

REPRODUCTIVE HEALTH OF CHILDBEARING AGE WOMEN WITH PHYSICAL DISABILITIES IN DENPASAR 2020***Kesehatan Reproduksi Pada Wanita Usia Subur (WUS) Dengan Disabilitas Fisik Tahun 2020***Putu Ayu Krisnawati¹, Ni Luh Putu Suariyani¹¹Progra Studi Sarjana Kesehatan Masyarakat, Fakultas Kedokteran, Universitas Udayana, Indonesia
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(<https://creativecommons.org/licenses/by-nc-sa/4.0/>)**ABSTRACT**

People with disabilities are around 15% of the total world population. People with disabilities have various obstacles in accessing reproductive health services, including information, behavior, environment and economy. Women with disabilities are at high risk for reproductive health problems. Aim: The purpose of this research is to determine the level of knowledge, attitudes behavior and proportion about reproductive health of childbearing age women with physical disabilities in Denpasar City. This research was observational study with cross-sectional design. This research was conducted on April - June 2020. The population in this study was women of childbearing age with physical disabilities who already had marriage. The sampling technique was purposive sampling with 66 women. This study used an online questionnaire to reduce direct contact because this research conducted during COVID-19 pandemic. This study analyzed by statistical package software. The result showed that majority of respondents with hearing impaired (36.36%), blind (31.82%), physical disability (28.79%), and speech impaired (3.03%). The level of reproductive health knowledge of respondents in this study who had good knowledge (39.39%), had positive attitudes (69.70%) and had bad behavior (68.18%). There is a significance relation between knowledge ($p = 0.0003$) and attitude ($p = 0.002$) towards reproductive health behavior. That can be conclude that most respondents have good knowledge and positive attitudes, but have poor reproductive health behaviors. To have good reproductive health behavior need to have good knowledge and positive attitude in reproductive health. Therefore, it is suggested regular socialization of reproductive health among women with disability using proper media that accessible for them.

Keywords: reproductive health, disability, women, knowledge, attitude, practice.**ABSTRAK**

Kesehatan reproduksi merupakan hak setiap orang, termasuk penyandang disabilitas. Penyandang disabilitas memiliki berbagai hambatan dalam mengakses layanan kesehatan reproduksi, diantaranya informasi, perilaku, lingkungan, dan ekonomi. Wanita dengan disabilitas adalah kelompok yang memiliki risiko tinggi terhadap masalah kesehatan reproduksi. Penelitian yang dilakukan di Denpasar pada remaja dengan gangguan pendengaran menemukan bahwa remaja Tuli memiliki pengetahuan yang rendah terkait kesehatan reproduksi. Tujuan dilakukan penelitian ini untuk mengetahui gambaran tingkat pengetahuan, sikap, perilaku, dan proporsi wanita usia subur dengan disabilitas fisik di Kota Denpasar terkait kesehatan reproduksi. Metode yang digunakan yaitu desain penelitian observasional deskriptif dengan menggunakan rancangan penelitian cross-sectional. Penelitian ini dilakukan di Kota Denpasar pada bulan April – Juni 2020. Populasi dalam penelitian ini adalah wanita usia subur penyandang disabilitas fisik yang sudah memiliki status perkawinan. Teknik pengambilan sampel dilakukan dengan purposive sampling dengan jumlah 66 responden. Hasil penelitian menunjukkan mayoritas responden memiliki jenis disabilitas Tuna Rungu (36.36%) dan Tuna Netra (31.82%), sedangkan untuk Tuna Daksa (28.79%) dan Tuna Wicara (3.03%). Tingkat pengetahuan kesehatan reproduksi responden dalam penelitian ini memiliki pengetahuan baik (39.39%), mayoritas memiliki sikap positif (69.70%) dan sebagian besar memiliki perilaku kurang baik (68.18%). Tidak terdapat perbedaan proporsi antara karakteristik responden dengan perilaku kesehatan reproduksi dan terdapat perbedaan proporsi antara pengetahuan ($p=0.0003$) dan sikap ($p=0.002$)

terhadap perilaku kesehatan reproduksi. Dapat disimpulkan bahwa responden memiliki pengetahuan baik, sikap positif, namun memiliki perilaku kesehatan reproduksi kurang baik. Terdapat perbedaan proporsi pada pengetahuan terhadap perilaku kesehatan reproduksi dan terdapat perbedaan proporsi pada sikap terhadap perilaku kesehatan reproduksi. Diperlukan sosialisasi kepada perempuan dengan disabilitas terkait informasi kesehatan reproduksi.

