barriers in accessing health and related services, such as rehabilitation (WHO, 2009; 2015). However, WHO (2018) recognizes the fact that people living with disabilities have more unmet health needs and thus seek more healthcare than people without disability.

According to United Nations Fund for Population Activities, the adolescents who form about fifty per cent of the world’s population experience many changes in their bodies and thus face new vulnerabilities to human rights abuses as soon at the onset of adolescents. Amongst the adolescents, the girl child continues to be subjected to many issues. Many of them are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) including HIV and dangerous childbirth. Subsequently, many of the adolescents face barriers regarding reproductive health information and care and where the information is available, accessibility to the same remain a huge challenge (UNFPA, 2014; Senderowitz *et al*., 2003).

However, many countries have put up several strategies towards addressing the health concerns of the adolescents though with many challenges. Many governments in sub-Saharan Africa view with concern the region's continued rapid population growth, high birth rates, and escalating rates of HIV infection. In Kenya, reproductive health is an essential priority in the Kenya Essential Package for Health (KEPH) system. The health system under the Ministry of Health incorporate provision of reproductive health services to its populations. In an attempt to enhancing service provision on the same some policy guidelines and programs have been put in place. For instance, Adolescent and Reproductive Health and Development policy guides focuses on key adolescent reproductive health issues and challenges, such as sexually transmitted infections including HIV, teenage pregnancy, unsafe abortion, school dropout and harmful practices such as early marriage, female genital cutting, gender-based violence and drug and substance abuse (MOH, 2003). However, one of the guiding principles to the implementation of national reproductive health policy (MOH, 2007) is to ensure that reproductive health care be responsive to expressed needs of its consumers including people with disabilities. Moreover, the national reproductive strategy 1997-2010 was developed to address reproductive health challenges by aiming to improve quality, efficiency, effectiveness of service delivery and improve responsiveness to client needs.

Although the International Center for Reproductive and Sexual Rights (INCRESE) advocates for the rights of marginalized young people, including sex workers, lesbian, gay and people with disabilities at all levels (INCRESE, 2009) understanding especially the reproductive health issues of the youth with disabilities is a bit challenging and complex because of their situations though they also experience similar outcome. They, too, are generally associated with various risks including unwanted pregnancy and sexually transmitted diseases including HIV/AIDS (Panton, 2000).

The UN Convention on the Rights of Persons with Disabilities guarantees persons with disabilities the right to access the same range, quality and standard of free or affordable health care and programs as provided to other persons, including those in the area of sexual

and reproductive health and population-based public health programs. However, available evidence suggests that persons living with disabilities (PWDs) still face numerous challenges in accessing and utilizing essential health services and this affects their quality of life (Becker *et al*., 1997). Impediments to receiving the required health services include attitudinal biases of health and social service providers, physical barriers in clinical settings and poor dissemination of information (Parish *et al*., 2007).

Study findings by Ahumusa., (2014) show that people living with disabilities face a multitude of challenges in accessing reproductive health services including negative attitude of service providers, long queues at health facilities, distant health facilities, high costs of services involved, unfriendly physical structures and the perception from able-bodied people that such people should be asexual. In addition, and on the basis of the current theoretical and legislative models of disability, there is general agreement that the disabling process is associated with health problems or impairments caused by health conditions, accidental injuries, or congenital differences (Altmann *et al.,* 2008).

According to the Kenya National Survey for Persons with disabilities conducted in 2007 by the National Coordinating Agency for Population and Development (NCAPD) in collaboration with Kenya National Bureau of Statistics (KNBS) Persons with disabilities in Kenya represent a critical segment of the population and have for a long time experienced marginalization (KNSPD 2007). In addition, a greater majority of persons living with disabilities have either limited or no access to education, health, employment, rehabilitation or other basic public socio-economic services.

1.2 Statement of problem

The sexual reproductive health and rights of persons with disabilities are mostly overlooked by both the disability community and mainstream organizations leaving people living with disabilities amongst the most marginalized yet they have the same sexual needs, and thus the same need for these services just like everyone else. They might even have greater needs for sexual reproductive health rights education and care than

persons without disabilities because of increased vulnerability to abuse and physical stature (WHO, 2009).

Persons living with disabilities face several challenges that include rape, sodomy and lack of information concerning safe sex practices. This exposes them to contract sexually transmitted infections that include HIV and unplanned pregnancies to the female gender. All these are attributable to inadequate access to public health facilities for reproductive health services among them poor infrastructure which is not friendly to PLDs and inadequate capacity building specially to nurses on handling reproductive health needs of PLDs. This influences the attitude towards provision of reproductive health services which exacerbates the situation for the persons with disabilities who struggle to, at least, rise to meet minimum basic social and health needs for themselves.

1.3 Justification of study

Limited information is available in developing countries and Kenya is not an exception on comprehensive strategies to handle reproductive issues of PLDs. Given that multiple factors limit access to health care for people with disability, remedial actions are needed in all components of health care systems to improve governance and increase levels of awareness, knowledge and data capture in health and related ministries.

Article 25 of the UN Convention on the Rights of Persons with Disabilities (UN 2006) reinforces the rights of persons living with disabilities to enjoy the highest standard of health without discrimination on the basis of disability. However, in most of the public health facilities it is almost impossible to find user friendly facilities for persons with disability. Equally nurses are not adequately trained on how to effectively communicate and handle unique reproductive health need of PLDs especially those with visual and hearing inabilities.

The findings of this study are envisaged to bring more light on the management practices of reproductive health services so that appropriate measures can be put in place either by

the national or Kiambu county government to ensure that persons living with disabilities receive good or even better services like other segments in the general population and plan their future.

The findings of this study will bring out a better understanding of how RHS are rendered by nurses to PLDs so as to inform a responsive approach in regards to service provision in public facilities. Where need be, relevant policies and other supporting guidelines either will be reviewed and or new ones put in place as a deliberate measure of improving quality of services given to PLDs and more importantly improve their quality of life. Further, this study will go a long way to make facilities user friendly to PLDs, capacity build nurses on policies and guidelines tailored towards enhancing delivery of RHS to PLDs. Consequently, nurse's skills, knowledge and attitude will improve to render quality RHs to PLDs.

Further, the study findings on the attitude of nurses towards management of reproductive health services for PLDs will facilitate Ministry of Health and Kiambu County Government to devise ways and means of embracing realistic measures or programs that can resolve attitude of nurses especially in workplaces as an intentional approach of improving quality and responsive service delivery to PLDs.

1.4 Research questions

1. What reproductive health services are offered to persons living with disabilities in Thika level five hospital?
2. What are social and institutional factors influencing the attitude of nurses towards reproductive health services for persons living with disabilities in Thika level five hospital?
3. What are the challenges associated with reproductive health services for persons living with disabilities in Thika level five hospital?

1.5 Objectives

1.5.1 Broad objective

To determine the management practices of nurses on reproductive health services for persons living with disabilities in Thika Level five hospital

1.5.2 Specific objectives

1. To assess the reproductive health services offered to persons living with disabilities in Thika level five hospital.
2. To determine the social and institutional factors influencing the attitude of nurses towards reproductive health services for persons living with disabilities in Thika level five hospital.
3. To establish the challenges associated with reproductive health services for persons living with disabilities among nurses in Thika level five hospital.

1.6 Limitation of study

1. Financial limitation. Finance was needed to be able to provide transport to PLDs who had been selected as participants to reach to an agreed destination for Focus Group Discussions and back.
2. No records on PLDs. To be able to select PLDs to participate in the study, there were no official records of PLDs though there existed a branch of the National council for Persons Living with Disabilities. The author got the contacts of representatives of PLDs in Makongeni area which provided scanty contacts.
3. Nurses strike. At the time of conducting this study, there was a strike that had been called which saw some nurses missing to report to work on time. This therefore took a lot of time to reach out to them until the determined sample size was reached.

1.7 Significance of study

The study findings will inform the Ministry of Health and Kiambu County on the need for adequate and responsive health system and capacity building to service providers including nurses on handling of reproductive health services for PLDs since they need this service like other people in the society. The study findings will also inform the MOH on the need to ensure that the service providers are aware of the policies in place on management of RHS for persons living with disabilities. Further, the finding will inform the MOH and Kiambu County on the challenges faced by PLDs when seeking RHS in the hospital so that these challenges are handled hence enabling friendly RHS to PLDs.

CHAPTER TWO

LITERATURE REVIEW

2.1 Background

An estimated fifteen percent of the world population live with disabilities of whom 2.4 % experience significant difficulties in functioning (World Bank, 2015; WHO, 2018). A greater majority of persons with disabilities have either limited or no access to education, health, employment, rehabilitation or other basic public socio-economic services (WHO, 2009). There is now growing evidence showing that people living with disabilities experience poorer health outcomes than those without disabilities and are still left behind (WHO, 2015).

Persons living with disabilities have the same sexual and reproductive health (SRH) needs as other people yet they often face barriers to information and services. The ignorance and attitudes of society and individuals, including health-care providers, raise most of these barriers and not the persons living with disabilities themselves. In fact, existing services usually can be adapted easily to accommodate persons with disabilities. Increasing awareness is the first and biggest step. Beyond that, much can be accomplished through resourcefulness and involving persons with disabilities in Reproductive health programme design and monitoring (WHO, 2009). Report by KNCHR in 2014 revealed that persons living with disabilities experience discrimination, stigma, lack of informed consent regarding the medical procedures to be performed on them, unfriendly infrastructure and high cost of sexual reproductive health services as key obstacles to persons living with disabilities enjoying health care services (KNCHR, 2014).

International Center for Reproductive and Sexual Rights advocates for the rights of marginalized people, including sex workers, lesbian, gay, bisexual and transgender and people with disabilities at the local, regional and global levels (INCRESE, 2009). Adolescent sexual feelings, behaviour and development is a stage of human sexuality

which is often a vital aspect of teenage life. It is generally associated with various risks including unwanted pregnancy and sexually transmitted diseases including HIV/AIDS (Ponton, 2000).

In male-dominated relationships, men may be less likely to accept a woman's request to use a condom or her desire to abstain from sexual engagement entirely, thereby increasing sexual and reproductive health risks for both partners. Empirical evidence from Nigeria shows that a young woman's difficulty in negotiating condom use is further exacerbated in cross-generational relationships, which are fairly common in parts of that country. The age gap limits a young woman's autonomy and her ability to make decisions, including her ability to negotiate condom use or refuse to have sex with a husband who is known to be unfaithful or have an STI (Odimegwu, 2008).

Fifty-four percent of young women in Nigeria give birth by the age of twenty and the maternal mortality estimate suggests that 54,000 women die each year due to pregnancy-related complications The risk of injury and death from pregnancy-related complications is higher among teenaged mothers because they fear to seek reproductive health care and are more likely to experience an unsafe abortion. They also experience a higher risk of complications at birth due to underdeveloped bodies (USAID, 2009).

According to the Kenya National Survey for Persons living with disabilities (KSPWD, 2008) and Kenya Demographic Health Survey (KDHS, 2009) conducted in collaboration with Kenya National Bureau of Statistics (KNBS), the overall disability rate in Kenya is 10% of the population which translates to 4.44 million Persons living with disabilities. Out of the 4.44 million persons with disabilities, 65% regard the environment as a major problem in their daily lives (NCAPD, 2008).

In Kenya, owing to similar experiences, the active implementation of the Adolescent Sexual and Reproductive Health and Rights programmes seeks to improve adolescents' knowledge about reproductive health, encourage a responsible and healthy attitude toward sexuality, delay in onset of sexual activity among younger adolescents and provide more youth-friendly services by trained service providers and peer educators (MOH, 2005). Adolescents and youth are generally defined as persons between the ages of 10 and 19 years and 18 and 35 years, respectively. Youth between the ages of 20 and 24 are often referred to as young adults. In Kenya, the Children's Act (2001), defines a child as a person under the age of 18 years, and therefore adolescents are protected by the Children's Act. Half of the world's population is younger than 25 years old and 9 out of 10 young people live in developing countries. These young people face profound challenges, such as high rates of early marriage, unintended pregnancy, HIV and other sexually transmitted infections, and maternal mortality and morbidity (MOH, 2005).

Kenya acknowledges disability as a phenomenon that cuts across all spheres of society and which requires support from all sectors it is noted that persons living with disabilities are not a homogeneous group but are varied in terms of the nature of their disability and their mental, physical and social needs. Persons living with disability in Kenya represent a critical segment of the population and like in most developing countries, they have for a long time experienced marginalization. In addition, a greater majority of persons with disabilities have either limited or no access to education, health, employment, rehabilitation or other basic public socio-economic services (WHO, 2009).

The Adolescent and Reproductive Health and Development Policy guide the provision of adolescent reproductive health services in Kenya. The policy emphasizes a multi-sectoral, interdisciplinary approach in providing integrated and quality reproductive health services. It focuses on key adolescent reproductive health issues and challenges, such as sexually transmitted infections including HIV, teenage pregnancy, unsafe abortion, school

dropout and harmful practices such as early marriage, female genital cutting, gender-based violence and drug and substance abuse (MOH, 2003).

The Ministry of Health Division of Reproductive Health formulates policy, develops implementation guidelines and coordinates inter-sectoral collaboration to ensure the delivery of high-quality adolescent sexual and reproductive health information and services by relevant government departments, non-governmental organizations and the private sector. They update policy and implementation guidelines to reflect new trends and emerging concerns on adolescent and reproductive health services by training service providers on youth-friendly services, increasing awareness of and access to youth-friendly sexual and reproductive health services for all youth and adolescents, including hard-to-reach and marginalized groups such as the persons living with disabilities.

2.1.1 Types of disabilities

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations (WHO, 2011).

It is a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. These impairments can be termed as disability of the person to do his or her day to day activities. The World Health Organization published the International Classification of Functioning, Disability and Health in 2001 which broke down disabilities into a number of broad sub-categories, which include physical disability, visual disability, hearing disability, cognitive disability, intellectual disability and mental disability (WHO, 2001).

2.1.1.1 Physical disability: This category of disability includes people with varying types of physical disabilities including upper limb(s) disability, lower limb(s) disability and

disability in co-ordination with different organs of the body. Disability in mobility can be either an in-born or acquired with age problem. It could also be the effect of a disease. People who have a broken bone also fall into this category of disability.

2.1.1.2 Visual Disability: There are hundreds of thousands of people that have minor to various serious vision disability or impairments. These injuries can also result into some serious problems or diseases like blindness and ocular trauma. Some of the common vision impairment includes scratched cornea, scratches on the sclera, diabetes related eye conditions, dry eyes and corneal graft.

2.1.1.3 Hearing disabilities: This includes people who are completely or partially deaf. Persons who are partially deaf can often use hearing aids to assist their hearing. Deafness can be evident at birth or occur later in life from several biologic causes, for example Meningitis can damage the auditory nerve or the cochlea. Deaf people use sign language as a means of communication. Hundreds of sign languages are in use around the world. In linguistic terms, sign languages are as rich and complex as any oral language, despite the common misconception that they are not "real languages".

2.1.1.4 Cognitive or learning disabilities: This kind of impairment present in people who are suffering from dyslexia and various other learning difficulties and includes speech disorders.

2.1.2 Disability amongst children

Children living with disabilities are one of the most marginalized and excluded groups in society. The world report on disability estimates suggests that there are at least 93 million children with disabilities in the world (WHO, 2011). Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, they are effectively barred from realizing their rights to healthcare, education, and even survival. They are often likely to be among the poorest members of the population. They are less likely to attend school, access medical services, or have their voices heard in society. Their

disabilities also place them at a higher risk of physical abuse, and often exclude them from receiving proper nutrition or humanitarian assistance in emergencies (WHO, 2011).

