



ORIGINAL ARTICLE

Knowledge of people with visual impairment about contraceptives: an exploratory study

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ABSTRACT

BACKGROUND

Knowledge and information about contraceptives are key factors for the protection of reproductive health. Evidence from various parts of the world reveal that women with disabilities are facing widespread barriers in accessing public services. The aim of the study was to determine the knowledge of visually impaired people about contraceptives in relation to gender and level of education.

METHODS

A cross-sectional study involving 32 visually impaired people of whom 12 (37.5 %) were male and 20 (62.5%) were female between the ages of 20 and 30 years. Part of the Illustrative Questionnaire for Interviews - Surveys with Young People was used to assess knowledge about contraceptives. Chi-square tests were used to analyse the data.

RESULTS

Respondents with visual impairment were familiar with contraceptives. They believe that condoms and birth control pills are the most effective means of protection against unintended pregnancy. With regard to the perception of the effectiveness of contraceptives, there are statistically significant differences by gender ($p=0.011$) only for abstinence as an effective contraceptive. Differences by level of education were found in the responses to the two statements "The condom is an effective means of contraception" ($p=0.022$) and "Condoms are only used in casual relationships, not in long-term relationships and marriage" ($p=0.048$).

CONCLUSION

Although the visually impaired respondents showed that they have some knowledge about contraceptives, it is necessary to consistently organize additional education and provide information about reproductive health in an accessible form.

Keywords: Contraceptives, visual impairment, reproductive health, sexuality education

INTRODUCTION

Contraceptives are a preventive measure to avoid unwanted pregnancies and sexually transmitted diseases. The methods and means of contraception are generally divided into modern and traditional. Modern means and methods include condoms, contraceptive pills, IUDs, hormone injections and implants, diaphragms and local chemical agents, e.g. antispermicidal foam, as well as female and male sterilisation. Traditional contraceptive methods include abstinence and interrupted sexual intercourse.^(1,2) The condom is the most effective and best-known means of protection against sexually transmitted diseases and unwanted pregnancy.^(3,4)

Research on the reproductive health of people with developmental disabilities is mostly limited due to the sensitivity of the topic and the difficulties associated with conducting it, such as difficult communication, difficult data collection and researchers' reluctance to use alternative means of communication.⁽⁵⁾ The knowledge and awareness of people with developmental disabilities regarding contraceptives has rarely been the subject of research, and the samples have mostly been women from underdeveloped countries.⁽⁶⁻⁸⁾ There are very few studies on people with visual impairments and people with intellectual disabilities.⁽⁸⁻¹¹⁾

The Döner study⁽¹²⁾ showed that subjects with visual impairment were informed about all areas of sexual and reproductive health studied. However, other studies reported insufficient knowledge regarding reproductive health management,⁽¹³⁾ particularly in certain areas about sexually transmitted diseases and protection methods, menstrual cycle and hygiene, contraception and prevention of sexually transmitted diseases.^(6,14,15)

Insufficient information and knowledge about contraceptives in the population of persons with developmental disabilities is related to numerous factors, such as communication barriers, stereotypes and prejudices, the unavailability of information about contraceptives and their health consequences, and ways to prevent unintended pregnancies.^(8,10,11,16,17) The lack of information material in Braille, large print or audio format, the inability of health personnel to provide adequate information and the lack of content in school programmes make it particularly difficult for people with visual impairments to

achieve equal health status in the area of reproductive health.⁽¹⁷⁻¹⁹⁾

Previous research on the knowledge of people with visual impairments regarding reproductive health has produced mixed results. Some studies show that these individuals have some knowledge about contraceptives and sexually transmitted diseases, particularly condoms.^(12,20,21) In contrast, other studies indicate insufficient awareness of contraceptive methods, limited access to reproductive health information, and the presence of misconceptions about reproductive health and contraception.^(6,11,13,16) Some findings also suggest that the level of education and the availability of adapted information materials significantly influence the knowledge of people with developmental disabilities about reproductive health.^(8,17,18) Most previous research has focused on general aspects of reproductive health, or the availability of health services, while few studies have specifically analysed knowledge about contraception among people with visual impairments. Furthermore, differences in knowledge about contraceptives^(6-11,17,18) in relation to gender and level of education within this population have rarely been examined. These inconsistencies in previous studies may be explained by differences in cultural and social context, availability of sexuality education, accessibility of information, and research methodology. The present research study provides a more detailed insight into knowledge of specific contraceptive methods and information about the use of condoms as a basic method of reproductive health protection. The aim of this study was to determine the level of knowledge about contraception among people with visual impairment, and to examine whether differences exist in knowledge and attitudes towards contraceptive methods based on the gender and level of education of the respondents. In addition, our study aimed to assess respondents' awareness of condom use and their attitudes regarding responsibility for contraceptive use.