Kata Kunci : kesehatan reproduksi, disabilitas, wanita, pengetahuan, sikap, perilaku

INTRODUCTION

Women's reproductive health in Indonesia is increasingly complex, namely cervical cancer, breast cancer, HIV/AIDS infection, cases of violence against women, and family planning problems that have long been a health problem for women (Hasanah, 2016; Centers for Disease Control and Prevention, 2018). This health problem is not only experienced by normal women but also to those with disabilities.

The number of people with disabilities in Indonesia is increasing every year, one of which is physical disability (International Labour Organization, 2017). According to the 2015 Inter-Census Population Survey data, 8.56% of the population in Indonesia has a disability (Badan Pusat Statistik, 2015).

According to the Law of the Republic of Indonesia Number 8 of 2016 Article 1 Paragraph 1 concerning Persons with Disabilities stated that persons with disabilities are any person who experiences physical, intellectual, mental, and or sensory limitations for a long period of time who in interacting with the environment can experience obstacles and difficulties. to participate fully and effectively with other citizens on the basis of equal rights (Pemerintah Indonesia, 2016). This means that people with disabilities also have equal rights with other communities, one of which is the right to health, especially reproductive health.

The limitations of women with disabilities will be an obstacle for them in accessing information and reproductive

health services such as infrastructure for health care facilities, as well as the lack of communication skills of health workers in providing health information and services to persons with disabilities. Other obstacles that can arise from various aspects such as restricting norms and culture, lack of assistive devices, lack of physical activity, limited education, gender inequality and the role of the government that has not been maximized in fulfilling the rights of persons with disabilities, one of which is about reproductive health. (Bremer, Cockburn and Ruth, 2010; Kementrian Kesehatan Republik Indonesia, 2017; World Health Organization, 2018).

Persons with disabilities, especially women, have the right to obtain information, access to reproductive health services, as well as education regarding reproductive health, which is the same for women without disabilities (Taouk, Fialkow and Schulkin, 2018). However, in reality of people with disabilities especially women, have not all received this or not all of their needs regarding reproductive rights have been met (Haryono et al, 2013).

Persons with disabilities, especially women, have the right to obtain information, access to reproductive health services, as well as education regarding reproductive health, which is the same for women without disabilities (Kilic *et al.*, 2019). A study conducted in Taiwan on 17,455 women with disabilities found that 77.3% had a low level of understanding of Pap-smears, but women with physical disabilities who were married, had higher

education levels, and knew Pap-smears had higher levels of perception. higher cervical cancer screening (Wu *et al.*, 2012). According to the Brazilian Ministry of Health (2012), research in Brazil shows data on persons with disabilities with STIs, namely 38% of women and 35% of men having some form of STI (Aragão *et al.*, 2016).

Women with disabilities are often considered unable to carry out their sexual activities (Haryono, Kinasih and Mas'udah, 2013). According to International Conference on Population and Development (2014), sexual and reproductive rights of persons with disabilities on access to information and education is still limited (Frohman and Ortoleva, 2014). Research conducted in Denpasar City on adolescents with hearing disabilities found that they have low knowledge related to reproductive health (Suariyani *et al.*, 2020).

Based on the problems that have been described in the background, the researcher conducted a research that focuses on reproductive health of women of childbearing age, namely knowledge, attitudes and behavior of reproductive health in women of childbearing age with physical disabilities in Denpasar City. The independent variables in this study were knowledge and attitudes of reproductive health. The dependent variable or dependent variable was the variable that is explained or influenced by the independent variable. The dependent variable in this study was reproductive health behavior.