According to the Malaysian-based survey overall prevalence of physical disability was 2.8 per 1000 population among children aged between 7 and less than 18 years old (Khoo *et al*., 2009). The commonest cause was congenital, in 61.5% of the affected children. Slightly more than a third of these children with physical disability were partially or totally dependent on their caregivers in the various areas of self-care (37.4%) and mobility (34.9%). The survey also found that the more severe the physical disability, the more adverse impact it had on the functional independence and community participation of these children. It is essential that societies adapt their structures to ensure that all children, irrespective of age, gender and disability, can enjoy their basic human rights without discrimination of any kind. Young people with disabilities are often assumed wrongly to be sexually inactive, as being unlikely to use drugs or alcohol, and are at less risk of abuse, violence or rape than their non-disabled peers (Kassa *et al*., 2016). Children in Ethiopia are generally at an increased risk of sexual and reproductive health (SRH) related problems. Despite these immense problems, they have limited access to quality sexual and reproductive health services. Also, there are only few national programs specifically targeted to addressing the needs of this group (Kassa *et al*., 2016).

The majority of children living with disabilities will eventually mature, get into relationships and have children of their own. Children with disabilities are also specifically cited in the Convention on the Rights of Persons with Disabilities (CRPD). Article 7 ensures their full enjoyment of all human rights and fundamental freedoms on an equal basis with all other children. The CRPD also demands measures to protect the equal rights of children living with disabilities in respect of inclusive education, family life, and freedom from violence, opportunities for play, access to justice, birth registration and protection from forced sterilization (UN, 2006).

2.1.3 Disability amongst adults

People living with disability just like the rest of unchallenged population require health services that include reproductive health and involve sexuality, reproductive care, and childbearing. However, social misperceptions and stereotypes about disability can make it difficult for women with disabilities to obtain information, medical care, and services to ensure that their reproductive needs are met. Such needs include routine gynecological and breast examinations; screening for sexually transmitted diseases; contraception; consultations about sexuality and sexual function; fertility consultation and support; obstetrical care during pregnancy, labor, and delivery; and information about healthy parenting and about issues related to menopause, including osteoporosis and loss of libido (WHO, 2009).

People living with disability encounter a range of barriers when they attempt to access health care. Affordability of health services and transportation are two main reasons why people with disabilities do not receive needed health care in low-income countries where 32-33% of non-disabled people are unable to afford health care compared to 51-53% of people with disabilities. The challenges in sexual reproductive health and rights are not necessarily part of having a disability but instead often reflect stigma and discrimination, a lack of social attention, legal protection, accessibility of services, understanding and support. Sexual and reproductive health services are often inaccessible because of many reasons including physical barriers, lack of accessible information and communication materials. Uneven access to hospital buildings, inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to health care facilities. For example, women with mobility difficulties are often unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand. Some of these barriers are structural, for example, physically inaccessible tables, stirrups and examining instruments not designed for women with impairments. It should also be pointed out that although people with

physical disabilities and chronic illnesses are major users of medical services, few health care providers are trained to be sensitive to their specific needs (WHO, 2011).

People living with disabilities are more than twice as likely to report finding health care provider skills inadequate to meet their needs, four times more likely to report being treated badly and nearly three times more likely to report being denied care. Persons with disabilities are at high risk of exposure to HIV, not due to their disability as such, but because they are subjected to extreme social, political, financial and cultural marginalization. The HIV infection levels among people with disability are at least equal to or higher than the rest of the community due to insufficient access for people with disability to appropriate HIV education, information, prevention and support services (WHO, 2015; Groce *et al*., 2013).

2.1.4 Reproductive health services among youth with disability

Disability is a condition which prevents one from performing all usual physical and mental functions (WHO, 2015). It is the loss of function at the level of the whole person, which may include inability to communicate or perform activities of daily living. The International Classification of Functioning, Disability and Health define disability as an umbrella term for impairments, activity limitations and participation restrictions (WHO, 2011).

Physical disability is any conditions that permanently prevent normal body movement or control (WHO, 2009). On the basis of the current theoretical and legislative models of disability, there is general agreement that the disabling process is associated with health problems or impairments occasioned by health conditions, accidental injuries, or congenital differences (Altman *et al*., 2008). The World Bank estimates that over a billion people live with some form of disability. This corresponds to about 15% of the world's population of whom 2-4% experience significant difficulties in functioning**.** Between 110 million (2.2%) and 190 million (3.8%) people 15 years and older have significant difficulties in functioning (World Bank, 2015).

Kenya National Survey for Persons with Disabilities places the prevalence of disability in Kenya at 4.6% which is equivalent to 1.7 million Kenyans (KNSPWD, 2008). This is the proportion of the population with physical, mental, visual, speech, self-care and hearing impairments. According to the survey data, the most prevalent type of disability is physical disability, followed by visual impairment. Physical impairment is highest in Central (39%), followed by Western (34%), Nyanza (31%) and Rift Valley (30%) (KNSPWD, 2008). However, while acknowledging the challenges of accurately measuring disability demographics in Kenya, the 2019 national census recorded a disability prevalence rate of 3.5% (KNBS, 2019).

Disability disproportionately affects women, older people, and poor people. Children from poorer households, indigenous populations and those in ethnic minority groups are also at significantly higher risk of experiencing disability. Women and girls with disability are likely to experience "double discrimination", which includes gender-based violence, abuse and marginalization. As a result, women living with disability often face additional disadvantages when compared with men with disability and women without disability. Furthermore, the rates of disability are increasing in part due to ageing populations and an increase in chronic health conditions (WHO, 2015).

Since the Americans with Disabilities Act was enacted in 1990, many social barriers have been removed for people with disabilities but there is more work that needs to be done for them to become more independent and involved in their world. Good health is important to be able to work, learn and be engaged within a community (Altmann, 2008). Disability is extremely diverse while some health conditions associated with disability result in poor health and extensive health care needs. However, all people living with disabilities have the same general health care needs as everyone else, and therefore need access to mainstream health care services. Article 25 of the UN Convention on the Rights of Persons with Disabilities reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination (UN, 2006).

2.2 Factors influencing attitude of nurses towards reproductive health services for persons living with disabilities

Attitude refers to a disposition toward or against a specified phenomenon, person, or thing and has cognitive, affective, and behavioural components (Altmann, 2008).

Nurse's in general health care settings may have positive or negative attitude toward provision of nursing care to patients living with various disabilities. Negative attitude may have implications for both nurse and patient. Nurses may feel inadequate and anxious (Reed & Fitzgerald, 2005), and frustrations are sometimes improperly expressed to colleagues (Camilli & Martin, 2005). For the patients, these attitudes may make them feel uncomfortable or disadvantaged, or feel that they are treated differently from the other population of people without disabilities (Liggins & Hatcher, 2005).

People with physical, sensory (for instance, deafness, blindness), intellectual and mental health impairments, often face negative attitudinal barriers within society in general and from healthcare providers in particular while seeking reproductive healthcare services (Ganle *et al*., 2016). The attitude and behaviour of healthcare providers obviously have a significant influence on many aspects of care. Negative attitude of providers may discourage the use of services by the users with disabilities, and negative attitude may foster low expectations, encourage discriminatory behaviours and marginalization of people with disabilities among health providers themselves (WHO, 2011, & Ganle *et al.*, 2016).

Overall, provider's attitude towards disability was found negative with inadequate knowledge and skills in providing health care services. According to studies in Greece by Arvaniti *et al*., (2008), Mavundla and Uys (1997) in Durban and Sun *et al*., (2007) in Taiwan, nurses with increased educational levels had a more positive attitude toward provision of reproductive health services to persons living with disabilities. Clark *et al*., (2005) found nurses with specialist clinical experience in mental health nursing had more positive attitudes towards provision of services to persons living with various disabilities.

A study in rural Nepal revealed that majority of participant's perceived providers to have the negative attitudes with inadequate knowledge, skills and preparation for providing care to persons with disabilities. Few participants perceived the providers as kind, respectful, caring or helpful (Devkota *et al*., 2017). According to Samuelsson *et al.*, (1997), nurses caring more often for patients living with disabilities had more empathic attitudes than those who cared for these patients less frequently.

More contact with the person living with disabilities and effective training through regular mainstream efforts may help in changing provider's attitude along with increasing knowledge and skills to provide services to women with disabilities (Devkota *et al*., 2017).

Concerns regarding quality of health care are common problems reported by both women living with disabilities and without disabilities, largely related to provider's attitude and behaviours that often discourages women from seeking maternal healthcare services. Patients sometimes express that they feel silenced, ignored, or that their complaints are not taken seriously (Liggins & Hatcher, 2005; Reed & Fitzgerald, 2005).

The study in Lusaka, Zambia identified that people living with disabilities often experienced barriers to health services due to provider's inappropriate attitude and behaviours (Becker *et al*., 1997 & Smith *et al*., 2004). Measuring attitude of health providers towards disability is important to understand their perception so that training for health professionals can be improved in order to foster positive views. A better understanding of the complex relationship between, knowledge, attitude and behaviours would help policy planners to design intervention strategies to change attitude of healthcare providers towards the person with disabilities and improve healthcare services to those vulnerable groups.

2.3 Challenges associated with Reproductive health services for persons with disabilities

2.3.1 Accessibility

One of the biggest challenges that persons living with physical disabilities and visual impairment face in accessing skilled care is the unfriendly nature of healthcare infrastructure (WHO/UNFPA 2009). Several women, particularly those suffering physical and visual impairments, reported that most healthcare facilities currently lack ramps, wheelchairs, disability-friendly delivery beds, appropriate separate toilets for disabled persons, and personnel to assist the women climb stairs, examination tables and delivery beds. WHO (2004) notes the physical barriers that prevent persons with disabilities from accessing sexual and reproductive health services. Such barriers include lack of clear directions and services on offer, crowding and lack of privacy. These challenges often combined, discourage persons living with disabilities from seeking skilled reproductive health care services. In addition, uneven access to buildings (hospitals, health sentres), inaccessible medical equipment, poor signage, narrow doorways, internal steps and inaccessible parking areas are some of the barriers especially facing populations like these especially those with mobility difficulties (WHO, 2018).

2.3.2 Non-involvement of PLDs in decision making

All efforts to include persons living with disabilities, their needs, and their concerns in health policy and programmes must confront multiple challenges. People's impairments are not the source of these challenges. Instead, these are the challenges associated with management of reproductive health services that the world imposes on persons with disabilities (WHO/UNFPA, 2009). Exclusion of persons with disabilities from decision-making regarding reproductive health services has been reported to be a common practice in most health institutions. Lack of awareness, knowledge, and understanding of reproductive health services of persons living with disabilities has been experienced in many societies (WHO/UNFPA, 2009). Too often, programmes with the best intentions

have treated persons with disabilities as passive recipients of services. Policy-makers and providers often greatly underestimate the number of persons with disabilities. The decision makers sometimes think that there are few persons with disabilities, hence they may assign them low priority among groups needing attention. In fact, persons with disabilities constitute a significant stakeholder group that should have a place at the table whenever health programmes are planned and decisions are made. Their involvement is the best assurance that programmes will meet needs effectively.

2.3.3 Communication barrier

This is a challenge that persons living with hearing and visual disabilities face (WHO 2009). Most persons who suffered speech and hearing impairments reported difficulties in communicating with healthcare providers. Most of their accounts suggested that many maternal healthcare providers at health facilities could neither understand nor appropriately communicate in sign language. Healthcare providers had inadequate knowledge about the reproductive health care needs for PLDs and health information that lacked specificity in terms of addressing the unique reproductive needs of such persons (Ahumuza *et al*., 2014).

This was disincentive for persons living with speech and hearing impairments to seek care at such health facilities (Mulumba *et al*., 2014). Persons living with hearing disabilities highlighted that their biggest challenge was finding nurses who understood sign language. A study in Zimbabwe, (Rugoho *et al*., 2009) revealed that most of the professionals do not have sign language training. This prevents people with hearing impairment from getting adequate and relevant information on sexual and reproductive health.

2.3.4 Prejudice and stigma

It is a challenge that persons living with disabilities are experiencing in the society. Public attitudes differ from place to place and among different types of disability. The need to improve the management of sexual and reproductive health services and rights of persons

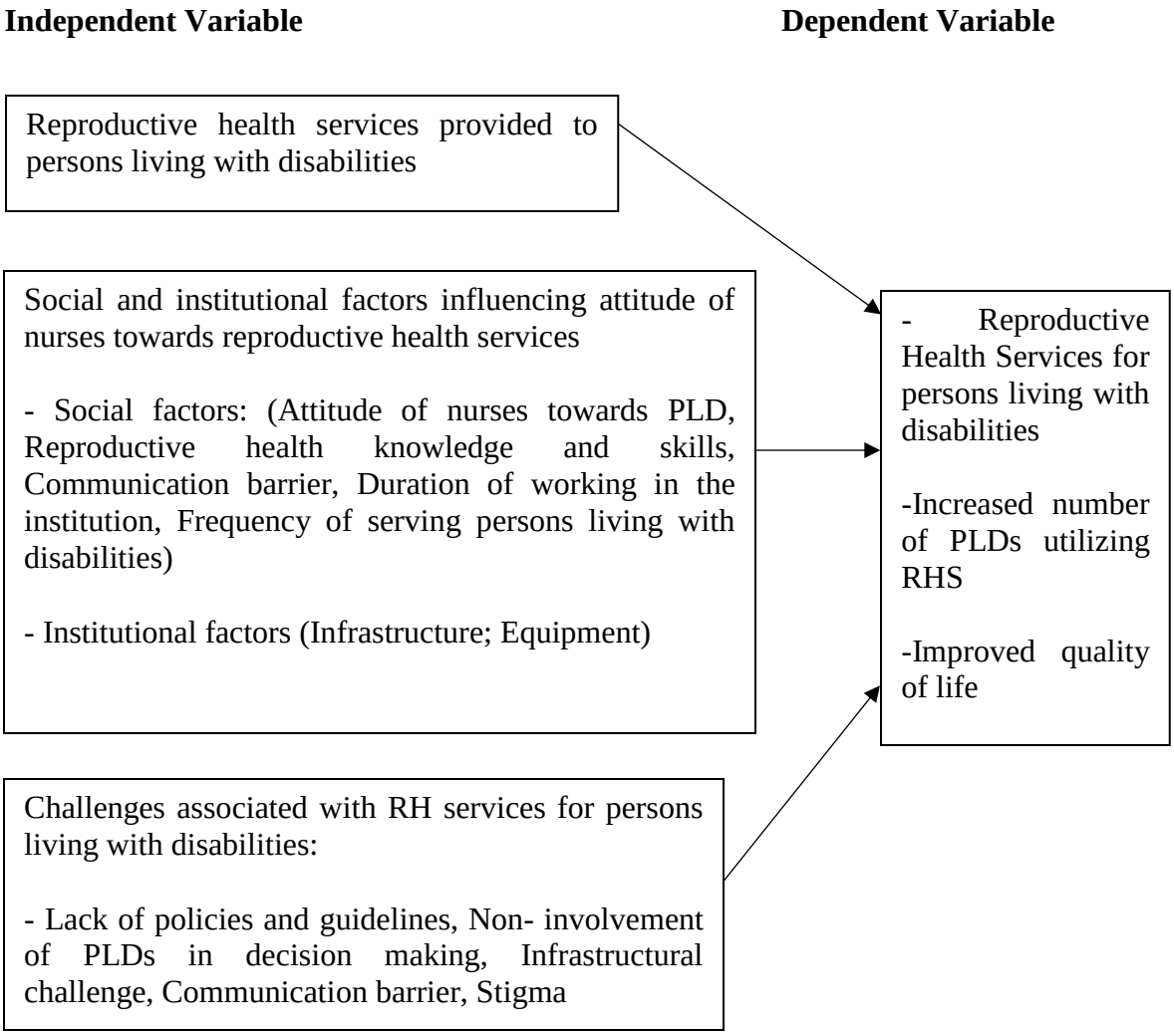
living with disabilities is increasingly acknowledged (Ganle *et al*., 2016). A study in Uganda (Ahumuza *et al*., 2014) found that the negative attitudes of health care providers made it difficult for women with disabilities to access sexual and reproductive health services. The greater majority of persons with disabilities face prejudice and stigma in their daily lives. This prejudice underlies the deprivation of a wide range of human rights, from freedom of movement and association to health and education and pursuit of a livelihood (World Bank, 2004).

