# Clinical guidance:  Contraception and people with disabilities

Committee on Sexual Health and Reproductive Health Rights

FASGO – AMADA

*MANAGEMENT*

Dr. Silvia Oizerovich – Gynecologist

Manager of Committee on Sexual Health and Reproductive Health Rights - FASGO

*MEMBERS*

Dr. Elina Cocio – Gynecologist (AMADA)

Dr. Florencia Kiguel – Gynecologist (Committee on Sexual Health and Reproductive Health Rights – FASGO – Chubut)

Dr. María Alejandra Martinez – Gynecologist (AMADA)

Dr. Graciela Ortiz – Gynecologist (Committee on Sexual Health and Reproductive Health Rights – FASGO – Rosario)

Dr. Daniela Rebelo – Gynecologist (Committee on Sexual Health and Reproductive Health Rights – FASGO – Catamarca)

Dr. Fabiana Reina – Gynecologist (Committee on Sexual Health and Reproductive Health Rights – FASGO – Tucuman)

*SUPPORTERS*

Lic. Carolina Buceta – Psychologist – (Network for the Rights of Persons with Disabilities (REDI))

Lic. Verónica Carolina Gonzalez Bonet – Journalist (Network for the Rights of Persons with Disabilities (REDI))

Dr. Iñaki Regueiro – Attorney

Dr. Lía Arribas – Gynecologist (AMADA)

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**This guide has hyperlinks to make access easier for the professional consulting it. It also has links to tools and websites that will make communication easier with the patient.**

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# Introduction

People with disabilities (PWD) face numerous barriers in their access to Sexual and Reproductive Health services, where their rights are not always guaranteed. There is a common misconception assuming that PWD lack desire and needs in their sexuality. In their access to health services an active listening is necessary to understand that often this is not their reality.

We must not forget the vulnerability of PWD to possible situations of sexual violence, in which intimacy and sexuality rights at any age are violated due to asymmetry of power, relationship, threats, etc. Sexual violence includes sexual abuse, sexual exploitation, trafficking, and violence in digital media (grooming).

**The aim of this guide is to provide healthcare teams with the necessary tools to ensure that people with disabilities have full access to sexual and reproductive health.**

To that purpose it is important to acknowledge the difficulties they face in receiving counseling and access to different contraceptive methods (CM), help them understand the risks, benefits and procedures; and promote their autonomy.

You can access supplementary reading material from this guide.

We hope this guide will be a useful tool for professionals and facilitate access of PWD to sexual and reproductive health.

**Some clarifying definitions are shown below:**

The International Classification of Functioning, Disability and Health (ICF), as approved by the 191 member states of the World Health Organization (WHO) defines disability as a situation, not as a condition or characteristic of an individual. It provides the framework within which this term is used and it also defines the notion of *functioning*:

Functioning can be considered a global term that refers to all body functions, activities and participation. Similarly, disability is an umbrella term for impairments, activity limitation and participation restrictions.

In Annex 1: Taxonomic and terminological issues, disability is defined as:

An umbrella term for impairments, activity limitations and participation restrictions. Impairment is a loss or abnormality in body structure or physiological function; activity limitations are difficulties an individual may have in executing activities and participation restrictions are problems an individual may experience in involvement in life situations. Therefore, disability is a complex phenomenon that reflects an interaction between the human body's characteristics and the characteristics of the society in which they live.

Disability with mental impairment (mental disability) is defined as a broad term that involves all impairments related to cognitive, affective and/or behavioral processes within the nervous system. It also involves the limitations a person can face to perform an action within a normalized framework, taking their actual ability or skills without any technological aid or without any third parties' help.

- Almost 12% of the Latin America and the Caribbean population, which represents about 66 million people, is considered to have at least one type of disability.
- All countries and territories within the region have signed the United Nations Convention on the Rights of PWD (341 countries ratified the Convention)
- 17 countries signed the Inter-American Convention on the Elimination of all Forms of Discrimination against PWD).

