Public Health England

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Health inequalities: Contraception

Introduction

There are a range of contraceptive methods available to women which include long-acting reversible contraception (LARC) – implants and intra-uterine devices – and those that are user-dependent which include hormonal methods, such as the injection or pills, and non-hormonal (mainly barrier) methods.

Prevalence and risk factors

There does not appear to be any data regarding the proportion of women with learning disabilities in the UK who use contraception. For those who do use contraception, it has been noted that women with learning disabilities have markedly different patterns of contraceptive use to women in the general population with significantly greater use of non-barrier methods such as depot injection, oral contraceptive, intrauterine device or sterilisation[1] [2].

A small-scale survey found the most widely used form of contraception was:

- contraceptive implant (46%)[3]
- combined (oestrogen and progesterone) contraceptive pill (24%)[3]
- progesterone only contraceptive pill (7%)[3]

In the general population, oral contraceptives are the most common form of contraception in use (47%) and the male condom second most common (18.2%)[4].

The use of LARCs has been slowly increasing in the general population, with implants being the most common LARC (12.9%)[4]. For those with severe or profound learning disabilities contraception was prescribed at an earlier age (38% prior to age 16 compared to 7% of those with mild or moderate learning disabilities), with management of menstruation being the most common reason for the introduction of contraception (50%) compared to 13% amongst women with mild or moderate levels of learning disability[3].

Impact on people with learning disabilities

Women with learning disabilities may be prescribed contraception even when they are not sexually active or are past child bearing age[1]. A study of 9 UK women with learning disabilities who had been sterilised for contraceptive purposes found that none were reported to have been sexually active during a 20 year follow up period[5].

Contraceptives may be prescribed to women with learning disabilities who are not sexually active 'just in case' or to manage menstruation[3]. GPs may prescribe depot medroxyprogesterone acetate (DMPA or Depo-Provera®) due to concerns that women with learning disabilities may not be reliable users of methods which rely on the user such as the pill[6]. As noted above, for those with severe or profound learning disabilities management of menstruation was the most common reason for the introduction of contraception[3]. No long-term strategies exist to completely suppress menstruation without the possibility of adverse consequences[7]. For example, Depo-Provera® reduces bone mineral density and causes weight gain[8]. This may be a particular concern in relation to bone mineral density when Depo-Provera® is prescribed at a young age[6].

The intrauterine system is highly successful in terms of suppression or at least significant reduction in menstruation. However, it can be an uncomfortable procedure and for someone who is not sexually active requires insertion under a general anaesthetic. The combined pill can also be used to reduce menstrual flow over several months at a time but not entirely.

Healthcare and treatment

Evidence suggests that women with learning disabilities are not given sufficient information and are not fully involved in decisions about contraception[1 3 9 10], with the decision to take contraception being made for them[3]. Women with learning disabilities may not be given information about contraception choices in an accessible format[1].

Social determinants

Socioeconomic determinants of contraceptive use in women in the UK include area disadvantage being associated with a decreased likelihood of contraception use[11] and increasing area deprivation being associated with increasing LARC prescription[12]. However, we are not aware of any evidence regarding how social determinants may impact on the use of contraception in women with learning disabilities.

Resources

Mencap Sexuality and relationships resources

References

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