METHOD

The research design was descriptive observational using a cross sectional research design to determine knowledge, attitudes, and behavior of reproductive health in women of childbearing age with physical disabilities in Denpasar City. The population in this study were women of childbearing age with physical disabilities from Denpasar City. The sample selection method used in this study was purposive sampling because during the pandemic it

was very difficult to meet persons with disabilities, so using this method with a sample size of 66 women of childbearing age. The inclusion criteria of the sample were women of childbearing age with physical disabilities (blind, deaf, speech impaired, and physically disabled) in Denpasar City with an age range of 15 - 49 years and were married, while the exclusion criteria were unable to communicate well. The initial sources of information regarding respondents' personal data came from the Denpasar City Social Service and data on members of each disability community, and primary data came from interviews with respondents based on the questions contained in the questionnaire. The data were being analyzed univariately, and bivariately using the Chi Square test.

RESULTS

Respondents' Characteristic

The description of the individual characteristics of the respondents in this study consisted of variables of type of disability, age, number of children, latest education and employment status. Based on table 1, the type of disability variable is divided into four categories, namely the physically impaired, the blind, the deaf and the speech impaired. The majority of respondents had a type of disability that is Deaf (36.36%) and Blind (31.82%), while for the physically disabled (28.79%) and Speech Impaired (3.03%). The age of the respondents was on the childbearing age with a range of 15-49 years and was divided into four categories, namely 15-24 years (0%), 25-34 years (15.15%), 35-44 years (25.76%) and 44-49 years. (59.09%). The last education taken by the respondents was divided into six categories, namely no school (10.61%), elementary school (33.33%), junior high school (31.82%), high school (13.64%), D3 (3.03%), and undergraduate (7.58%). Based on the employment status of the respondents, they were divided into two categories, namely working and not working, the majority of respondents

working (69.70%) and not working (30.30%).

Reproduction Health Knowledge

Based on the number of children the respondent had, they were divided into four categories, namely not having (16.67%), having one child (24.24%), having two children (34.85%), and having more than two children (24.24%). Knowledge about reproductive health known to the respondents was obtained by interview using a questionnaire. The results of the descriptive analysis are good knowledge (39.39%), sufficient knowledge (22.73%), and poor knowledge (37.88%).

Based on the results of respondents' answers regarding respondents' knowledge of reproductive health, it was found that most of the Woman with childbearing age with disabilities had good knowledge of reproductive health in general, family planning, Pap Smear, and VIA. In contrast to this, knowledge about reproductive health problems was still not good. Most respondents know the causes of cervical cancer and STIs, as well as vaginal candidiasis and chlamydia. In the breast cancer screening section, 72.7% of respondents know about breast self-examination and its purpose, but most of them do not know the right time to do breast self-examination (BSE), while for mammography, most do not know it.

Reproduction Health Attitude

Reproductive health attitudes are responses given by respondents regarding reproductive health in the form of positive or negative questions. It can be seen the results of the descriptive analysis of reproductive health attitudes. The majority of respondents have a positive attitude (69.70%) and a negative attitude (30.30%). The positive attitude referred to in this study was 60% of the agreed answers chosen by the respondents. If the respondent's answer is above or equal to 60%, then the respondent is categorized as having a positive attitude towards reproductive health.

Based on the results of respondents'

answers regarding reproductive health attitudes, it was found that most of the respondents had positive attitudes. The attitude of shaving pubic hair by 60.6% agrees with this, but in practice some respondents do not do this because they are considered not to have thick pubic hair and still do not experience irritation or dampness problems and 39.4% do not agree with this because they are considered after shaving pubic hair. , the regrowth data is very uncomfortable. Screening for reproductive health problems such as Pap Smear, VIA, BSE, and Mammography; the majority of respondents said they agreed with this, but in practice it was still lacking due to various factors.

Reproduction Health Behavior

Reproductive health behavior is an action taken by respondents in maintaining reproductive health. Based on the table, it can be seen the results of the descriptive analysis of reproductive health behavior, namely the majority of respondents had bad behavior (68.18%) and good behavior (31.82%). Good behavior was seen from 60% of the correct answers answered by respondents.