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## The current sexual and reproductive health situation of persons with disabilities in Argentina

1. In Argentina, in 2003, Law No. 25673 was passed. Such law guarantees the sexual and reproductive rights and, in consequence, the Sexual Health and Responsible Reproduction Argentine Program was created within the Ministry of Health. The main objective of the Program is "to provide the population the highest level of sexual health and responsible reproduction so that each person can make decisions free of discrimination, coercion or violence" (Law 25673, section 1). However, over 20 years after the passing of such law, there still exist physical, communication, and attitudinal barriers that hinder the exercise of such rights in equal conditions by the persons with disabilities.
2. The persons living with psycho-social disability admitted in psychiatric hospitals generally have scarce access to medical-gynecological checks due to the lack of specialized personnel, which hinders a preventive health follow-up. Those institutions also present a lack of clear, complete, and accessible information for admitted women to decide freely and in an informed way. In addition, there still exist forced contraceptive measures, which also lack the corresponding informed consent.
3. There are attitude barriers towards women living with psychosocial and intellectual disabilities by the members of health teams, who normally have prejudices and social representations, such as the "asexual" character or lack of sexual desire of these women; that all pregnancies in this population are a consequence of sexual violence; or that these women should not have children due to an assumption on their inability to be mothers. These concepts are related to assistance-guardian practices which prevent the free will of women regarding their possibilities to access contraceptive methods that best fit their needs and desires.
4. They face barriers to access and use the most commonly-used contraceptive methods (such as pills or condoms) since, in general, the instructions for use, as well as manufacturing and expiration data, tend to be visual. This situation replicates in the case of pregnancy tests, which are also visual and make their autonomous use difficult for persons with visual disabilities. Teenagers with intellectual or psychosocial disability also face obstacles to access contraceptive methods since health agents do not provide proper information or guidance regarding the existent methods.
5. It is worth mentioning that due to the lack of national regulations, some laboratories in the country, responding to companies' corporate policies, have incorporated Braille system in the product's name, expiration date and other basic data in some cases.

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Ley Nacional 25.673, Creación del Programa Nacional de Salud Sexual y Procreación Responsable (2002) [Argentine Law No. 25673, Creation of the Sexual Health and Responsible Reproduction Argentine Program]. https://www.boletinoficial.gob.ar/detalleAviso/primera/41741/20021205

## Argentine public policies on the access to sexual and reproductive rights for persons with disabilities. What actions does the Argentine Health System offer to ensure the sexual and reproductive health rights for persons with disabilities?

There are still no statistics regarding the exercise of sexual and reproductive rights of persons with disabilities accounting for the barriers this group has to face.

The Sexual and Reproductive Health Argentine Directorate (DNSSR, for its acronym in Spanish) of the Argentine Ministry of Health has a Counsel formed by the Network for the rights of persons with disabilities (REDI, for its acronym in Spanish). The situation is the same for the ENIA Plan Counsel (Program to Reduce Teenage Unintended Pregnancy). DNSSR also holds periodic meetings with PWD organizations and UN entities with the aim of working on specific projects. In addition, PWD are included within the work teams and in trainings on the topic, specially valuing their knowledge.

DNSRR favored the creation of a work line called "Promotion of Sexual and Reproductive Rights of Persons with Disabilities." This way, a task the area has been struggling to develop since 2010 is institutionalized, and work is being done to cross-cut the topic in the Directorate.

The other work lines supplementing the current actions of DNSSR are the following:

- Effective access to contraceptive methods
- Access to pregnancy interruption (voluntary interruption of pregnancy/legal interruption of pregnancy)
- Prevention of teenage unintended pregnancy
- Prevention, early detection, and assistance in violence situations and/or sexual abuse in girls, boys and teenagers and forced pregnancies.

In 2020, the Work Group on Sexual and Reproductive Rights and Persons with Disability was created to advance towards communication materials accessibility; run trainings to contribute to the cross-cut of the social models in DNSSR, ENIA Plan actions and in counseling spaces accessible in all the country. All this accompanying and providing tools to provincial teams, fostering the link with civil society organizations and other government areas to strengthen the approach towards disability and plan joint actions.

Work is developed with the 0800 Sexual Health line to accompany the sequences following the calls involving PWD.

Most of the calls to 0800-lines involving PWD are made by another person. Another direct communication means with DNSSR is the institutional e-mail address.

Regarding the accessible materials production related to sexual and reproductive rights, two easy-to-read booklets prepared by the Board and UNFPA and Lengua Franca stand out. The goal of this material is to support the work of health teams in counseling accompanying the informed and autonomous decision-making of persons.