METHODS

Research design

This cross-sectional study was conducted among people with visual impairment who were initially members of associations of the blind in Belgrade, Republic of Serbia. Participants were recruited through local branches of these associations, which provide community-based

support and services for people with visual impairment. The study was carried out in cooperation with the above-mentioned associations, and data were collected from their members through organised contact with eligible respondents. Participants were also invited to share information about the study with acquaintances with visual impairment who met the inclusion criteria, enabling additional recruitment through personal networks.

Data were collected in May 2020 using an online questionnaire created on the Google Forms platform. The questionnaire link was distributed to potential respondents by e-mail. Participation in the study was voluntary and anonymous. The data used in this paper form part of a broader study conducted for the master's thesis entitled "Visually impaired people's knowledge of reproductive health and opinions on the accessibility of health services".

Study subjects

The broader study included 50 respondents with visual impairment aged 20 to 40 years. For the present analysis, only respondents aged 20 to 30 years were included ($n = 32$). This age range was selected to create a more homogeneous analytical sample and minimise the potential influence of age-related differences on the examined variables; therefore, respondents older than 30 years were excluded.

A non-probability consecutive sampling approach was used, based on the availability of eligible respondents during the data collection period. As no formal a priori sample size calculation was conducted, the findings should be regarded as exploratory and interpreted with caution regarding their generalisability.

The inclusion criteria were visual impairment, age between 20 and 30 years, the ability to complete the questionnaire independently, and voluntary consent to participate. Exclusion criteria included the presence of an additional disability or condition that could interfere with the respondent's ability to understand the questionnaire items or provide reliable answers, such as intellectual disability, severe cognitive impairment, or communication difficulties unrelated to visual impairment. Incomplete questionnaires were also an exclusion criteria.

Measurements

The survey used a questionnaire to collect the socio-demographic data of the respondents and part of the Illustrative Questionnaire for Interview-Surveys with Young People⁽²²⁾, namely four items from the section on *Knowledge of contraceptive use* and one item from the section on *Knowledge and attitudes towards condoms*. For the first question, "Do you know what contraceptives are used for?", respondents could choose "yes" or "no", and for the second question, "What are contraceptives used for?", they were asked to write down the answer, which was divided into two categories during data processing. The third question was about the effectiveness of contraceptives and respondents could tick one or more of the seven answers provided. For the questions on information about condoms and responsibility for obtaining contraceptives, they could choose one of the answers offered ("true", "false" or "don't know" as well as "male responsibility", "female responsibility" and "shared responsibility").

Study outcomes

The primary aim of the research was to assess the level of knowledge about contraceptives among visually impaired people. The analysis covered understanding the basic purpose of contraceptives, recognising the effectiveness of different methods in preventing unwanted pregnancy, and being informed about the correct use of condoms and their role in protecting against sexually transmitted diseases. Special attention was given to responses concerning condoms as the most commonly used means of protecting reproductive health, including evaluation of their effectiveness, the possibility of repeated use, application in different partner relationships, and potential problems during use. The research also examined differences in knowledge about contraceptive methods in relation to gender and level of education among subjects with visual impairment.

Statistical analysis

Data were analysed and processed using a package for statistical data processing in the social sciences and humanities (SPSS for Windows, version 25.0). Descriptive statistics were used to show the basic characteristics of the sample, and the chi-square test was used to determine the statistical significance of the differences between the groups ($p < 0.05$).

Ethical clearance

Approval for the study was obtained from the Department of Visual Impairments at the Faculty of Special Education and Rehabilitation, University of Belgrade (Decision No. [6/42], filed on 5 May 2020).

The paper is part of the research titled “Visually impaired people's knowledge of reproductive health and opinions on the accessibility of health services”. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study. All data was anonymised and no identifying details were included within the report. The authors declare that records were kept responsibly and data were properly managed. A standard for data labelling was established, and encryption details included information on data generation, format, access, and responsible parties. Data were password-protected and stored securely with identification for access and retrieval. Respondents' identities were kept confidential, and names were replaced with coded identifiers.

RESULTS

The sample included 32 visually impaired respondents aged between 20 and 30, of whom 12 (37.5 %) were male. In terms of educational level, 13 respondents (40.6%) belonged to the lower educational level category, having completed primary school (3.1%) or secondary school (37.5%), while 19 respondents (59.4%) had a higher educational level, having completed undergraduate (9.4%), master's (34.4%), or doctoral studies (15.6%). The distribution of selected socio-demographic characteristics of respondents is shown in Table 1.

The research results are presented according to the order and content of the items applied. A positive answer to the first question (*Do you know what contraceptives are for?*) means that all respondents know what contraceptives are used for. The answer to the second question included the request to indicate what these means are used for. 15 respondents answered to prevent pregnancy and 11 added that they also play a role in protecting against sexually transmitted diseases.