Based on the results of respondents' answers regarding reproductive health behavior, it was found that most of the respondents had poor behavior. Cervical cancer screening, namely Pap Smear and IVA, the majority of respondents did not do it (81.8%), where most of the respondents did not do the screening because they were afraid of being caught by the disease, cost problems, and fear of feeling pain if they did it. Not experiencing complaints was also one of the reasons most respondents were reluctant to do cervical cancer screening. In contrast to this, more than 50% of respondents did Awareness regularly although not at the right time, but 95.5% of respondents did not do mammography.

Some respondents still do not know about mammography, although most had a positive attitude, but in practice it was still very lacking. Most of the reasons respondents did not do mammography were

the cost was quite expensive and they did not know more information.

The use of family planning in respondents was 57.6% of respondents using family planning. The reason for not using family planning was that they want to have more children than the family planning program recommends, or they were not suitable.

Characteristics of Respondents on Reproductive Health Behavior

Respondents' characteristics were related to the respondent's health behavior, namely the type of disability, age, number of children, latest education, and employment status. The test was carried out using cross-tabulation. The variable types of disability with good reproductive health behavior were the Deaf at 45.83%, followed by the Blind at 28.57%, and the Physically Impaired at 21.05%. Types of disabilities that have poor behavior were speech impaired at 100%, physically disabled at 78.95%, blind at 71.43%, and deaf at 54.17%. After conducting the Chi-Square test, the variable type of disability did not have a different proportion of reproductive health behavior with $p=0.2325$ (95% CI=0.58 -1.10).

Based on the age variable, respondents who have good behavior are 45-49 years by 33.33%, ages 25-34 years by 30.00%, and ages 35-44 years by 29.41%. Negative behavior of respondents aged 35-44 years was 70.59%, aged 25-34 years was 70%, and aged 45-49 years was 66.67%. After performing the Chi-Square test, the age variable did not have a different proportion of reproductive health behavior with $p=0.8934$ (95% CI=0.62 -1.51).

The variable number of children who had good reproductive health behavior was respondents who have two children by 39.13%, more than two children by 37.50%, one child by 25%, and having no children by 18.18%. Negative behavior in the variable number of children was respondents who did not have children by 81.82%, one child by 75%, more than two children by 62.50%, and having two children by 60.87%.

After conducting the Chi-Square test,

the variable number of children did not have a different proportion of reproductive health behavior with $p=0.2875$ (95% CI=0.57 - 1.12). Based on the latest education level taken by respondents who have good reproductive health behavior, namely undergraduate education level of 40%, junior high school of 38.10%, the elementary school of 36.36%, high school of 22.22%, no school by 14.29%, and D3 of none. Respondents who have poor health behavior are D3 education level of 100%, 85.71% not in school, 77.78% high school, 63.64% elementary school, 61.90% junior high school, and 60% undergraduate. After conducting the Chi-Square test, the education level variable did not have a different proportion of reproductive health behavior with $p=0.2922$ (95% CI=0.54 - 1.10).

Based on job status, respondents who have good behavior were respondents with a job 32.61% and those who did not have a job by 30%, while respondents who have bad behavior are those who do not work by 70% and those who have worked by 67.39%. After doing the Chi-Square test, the employment status variable had no difference in proportion to reproductive health behavior with $p=0.8344$ (95% CI=0.73 -1.47).

Knowledge, Attitudes Towards Reproductive Health Behavior

Table 6 showed that respondents with a good knowledge category have good reproductive health behavior of 57.69% and poor reproductive health behavior of 42.31%. Respondents with sufficient knowledge have a good reproductive health behavior of 33.33% and poor reproductive health behavior of 66.67%. Respondents with poor knowledge category have good reproductive health behavior of 4% and poor reproductive health behavior of 96%. After doing the Chi-Square test, the variable of reproductive health knowledge has a different proportion with reproductive health behavior with $p=0.0003$ (95% CI=1.26 -3.21).