The marginalization of persons living with disabilities in sexual and reproductive health services presents a challenge in the global fight against HIV and AIDS. Initiatives and policies that embrace the sexual and reproductive health of persons with disabilities are essential in fighting the spread of HIV and AIDS (Bankole & Malarcher, 2010). Sexual and reproductive health needs of women with disabilities need to be seriously taken on board by governments.

2.4 Theoretical Framework

Conceptualization involves determination and explanation of the variables that will be measured in order to determine the management practices of nurses and factors influencing their attitudes towards management of reproductive health services for persons with disabilities. Provision of this services to PLDs relies on various parameters which include social and institutional factors. This involves the service provider attitude, communication barriers, infrastructure and equipment. There are also several challenges associated with RHS for PLDs and this include inadequate policies that guides in provision of RH services to PLDs, non-involvement of PLDs in decision making concerning RHS among others. These factors and challenges acted upon will boost the quality of reproductive health services to persons living with disabilities hence improving their quality of life.

2.5 Conceptual Framework



Source: Author

Figure 2.5: Conceptual framework

CHAPTER THREE

MATERIALS AND METHODS

3.1 Study Area

The study was carried out at Thika level five Hospital in Kiambu County targeting nurses who met the inclusion criteria and at Makongeni area in Thika, targeting persons living with disabilities**.** The hospital is a referral health facility according to MOH standards that serves the entire population including referrals from various facilities within and outside the county. The services offered include preventive, promotive, curative and rehabilitative services. There are various departments in the hospital which include Reproductive Health Department which offer reproductive health services to the clients who attend the facility, Maternal and Child Health (MCH), Maternity and Gynecology. Thika town is home to several learning institutions which include universities, colleges, secondary schools, primary schools and also several schools for people living with disability, the most popularly known of which is Thika School for the Blind. Being a referral hospital in Kiambu County, it serves the entire population including people living with disabilities even those living in surrounding Counties.

3.2 Study Design

This was a descriptive cross-sectional design which used both quantitative and qualitative techniques. The design describes the aspect of a situation as it naturally occurs in a given population at a specific time. The management practices and the attitude of nurses towards reproductive health services for PLDs can be explained well by use of this design**.**

3.3 Study Population

The study population comprised of nurses working at Thika level five hospital. There were a total of two hundred and fifty nurses in the hospital. It also comprised of PLDs at Makongeni area in Thika. No records existed on the total number of PLDs in that region

but there were representatives identified in each area whose work was to begin tracing and registering PLDs in their respective areas.

3.3.1 Inclusion criteria

The study included all nurses working at Thika level 5 hospital who were on duty during the time of study and who consented to the study. It also included PLDS at Makongeni area in Thika sub-county who consented to the study.

3.3.2 Exclusion criteria

The study excluded nurses who were on leave and those who declined to give a written consent. It also excluded PLDs who declined to give written consent.

3.4 Sample size determination

Fisher's *et al*., (1998) formula was used to obtain sample size of participants.

$$n_1 = \frac{Z_{1-\alpha}^2 P(P-1)}{d^2}$$

Where

n_1- The required sample size (when the target population is greater than 10,000)

$Z_{1-\alpha}^2$- Critical value associated with significance level

P - is the estimated size of the proportion

D - Margin of error

Substituting the formula

$$n_1 = \frac{1.96^2 * 0.5 * 0.5}{0.05^2}$$

n_1 =384.16

n_1=384

When the target population is less than 10,000, required sample size will be smaller hence obtaining modified sample size for a finite population the following formulae was used;

$$n_2 = n_1 \frac{N}{N + n_1}$$

Where

n_2 = Desired sample size (when the target population is less than 10,000)

n_1= The desired sample size (when the target population is greater than 10,000)

N= Target Population Size (250)

$$n_2 = 384 \frac{250}{250 + 384}$$

=151

For Qualitative component, a total of eight key informants were identified. They comprised of five section heads of departments in the hospital and three officials

representing PLDs at the National Council for PLDs, Thika branch. FGDs were done with seventeen PLDs in Makongeni area in Thika Sub-County.

3.5 Sampling Procedure

The hospital is divided into departments and in each department a list of nurses based on the inclusion and exclusion criteria was obtained from respective heads of departments to enable simple random sampling applied to get to desired number of participants.

For qualitative component, a list of persons living with disabilities was obtained from a contact person at the council for persons living with disabilities in Thika where purposive sampling method was used to get the specific persons to participate in focused group discussions. For the KII five heads of departments in the hospital and three officials representing PLDs were purposively identified for the interviews.

3.6 Validity and reliability

Pretesting was done in Kiambu level 5 hospital with ten percent of the calculated sample size of 151 (N=15) for quantitative data. Whereas for qualitative component, KII and FGD guides were pretested with purposively selected participants in the same facility. In this case two KII and one FGD were conducted. The outcome was used to provide a better understanding and flow of the themes and objectives of the proposal including estimating the total duration for the study and subsequently used to modify / revise the data collection tools where necessary. The findings of the pretest in form of a summary report were also shared with the hospital management through the medical superintendent.

3.7 Data Collection

3.7.1 Quantitative data

The researcher used a structured self-administered questionnaire developed to capture issues which included the socio-demographic characteristics, the reproductive health

services available to persons with disabilities and the attitudes and practices of Nurses towards reproductive health services of persons living with disabilities and the challenges associated with management practices of nurses on reproductive health services of the persons with disabilities (Appendix II).

3.7.2 Qualitative data

Key Informant interviews were also conducted with five heads of reproductive health department: Maternal Child Health, labour ward, gynaecology ward, ante natal ward, postnatal ward using a guide (Appendix III) and with three officials of the National Council for persons living with disabilities in Thika branch using a guide (Appendix IV). The guide which was used captured issues such as the reproductive health services available to persons living with disabilities, the factors influencing attitude of nurses towards reproductive health services and the challenges associated with reproductive health services of the persons living with disabilities. Two separate focus group discussions (one each with males and female with a population of 8 and 9 participants) were also conducted amongst purposively chosen people living with disabilities regardless of their disabilities. These were conducted in Makongeni area in Thika sub-county using a guide (Appendix V). The researcher moderated the interviews while a field assistant did tape-recording (using a voice recorder) and took notes as a back-up. The saturation point reached in the second FGD informed the researcher on the importance of not conducting another FGD.

3.8 Data Analysis

Data from questionnaire were entered using access database. Data cleaning and analysis were done using STATA, a statistical analysis software (version 13). Descriptive statistics were used in the study to describe variability and dispersion of responses. Multinomial logistic regression was used to test the influence of attitudes on nursing practices regarding persons with disabilities. Likert scale of one to four was used to measure / rate the attitude of Nurses where one was very poor, two was poor, three was good and four was very

good. The same scale was used to measure opinion of participants regarding existing MOH guidelines and service provision to persons living with disability. This was ranged from poor, fair, good and very good. Results were presented in tables, frequencies, percentages, graphs and narratives.

For the qualitative component of the study, data from the Key Informant Interviews and Focused Group Discussions in form of transcripts were manually coded based on themes which were developed from the content in line with the study objectives (thematic and content analysis). There were five steps that were undertaken in analyzing that data. Familiarization of data was done as the first and a necessary step to give the researcher a better and deeper understanding of the responses. This involved looking for meaning from statements / responses from participants and determining of specific issues that have value than others. Secondly, focusing the analysis followed. This involved identifying key questions that were to be answered in the analysis. This was done by ensuring that that issues discussed by different groups were first separated and secondly sorted by each topic for each group. Thirdly, categorization of data and creation of framework was done. To do this better, themes were identified which mainly consisted of phrases, concepts or ideas. There were situations also where sub-themes were developed under the main themes in situations where concepts or ideas took more than one meaning. A code was subsequently assigned to those concepts or ideas and organized them in each theme. The framework that was developed finally took into consideration the research objectives and responses. Fourthly was the identification of patterns and making connections from the same. This involved looking for importance of responses in the scripts, identify some relationships between the themes and also get the explanations from the data. The last process was to interpret data and explain findings. This is where meaning and importance arising from data is attached. The themes were reviewed and report developed. Results were presented in narrative and verbatim form.

3.9 Ethical considerations

This research thesis protocol was presented for ethical approval to Kenyatta National Hospital/University of Nairobi ethical review committee before commencement of the study. In addition, individual written informed consent was obtained from the participants before taking part in the study (Appendix I). Participants were assured of confidentiality in their response(s), that none of their names will appear or used in any report and or write-up and that no unauthorized person(s) would access any data without clear permission from the principal investigator. Specific identifiers only known to the researcher were used to mark data. For pretesting purposes, the ethical approval from KNH/UON was used to seek permission. Courtesy calls and permission to access the facility and the various departments therein were sought from the medical superintendent in charge of Thika level five hospital who referred the proposal to the hospital Ethical Review Committee through National Commission for Science, Technology and Innovation (NACOSTI). Due to the nature of the work of the respondents, appointments on the specific times for the administration of the research tools (both the questionnaire and key informant interviews) were agreed upon. Emphases were however made to the respondents on the need for them to carefully fill-in the questionnaire for the researcher to pick them on an agreeable time.

CHAPTER FOUR

RESULTS

4.1 Socio-demographic characteristics of respondents

Table 4.1 shows socio-demographic characteristics of the respondents. Females formed the majority (71.5%) while males were the minority (28.5%). As regards qualification, most (88.1%) of the respondents were Kenya Registered Community Health Nurses (KRCHN), followed by those with Bachelor of Science in Nursing (BSCN) and Enrolled Community Health Nurses (ECHN) at 5.3% each, and the least represented were the Nurses with specialty in sign language (1.3%).

As regards department, those who work under Maternity department constituted a majority (16.6%), followed closely by those who worked under the Mother Child Health (15.2%). About half (46.4%) of the study respondents were designated under Nursing Officer II while a quarter (25.8%) were under Nursing Officer III. The least represented were Senior Nursing officers (5.3%).

Table 4.1: Socio-demographic characteristics of respondents

Variable	Description	Freq, n (%) n=151
Sex	Female	108(71.5)
	Male	43(28.5)
Qualification	BSCN	8(5.3)
	ECHN	8(5.3)
	KRCHN	133(88.1)
	Nurses Specialized in sign language	2(1.3)
Department	CCC	3(1.9)
	Gynaecological Ward	22(14.6)
	Maternity	25(16.6)
	MCH	23(15.2)
	Medical Ward	19(12.6)
	NBU	8(5.3)
	OPD	19(12.6)
	Paediatric Ward	18(11.9)
	Surgical Ward	14(9.3)
Designation	SNO	8(5.3)
	ECN I	9(6)
	NO I	25(16.6)
	NO II	70(46.4)
	NO III	39(25.8)

4.2 Distribution of respondents by age and duration in service

Table 4.2 summarizes age of respondents, their duration of service in the health facility and in their respective cadre. The mean age was 31.2 years, the eldest being 55 years with the youngest being 24 years old. The mean duration of respondents working in the health facility was seven years. The one with least duration had worked for one month (0.08 year) while the one who had served the longest had worked for 32 years in the health facility.

Table 4.2: Distribution of respondents by age and duration in service

Variable	Observations	Mean (years)	Std. Dev.
Age of respondent	151	31.2649	6.18784
Duration working in the institution	151	7.102914	6.13202
Duration working in the cadre	151	4.344834	6.114923

4.3 Reproductive health services offered to persons with disabilities

Figure 4.1 illustrates reproductive health services offered to persons with disability at the facility as reported by nurses. Family planning services lead (84.8%) followed by antenatal care and post-abortion care, at 68.2% each. STI screening was also among the main services (64.9%) provided at the facility.

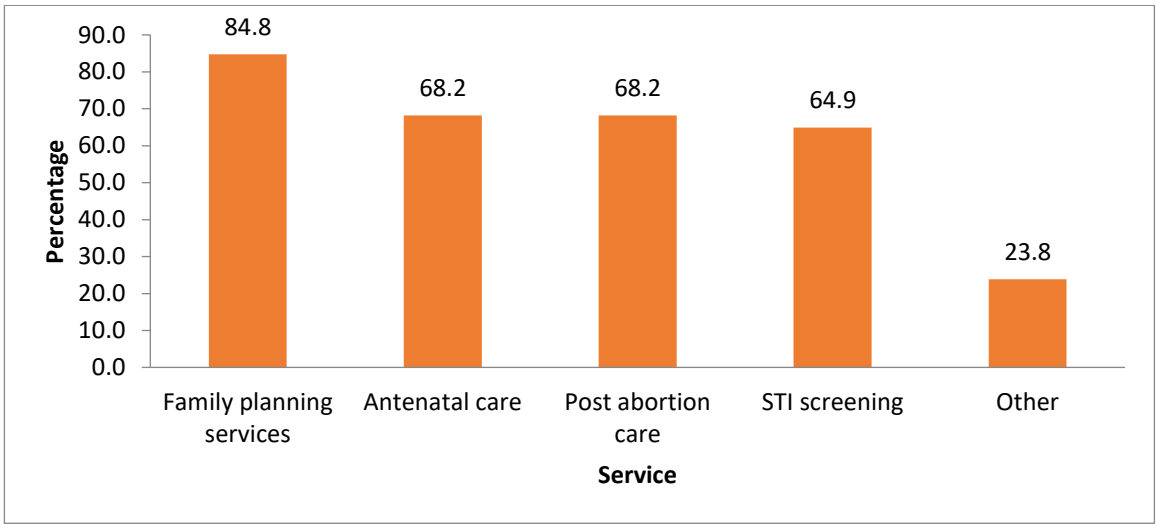


Figure 4.1: Reproductive health services offered to persons with disabilities at Thika Hospital

4.4 Availability of specific Reproductive Health services for persons with disabilities

Figure 4.2 shows that an overwhelming proportion (94%) of respondents said that there are no specific reproductive health services targeting persons with disabilities, while the remaining few (6%) reported that the services are available in the health facility.

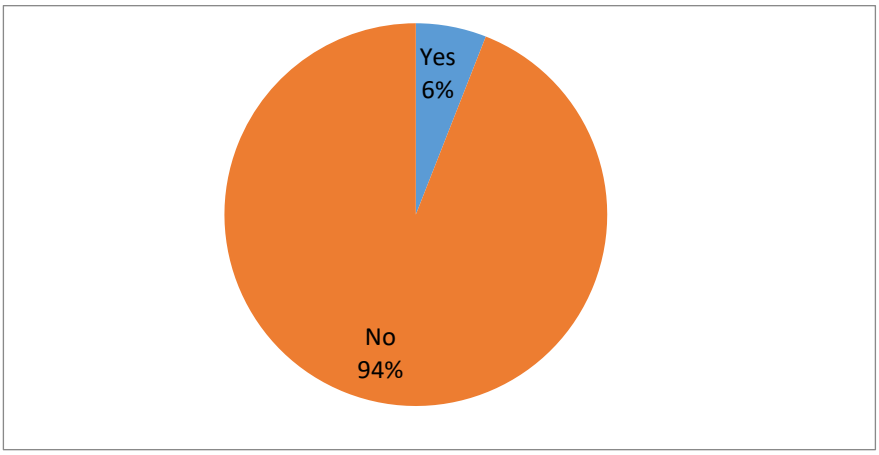


Figure 4.2: Availability of specific RH services for persons with disabilities at Thika Hospital

4.5 Popular Reproductive Health services sought by females and male persons with disabilities

Table 4.3 shows that 91.39% of the sampled nurses had ever served a person with disability, while the rest (8.61%) had never. Of those who have ever served a person with disability, over half (57.2%, n=138) reported that antenatal care is a popular service among female persons with disability followed closely by family planning services (48.6%, n=138). STI screening and testing was reported by only 18.8% (n=138) as being popular among females. The most popular service sought by male persons with disability was given as STI screening and testing (58%, n=138) followed by family planning services (34.8%, n=138) while antenatal care is the least popular (7.2%, n=138).Those who had never served a person with disability were asked to give places they think they (persons with disability) seek for the services. About half of them (46.2%, n=13) said that the persons go to private facilities, 23.1% (n=13) said that they go to another public facility while 15.4% (n=13) did not know where they go for the services.