Table 1. The distribution of selected socio-demographic characteristics of respondents (n=32)

Socio-demographic characteristics	n (%)
Age group (20-30 years)	32 (100)
Gender	
Male	12 (37.5)
Female	20 (62.5)
Educational level	
Lower education level	13 (40.6)
Primary school	1 (3.1)
Secondary school	12 (37.5)
Higher education level	19 (59.4)
Undergraduate studies	3 (9.4)
Masters studies	11 (34.4)
Doctoral studies	5 (15.6)

Note : data presented as n (%)

Table 2 shows the distribution of respondents with visual impairment in terms of their knowledge of the effectiveness of certain contraceptives in protecting against unintended pregnancy. When analysing the differences in relation to the two selected variables, a statistically significant difference by gender was only found for the choice of abstinence as an effective contraceptive ($p=0.011$). There were no statistically significant differences by gender for other methods and means ($p>0.05$). In terms of education level, a difference was found in the number of respondents who reported it as a known contraceptive (16 respondents with higher education and 7 with lower education). Although the difference is not statistically significant ($p=0.061$), the result is close to the significance threshold, which could indicate that people with higher education are more likely to know or mention the contraceptive pill as a contraceptive.

Knowledge of condoms as the most widely used means of reproductive health protection^(3,4) was analysed in relation to the gender (Table 3) and level of education (Table 4) of respondents with visual impairment. The analysis includes the number of correct answers (in bold in the Tables). Differences based on gender were not statistically significant, while significant differences based on education level were found for statement one (*Condoms are an effective means of pregnancy prevention*) ($p=0.022$) and statement four (*Condoms are only used in casual relationships, not in long-term relationships and marriage*) ($p=0.048$).

Table 2. Knowledge of respondents with visual impairment about the effectiveness of contraceptives by gender and education level (n=32)

	Gender			Education level		
	Male (n = 12)	Female (n = 20)	p value	Lower (n = 13)	Higher (n = 19)	p value
A condom						
Yes	9	13	0.555	7	15	0.132
No	3	7		6	4	
Contraceptive pills						
Yes	8	15	0.612	7	16	0.061
No	4	5		6	3	
Emergency contraception						
Yes	6	10	1.000	5	11	0.280
No	6	10		8	8	
Abstinence						
Yes	6	2	0.011	2	6	0.299
No	6	18		11	13	
Interruption of sexual intercourse						
Yes	3	7	0.555	2	8	0.109
No	9	13		11	11	

Table 3. Respondents' awareness of condoms by gender

Claim		Male (n=12)	Female (n=20)	p value
A condom is an effective means of preventing pregnancy	NT	0	0	0.399
	T	10	14	
	DK	2	6	
A condom is an effective means of protection against sexually transmitted diseases.	NT	1	2	0.837
	T	10	15	
	DK	1	3	
The condom can be used more than once	NT	12	17	0.370
	T	0	2	
	DK	0	1	
Condoms are only used in casual relationships, not in long-term marriages	NT	8	12	0.852
	T	3	5	
	DK	1	3	
The man is responsible for procuring condoms	NT	5	8	0.917
	T	6	11	
	DK	1	1	
A condom can break during sexual intercourse	NT	2	0	0.077
	T	10	17	
	DK	0	3	
The condom can fall off during sexual intercourse	NT	3	2	0.370
	T	7	11	
	DK	2	7	

*correct answers – bold; NT – Not true; T – True; DK – Don't know

The last question of the instrument used was related to responsibility for the use of contraceptives. The majority of respondents of both sexes (11 women and 16 men) believe that this should be a shared responsibility. The same

distribution was found in relation to education level. Statistical significance does not exist for either variable (related to gender: $p=0.511$; related to education level: $p=0.933$).

Table 4. Respondents' awareness of condoms by education level (n=32)

Claim		Lower (n=13)	Higher (n=19)	p value
A condom is an effective means of preventing pregnancy	NT	0	0	0.022
	T	7	17	
	DK	6	2	
A condom is an effective means of protection against sexually transmitted diseases	NT	1	2	0.898
	T	10	15	
	DK	2	2	
The condom can be used more than once	NT	11	18	0.158
	T	2	0	
	DK	0	1	
Condoms are only used in casual relationships, not in long-term marriages	NT	5	15	0.048
	T	6	2	
	DK	2	2	
The man is responsible for procuring condoms	NT	5	8	0.951
	T	7	10	
	DK	1	1	
A condom can break during sexual intercourse	NT	0	2	0.331
	T	11	16	
	DK	2	1	
The condom can fall off during sexual intercourse	NT	1	4	0.149
	T	6	12	
	DK	6	3	