Based on table 2, it was known that

respondents with the positive attitude category have good reproductive health behavior by 43.48% and poor reproductive health behavior by 56.52%. In comparison, respondents with the negative attitude category have good reproductive health behavior by 5% and poor reproductive health behavior by 95%. After conducting the Chi-Square test, the variable of reproductive health knowledge was different from reproductive health behavior with $p=0.0020$ (95% CI=1.28-2.21).

DISCUSSION

Based on the results of the cross-tabulation test, it is found that most of those who has good knowledge also have good behavior of 57.69%, respondents who had good knowledge and had good behavior were only 33.33% compared to those who had poor behavior of 66.67%. In comparison, those who had good knowledge Negative majority have negative behavior of 96.00%.

The chi-square statistical test result of the variable knowledge level with the respondent's reproductive health behavior was $p=0.0003$ (95% CI=1.26-3.21). This illustrates a difference in the proportion between the knowledge and behavior of the respondent's reproductive health. It is in line with research on people with visual impairments in Padang City. It showed a relationship between knowledge and behavior in using contraceptives ($p = 0.015$) (Yulyanti, 2019).

In the study of women without disabilities in Nagari Andalas Baruh Bukit, Sungayang District, Tanah Datar Regency, it was shown that there was a relationship between mother's knowledge and the use of IUD contraceptives. The use of IUD contraception in respondents who have good knowledge of 81.4% do not use contraception, but respondents with low knowledge of 96.7% do not use IUD contraception (Rahayu, Reza & Usman, 2018).

A similar study was the Relationship of Knowledge and Attitude with Use of

Contraceptive Devices in EFA at the Comoro Health Center, Dili Timor Leste. The results showed a significant relationship between knowledge and behavior in using contraceptives ($p=0.006$). The results of cross-tabulation in this study were respondents who had less knowledge of 90% did not use contraception and respondents with good knowledge of 78.8% used contraception. The respondent's lack of knowledge in this study is one of the factors that many respondents do not use contraception, where knowledge is related to the respondent's education. It is known that 39.7% of respondents have lower education than high school (Gonçalves, Suariyani, and Suryadhi, 2014). A similar study conducted on disability in Ethiopia found that persons with good knowledge of disabilities were 1.7 times more likely to use contraception than those with low knowledge. People with disabilities who have completed college education are 7 times more likely to use contraception (Mekonnen *et al.*, 2020).

The results of cross-tabulation in this study showed that respondents with good knowledge of 63.2% did Pap smears, and respondents with poor knowledge of 83.3% did not do Pap smears. The low participation of women in conducting pap smear examinations is probably due to a lack of knowledge about the importance of early detection of cervical cancer with a Pap smear (Martini, Wulandari, and Karmaya, 2014). Research conducted on Rhode Island found that few reported having had mammography or Pap Smear but more reported the difficulty of the procedure (Liu, Clark and Ph, 2008). A person's behavior is influenced by knowledge, attitudes, beliefs, traditions, etc. Knowledge plays an important role in a person's behavior. Someone will take an attitude and act according to what is known and understood (Notoatmodjo, 2010).

The results of research on women with disabilities in Cameroon show a lack of general reproductive health knowledge (Bremer, Cockburn, and Ruth, 2010). Some of the reasons for the lack of knowledge of persons with disabilities include limited

education due to having poor family backgrounds, limited education on sexual and reproductive health issues, and lack of information resources (Nguyen et al., 2017). In contrast to this study, in PUS with visual impairments in the City of Padang, the results showed that most PUS had low knowledge of contraceptives (Yulyanti, 2019). Research on persons with disabilities in Saudi Arabia shows that knowledge about breast cancer symptoms and risk factors is lacking. Around 56% know about breast self-examination, but about 85% of respondents do not know about mammography and its purpose (Al-Amoudi, 2012). In contrast to previous research, Parish et al., (2012) found a very low level of knowledge about cervical cancer and breast cancer screening among women with physical disabilities, and those living with family caregivers generally had the most limited knowledge.

Based on the results of the cross-tabulation test of the attitude variable towards reproductive health behavior, it was found that respondents with a positive attitude were more likely to have Negative behavior towards reproductive health (56.52%) than those with good behavior (43.48%). However, most respondents with negative attitudes had poor behavior toward reproductive health (95%).

