

# Provision of Moderately and Highly Effective Reversible Contraception to Insured Women with Intellectual and Developmental Disabilities

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## Overview:

Women with intellectual and developmental disabilities (IDD) are less likely to be provided moderately and highly effective reversible contraceptives than women without intellectual and developmental disabilities.

## Policy Implications:



Improve medical education and training on reproductive health and contraceptive care procedures for women with IDD



Ensure that women have access to contraceptive care in states whose Medicaid and Medicare programs do not offer contraception coverage



Increase awareness of reproductive health of women with IDD among caregivers and families to address social attitudes that prevent women with IDD from getting the support they need



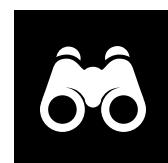
Support more research on the needs of women with IDD receiving Medicare or Medicaid, taking into account ethnicity, race, age, and sexual orientation

## Study Objective:



### examine

the disparities in provision of moderately and highly effective reversible contraceptives among women based on intellectual and developmental disability status.



### explore

whether women with intellectual and developmental disabilities in Massachusetts were more or less likely to receive moderately and highly effective contraceptives than their counterparts without IDD.

# Introduction

The current understanding of reproductive health for women with disabilities is limited by barriers that include pervasive stigma and stereotypes that all women with disabilities are nonsexual and/or uninterested in reproduction. This attitude among caregivers and professionals contributes to the systemic resistance to autonomy that women with disabilities experience in other areas of their lives and prevents access to resources to enable informed self-directed decisions about reproductive health. Studies have shown that women with disabilities experience pregnancy at the same proportion as women without disabilities. Additionally, evidence from research shows that women with disabilities report similar or greater odds of sexual activity than women without disabilities.

Women with disabilities are also more likely to have unintended pregnancies than women without disabilities, furthering the need to better understand accessible contraceptive care for women with disabilities. Among this subset of the population, few studies address contraceptive care for women with intellectual and developmental disabilities.

This brief provides an overview of the research on moderate and highly effective reversible contraception to women with intellectual and developmental disabilities that reveals significant disparities, specific barriers experienced by this subgroup, and considers impact on policy that these results may have.

## Sample

Massachusetts women age 15–44 years who are not medically or surgically sterile enrolled in private or public health insurance in 2012. (n = 915,561)

## Barriers to Receiving Long-Acting Reversible Contraception (LARC) among Women with IDD



Lack of training and knowledge among providers working with women with IDD and providing them access to LARC



Lack of autonomy over reproductive and other health decisions among women with IDD



Lack of accessible information about contraception



Social stigma and assumptions that women with IDD are non-sexual beings or uninterested in parenting

## Dataset

Massachusetts All-Payer Claims Database. We included women between the ages of 15–44 years, with and without intellectual and developmental disabilities continuously enrolled in a private or public health insurance plan in 2012.

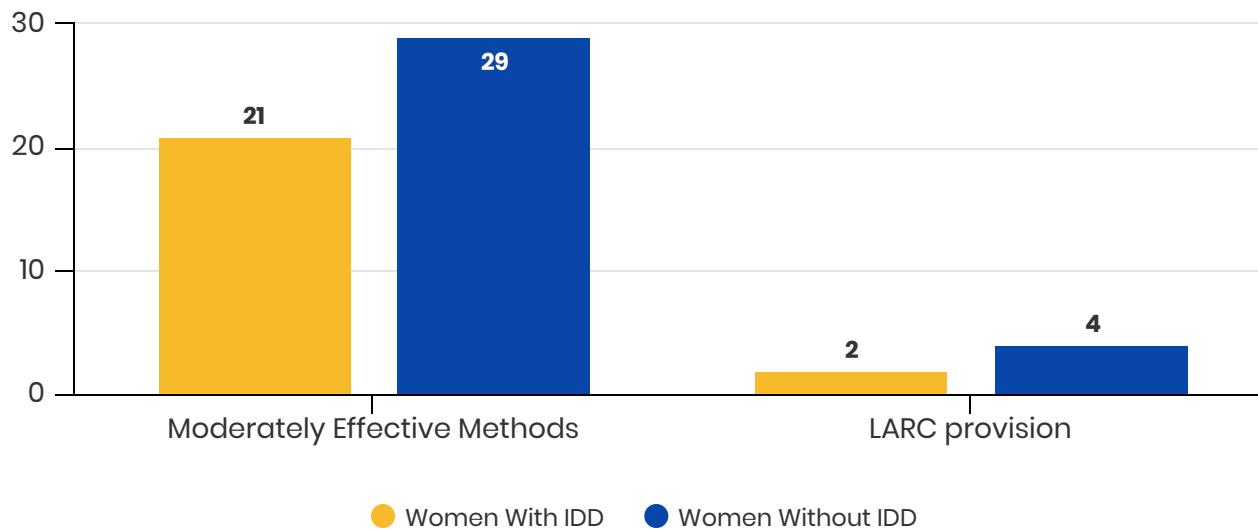


## Key Findings

Based on intellectual and developmental disability status, provision of contraception among women varies:

- Women with intellectual and developmental disabilities (IDD) who are provided contraception are more likely to be provided a moderately effective method than a long-acting reversible contraception option (21% vs 4%)
- Compared to women without IDD, only half of women with IDD are provided long-acting reversible contraception (LARC) (2% vs 4%)
- Women with IDD are provided moderately effective contraception less frequently than women without IDD (21.2% vs 29.9%)
- Women with IDD who are provided moderately effective reversible contraception were provided the progestin shot more often than women without IDD (14.7% vs 4.3%)

### Provision of LARC vs Moderately Effective Methods among Women by IDD Status, Percent



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