Table 4.3: Reproductive Health services sought by females and male persons with disabilities

		Reproductive health service			
Ever served person with disability, n (%)		service among females with disability	n (%)	service among males with disability	n (%)
Yes	138(91.39)	Family planning	67(48.6)	Family planning	48(34.8)
		Antenatal care	79(57.2)	Antenatal care	10(7.2)
		STI screening and testing	26(18.8)	STI screening and testing	80(58)
		Other	13(9.4)	Other	10(7.2)
No	13(8.61)	Reported places where persons with disability go for reproductive health services, n(%)			
				Another public facility	3(23.1)
				Private facility	6(46.2)
				Don't know	2(15.4)

The most commonly sought family planning service by persons with disability was condoms followed by Depo-Provera as reported by 31 and 15 respondents respectively. Least sought were use of Jadelle and counseling on abstinence as shown in Figure 4.3.

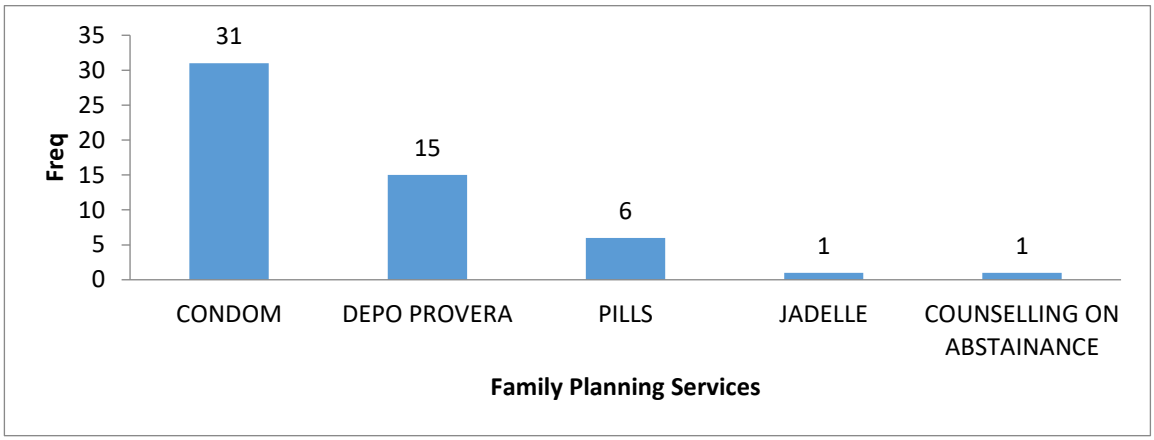


Figure 4.3: Specific Family Planning services sought by persons with disabilities

4.6 Common reproductive health issues facing persons with disabilities

Figure 4.4 illustrate the common reproductive health issues facing persons with disability. Over half of the respondents (60.9%) gave unintended pregnancy as the most common issue facing persons with disability. About half (49.0%) said the most common issue is rape, while 31.8% reported STIs as the most common.

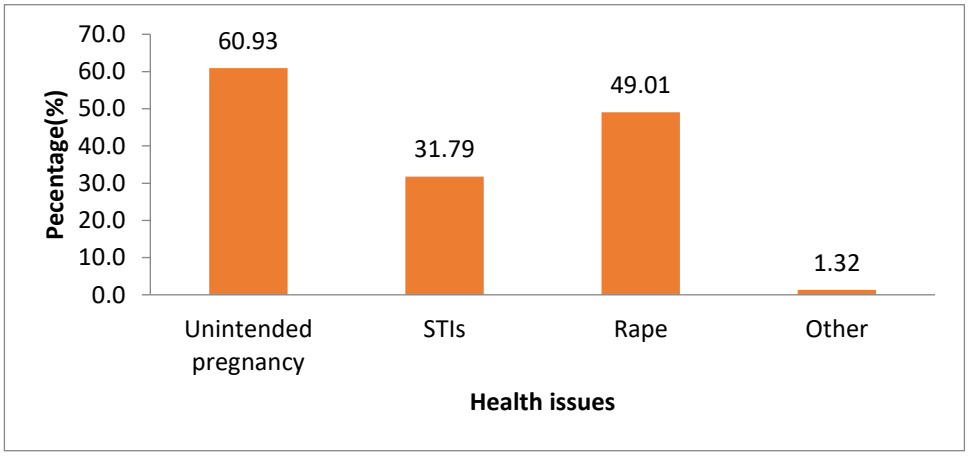


Figure 4.4: Common reproductive health issues facing people with disability

4.7 Common forms of disability among persons served at the hospital

Figure 4.5 display the common forms of disability which majority of persons served presented with (n=140). The most common forms reported were hearing impairment (77.9%), physical disability: inability to move one leg at 57.1%, inability to move both legs at 16.4%, inability to use both hands at 4.3% and visual impairment (25.7%). Other forms of disabilities mentioned were mental and intellectual disabilities.

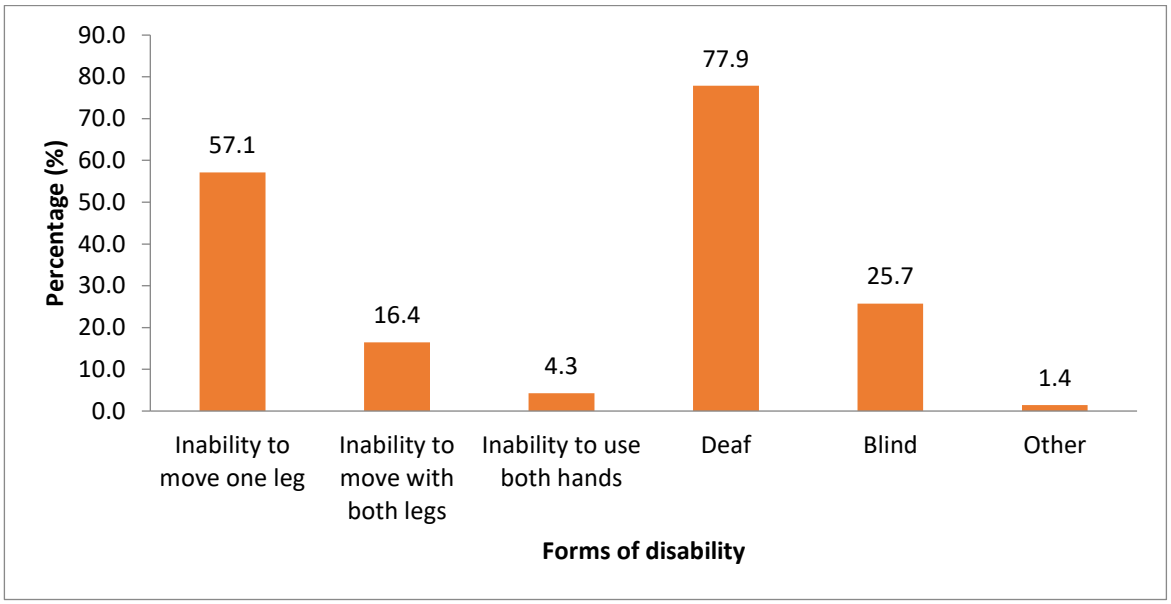


Figure 4.5: Common forms of disability

4.8 Availability of sufficient Reproductive Health services to persons with disability

More than half of the respondents (57%) reported that reproductive health services available to persons with disability are sufficient with the rest (43%) saying they are insufficient as shown in figure 4.6.

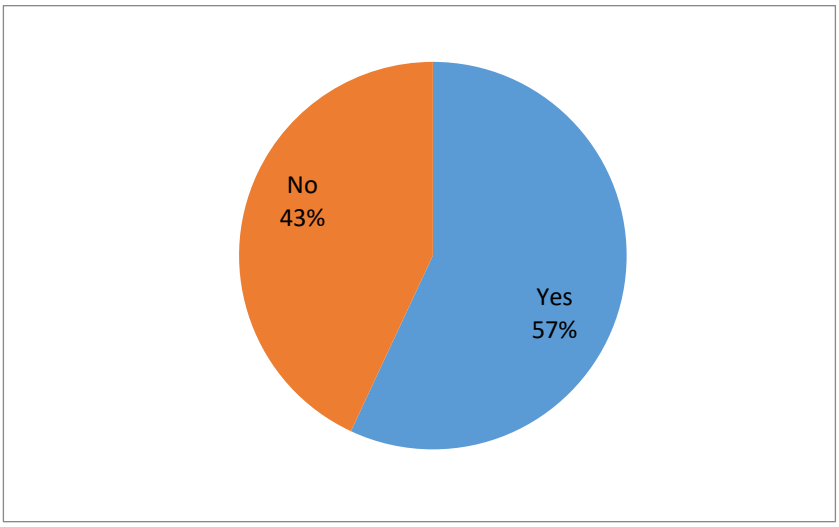


Figure 4.6: Availability of sufficient Reproductive Health services to persons with disability

4.9 Reasons for insufficient Reproductive Health Services

Those who said that the services are insufficient were asked to give reasons why they think so (n=65). The leading reasons given were lack of specialized personnel to handle persons with disability (29.2%) and shortage of staff (23.1%) while the least reported reasons were lack of awareness of the services, rise in cases of STIs and unwanted pregnancies, and unaffordability of some family planning services at 1.5%.

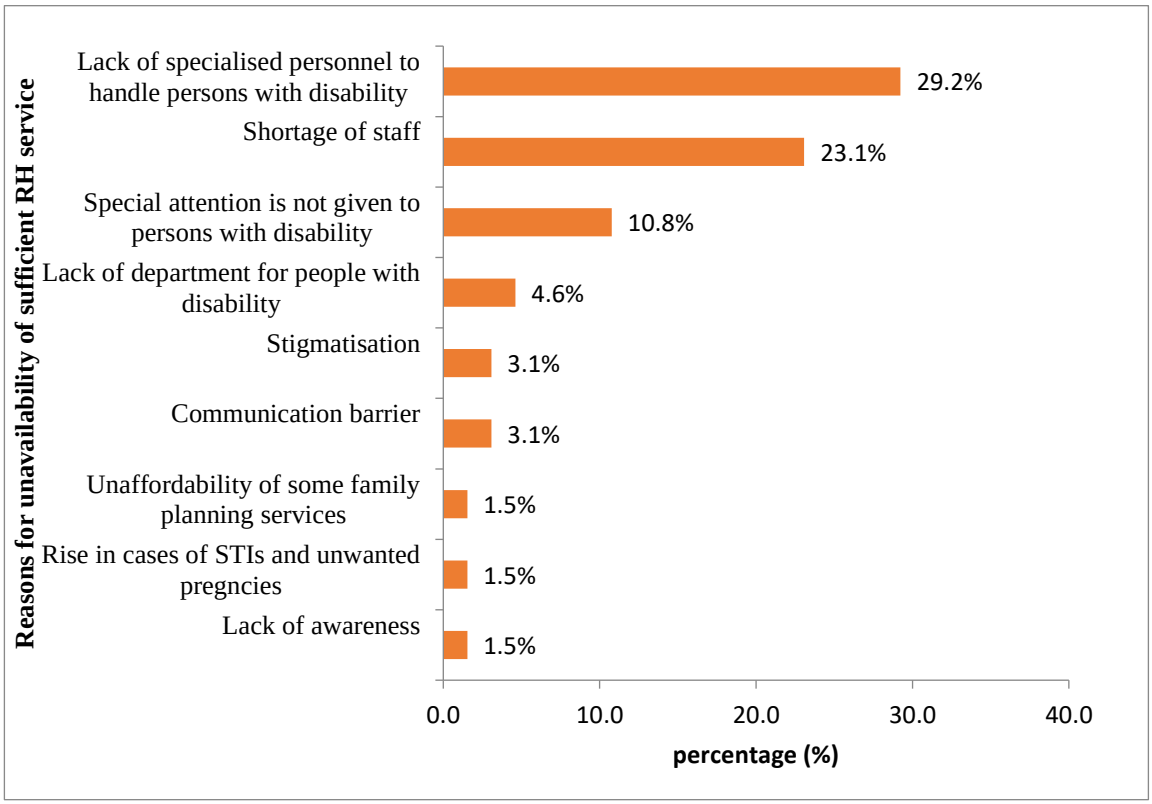


Figure 4.7: Reasons for unavailability of sufficient reproductive health services

Objective 2: Factors influencing attitude of nurses towards reproductive health services for persons with disabilities

4.10 Attitude of nurses towards management of reproductive health services

The respondents were asked to rate their attitude towards management of reproductive health services of persons with disabilities by selecting various options given ranging from very good, good, poor and very poor. Slightly over two thirds (69%) of the respondents said they have a good attitude, about a quarter (26%) had a very good attitude and only 1% reported to have very poor attitude.

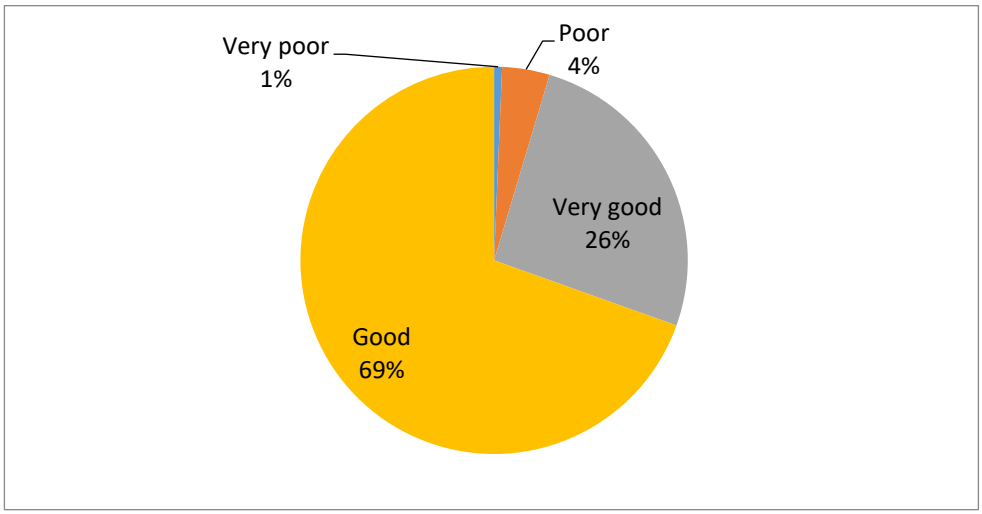


Figure 4.8: Attitude of nurses towards RH services of persons with disability

4.11 Perception of respondents on usage of reproductive health services by persons living with disabilities

Table 4.4 shows that 53.6% of respondents thought that persons living with disability are turning up for reproductive health services, with less than half (46.4%) thinking otherwise. Each respondent was asked to give reason(s) for their response and the results are summarized as per the yes and no categories. For those who thought that persons living with disability turn up for the services, just over half of them (55.7%) said that they require the services while some said that they are aware of the services (14.3%). Least said that the services are affordable (1.4%). Of those who thought that the persons living with disabilities do not turn up for the services, most (56.7%) said that lack of awareness is the main issue, with some saying that stigma makes them shy away from the services. Lack of specialized nurses, language barrier and long waiting hours were the least popular reasons at 1.49% each.

Table 4.4: Perception of respondents on usage of reproductive health services by persons living with disabilities

Persons living with disabilities turn up for RH services, n(%)	Factors	Freq ,n(%)
Yes:81(53.64)	The services are affordable	1(1.43)
	They are aware of the services	10(14.29)
	They are sexually active	1(1.43)
	They have reproductive health needs	4(5.71)
	They require the services	39(55.71)
	To improve their reproductive health	7(10)
	To receive health services	8(11.43)
No:70(46.36)	Inaccessibility	2(2.99)
	Lack of awareness about the services	38(56.72)
	Lack of specialized nurses	1(1.49)
	Language barrier	1(1.49)
	Long waiting hours	1(1.49)
	Stigma	17(25.37)
	Unaffordability of some services	7(10.45)

4.12 Friendliness of the reproductive health services to the youth living with disabilities

Figure 4.9 shows that half (50%) of the nurses said that reproductive health services are not friendly to youth living with disability while 41% thought that they are friendly. The rest didn't know whether or not they are friendly.

