

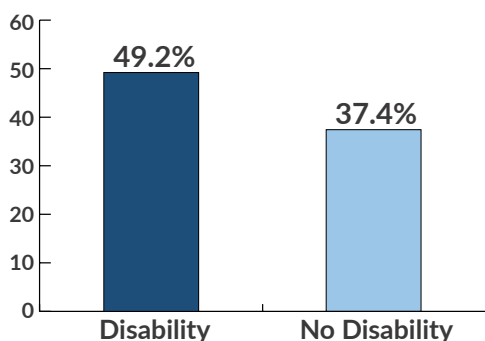
CONTRACEPTIVE USE AMONG High School Girls WITH DISABILITIES

Recent research among adults has found that women with disabilities are less likely than women without disabilities to use moderately or highly effective methods of reversible contraception.¹ Highly effective methods include intrauterine devices (IUD) and contraceptive implant (Nexplanon). Moderately effective methods include Depo Provera, birth control pills, contraceptive patch, and contraceptive ring. Less effective methods include condoms and withdrawal.²

We have found that, in Oregon, teens with disabilities are at least as likely to be sexually active as teens without disabilities.³ However little is known about contraceptive use among adolescents with disabilities. To learn more, we analyzed data from 11th grade girls who participated in the Oregon Healthy Teens Survey.⁴

Almost half (49%) of 11th grade girls with disabilities have had intercourse. In contrast, only 37% of 11th grade girls without disabilities have had intercourse (see Figure 1).

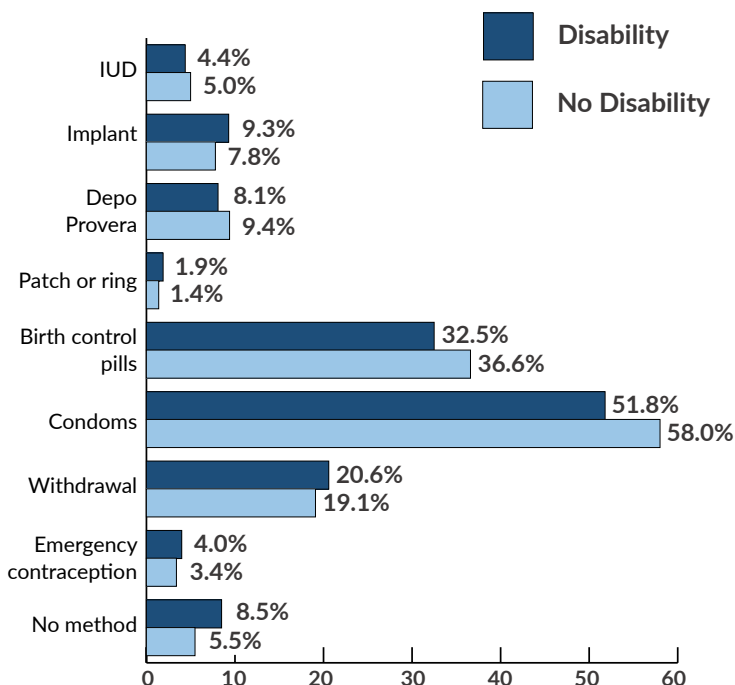
Figure 1: Percent of 11th grade girls with and without disabilities who have had intercourse^a



a. 2015 and 2017 Oregon Healthy Teens Survey data
b. Limited to girls who had sex with males, sample size=4,127

Among girls who had sex with males, those with and without disabilities were about equally likely to have used IUD, contraceptive implant, Depo Provera, patch or ring, withdrawal, or emergency contraception (morning after pill) the last time they had intercourse. However, girls with disabilities were less likely than girls without disabilities to have used birth control pills or condoms. Compared to girls without disabilities, those with disabilities were more likely to have used no method of contraception the last time they had intercourse (see Figure 2).

Figure 2: Percent of 11th grade girls who used different methods of contraception the last time they had intercourse^{a,b}



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Girls with disabilities may be at greater risk for teen pregnancy compared to girls without disabilities. Additionally, girls with disabilities risk greater exposure to sexually transmitted infections due to lower use of condoms. It is important for girls with disabilities to receive education and health care that addresses sexual activity, pregnancy, sexually transmitted infections, contraception, and safer sex practices.

Unfortunately, youth with disabilities often do not have access to sexual health education. The Multnomah County Health Department conducted a community needs assessment as part of the Sexual Health Equity for Individuals with Intellectual and Developmental Disabilities (SHEIDD) project. In the needs assessment, young people with intellectual and developmental disabilities (IDD) said they needed a lot more information about sexual relationships, pregnancy, and sexually transmitted infections.⁵ Parents and professionals supporting individuals with IDD said they need more training on how to discuss personal relationships, sexuality, and sexual health with the people they support.⁵ To help meet these needs, the SHEIDD project collaborated with the OHSU University Center of Excellence in Developmental Disabilities to create a Sexual Health Resource hub with information about sexual and reproductive rights, teaching tools, and community resources.

For resources on sexual health, please visit <https://www.ohsu.edu/university-center-excellence-development-disability/sexual-health-resources>

FOR MORE OODH DATA BRIEFS, VISIT:

[HTTPS://WWW.OHSU.EDU/XD/RESEARCH/CENTERS-INSTITUTES/OREGON-OFFICE-ON-DISABILITY-AND-HEALTH/DATA-STATISTICS/](https://www.ohsu.edu/xd/research/centers-institutes/oregon-office-on-disability-and-health/data-statistics/)

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