* correct answers – **bold**; NT – Not true; T – True; DK – Don't know

DISCUSSION

The results of this study show that respondents with visual impairment are in most cases familiar with the basic function of contraceptives. For example, 15 respondents believe that the main purpose of contraceptives is to prevent unintended pregnancy, while 11 respondents also recognise their role in protecting reproductive health. A satisfactory level of knowledge about contraceptives was found, which is consistent with the Döner study.⁽¹²⁾ These findings are important because knowledge of the consequences of risky sexual behaviour, unintended pregnancy, sexually transmitted diseases, and modern contraceptive methods is a key prerequisite for making informed decisions and preserving reproductive health.^(13,17) Furthermore, a higher level of contraceptive knowledge was found among respondents with a higher level of education, which is partly consistent with previous research.⁽²³⁾

Several previous studies have concluded that people with visual impairment consider condoms and the contraceptive pill to be the most effective means of preventing unintended pregnancy,^(4,20,21) which was also confirmed in this study. The respondents' knowledge of condoms, especially

those with a higher level of education, is in line with the results of recent studies.^(18,24)

Although most differences in terms of information about specific contraceptive methods are not statistically significant, there is a tendency for respondents with a higher level of education to mention more modern and medically complex protection methods more frequently, such as the contraceptive pill and emergency contraception. This suggests that education may play a role in shaping knowledge and attitudes towards reproductive health and awareness of hormonal contraceptive methods, as these are more complex to understand and require more medical knowledge than, for example, condoms or abstinence.

One-third of male respondents in our sample reported that abstinence and interruption of intercourse are effective methods to avoid pregnancy, which is consistent with data from other studies.^(6,25) The lack of familiarity with contraceptive methods⁽¹¹⁾ and the lack of information on various elements of sexual health can be related to sex education taking a back seat to priorities related to the general health and well-being of children and adolescents.⁽²⁶⁾

The fact that the majority of respondents with visual impairment believe that responsibility for

contraception should be shared can suggest that the gender taboo against contraception is slowly becoming a thing of the past in this population⁽²⁵⁾ and that awareness of reproductive health protection is becoming more widespread. The integration of sexual education into national programmes should become a practice that develops positive attitudes towards sexuality among people with disabilities, parents and the environment, and promotes the possibility of choosing contraceptive methods and reproductive health protection.^(4,27)

This study has several limitations that should be considered when interpreting the results. Firstly, the research was conducted on a relatively small sample of respondents with visual impairment, which may limit the generalisability of the findings to the wider population of people with visual impairment in the Republic of Serbia. In addition, a convenience sample and an online method of data collection were used, so individuals without Internet access or who do not use e-mail could not be included in the research. Furthermore, the data are based on the self-assessment of the respondents, which may affect the subjectivity of the responses and the possibility of providing socially desirable answers. Nevertheless, despite these limitations, the research findings have significant practical and clinical implications. The results indicate the need to improve sexual education for people with visual impairment, particularly through the provision of accessible educational materials in adapted formats, such as Braille, audio materials, and digitally accessible content. The findings also indirectly highlight the importance of educating healthcare workers about the specific needs of visually impaired people in the field of reproductive health. Improving the availability of information and health services can contribute to better knowledge, more responsible decision-making, and the preservation of the reproductive health of people with visual impairment.

For future research, it is recommended to extend the analysis to other socio-demographic factors in a larger sample in order to obtain a more comprehensive picture of their influence on the knowledge, attitudes and behaviour of people with visual impairment in relation to contraception.

CONCLUSIONS

The results of the study show that people with visual impairments have some knowledge about

contraceptives, with respondents with a higher level of education having a higher level of information. Although most of the observed differences in knowledge and attitudes towards contraceptive methods were not statistically significant in relation to the gender and education level of the respondents, it can be concluded that respondents with higher education tend to be more knowledgeable and more likely to mention more modern protection methods such as the contraceptive pill and emergency contraception. The naming of condoms as a basic means of protection is consistent with existing data from the literature.

An important finding of the study concerns attitudes towards shared responsibility in relation to contraception. This can be interpreted as a positive step towards gender equality and shared decision-making in relation to reproductive health. The results indicate the importance of developing a sexual education programme that can contribute to better information and a more responsible approach to reproductive health protection, especially among people with a lower level of education.

Conflict of Interest

The authors declare no conflicts of interest.

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Authors' Contributions

DSD, BJ and VV: Conceptualization; DSD and BJ: Methodology; DSD: Formal analysis and investigation; DSD and BJ: Writing - original draft preparation; BJ and VV: Writing - review and editing; DSD, IOI and VM: Resources; BJ and VV: Supervision. All authors have read and approved the final manuscript.

Data Availability Statement

No data were generated, so data sharing is not applicable.

Declaration of AI Usage in Scientific Writing

The authors state that AI tools were used solely for grammar and language verification during the production of this manuscript. No artificial intelligence tools were used for data analysis, interpretation, or the derivation of scientific conclusions.

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