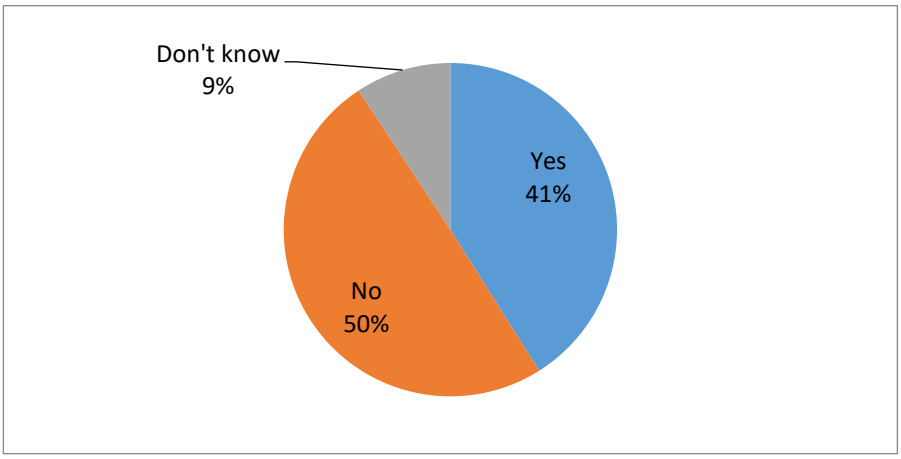


Figure 4.9: Friendliness of RH services to youth with disability

4.13 Attitude on service provision to persons with disabilities

It is from the table below that 57.6% of the respondents said that they like how persons with disability are served, with the rest (42.4%) saying that they do not like. Those who liked were further asked to rate the attitude of people who serve them, and a majority of them (51.7%) had good attitude while a handful had very poor (4.6%) and very good (5.8%) attitude. Those who didn't like how persons with disability are served were asked to give their thought on whether nurses offering reproductive health services need some form of specialized training in order to manage persons with disability. All of them (100%) said that they need the training.

Table 4.5: Attitude on service provision to persons with disabilities

Do you like how persons with disability are served?, n (%)	How do you rate their attitude?	n,(%)
Yes, 87(57.6)	Very Poor	4(4.6)
	Poor	33(37.9)
	Good	45(51.7)
	Very good	5(5.8)
No, 64(42.4)	Think that nurses need some specialized training	64(100)

4.14 Association between attitude of nurses and factors influencing it

To determine the relationship between attitude and factors that are likely to influence it, a multinomial logistic regression model (since the response variable had more than two levels) was done. The response variable was the attitude of nurses towards reproductive health services of persons with disability – it had four levels: very poor, poor, very good, and good. Predictor variables included: gender, duration working in the facility, number of youth with disability served per month (by a nurse) and whether one has ever served a person with disability. The association between attitude and the factors was evaluated and the results of the output are summarized in table 4.6.

Table 4.6: Association between attitude and factors influencing it

Factor	Description	Attitude of nurses towards reproductive health services of persons with disability					
		Very poor	Poor	Very good	Good	Total	P-Value
Sex	Female	1	2	26	79	108	0.09
	Male	0	4	13	26	43	
Duration working	<=5	1	5	26	46	78	0.015
	6-20	0	1	10	56	67	
	21-32	0	0	3	3	6	
Number of youth served	<=5	1	2	13	84	100	<0.0001
	6 -10	0	0	8	8	16	
	11 - 20	0	0	14	4	18	
Service to persons with disability	Yes	1	6	36	97	140	0.99
	No	0	0	3	8	11	

4.15 Multinomial logistic regression output

Duration spent working in the institution (P<0.05) and number of youth served (P<0.05) were each individually associated to the attitudes of nurses towards reproductive health services of persons with disability. Sex (P=0.09) showed a weak association individually while service to persons with disability showed no association with attitude individually (P=0.99). The output of the multinomial logistic regression is given in table 4.7.

Table 4.7: Multinomial logistic regression output

Log likelihood = -209.54962	P	<0.0001				
Attitude towards RH services (Ref=Good)	RRR	Std. Err	z	P>z	[95% conf.	interval]
Very poor						
Sex	1.08E-07	0.000711	-0.00	0.998	0	.
Duration working in the institution	0.3767311	0.480534	-0.77	0.444	0.030924	4.58953
Number of youth served per month	0.473227	0.471669	-0.75	0.453	0.067092	3.337857
Ever served person with disability	3.37E-08	0.000342	-0.00	0.999	0	.
Poor						
Sex	7.46E+07	9.72E+10	0.01	0.989	0	.
Duration working in the institution	0.6458241	0.341579	-0.83	0.408	0.22904	1.821034
Number of youth served per month	0.1629504	0.132536	-2.23	0.026	0.033093	0.802383
Ever served person with disability	0.0013763	2.231617	-0.00	0.997	0	.
Very good						
Sex	1.223249	0.354042	0.7	0.486	0.693671	2.157129
Duration working in the institution	1.089519	0.01973	4.73	0.0001	1.051527	1.128883
Number of youth served per month	1.293887	0.036566	9.12	0.0001	1.224168	1.367577
Ever served person with disability	2.771053	1.198959	2.36	0.018	1.186733	6.470482

The model fit is significant (P<0.0001) hence it can be used to explain the factors influencing nurses' attitude towards reproductive health services of persons with disability.

Comparing those who had very poor attitude with those who had good attitude: None of the factors in this category had a significant influence on attitude of nurses towards reproductive health services offered to persons with disability (all P>0.05). Comparing those who had poor attitude with those with good attitude: Of the four factors, only

"Number of youth served per month" was significant in influencing nurses' attitude (P=0.026). Adjusting for sex, duration working in the facility and service to persons with disability, for every additional youth with disability served, a nurse is 84% less likely to have poor attitude.

Comparing those who had very good attitude with those with good attitude: Here, three factors were significant: "Duration working in the institution" (P<0.0001), "Number of youth served per month" (P<0.0001) and "Ever served person living with disability" (P=0.018).

Adjusting for sex, number of youth served and service to persons living with disability, for every additional year working, a nurse is 9% more likely to have very good attitude towards reproductive health services to persons living with disability.

Adjusting for sex, duration working in the facility and service to persons living with disability, for every additional youth with disability served, a nurse is 29% more likely to have very good attitude. Controlling for sex, duration working in the facility and number of youth served, those who have ever served a person living with disability were 2.8 times more likely to have a very good attitude compared to those who have never.

4.16 Challenges associated with management of RH services for persons living with disabilities

Lack of policies is the major challenge facing management of reproductive health services of persons living with disability as noted by 45% of the respondents. Accessibility (36.4%) and affordability (14.6%) are also among the main challenges mentioned in Figure 4.10 below.

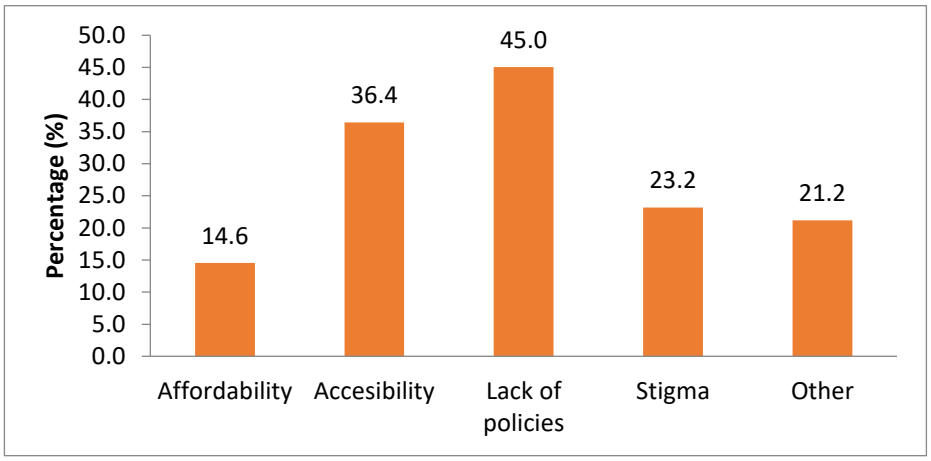


Figure 4.10: Challenges associated with management of RH services for persons living with disabilities

4.17 Availability of guidelines on how to serve persons living with disability

An equal proportion of respondents had opposite views on the availability of guidelines on how to serve persons living with disability. 40% noted that the guidelines were available, with an equal percentage saying that the guidelines were not available as shown in Figure 4.11.

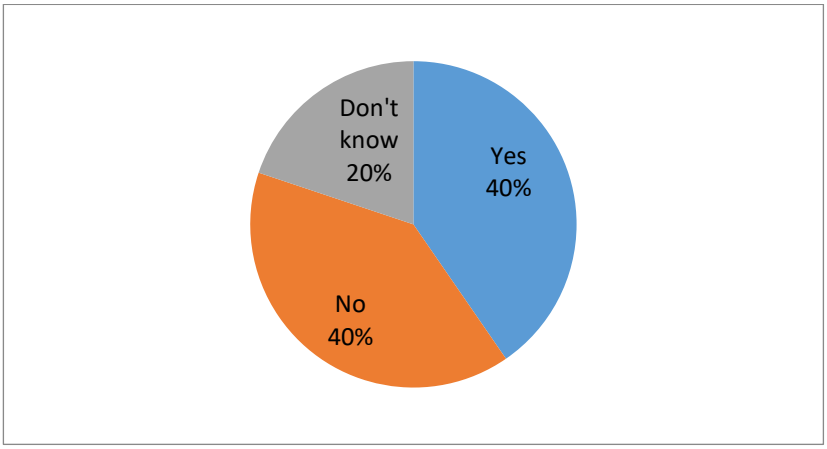


Figure 4.11: Availability of guidelines on how to serve persons living with disability

4.18 Opinion on guidelines and service provision to persons living with disability

Those who said that guidelines were available were asked to give their opinion on the guidelines as shown in Table 4.8. A majority of them (57.4%) thought that the guidelines were fair while a minority (3.3%) thought the guidelines were very good. About the health service provided to persons with disability, a majority of the respondents (63.6%) thought that the services were fair with a few (4.6%) perceived that they were very good.

Table 4.8: Opinion on guidelines and service provision to persons living with disability

Rating	Respondents opinion on guidelines, n=61	Respondents opinion on RH Service provided, n=151
Poor	9(14.8)	7(4.6)
Fair	35(57.4)	96(63.6)
Good	15(24.6)	42(27.8)
Very good	2(3.3)	6(4)

4.19 Forums with persons living with disabilities

Only 11% of the respondents reported to have had forum where they met persons living with disability while majority (89%) reported absence of such forums as shown in figure 4.12 below.

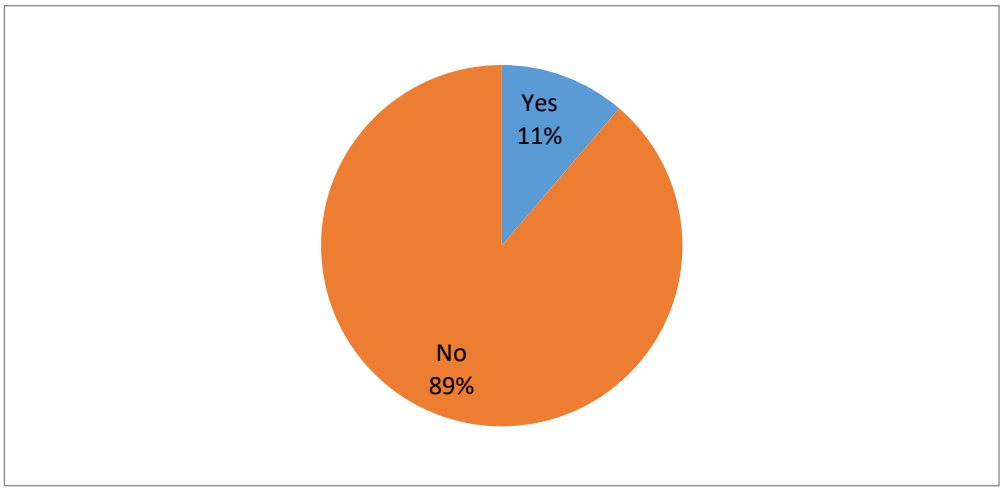


Figure 4.12: Forums where nurses meet with persons living with disabilities

4.20 Frequency of meeting persons living with disabilities

Most of those who said that they have forums with persons living with disabilities met either weekly or monthly (40% each) with a few (20%) meeting quarterly, as shown in figure 4.13.

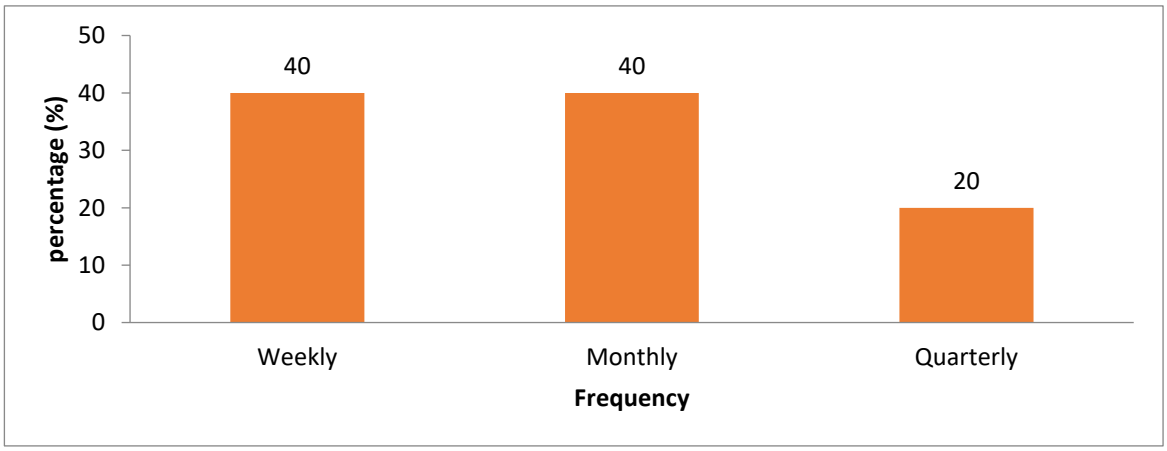


Figure 4.13: Frequency of meeting persons living with disabilities

4.21 Areas where persons living with disabilities are involved in management of reproductive health services

Figure 4.14 shows areas of involvement of persons living with disability in management of reproductive health services. It is evident that a sizeable proportion (60.9%) of respondents reports non-involvement of persons with disability in any area of management of these services. Moreover, 18.5% reports involvement of these persons in services offered while a meagre 7.3% involve them in infrastructure of reproductive health department.