This is in line with the research conducted by Mardan and Suarnianti (2014) regarding the reproductive health of persons with disabilities at the Pantii Sosial Bina Daksa Wirajaya (PSBD) Makassar, which stated that 78.1% had good knowledge. Knowledge of both responses is obtained by reading books, print media, and electronic media and getting information from other people or health workers at the orphanage polyclinic. Based on research findings (Nguyen et al., (2017), it is shown that people with physical disabilities in Vietnam gain knowledge of reproductive health through their experience and informal sources of information without going through formal education.

The results of the chi-square statistical

test of the attitude variable towards the respondent's reproductive health behavior were $p = 0.002$ (95% CI = 1.28-2.20). This illustrates a proportional difference between the respondent's reproductive health attitude and behavior. This is in line with research on people with visual impairments in the city of Padang, showing a relationship between attitudes and behavior in using contraceptives ($p = 0.006$) (Yulyanti, 2019).

Research on women without disabilities at the Sukawati II Public Health Center, Gianyar, showed a relationship between attitudes and behavior in the Pap smear examination ($p=0.001$) to screen for cervical cancer. The cross-tabulation results in this study showed that 66.7% of respondents with a good attitude had a Pap smear, and 85.7% of respondents with a poor attitude did not do a Pap smear. Attitude plays an important role in determining a person to be better. Efforts that can be made to shape this attitude can be realized through training and empowering health workers to understand the importance of regular and routine Pap smear examinations (Martini, Wulandari, and Karmaya, 2014).

A similar study was the relationship between knowledge and attitudes with contraceptive use at EFA at the Comoro Public Health Center, Dili Timor Leste. The results showed a significant relationship between attitudes and behavior in using contraceptives ($p = 0.017$). Based on the cross-tabulation results in this study, it was found that 88.9% of respondents with a disapproval attitude did not use contraception, and 68.4% of respondents with a pleasant attitude used contraception. Good behavior is based on sufficient knowledge and information and a supportive attitude (Gonçalves, Suariyani, and Suryadhi, 2014). Another study on the use of contraceptives in women without disabilities in Bandar Lampung City showed that there was a relationship between attitudes and behavior in using contraceptives ($p=0.002$).

Based on the cross-tabulation results in this study, 93% of respondents with positive attitudes used contraception, but

only 30.2% of respondents with negative attitudes did not use contraception. WUS who do not use contraception still want to have more children, are pregnant, have a disease, have not had children at all, and others (Sari, 2019). Attitude is one of the predispositions for action that is learned to describe or respond to a stimulus consistently to an object, both positive and negative responses. However, behavior or action has not yet been formed (Ruslan, 2011). Good knowledge will lead to a positive attitude. Attitude variables measured were knowledge of reproductive health in general, family planning, pap smears, VIA, general reproductive health problems, breast self-examination, and mammography. Based on the results of the analysis of reproductive health attitude variables on 66 respondents, it can be seen that most of them have positive attitudes, namely 46 people (69.70%) and 20 people (30.30%).

This is in line with research conducted in Turkey showing that women with disabilities have positive attitudes towards family planning (Gürel and Yılmaz, 2018). Research on reproductive health attitudes of persons with disabilities was also carried out at the social development institution of Wirajaya Makassar. Based on the study results, 70.3% had a positive attitude. It can be said that people with physical disabilities at the Wirajaya Bina Daksa Social Institution have a positive attitude in maintaining reproductive health, sexually transmitted infections, and the use of contraception devices (Mardan and Suarnianti, 2014). The research of Wu et al., (2012) also showed that most of the respondents agreed with the understanding and awareness of Pap smear screening among women with physical disabilities (86.6%). In contrast to this study, a negative attitude was shown towards contraceptives at PUS for Persons with Blind Disabilities in Padang City (Yulyanti, 2019).

The formation of behavior is determined by knowledge as the predisposing factor (Notoatmodjo, 2010).

The reproductive health behaviors referred to in this study are general reproductive health behavior, family planning, pap smears, IVA, breast self-examination, and mammography. by most of the respondents. Even though they have good knowledge about screening for reproductive health problems, some respondents remains not do it since they are afraid and do not have the money.

