

Protecting and improving the nation's health

Health inequalities: Sexual health

Introduction

There is limited evidence concerning the sexual health of people with learning disabilities. The right to a sex life is enshrined in legislation but often people with learning disabilities face barriers due to concerns around the ability to consent, vulnerability and the possibility of exploitation¹.

Prevalence

There is little information available estimating the prevalence of sexual health issues amongst people with learning disabilities. While rates of cervical screening are low for women with learning disabilities compared to the general population², usage of long-acting reversible contraception is high amongst women with learning disabilities using contraception³ ⁴.

Impact on people with learning disabilities

Sexuality remains an area where freedoms may be limited compared to other disabled people or the general population. This may in part be due to concerns from families and carers about vulnerability to exploitation, sexually transmitted diseases, and pregnancy⁵, but may also reflect societal stigma and possible infantilising attitudes towards people with intellectual disabilities⁶ ⁷.

However, an analysis of the nationally representative longitudinal Next Steps study suggests that young people with mild to moderate learning disabilities were as likely to have had sexual intercourse by the age of 19/20 as their peers from the general population. However, young people with mild to moderate learning disabilities were more likely to practice unsafe sex compared to young people from the general population. Young women with mild to moderate learning disabilities were more likely to have been pregnant or be a mother⁸.

Risk factors

It is acknowledged that sex education is important to combat myths around sex and to promote safe sex. However, a study of mothers of adolescents with intellectual disabilities found that they discussed fewer sexual topics, started these discussions

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at a later age and expressed more concerns about sexual vulnerability than mothers of other adolescents. Withholding information from their adolescent children was felt by families to be in their best interests to protect them from possible exploitation. They also reported that their children did not have the same sexual desires as other young people of their age and were uninterested in forming sexual relationships. This was particularly true for mothers of girls who they felt to be particularly vulnerable, presumably due to the risk of pregnancy⁹.

Healthcare and treatment

An audit of sexual health clinics in Northern Ireland reported that clinics were very poorly prepared to deal with people with developmental or learning disabilities, with few clinics providing specific services to people with learning disabilities¹⁰.

Medication such as contraception may be prescribed for reasons other than to prevent pregnancy (for example, to prevent menstruation or lessen period pains) and therefore cannot be used as an indicator of sexual activity. For example, young women with learning disabilities without menstruation problems and who are not sexually active are likely to be prescribed long-acting reversible contraception, and decisions about such contraception are less likely to be taken by the women themselves¹¹.

There appears to be no available evidence specifically concerning the provision of reasonable adjustments relating to sexual health for people with learning disabilities, such as easy read sexual health information, longer appointments etc.

Social determinants

Barriers to pursuing a sexual relationship for people with learning disabilities include restrictive rules from housing providers, commissioners or social workers¹¹. These include both practical issues such as only providing single beds as well as rules aimed at preventing sexual contact e.g. no overnight guests. Issues relating to stigma are also highly relevant to LBGTQ people with learning disabilities, although evidence beyond exploratory research is lacking¹².

Resources

Choice Support. <u>Supported Loving resources</u> Mencap Sexuality and relationships resources Health inequalities: Sexual health

References

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- ⁶ Evans DS, McGuire BE, Healy E, Carley SN. Sexuality and personal relationships for people with an intellectual disability. Part II: staff and family carer perspectives. Journal of Intellectual Disability Research 2009, 53(11):913-921
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- ¹¹ Bates C, Terry L, and Popple K. (2017) Supporting people with learning disabilities to make and maintain intimate relationships. Tizard Learning Disability Review, 22(1), 16-23
- ¹² Wilson NJ, Macdonald J, Hayman B, and others. (2018) A narrative review of the literature about people with intellectual disability who identify as lesbian, gay, bisexual, transgender, intersex or questioning. Journal of Intellectual Disabilities, 22(2), 171-196

¹ Department of Health (2001) <u>Valuing People A New Strategy for Learning Disability</u> <u>for the 21st Century</u>

² NHS Digital (2019) <u>Health and Care of People with Learning Disabilities:</u> Experimental Statistics: 2017 to 2018

³ Ledger S and others. Contraceptive decision-making and women with learning disabilities. Sexualities, 2016. 19(5-6): p. 698-724

⁴ NHS Digital (2014) NHS Contraceptive Services, England - 2013-14, Community contraceptive clinics