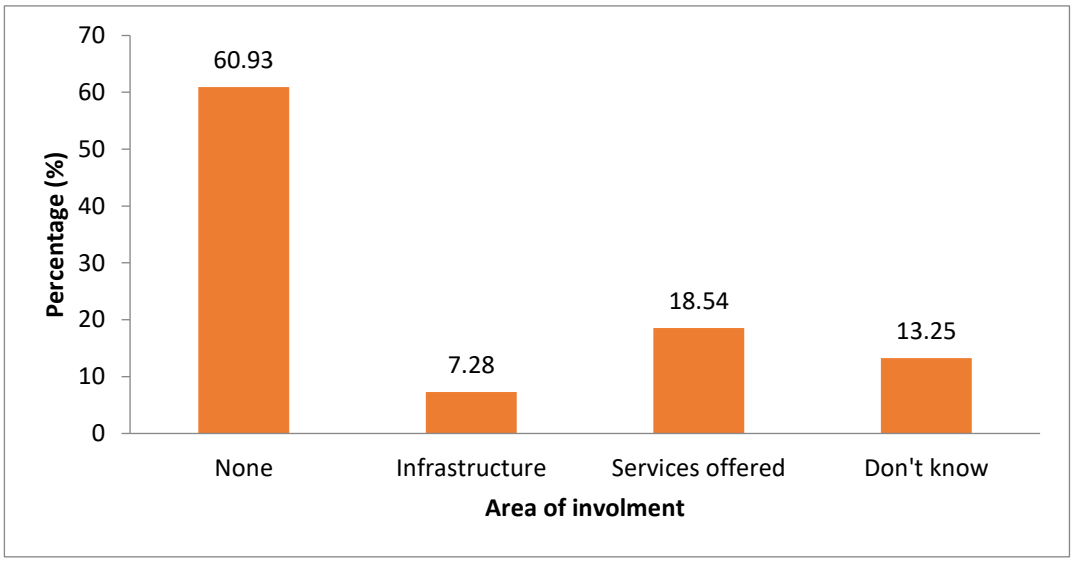


Figure 4.14: Areas where persons living with disabilities are involved in management of reproductive health services

4.22 Availability of programs, staff and mechanisms to support persons living with disabilities

About three quarters (72%) of the respondents reported absence of programs aimed at increasing uptake of reproductive health services to persons living with disability. An

equal proportion either had the program or did not know of the existence of any program in their facility (14% each). 91% said that there is a shortage of nurses serving persons living with disability, with only 3% saying that they are enough. 6% did not know whether or not they are enough. A good proportion (79%) of departments had mechanisms that support people living with physical challenges to access for services in their departments while 17% did not have (Table 4.9)

Table 4.9: Availability of programs, staff and mechanisms to support persons living with disabilities

Description	Yes	No	Don't know
Have programs aimed at increasing uptake of RH services,(n=151)	21(13.91)	109(72.19)	21(13.91)
Think that no. of nurses serving persons with disabilities are enough,(n=151)	4(2.65)	137(90.73)	10(6.62)
Have mechanisms to support disabled access department for services,(n=151)	119(78.81)	26(17.22)	6(3.97)

4.23 Summary of the qualitative findings

In this category, key informants were heads of departments and officials of people living with disabilities whose interviews were conducted on the one hand and focus group discussions conducted amongst people living with disabilities on the other hand. Majority of respondents gave their views openly, an indication that they understood the issues raised in the interviews and discussions.

4.23.1 Health service provision

Regarding the interviews with heads of departments in the facility, nearly all the respondents observed that there were several health services that were offered in the

facility to all populations regardless of their social status and not merely specific to people living with disabilities. Some respondents noted;

> "We have services packaged as family planning that are for every population that comes for it….and we offer them without any form of discrimination" (KII, 1)

> "No one person with disability has ever come and miss out on any other services given to other population in this facility" (KII, 3)

Another respondent added;

> "We only encourage people without disabilities to assist those with disabilities either to push them in their wheelchairs or give them space in chairs or direct those blind to get priority when going for various services" (KII, 4)

> " When you meet with these people with disabilities, you will be shocked to realize that they know what they want…they will even give their feelings of they should be offered service"(KII, 2)

However, while partially concurring with the heads of departments/sections in the facility, most of the officials of people living with disabilities observed that certain equipment such as wheelchairs are in horrible conditions while beds are not user friendly. The condom dispensers were pinned on high grounds hence not easily accessible to persons on wheelchairs. One participant observed;

> "It's true that we go to Thika hospital for many services but look at those chairs they put us on, oh, oh…they are terrible! You can drop and get hurt easily!" (KII, 6)

> "Although some nurses are trying to assist our members climb or put them on some chairs, especially those without wheelchairs, it is very disheartening to be served while seated on unstable chair since one may fall and get more injuries" (KII, 6)

Moreover, most of the participants in the FGDs also shared the same views as the officials of PLDs as noted in some of the groups;

> "Services in Thika hospital are good but some of us have had to persevere humiliations from some staff who use derogatory language when communicating to us….especially in seeking for reproductive services…*hata wewe uko na mtu* (even you have a (sexual) partner?)!" (FGD, 2)

> "Many of us especially those with physical challenges faces huge challenges seeking x-rays services as some nurses, especially females, also find it difficult to get us closer to various equipment" (FGD, 1)

4.23.2 Social and institutional factors associated with the attitude of nurses

Many respondents and participants gave mixed reactions regarding the issue of the attitude of nurses when serving persons with disabilities in the facility. On the one hand, all the heads of departments/sections did not pinpoint anything unusual in how nurses (own colleagues) were handling or serving people with disabilities as observed by some respondents;

"Our nurses are trained to serve all segments of the population with respect they deserve. I haven't heard of any of our staff harassing or offering any service to PLDs in a different manner from the one they were trained on" (KII, 2)

"Yes. Environment can be a critical issue responsible for making certain staff to develop certain attitude towards their patients/clients…But in this facility, there is nothing in our place of work that makes our staff to behave abnormally when offering services to PLDs" (KII, 1)

On the other hand, some representatives of PLDs were quick to note that some of the nurses were really suffering from attitude issues. Some respondents noted;

"The other day, we received a complaint from one of our crawling member that she was told by one nurse in that facility to go and bath first before going back for any service. *Hio ni madharau sana*! (that is degradation of the highest order!). What could you have done?" (KII, 7)

"You see, the manner in which some of our members receive services from some few nurses leaves a lot to be desired. Imagine being told not to climb on a chair/bench because you are dusty! *Hio ni nini*?! (what is that?!)" (KII, 6)

Majority of participants in the FGDs identified attitude as a challenge to them receiving adequate services. However, some of the issues influencing that behavioural attitude especially amongst female nurses were noted;

"Both individual and domestic factors at times push some of the nurses to having different attitude towards PLDs… A nurse who takes time to put up a lot of make-ups and thinks is too smart and beautiful can't touch a physically challenged patient… they don't want to get tired pushing and or moving such patients from one point to the other" (FGD, 2)

"I do not like the way some of the nurses do not support some of us especially those with physical challenges to access certain services" (FGD, 2)

4.23.5 Challenges associated with RHs for PLDs

Majority of the respondents and participants both in the interviews and FGDs concurred in many aspects pertaining to challenges that face PLDs from receiving health services.

> "We are still struggling to have our facility and our departments friendly to our patients especially PLDs. Getting appropriate infrastructure alone to accommodate this population has been a challenge that is beyond us…" (KII, 5)

> "We have a challenge of communicating with the deaf clients because we don't know how to use sign language" (KII, 3)

"Adjustable beds are not available in maternity and all other examination areas to serve persons with physical disabilities. This is a big challenge since one will have to seek help to physically lift such clients to the bed" (KII, 1)

"Lack of financial resources to purchase specialized equipment for such a group to access services in specific points is a big challenge as the hospital depends on resource allocation by the national government that sometimes comes late and inadequate" (KII, 4)

> "Accessing the hospital from all angles right from the gate is a nightmare for our colleagues living with physical challenges…there are no ramps…stretchers are too high too…" (FGD, 2)

> "The toilets and the laboratory are key areas that are not easily accessible to most of us. There is no guide for patients who have hearing and sight challenges…" (FGD, 1)

Regarding the practices of nurses towards management of reproductive health services to persons living with disabilities many of them felt that they are not part of the management team in the hospital as they have not been given any opportunity to participate and or contribute to management of issues.

> "Despite involving us in regular departmental meetings, final decision-making on certain issues is largely left to the facility managers. This is where we feel like not being taken seriously as part of the management as we spend a lot of time discussing and giving our ideas on some issues" (KII, 3)

> "We have managed to make suggestions or recommendations on the importance of purchasing some items for quick use by patients but despite taking too long to be bought something totally different is brought! It's very difficult to push your boss…" (KII, 4)

One of the factors associated with management practices of nurses on reproductive health services of persons living with disabilities as noted by many respondents was poor leadership and governance that can breed dictatorial, a habit, in itself, that puts power and authority only on the boss, ignoring contributions from staff.

> "How will you explain absence of some health workers in some departments especially where patients including us struggled in the first place to get to the facility? Or you see some of the nurses chatting or aimlessly moving up and down while patients are patiently waiting in the queue?!" (FGD, 2)

> "No one has bothered to give us that opportunity to contribute or give our opinion and feelings about reproductive health services" (FGD, 1)

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion

5.1.1 Reproductive health services offered to persons living with disabilities

According to WHO (2009; 2018) People living with disability just like the rest of unchallenged population require health services that include reproductive health and involve sexuality, reproductive care, and childbearing. However, social misperceptions and stereotypes about disability can make it difficult for men and women living with disabilities to obtain information, medical care, and services to ensure that their reproductive health needs are met. Such needs include routine gynecological and breast examinations; screening for sexually transmitted diseases; contraception; consultations about sexuality and sexual function; fertility consultation and support; obstetrical care during pregnancy, labor, and delivery. However, on the one hand, the findings of this study show that majority of respondents (84.8%) were aware that family planning services are offered to persons with disabilities. On the other hand were about 15% who not aware of the services existing in the facility. Other reproductive health services that were mentioned included antenatal care and post abortion care at 68.2%. STI screening and PMTCT were among the least services offered to these category of persons. Family Planning services provided include condom, depo provera, pill and jadelle. Though many of these services were available many respondents observed the manner in which some PLDs were offered the same in Thika hospital.

The findings of the study revealed that though majority (94%) of the respondent's reported that there were no specific reproductive health services targeting persons with disabilities a few of them (6%) were either non-committal or were not aware of the existence of the services. This is in agreement with the UN Convention on the Rights of Persons with Disabilities which guarantees these persons with disabilities the right to access the same

range, quality and standard of free or affordable health care and programs as provided to other persons, including those in the area of sexual and reproductive health and population-based public health programs. It also tallies with a study in Philippines (Kira *et al.,* 2015) where health service providers felt that women with disabilities should not receive special treatment in order to avoid discriminating against them.

The study findings show that 91.39% of the respondents had served persons with disabilities showing that these clients are common in the hospital seeking various services like the rest of the population. Among them, (57.2%) reported that ante natal care services is the most popular service among female persons. This shows that ANC services are services that can be given to all without discrimination of disability and are mostly accessible to female clients since they are given during pregnancy**.** This is followed closely by family planning services depicting that people with disabilities also make use of these services.

With regards to common reproductive health issues facing persons living with disabilities, majority of the respondents (60.9%) in the study were in agreement that unintended pregnancy was the most common issue followed by rape (49%) and STI (31.8%). Any type of disability appears to contribute to high risk of sexual victimization therefore people living with disabilities tend to experience more sexual violence in general as compared to those without disabilities. The results are similar to those reported in New York (Ponton, 2000) where persons living with disabilities are generally associated with various risks including unintended pregnancy and sexual transmitted diseases including HIV/AIDS. The findings also showed that most popular reproductive health service sought by male persons with disabilities was STI screening and testing most probably because of their vulnerability to sexual abuse predisposing them to sexually related diseases. Data on sexual rights of men living with disabilities in developing countries are scarce though a study in United States showed that men with disabilities were more than four times more likely to report lifetime sexual violence victimization than men without disabilities (Mitra *et al.,* 2011).

According to the study findings, the most common forms of disabilities reported were deafness (77.9%) followed by inability to move one leg (57.1%). The least reported form of disability was the inability to use both hands (4.3%). Percentage of persons with visual disability who visit the hospital for reproductive health services were lower at 25.7%. This is explained by the fact that the school for the blind within Kiambu County has a school clinic that manages minor health concerns of the students. This finding tally with the survey data from the Kenya National Survey of Persons with Disabilities of 2008 that reveals that physical impairment is highest in central at 39% followed by western (34%), Nyanza (31%) and lastly Rift valley at 30%.

The study findings show that majority of the respondents thought that the reproductive health services available to persons living with disabilities were sufficient (57%). Minority of the respondents (43%) said that these services were insufficient with the main reasons being lack of specialized personnel to handle persons living with disabilities, shortage of staff, stigmatization and communication barriers. This study finding are similar with results from a study in Philippines (Kira *et al.,* 2015) where participants described the negative impact of communication barriers on women with sexual and reproductive health in particular women who are deaf or have cognitive or communication impairment. That study further noted that the number of sign language interpreters and resource for augmentative and alternative communication in the Philippines are completely inadequate to meet the demands. In this study, it was observed that lack of financial resources to purchase specialized equipment for such a group to access services in specific points is a key item that is missing

5.1.2 Factors influencing the attitude of nurses towards reproductive health services for persons with disabilities

Attitude and practices of healthcare staff play a crucial role in as far as uptake of health services is concerned. Nurses play an integral role in the health care system and their roles are varied and complex. They carry out preventive, promotive, curative and rehabilitative services to patients and clients, thus being a nurse need a lot of dedication and commitment

to the job. The study findings revealed that few respondents (26%) had very good attitude towards management of reproductive health services of persons with disabilities. Attitude is a judgmental approach of health providers and has an impact in service provision and uptake. Negative attitude have been noted to be one of the stumbling blocks towards the realization of good services. This corresponds with WHO world report on disability (WHO, 2011) and a study in Ghana (Ganle *et al*., 2016) which reveals that negative attitude of providers discourage the use of reproductive health services by the users with disabilities. It also fosters low expectation, encourage discriminatory behaviour and marginalization of people with disabilities among health care providers themselves.

The attitude of a health professional towards reproductive health of persons with disabilities could be a hindrance to accessing the services and may have serious health consequences on the lives of persons seeking health services in the facility. This study found that majority of the respondents (69%) had good attitude while only one percent had very poor attitudes. This does not tally with a study in rural Nepal (Devkota *et al*., 2017) which revealed that participants perceived providers to have negative attitudes towards provision of reproductive health services to persons with disabilities. With regards to the attitude on reproductive health service to persons with disabilities, 57.6% of the respondents liked how these persons were served while 42.4% did not like it. Among the respondents who liked how persons were served 51.7% reported to have good attitude towards them while minority (4.6%) reported to have poor attitude. This shows that the more a person likes how services were offered the higher the chances of developing positive attitude towards these persons living with disabilities. This is not in agreement with a study in Uganda (Ahumuza *et al.,* 2014) which revealed that negative attitude of health care providers emerged a key challenge to persons with disability's access to sexual and reproductive health services in Kampala. This was reflected in the way persons with disabilities were treated at the health facility including the use of abusive language. This negative attitude of healthcare providers was also linked to the assumption that persons living with disabilities should be asexual.

Among the respondents who did not like the way services were offered to persons living with disabilities, all of them (100%) thought that nurses offering reproductive health services need some form of specialized training in order to manage such persons. This is similar with World Report on Disability (WHO, 2011) which pointed out that people with disabilities are major users of medical services though few healthcare providers are trained to be sensitive to their specific needs. It was noted in this study's focused group discussion that nurses who handle persons with disabilities really need to have certain attributes like patience, calmness and understanding so that they can relate well with these persons. The study findings also corresponds to a study in Taiwan (Sun *et al*., 2007) which showed that nurses with increased education level had more positive attitudes towards provision of reproductive health services to persons living with disabilities. Further, a study by Clark *et al.* (2005) found that nurses with specialist clinical experience in nursing persons with disabilities had more positive attitudes towards provision of reproductive health services to them.

Regarding the uptake of reproductive health services, a good proportion of the respondents (53.6%) thought that persons living with disabilities are turning up for reproductive health services because they require the services and they are aware that the services are available at the facility. A smaller percentage of them (1.4%) thought it is because the services are affordable. Of those who thought that persons living with disabilities do not turn up for services, most of them (56.7%) thought that lack of awareness was the main issue, with some pointing out that stigma makes them shy away from services. Lack of specialized nurses, language barrier and long waiting hours in the facility were some of the least popular reasons advanced by 1.49% of respondents.

The study revealed that reproductive health services are not friendly to persons living with disabilities as said by 50% of the respondents. A lower percentage of 41% thought that these services are friendly while 9% did not have an idea. Friendly sexual and reproductive health services have been described by WHO as services that are accessible, acceptable, equitable and appropriate to meet the sexual and reproductive health needs of young

people aged between 10–24 years and even older. Such services are provided within an environment that is friendly and welcoming so that people are able to come back again and also refer their friends for the same services (WHO, 2002). A study on sexual reproductive health service provision to young people in Kenya highlights elements such as adolescent friendly policies, friendly health service providers and support staff, friendly service delivery mechanisms such as convenient opening hours, privacy and comprehensiveness of services as essential (Godia *et al.*, 2013).