- Cuadernillo sobre ligadura de trompas uterinas y formulario de consentimiento informado en lectura fácil (Easy-to-read booklet on tubal ligation and informed consent): https://bancos.salud.gob.ar/recurso/informacion-para-acceder-laligadura-de-trompas-uterinas-formularios-para-firma
- Cuadernillo y formulario de consentimiento sobre vasectomía en lectura fácil (Easy-to-read booklet on vasectomy and informed consent): https://bancos.salud.gob.ar/recurso/informacion-para-acceder-la-vasectomiaformularios-para-firmar-el-consentimiento-informado
- This material is supplemented by two videos on tubal ligation and vasectomy on Argentine Sign Language made by UNFPA and Instituto de Lengua de Señas Argentina (ILSA): Video about tubal ligation in Argentine Sign Language: https://www.youtube.com/watch?v=E_IpkbxQ3_4
- Video about vasectomy in Argentine Sign Language: https://www.youtube.com/watch?v=HPANfubahGI

https://bancos.salud.gob.ar/recurso/informacion-para-acceder-la-vasectomia-formularios-para-firmar-el-consentimiento-informado

- Changes you see and feel. This magazine, made by the Ministry of Health and the Ministry of Education is aimed at promoting the comprehensive sexual education of teenagers. The digital version can be read with screen readers. All the images have a description.

https://bancos.salud.gob.ar/recurso/cambios-que-se-ven-y-se-sienten-educacion-sexual-integral-para-saber-mas-sobre-la-pubertad

- Cards on contraceptive method in large print.
- Material with information on contraceptive methods aimed at persons with low vision and accessible for screen readers for persons living with visual disability. It is also a support material for health teams working with persons with visual disability. The content of each card can be printed in Braille since the space they have is calculated to such ed.

https://bancos.salud.gob.ar/recurso/tarjetas-sobre-metodos-anticonceptivos-en-macrotipo-informacion

- Video on December 3: Derechos sexuales y reproductivos y personas con discapacidad [Sexual and reproductive rights and persons with disability] with voice-over and Argentine Sign Language: https://www.instagram.com/reel/CltdqsGgaw0/?igshid=MzRlODBiNWFlZA==
- Video: "¿Tenés dudas sobre métodos anticonceptivos?" [Do you have doubts about contraceptive methods]: https://www.youtube.com/watch?v=8ydgXgefsp0
- Video: "¿Sabes que es la anticoncepción Hormonal de emergencia?" [Do you know what emergency hormonal contraception is?]: https://www.youtube.com/watch?v=4zHhCfGJQyc
- Video: "¿Sabés que es la Interrupción Voluntaria y Legal del Embarazo?" [Do you know what voluntary and legal interruption of pregnancy is?]: https://www.facebook.com/msalnacion/videos/3254705534792971/
- Audiovisual series on sexual and reproductive rights, especially aimed at teenagers: https://www.youtube.com/playlist?list=PLwad1oRGFEgAuLkORjxFx-4wyjgEslFnX
- Digital material on menstrual health aimed at teenagers. It can be read with screen readers: https://bancos.salud.gob.ar/recurso/salud-menstrual
- Brochure on interruption of pregnancy with medicines. The digital version can be read with screen readers. All images have a description: https://bancos.salud.gob.ar/recurso/interrupcion-del-embarazo-con-medicamentos-tratamiento-combinado-mifepristona-y-misoprostol
- Brochure on interruption of pregnancy in the Health system. The aim of this folding brochure is to spread the rights granted by Law 27610 on voluntary and legal interruption of pregnancy. The digital version is accessible with screen readers: https://bancos.salud.gob.ar/recurso/interrupcion-del-embarazo-en-el-sistema-de-salud
- The DNSSR website was updated, and a section on the social model of disability perspective was added to the tab "Información para equipos de salud" [Information for health teams]: https://www.argentina.gob.ar/salud/sexual/informacion-para-equipos-de-salud/perspectiva-del-modelo-social-de-la-discapacidad
- In addition, the contraceptive methods guide aimed at health teams, whose update is upcoming, has a section on sexual and reproductive rights of persons with disabilities, especially focusing on the social model, accessibility, carers, and reasonable adjustments. It will be available soon in the Resource Bank of the Ministry of Health.