In contrast to the results of research conducted on people with disabilities, research conducted on women without disabilities at the Sukawati II Public Health Center showed that 52% had had a pap smear. Socio-economic factors, knowledge, attitudes, husband and family support, religious norms, and customs that are believed to also affect behavior change (Martini, Wulandari and Karmaya, 2014). Another study on women without disabilities conducted by Wideasih and Setyawati, (2018), showed that all respondents used contraceptives (100%). Researchers also investigated breast cancer screening, such as routine breast self-examination (2%), routine mammography (4%) and cervical cancer screening with pap smears (33%).

Research conducted by Kilic et al., (2019), found that most women with disabilities did not participate in screening, but went to health services because of problems or symptoms of reproductive health problems. Other studies have shown that women with disabilities are less likely to undergo screening than women without disabilities. If they do not experience symptoms, they will not screen for reproductive health problems (Drew and Short, 2010; Wisdom et al., 2010; Angus et al., 2012).

CONCLUSION

Knowledge of women of childbearing age with disabilities related to reproductive health is still low. Respondents have a positive attitude towards reproductive health and how to care for reproductive organs. The majority

of respondents have good behavior towards reproductive health, how to care for reproductive health organs, and prevention of reproductive health problems.

It is hoped that the role of families and spouses of persons with disabilities is expected to assist access to reproductive health services and provide information on reproductive health. In addition, efforts are needed from the government, especially the Denpasar City Health Office to hold regular socialization on reproductive health, as well as special services for screening reproductive health problems for persons with disabilities. Further research is needed on reproductive health in women with disabilities.

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TABLES

Table 1. Description of Respondents' Characteristics of Reproductive Health Behavior of WUS with Physical Disabilities in Denpasar City in 2020

Respondents Characteristics	Behavior		Total (%)	p
	Good (%)	Poor (%)		
Type of Disabilities				
Physically Disabled	4 (21.05)	15 (78.95)	19 (100.00)	0.2325
Blind	6 (28.57)	15 (71.43)	21 (100.00)	
Hearing Impaired	11 (45.83)	13 (54.17)	24 (100.00)	
Speech Impaired	0	2 (100.00)	2 (100.00)	
Age				
25-34	3 (30.00)	7 (70.00)	10 (100.00)	0.8934
35-44	5 (29.41)	12 (70.59)	17 (100.00)	
45-49	13 (33.33)	26 (66.67)	39 (100.00)	
Number of Children				
None	2 (18.18)	9 (81.82)	11 (100.00)	0.2875
One	4 (25.00)	12 (75.00)	16 (100.00)	
Two	9 (39.13)	14 (60.87)	23 (100.00)	
More than two	6 (37.50)	10 (62.50)	16 (100.00)	
Educational Background				
Uneducated	1 (14.29)	6 (85.71)	7 (100.00)	0.2922
Primary School	8 (36.36)	14 (63.64)	22 (100.00)	
Junior High School	8 (38.10)	13 (61.90)	21 (100.00)	
Senior High School	2 (22.22)	7 (77.78)	9 (100.00)	
Diploma	0	2 (100.00)	2 (100.00)	
Bachelor	2 (40.00)	3 (60.00)	5 (100.00)	
Occupational Status				
Employed	15 (32.61)	31 (67.39)	46 (100.00)	0.8344
Unemployed	6 (30.00)	14 (70.00)	20 (100.00)	

Table 2. Overview of Knowledge Distribution and Attitudes towards Reproductive Health Behavior of WUS with Physical Disabilities in Denpasar City in 2020

Variable	Behavior		Total (%)	p
	Good (%)	Poor (%)		
Knowledge				
Good	15 (57.69)	11 (42.31)	26 (100.00)	0.0003
Average	5 (33.33)	10 (66.67)	15 (100.00)	
Poor	1 (4.00)	24 (96.00)	25 (100.00)	
Attitude				
Positive	20 (43.48)	26 (56.52)	46 (100.00)	0.0020
Negative	1 (5.00)	19 (95.00)	20 (100.00)	