Regarding availability and use of guidelines that aid in serving persons with disabilities, an equal proportion of respondents had opposite views. 40% of respondents said that guidelines were available with an equal percentage saying that the guidelines were not available. Minority (20%) had no idea about the guidelines. However, among the respondents who said the guidelines were available, minority (3.3%) thought the guideline were very good while 57% of them had a fair opinion on it. It is not good practice that such a population of nurses who should be well informed based on their training are not aware of the existence of guidelines that are meant to guide and or inform the decisions in what they are doing.

Concerning reproductive health service provision to persons with disabilities, few (4%) of the respondents perceived that services are very good while majority (63%) think that service provision is fair, not as expected. This is an indication of the fact that though services like these are in existence, there could be other challenges that are hindering them from being given to certain level of satisfaction by the majority. If the nurses themselves feel that service provision of those essential reproductive services which could be more beneficial, this puts persons with disabilities into some sort of dilemma.

Although that was the situation, this study found that majority of the respondents (91%) actually felt that there is a shortage of nurses serving persons living with disabilities whereas 3% reported to be enough. Only 6% did not know whether or not they were enough. A study in Ghana reported that the insensitivity of the healthcare provider to the health needs and the general concerns to the populations they are serving is really one of

the major challenges associated with poor uptake of services amongst vulnerable populations like persons living with disabilities (Ganle *et al.*, 2016). However, a good proportion (79%) reported to have mechanisms that support people living with physical disabilities access services in their departments while 17% reported that they do not have.

5.1.3 Challenges associated with reproductive health services for persons living with disabilities

The study findings show that majority (89%) of the respondents reported that there are no organized forums to meet with persons living with disabilities while 11% of them observed that they have meetings with these group of people. This finding are similar to finding of another study on sexual and reproductive health rights in Kenya (Nteere, 2010) which noted that persons living with disabilities are never included in platform of advocacy for sexual and reproductive health services and Government plans. Regarding involvement of persons living with disabilities in management of reproductive health services, it is evident that a higher proportion (60.9%) of the respondents does not involve persons with disabilities in any area. Only 18.5% involve them in service provision while 7.3% involve them in infrastructure. Involvement and participation of any population in planning of service provision enable service consumers (persons with disabilities) to learn more about the population, know their needs and how they prefer to be served. This would greatly improve uptake of all services including sexual and reproductive health services.

The people living with disabilities noted with a lot of concern that they have not been involved in the overall management of reproductive health services as observed in one of the focused group discussion. Concerning the availability of programs, staff and mechanism to support persons with disabilities, 72% of respondents reported that the health facility did not have any program aimed at increasing uptake of reproductive health services to persons with disabilities. An equal proportion of 14% either reported to have the program or did not know of the existence of any program in the facility. This tallies with WHO/UNFPA 2009 report where persons with disabilities are reported to be

excluded from most programs including those that touches on decision making regarding reproductive health services in most health institutions.

The study identified some of the challenges affecting management of reproductive health services for persons living with disabilities. It revealed that lack of clear policies is the major challenge facing uptake of these services as supported by 45% of the respondents. Policies guide the health care providers in provision of quality and acceptable service to their clients. Lack of these policies may hinder service provision in the health facility. This could be as a result of lack of sharing information by facility managers who attend dissemination workshops. These findings are similarwith those reported in Swaziland where 45 out of 56 health service providers reported lack of policies and guidelines for reproductive health service for persons living with disabilities (Mngagi *et al.,* 2008).

In addition, accessibility (36.4%), stigma (23.2%) and affordability (14.6%) are also some of the issues identified by respondents to be affecting uptake of reproductive health services. This particular finding is in agreement with a study in Uganda (Ahumuza *et al*., 2014) where the findings revealed that access and utilization of sexual and reproductive health services in Kampala was constrained by lack of appropriate physical facilities such as ramps, adjustable beds especially in labour wards, wheel-chairs and disability-friendly sanitation facilities. These constraints have also been highlighted by WHO/UNFPA as key health facility barriers to persons living with disabilities accessing sexual and reproductive health services (WHO, 2009).

On their part, persons living with disabilities noted that some challenges hindering them from effective consumption of reproductive health services and other general services especially in higher level public health facilities is the distance to the hospital and how they are handled and treated in the facility.

5.2 Conclusions

Arising from the above discussion, this study makes the following conclusions;

Thika level five hospital offer reproductive health services to all segments of the population regardless of their abilities and status in society including persons living with disabilities though the services are not adequately provided to the later. However, there are no special types of reproductive health services offered to people living with disabilities different from what other people are receiving. Shortage of specialized personnel to handle reproductive health services of persons living with hearing and visual disability complicates smooth delivery of such services.

The quality of service provision to PLDs is greatly associated with the attitude of nurses and the responsiveness of the institutional management practices as reflected in the health system structure. Attitude of nurses is therefore an essential component in the management of health services which, if not adequately addressed in the management practices, can affect service provision. . Both workplace related issues such as existence of management policies and guidelines, involvement of nurses in decision making processes and social factors such as frequency in serving PLDs, knowledge and basic skills in communicating with persons living with hearing and visual disabilities affect the attitude of nurses in one way or another and subsequently affect the quality of care to persons living with disabilities. Persons living with disabilities will continue to face direct health-related consequences such as unplanned, unintended pregnancies, poor health and STIs, among others, and the impact of the same, if the identified challenges associated with the management and provision of RHS are not adequately addressed.

Accessibility of some services, stigma, and affordability, on the part of the PLD, and lack of awareness on relevant policies and guidelines touching on the reproductive health of persons living with disabilities, on the part of the nurses, were identified as the main challenges associated with the reproductive health services for persons living with disabilities. This limits an informed position regarding making certain decisions. Other challenges include lack of forums for meeting with persons with disabilities with a view of involving them in all aspects of management ranging from planning to overall service provision.

5.3 Recommendations

Based on the above findings, the following recommendations are made to improve reproductive health services for persons living with disabilities.

Relevant policies and guidelines on service provider education and capacity development should be embraced by the Ministry of Health for use by county governments as a deliberate measure of improving the skills and ability of nurses to communicate effectively with persons living with disabilities. It is therefore necessary that service providers are sensitized on the best approaches to offer reproductive health services to marginalized populations and also enable them to learn at least basic sign language skills to support their communication with persons living with hearing impairment. This will promote disability friendly services hence will aid in building positive attitude towards reproductive health service provision. At the county level, there is also need to constantly assess the ratio of nurses to patients so that quality care can be achieved hence promote positive attitude of health care providers to reproductive health services for persons living with disabilities.

To be able to effectively offer reproductive health services and improve access to the same services to people living with disabilities, especially to those with physical challenges, there is need for both National Government through the Ministry of Health and Kiambu County governments to ensure that policies and guidelines are developed or revised where applicable and widely disseminated through all existing forums to nurses at all levels of healthcare so as to ensure that health service providers are aware, understand and apply the policies and guidelines informing service provision.. This, among other things, will see the establishment of friendly supportive structures such as ramps, facilities and equipment in all areas in the facilities. The processes of developing relevant policies and guidelines should be all inclusive and allow participation of service providers themselves to enable familiarity with the content and encourage ownership.

The Ministry of Health should embrace feasible strategies of embracing a robust but friendly health system in Kenya and Kiambu county to ensure that it's sensitive and responsive to the main challenges and the needs of not only the PLDs but also of nurses in regards to offering quality general health services. Focused and sustainable approaches of addressing the attitude of nurses in the workplace should be determined and incorporated into the health system in order to make work environments friendly to both nurses and PLDs. To ensure success of the same, practical monitoring and evaluation approaches should be drawn and periodically used by healthcare managers. Specifically, there is the need to inculcate attitude relieving practices in medical training curriculums as an initial step of enabling nurses to face work-related challenges. In addition, there is need to incorporate working activities for sensitization of both the management of facilities and nurses on the best approaches to offer services to populations like persons living with disabilities who may be having challenges to access and utilize certain equipment/facilities. At the individual level, nurses should be encouraged to engage in deliberate efforts to reinforce positive attitude towards offering health services of persons living with disabilities.

There is need by the hospital management to initiate forums that will give persons living with disabilities an opportunity to contribute in identifying and setting their health priority concerns and needs at all levels of healthcare so that activities that will be established and rolled out will be friendlier to them as the ultimate consumers. It is in this regard that nurses too should be sensitized on the relevance of involving people with disabilities in all aspects including planning upto the implementation of some activities.

There is need for further research to determine the impact of essential health services on the quality of life of persons living with disabilities in public health facilities.

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APPENDICES

Appendix I: Informed Consent Form

Title: MANAGEMENT PRACTICES OF NURSES ON REPRODUCTIVE HEALTH SERVICES FOR PERSONS LIVING WITH DISABILITIES IN THIKA HOSPITAL, KENYA

Dear participant

My name is Monica Bor and am kindly inviting you to take part in this research study which I am conducting on management practices of nurses on reproductive health services for persons with disabilities in Thika level 5 hospital**.** I am requesting you to read this consent form. The purpose of this consent form is to give you the information you will need to help you decide whether or not to participate in the study. Please read the form carefully. You may ask questions about the purpose of the research, the possible risks and benefits, your rights as a volunteer, and anything else about the research that is not clear. This consent form may contain some words that are unfamiliar to you. Please ask me to explain anything you may not understand.

Being in the study is voluntary

Your participation in this study is entirely voluntary you can decide if you want to participate in the study or not. Once you understand the study, and you agree to take part, you will be asked to make your mark on this form in the presence of a witness. . This process is called 'informed consent'. You may decide to withdraw from the study at any time or not to answer questions. If you leave the study, please tell the interviewer why you are leaving so that this information can be used to improve our work and provide more support if possible.

Procedures

If you agree to participate in this study by signing at the end of this form, you will participate in the following activities. You will be asked questions about your personal life related to this study such as level of education, etc.

Possible Risks/Discomfort

There are no invasive procedures that will be carried out on you.

Data security and Confidentiality

All the information gathered by the research team will be in confidence for the sole purpose of this research only. Any records relating to your identity will remain confidential. Your name will not be divulged in any of the forms, and you will receive a copy of this consent form. No one will have access to the interviews except the investigators. Strict data management procedures are intended to ensure confidentiality of the study subjects.

Benefits and costs to you

There are no direct benefits to you for participating in the study. However, the results of the study will inform the health authorities about the management practices of reproductive health services of persons with disabilities.

Contact person

If you ever have questions or concerns about this study, you should contact: Monica Bor, Principal Investigator; Mobile No: 0720994740

Your rights as a Participant

This research has been reviewed and approved by the Kenyatta National Hospital/university of Nairobi Ethics and Research review committee, if you have any questions about your rights as a research participant you may contact the following;

The Secretary KNH /University of Nairobi Ethics Review Committee,

P.O Box 20723 – 00202 Tel: (254) 020 726300

Email address: uonknh_erc@uonbi.ac.ke

Your statement of consent and signature

If you have read the informed consent and you have understood the information and you voluntarily agree to join this study, please carefully read the statements below and think about your choice before signing your name or making your mark below. No matter what you decide, it will not affect your rights in anyway:

- I have read and understood the risks and benefits involved in this study.
- I have been given the chance to ask any questions I may have and I am content with the answers to all of my questions.
- I know that my records will be kept confidential and that I may leave this study at any time
- The name, phone number and address of whom to contact in case of any concern has been provided to me in writing.
- I agree to take part in this study and will be given a copy of this informed consent form to keep.

Participant`s initials…… Signature of Participant ……Date: ……

Name of researcher getting the consent ……..

Signature of researcher getting the consent …….

Date: …….

Appendix II: Questionnaire

TITLE: MANAGEMENT PRACTICES OF NURSES TOWARDS REPRODUCTIVE HEALTH SERVICES FOR PERSONS WITH DISABILITIES IN THIKA HOSPITAL, KENYA

A: socio-demographic characteristics **Serial No……..**

Your initials (optional) …….. **Date……..**

1. Sex 1. Female 2. M ale ☐

2. Age (in completed years) ……..

3. Your highest qualification …….

4. Department ……..

5. Duration working in this institution ……

6. State your cadre ……..

7. Duration working in this cadre ……

B: Reproductive Health Services offered to persons with disabilities.

8. Which reproductive health services do you offer in this health facility?

1. Family planning services ☐ 2. Ante natal care ☐ 3. Post abortion care ☐

4. STI screening ☐ Others specify……..

9. a)Do you have specific reproductive health services for persons with disabilities?

1. Yes ☐ 2. No ☐

b). If yes, which ones?

10. a) Have you ever served any person with disability? 1. Yes ☐ 2. No ☐

b) If yes, which reproductive health service is popular among the female persons with disabilities?

1. Family planning ☐ Give details……

2. Antenatal services ☐ 3. STI screening and testing ☐

5. Others, specify ……..

c) Which reproductive health service is popular among male persons with disabilities?

1. Family planning ☐ Give details……

2. STI screening and testing ☐

Others, specify ……..

d) If no, where do you think they go for reproductive health services?

1. Another public facility ☐ 2. Private facility ☐ 3. I don't know ☐

Others specify…….

11. Which is the most common reproductive health issue facing persons with disabilities?

1. Unintended Pregnancy ☐ 2. STIs ☐ 3.Rape ☐

4. Others specify …….

12. a) Do you think that the reproductive health services available to persons with disabilities are sufficien ☐ 1. Yes ☐ 2. No

b) If no, what is your explanation?

13. Which forms of disabilities did the majority of persons you served presented with

1. Physical disability ☐ 2. Hearing Impairment ☐ 3. Visual Impairment ☐

Others specify ……

14. Approximately how many youth with disability do you serve per month?

C: Factors influencing attitudes of Nurses towards reproductive health services for persons with disabilities in Thika Level five Hospital

15. What is your attitudes towards reproductive health services for persons with disabilities?

1. Very poor ☐ 2. Poor ☐ 3. Very good ☐ 4. Good ☐

16. a) Do you think that persons with disabilities turn up for reproductive health services?

1. Yes ☐ 2. No ☐

b) If yes, what would you think is making them to go for the reproductive health services?

c) If no, what do you think is the issue?

17. What is the gender of the majority of persons with disabilities who visit the health facility for reproductive health services? 1. Female ☐ 2. Male ☐

18. Do you think that the reproductive health services provided are friendly to the youth with disabilities?

1. Yes ☐ 2. No☐ 3. I don't know ☐

19.a) Do you like how persons with disabilities are served?

1. Yes ☐ 2. No ☐

b) If yes, how will you rate their attitudes? 1. Very poor ☐ 2. Poor ☐ 3. Good ☐ 4. Very good☐

c). If no, do you think that the Nurses offering reproductive health services need some form of specialized training in order to manage persons with disabilities?

1. Yes ☐ 2. No ☐3. I don't know ☐

20. What is your opinion regarding the reproductive health services provided to persons with disabilities? 1. Very Poor ☐ 2. Poor ☐3. Good ☐4. Very good ☐

D. Challenges associated with reproductive health services for persons with disabilities.

21. What are the main challenge associated with management of reproductive health services of persons with disabilities? 1. Affordability ☐ 2. Accessibility ☐ 3. Lack of policies ☐ 4. Stigma ☐ 5. Others, specify …….

22. a) Are there guidelines on how to serve the persons with disabilities?

1. Yes ☐ 2. No ☐ 3. I don't know ☐

b) If yes, how will you rate the guidelines?

1. Very Poor ☐ 2. Poor ☐ 3. Good ☐ 4. Very good ☐

23. a) Do you have a forum where you meet with persons with disabilities in this facility?

1. Yes ☐ 2. No ☐

b) If yes, how often do you meet with them per year?

