



# The Talk: Do Women with Cognitive Disabilities Get Enough Information about Contraception?

Eun Ha Namkung, Anne Valentine, Lee Warner,  
and Monika Mitra · August 2021

## Introduction

Young women with cognitive disabilities are less likely to receive formal sex education than their nondisabled counterparts, meaning that they may not know how to practice safer sex. For example, many women's first experience of sexual intercourse may be unprotected because they were never taught about contraception methods. Limited access to contraception, too, may lead to riskier sexual practices among women with cognitive disabilities.

This study examined . . .

- ▶ whether women with disabilities (including cognitive and noncognitive disabilities) received formal sexual education at the same rate as women without disabilities, and
- ▶ whether differences in sex education affected how women with and without disabilities used contraception.

Previous studies have found that reproductive-age women with cognitive or physical disabilities are less likely to use specific types of contraception, including intrauterine devices and implants, birth-control pills, and contraceptive patches. Women with cognitive disabilities are less likely to use any kind of contraception.

## Background

Disabled women have sex at similar rates to women without disabilities, and they start having sex at the same age—or somewhat earlier—than their nondisabled counterparts. But sexually active women with cognitive disabilities in their teens and twenties may not receive the same comprehensive sex education as women



National Research Center for Parents with Disabilities  
Parents Empowering Parents  
Padres Empoderando a Padres

Brandeis

THE HELLER SCHOOL  
FOR SOCIAL POLICY  
AND MANAGEMENT  
Lurie Institute for  
Disability Policy

without disabilities. As a result, women with cognitive disabilities may be less likely to know about topics like sexually transmitted diseases or consent.

Educators and healthcare professionals must teach young disabled people about safer sex—and reinforce their knowledge. They must also ensure that people with disabilities know how to find and use contraceptives and remove other obstacles to their practicing safer sex—for example, women with cognitive disabilities may not be able to afford birth control, and some medical professionals may wrongly assume that they do not or will not have sex.

## Findings

Compared with nondisabled women, young women with cognitive disabilities were less likely to learn about six formal sex-education topics: how to say no to sex, birth-control methods, where to get birth control, how to use a condom, and how to avoid HIV/AIDS, chlamydia, herpes, and other sexually transmitted infections. Women who received education on more topics were more likely to use contraception.

---

**One-tenth of women with cognitive disabilities said that their first experience of sexual intercourse was involuntary—but only one in 20 women without disabilities had nonconsensual first intercourse.**

---

We learned three more lessons from the study:

1. **Compared with nondisabled women, young women with cognitive disabilities were less likely to know how to refuse sex, use a condom, use birth control, or find birth control.** They were also less likely to know about sexually transmitted infections such as HIV/AIDS, herpes, and gonorrhea.
2. **When we included women whose first experience of sexual intercourse was nonconsensual, we found that women with cognitive disabilities were more likely to have been raped at first intercourse.** Here, too, we found a significant disparity between nondisabled women and women with cognitive disabilities: One-tenth of the women with cognitive disabilities said that their first experience of sexual intercourse was involuntary—but only one in 20 women without disabilities had nonconsensual first intercourse.

3. Women with cognitive disabilities were also likelier to **have intercourse at a younger age than women without disabilities**—and to have their first sexual intercourse outside a steady romantic relationship.

## Policy Implications

Formal sexual education from teachers, healthcare providers, and other professionals must become accessible and comprehensive for all students. Because young people with disabilities have sexual intercourse at earlier age and are more likely to be sexually assaulted, they may need to receive comprehensive sex education earlier than their peers. Learning about safer sex earlier may encourage them to use contraception. Researchers should also study other obstacles to using contraception—for example, difficulties finding or affording birth control or condoms, or medical providers with limited information about disability and sexual activity.

---

**Formal sexual education from teachers, healthcare providers, and other professionals must become accessible and comprehensive for all students.**

---

Women with disabilities are vulnerable to sexual assault, suggesting that comprehensive sex education may be particularly urgent.

Teachers of students with disabilities should collaborate with sexual-health experts so that they can teach their students about safer sex. School districts should also examine the sex education curriculum to make sure that it is appropriate and effective for all students with disabilities.

## Methods

Using the 2011–2017 National Survey of Family Growth, the study analyzed data on 2,861 women between the ages of 18 and 24, using three groups: cognitively disabled, disabled with noncognitive disabilities only, and nondisabled. Each woman selected for the study had experienced voluntary first sexual intercourse with a male. Survey participants had been asked the six standard questions from the U.S. Census Bureau to determine disability and whether they had formal sex education before first intercourse, divided into six instructional topics. Finally, participants were asked

whether they used a contraceptive at first intercourse. Out of the study, 80% of women had no disability, 14% had a cognitive disability, and 6% had a noncognitive disability.

## References

Breuner, C., Mattson, G., Adolescence, C., & Committee On Psychosocial Aspects Of Child And Family Health. (2016, August 01). Sexuality education for children and adolescents. *Pediatrics*, 138(2), e20161348. DOI:<https://doi.org/10.1542/peds.2016-1348>

## Credit

Adapted by the National Research Center for Parents with Disabilities from Namkung, E. H., Valentine, A., & Warner, L., & Mitra, M. (2021). Contraceptive use at first sexual intercourse among adolescent and young adult women with disabilities: The role of formal sex education. *Contraception*, 103(3), 178–184. <https://doi.org/10.1016/j.contraception.2020.12.007>





## Disclaimer and Funding Statement

The contents of this brief were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DPGE0001). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this brief do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the Federal Government.

### **How to Cite This Brief**

National Research Center for Parents with Disabilities (2021). The Talk: Do Women with Cognitive Disabilities Get Enough Information about Contraception? Brandeis University, Waltham, MA.

### **Contact Us**

-  [heller.brandeis.edu/parents-with-disabilities](https://heller.brandeis.edu/parents-with-disabilities)
-  [@NatRCPD](https://twitter.com/NatRCPD)
-  [facebook.com/nrcpd](https://facebook.com/nrcpd)
-  [centerforparents@brandeis.edu](mailto:centerforparents@brandeis.edu)