Preconception Health Risks among Women with Disabilities

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Overview

In the first study to consider race in examining the preconception health of women with disabilities, we used nationally representative population-based survey data to compare the frequency of health risk factors among disabled and nondisabled women who were not pregnant. Survey respondents were between the ages of 18 and 44 and belonged to different ethnic and racial groups. Preconception risk factors included asthma, physical inactivity, diabetes, and social isolation, as well as smoking and drinking.

We found that women with disabilities in every ethnic and racial group were significantly more likely to face these risks than their peers without disabilities. These disparities were compounded for Black women with disabilities, who were more likely to encounter preconception health risks than disabled women of other races or nondisabled Black women.

Introduction

About 12 to 18 percent of women of reproductive age in the United States have disabilities that affect their hearing, vision, mobility, cognition, self-care, and ability to live independently (Horner-Johnson et al., 2016; Mitra et al., 2016). Women with disabilities are more likely than women without disabilities to experience complications during pregnancy and poor birth outcomes (Akobirshoev et al., 2017). Moreover, women of color are at a higher risk of pregnancy complications and poor birth outcomes compared with non-Hispanic white women (Admon et al., 2018).

Women of color with disabilities experience both racism and ableism; their combined influences may magnify threats to their health (Bailey et al., 2017). Avoidable preconception health risks—for example, alcohol, tobacco, physical inactivity, and social isolation—may also contribute to disparities in pregnancy and birth outcomes.

In all racial and ethnic groups, women with disabilities reported more preconception risk factors, including limited education, poor health, and chronic illnesses, than women without disabilities. Compared with nondisabled women, women with disabilities of all races and ethnicities

were more likely to have dropped out of high school. Disabled respondents said that they were in poor or fair health—as opposed to excellent, very good, or good health—more frequently than nondisabled respondents. They also reported more frequent mental distress. Women with disabilities were more likely to have chronic conditions such as asthma and diabetes, too.

Nondisabled women, in contrast, were more likely to have visited a dentist in the past year than women with disabilities. For the remaining risk factors, such as not having health insurance or a checkup in the past year, women with disabilities were generally at greater risk than their nondisabled peers, but these differences were not statistically significant.

Our findings also suggested that race and disability combined may exacerbate these disparities among Black women with disabilities; for example, Black disabled women were less physically active than nondisabled Black women or white disabled women.

Sample Characteristics

- 5,940 non-Hispanic white women with disabilities (and 32,002 white women without disabilities)
- 1,185 non-Hispanic Black women with disabilities (and 5,477 Black women without disabilities)
- 1,642 Hispanic women with disabilities (and 7,520 Hispanic women without disabilities)
- 933 women of other races with disabilities (and 4,618 women of other races without disabilities)

Implications

These findings emphasize the need for increased attention to the preconception health of women with disabilities, particularly women with disabilities in marginalized racial and ethnic groups. Unlike white women with disabilities, women of color with disabilities must contend with both racism and ableism. Regrettably, some clinicians believe that women with disabilities are asexual and cannot—or should not—have children. To improve preconception care for women with disabilities, clinicians must recognize and counter beliefs such as these.

Many of these risk factors involved decisions women made about their health; for example, many women with disabilities said that they smoked or drank regularly. People do not make decisions about their health in a vacuum. Poverty, trauma, discrimination, and other influences push them toward making choices that make sense to them in the moment. Women with disabilities had much lower incomes than their nondisabled counterparts; this was especially true for Black and Hispanic women with disabilities. Policymakers should address these social determinants of health by ensuring that women with disabilities can get nutritious food, exercise safely, and have enough money to take care of themselves and their families.

Methods

This study used data from the 2016 Behavioral Risk Factor Surveillance System (BRFSS) to compare health and health behaviors of 59,317 nonpregnant women with and without disabilities, ages 18-44. We compared health outcomes for women with and without disabilities within each of several race and ethnicity groups (non-Hispanic white, non-Hispanic Black, Hispanic, and other). We also investigated whether race or ethnicity and disability status combined to predict health outcomes by comparing non-Hispanic white women without disabilities—the reference group—with non-Hispanic white women with disabilities and women with and without disabilities in three other racial or ethnic groups (Hispanic, non-Hispanic Black, and women of other races).

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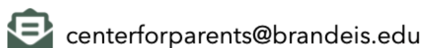

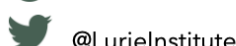

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