1. Weekly ☐ 2. Monthly ☐ 3. Quarterly ☐ 4. Annually ☐

24. In which areas do you involve persons with disabilities in management issues?

1. None ☐ 2.Infrastructure ☐ 3.Services offered ☐ 4. I don't know ☐

5. Others, specify…….

25. Do you have any program aimed at increasing the uptake of reproductive health services to persons with disabilities? 1. Yes ☐ 2. N0 ☐ 3. I don't know ☐

26. Do you think the number of nurses serving persons with disabilities are enough?

1. Yes ☐ 2. No ☐ 3. I don't know ☐

27. Do you have mechanisms that support people with physical challenges to access your department for various services? 1. Yes ☐ 2. No ☐ 3. I don't know ☐

THANK YOU

Appendix III: Key Informant Guide for Nurses

Title: **MANAGEMENT PRACTICES OF NURSES TOWARDS REPRODUCTIVE HEALTH SERVICES FOR PERSONS WITH DISABILITIES IN THIKA HOSPITAL, KENYA.**

Introduction: May I take this opportunity to welcome you to this interview which may take between 40 - 50 minutes. The essence of this session is to get your views regarding the management practices of nurses on reproductive health services for persons with disabilities in Thika Hospital. Please note that there are no right or wrong responses or answers to the issues or questions below. Also feel free to give any contribution or response to any of the issues/questions at any time. Kindly do not feel offended if I interject or ask for any clarification or more information when you will be responding.

Date of Interview…….

Name (Optional)……

Gender……..

Age (Years)……

Time…….

THEMES

1. What is reproductive health?

   Probe: - What is your understanding of reproductive health as nurses?

- What are the reproductive health services available in this facility?

Probe: Which segment of the population gets what/which services?

What about the reproductive health services for the youth?

How about the persons with disabilities?

- What is the attitudes and practices of Nurses towards management of reproductive health services to persons with disabilities?

Practices

How is reproductive health services of persons with disabilities managed?

Probe:

- Who normally manages reproductive health services in this facility? How?

- Who is involved in the management of the services?

- Who manages what/which services?

Probe: Attitudes

- How do you rate the management of reproductive health services in this facility?

- What would you say is your overall attitudes towards the management of reproductive health services of persons with disabilities?

3. Factors associated with management practices of Nurses on reproductive health services of persons with disabilities.

Probe:

- Individual factors
- Institutional factors
- Others

Note: Thank the participants for their contributions and time.

Appendix IV: Key Informant Guide for PLWD

Title: **MANAGEMENT PRACTICES OF NURSES ON REPRODUCTIVE HEALTH SERVICES FOR PERSONS WITH DISABILITIES IN THIKA LEVEL FIVE HOSPITAL, KENYA**

Introduction: May I take this opportunity to welcome you to this interview which may take between 40 - 50 minutes. The essence of this session is to get your views regarding the factors influencing attitudes of nurses towards reproductive health services for persons with disabilities in Thika level 5 Hospital. Please note that there are no right or wrong responses or answers to the issues or questions below. Also feel free to give any contribution or response to any of the issues/questions at any time. Kindly do not feel offended if I interject or ask for any clarification or more information when you will be responding.

Date of Interview…….

Name (Optional)……

Gender……..

Age (Years)……

Time…….

THEMES

1. What is reproductive health?

   Probe: - What do understand about of reproductive health?

- What are your reproductive health services?

Probe: Where do you go for them? (Public or private facilities?)

- What is the attitudes of nurses towards reproductive health services for persons with disabilities?

Practices

How are your reproductive health services managed in Thika level 5?

Probe: What are the practices of Nurses towards management of reproductive health services to persons living with disabilities?

Probe:

- Who normally manages reproductive health services in this facility? How?

- Your involvement/engagement in the management of the services

Probe: Attitudes

- How do you rate the management of reproductive health services in public facilities?

- What would you say is your overall attitudes towards the management of reproductive health services of persons living with disabilities?

2. Factors associated with management practices of reproductive health services of persons living with disabilities.

Probe:

- Individual factors
- Institutional factors
- Others

Note: Thank the participants for their contributions and time

Appendix V: Focused Group Discussion Guide for PLWD

Title: **MANAGEMENT PRACTICES OF NURSES ON REPRODUCTIVE HEALTH SERVICES FOR PERSONS WITH DISABILITIES IN THIKA LEVEL FIVE HOSPITAL, KENYA**

Introduction: May I take this opportunity to welcome you to this interview which may take between 40 - 50 minutes. The essence of this session is to get your views regarding the factors influencing attitudes of nurses towards reproductive health services for persons with disabilities in Thika level 5 Hospital. Please note that there are no right or wrong responses or answers to the issues or questions below. Also feel free to give any contribution or response to any of the issues/questions at any time. Kindly do not feel offended if I interject or ask for any clarification or more information when you will be responding.

Date of Interview…….

Name (Optional)……

Gender……..

Age (Years)……

Time…….

THEMES

3. What is reproductive health?

Probe: - What do understand about of reproductive health?

- What are your reproductive health services?

Probe: Where do you go for them? (Public or private facilities?)

- What is the nurse's attitudes towards reproductive health services for PLDs in Thika hospital?

Practices

How are your reproductive health services managed in Thika level 5?

Probe: What are the practices of Nurses towards management of reproductive health services to persons living with disabilities?

Probe:

- Who normally manages reproductive health services in this facility? How?

- Your involvement/engagement in the management of the services

Probe: Attitudes

- How do you rate the management of reproductive health services in public facilities?

- What would you say is your overall attitudes towards the management of reproductive health services of persons living with disabilities?

4. Factors associated with management practices of reproductive health services of persons living with disabilities.

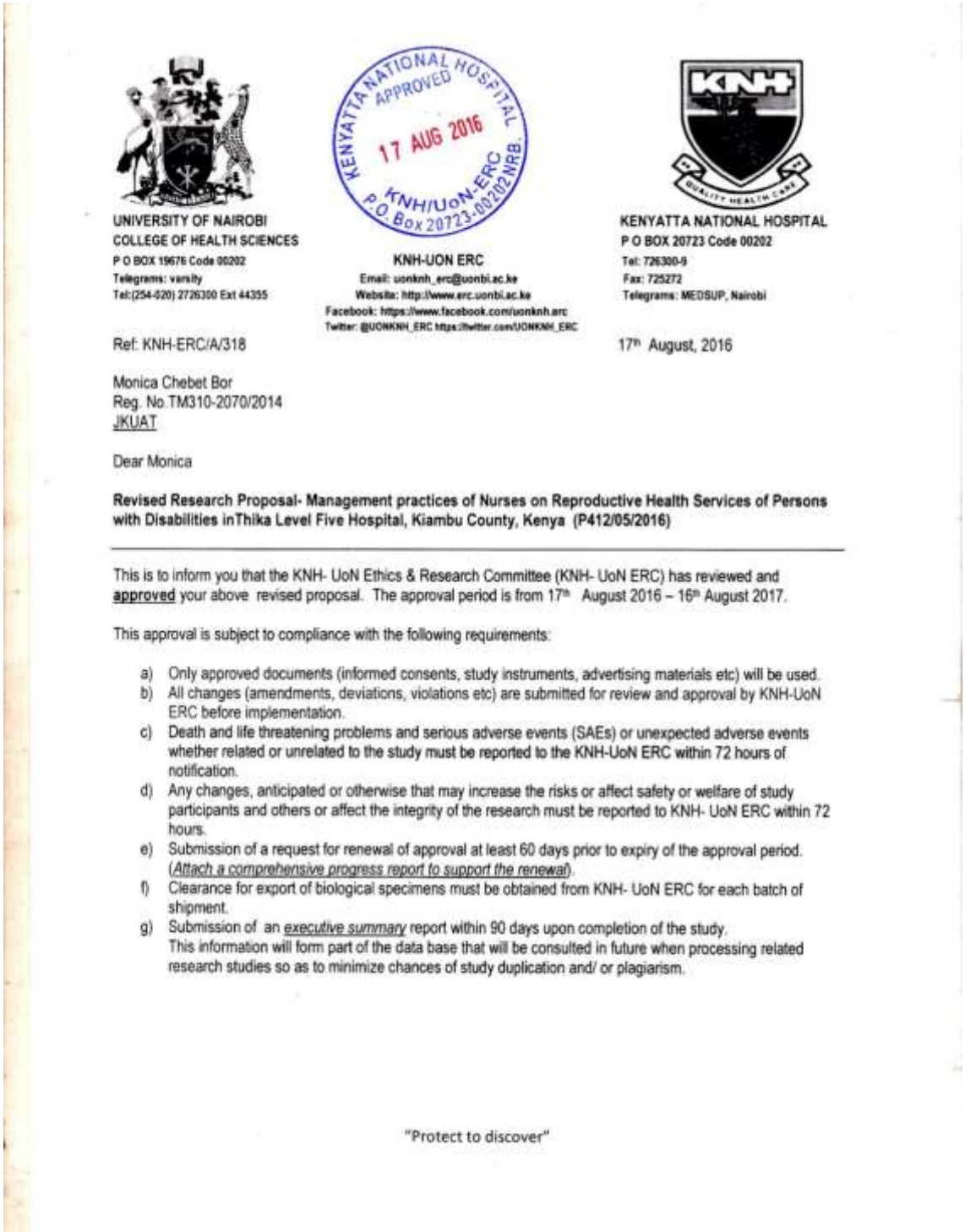
   Probe:

   - Individual factors

- Institutional factors
- Others

Note: Thank the participants for their contributions and time

Appendix VI: Ethical Approval



UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
P O BOX 19676 Code 00202
Telegrams: varsity
Tel:(254-020) 2726300 Ext 44355

KENYATTA NATIONAL HOSPITAL APPROVED 17 AUG 2016 KNH/UoN-ERC P.O Box 20723-00202 NRB

KNH-UON ERC
Email: uonknh_erc@uonbi.ac.ke
Website: http://www.erc.uonbi.ac.ke
Facebook: https://www.facebook.com/uonknh.erc
Twitter: @UONKNH_ERC https://twitter.com/UONKNH_ERC

KENYATTA NATIONAL HOSPITAL
P O BOX 20723 Code 00202
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP, Nairobi

Ref: KNH-ERC/A/318

17th August, 2016

Monica Chebet Bor
Reg. No.TM310-2070/2014
JKUAT

Dear Monica

Revised Research Proposal- Management practices of Nurses on Reproductive Health Services of Persons with Disabilities inThika Level Five Hospital, Kiambu County, Kenya (P412/05/2016)

This is to inform you that the KNH- UoN Ethics & Research Committee (KNH- UoN ERC) has reviewed and approved your above revised proposal. The approval period is from 17th August 2016 – 16th August 2017.

This approval is subject to compliance with the following requirements:

a) Only approved documents (informed consents, study instruments, advertising materials etc) will be used.
b) All changes (amendments, deviations, violations etc) are submitted for review and approval by KNH-UoN ERC before implementation.
c) Death and life threatening problems and serious adverse events (SAEs) or unexpected adverse events whether related or unrelated to the study must be reported to the KNH-UoN ERC within 72 hours of notification.
d) Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to KNH- UoN ERC within 72 hours.
e) Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. (*Attach a comprehensive progress report to support the renewal*).
f) Clearance for export of biological specimens must be obtained from KNH- UoN ERC for each batch of shipment.
g) Submission of an *executive summary* report within 90 days upon completion of the study. This information will form part of the data base that will be consulted in future when processing related research studies so as to minimize chances of study duplication and/ or plagiarism.

"Protect to discover"

For more details consult the KNH- UoN ERC website **http://www.erc.uonbi.ac.ke**

Yours sincerely,

PROF M. L. CHINDIA
SECRETARY, KNH-UoN ERC

c.c. The Principal, College of Health Sciences, UoN
The Deputy Director, CS, KNH
The Assistant Director, Health Information, KNH
The Chair, KNH- UoN ERC
Supervisors: Prof. Peter Mwaniki, (JKUAT), Dr. Joseph K. Mutai(KEMRI)

"Protect to discover"

Appendix VII: Approval of Research Proposal and of Supervisors

JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
DIRECTOR, BOARD OF POSTGRADUATE STUDIES

P.O. BOX 62000
NAIROBI – 00200
KENYA
Email: director@bps.jkuat.ac.ke

TEL: 254-067-52711/52181-4
FAX: 254-067-52164/52030

REF: JKU/2/11/TM310-2070/2014

17TH OCTOBER, 2016

BOR, MONICA CHEBET
C/o SPH
JKUAT

Dear, Ms. Chebet,

RE: APPROVAL OF RESEARCH PROPOSAL AND OF SUPERVISORS

Kindly note that your MSc. research proposal entitled: **"MANAGEMENT PRACTICES OF NURSES ON REPRODUCTIVE HEALTH SERVICES OF PERSONS WITH DISABILITIES IN THIKA LEVEL FIVE HOSPITAL, KIAMBU COUNTY, KENYA."** has been approved. The following are your approved supervisors:-

1. Prof. Peter Mwaniki
2. Dr. Joseph .K. Mutai

Yours sincerely

PROF. ROBERT KINYUA
Ag. DIRECTOR, BOARD OF POSTGRAUDATE STUDIES
Copy to: Dean, SPH

/cm

Appendix VIII: Permit from the National Commission for Science, Technology and Innovation.

THIS IS TO CERTIFY THAT:
MISS. MONICA CHEBET BOR
of JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY, 0-200 NAIROBI,has been permitted to conduct research in *Kiambu County*

on the topic: *MANAGEMENT PRACTICES OF NURSES ON REPRODUCTIVE HEALTH SERVICES OF PERSONS WITH DISABILITIES AT THIKA LEVEL FIVE HOSPITAL*

for the period ending:
24th October,2017

.....
Applicant's Signature

Permit No : NACOSTI/P/16/51459/14016
Date Of Issue : 25th October,2016
Fee Recieved :Ksh 1000

.....
Director General
National Commission for Science, Technology & Innovation

Appendix IX: Approval from Thika Hospital Research Ethical Committee

COUNTY GOVERNMENT OF KIAMBU
DEPARTMENT OF HEALTH

Tel.Thika 067 21621/2 fax 21778
All correspondence should be addressed to MED.SUPT.
When replying please quote

Ref: NO. MOMS/TKA VOL III (341)

THIKA LEVEL 5 HOSPITAL
P.O. BOX 227
THIKA

Date: 7th November, 2016

APPROVAL TO CARRY OF RESEARCH

Principle investigator: **Monica Chebet Bor**

RESEARCH TOPIC: MANAGEMENT PRACTICES OF NURSES ON REPRODUCTIVE HEALTH SERVICES OF PERSONS WITH DISABILITIES IN THIKA LEVEL FIVE HOSPITAL, KIAMBU COUNTY, KENYA

Following deliberations by Thika Level 5 hospital research committee, your proposal to carry out the above research at this facility has been approved. However, you will need to provide us with licence from NACOSTI before you can commence the data collection.

Take note that you are required to submit a copy of your research findings upon completion of the study to the hospital. It is also expected that the Ethical consideration and the research subjects confidentiality will be maintained as you have outlined in your proposal.

Any patient confidential information that you may access during your research should not be used without consent.

This letter is valid up to 1st November, 2017.

For any queries feel free to contact the committee chair though the Medical Superintendent's office. Thank you and all the best.

DR. J. WANGECHI
CHAIR TREC
THIKA LEVEL 5 HOSPITAL N

Appendix X: Certificate of Publication

Finlogy

Imperial Journal of Interdisciplinary Research

CERTIFICATE OF PUBLICATION

ISSN : 2454-1362 website : www.onlinejournal.in/IJIR

ISSN 2454-1362

Is hereby awarding this certificate to

Bor Monica Chebet

In recognition of the publication of the paper entitled

Management Practices of Nurses on Reproductive Health Services Of Persons with Disabilities in Thika Level Five Hospital, Kiambu County, Kenya

Published in: Vol-3, Issue-3

Finlogy Publications Fabrication Accepted Double Blind Reviewed

Signature (Managing Editor) : Dr. M.N.Ansari

CITATION Impact Factor 3.7

Appendix X1: Map of Study Area