## Supporting legal framework in comprehensive care of Sexual Health and Reproductive Health (SH & RH) of people with disabilities (PWD)

In this section, we propose to give visibility to the new PWD comprehensive care paradigm, with the intention of reviewing their rights to give consent and to recognize the legal framework that supports our actions as healthcare professionals.

The historical and social context obliges healthcare professionals to change the treatment model in SH and SH of PWD, from a physician/rehabilitator model to a social model of disability (FUSA, 2022). The right approach would be to consider each patient's individuality and to provide accessible information. For example, easily reading material for intellectual PWD, Braille, audio and accessible informatics programs for visual PWD, sign language for hearing PWD and architectonic, building and furnishing access to Health Services.

The Convention on the Rights of Persons with Disabilities (CRPD) (2006) recognizes that they have the same human rights as the rest of the people and clearly states that women can make independent, well-informed, voluntary and responsible decisions about their sexuality, without coercion, discrimination or violence. It is based on the recognition of every person's basic right to freely and responsibly decide the number of sons/daughters, spacing among births and access to up-to-date information and the necessary means to make those decisions, as well as the right to obtain the best SH and RH. It also includes the right to make decisions in relation to reproduction without suffering discrimination, coercion or violence, according to the provisions in the instruments on human rights.

In 2008, Argentina ratified its commitment to comply with that Convention and gave constitutional status through Law 26378.

The legal framework supporting the professional activity in relation to SH and RH and the assurance of the rights of the PWD is very wide.

Firstly, it is important to remember that the 2015 amendment to the Argentine Civil and Commercial Code impacted the regulatory plexus, making the government a right guarantor and supporter of the PWD as subjects of Law, whether they have parental support or not, respecting their progressive autonomy, according to the age.

In the field of legal capacity, the CRPD (2006) stipulates the replacement of the "model of substitution of decision-making". Article 12 establishes that "*States parties shall recognize that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life*" which implies a notion of universal legal capacity, a major change on human rights which had a strong impact in the execution of rights and in the consideration of PWD as citizens.

One of the amendments to the Argentine Civil and Commercial Code (CCC), in force since August, 2015, was its alignment with the CRPD (2006). Article 31 of the CCC states that the overall execution and decision-making capacity is presumed regarding all individuals, including those in hospitalized in aid institutions. This means that we ought to consider that every person is capable of making decisions and executing enshrined rights, with no legal limitation in this regard.
The "*informed consent*", as any other medical act, is the supporting tool for any Healthcare professional that warrantees his/her medical act and evidences the right to decide of the assisted persons, in this case, with a disability.

- Consent in the case of girls **under 13 years old** with disabilities, involves the same general rule as that one applied in the case of non-disabled adolescents (higher interest of the child and adolescent, progressive autonomy, right to be heard).
- Consent in the case of adolescents **between 13 and 16 years old**, Article 26 from the CCC states that they can decide autonomously about "non-invasive treatments that do not compromise their health or impose a serious life or physical integrity risk".
- Written consent is advisable in the case of **adolescents under 16 years old** in the case of surgery or diagnostic and therapeutic procedures that may involve foreseeable risks and difficulties, not inherent to the clinical actions and that may have serious effects in everyday life.

Resolution 65/2015 of the National Ministry of Health states that the "invasiveness criteria" considered by the CCC in terms of Article 26, has to be understood as severe treatment that may impose serious health risks. In addition, it highlights that "the risk evaluation of health practices has to be based on scientific evidence". Counseling is a privileged device for the process of informed consent and has to be expressed in the clinical record (CR)
National Law 26529 about the patient's rights in relation to health professionals and institutions, enacted in 2009, establishes in Article 2 that "they are basic rights in the relationship between the patient and his/her healthcare professional(s), or the healthcare assurance agent and any effector in charge of the following: assistance, dignity and respect, intimacy, confidentiality, free will, health information and medical consultation.
Regarding contraceptive surgeries on PWD, since December 2021 through Law 27655 (amendment to Law 26130) and as supported by the International Convention of PWD's rights, which has constitutional status in Argentina, PWDs may give their consent to have these surgeries performed. This is a result of the amendment to Articles 2 and 3 of the former Law 26130, under which only capable adults were considered beneficiaries, and when a person was legally declared disabled, a judicial authorization requested by his/her legal representative was mandatory" (art.3). It is clear that after 2021, adult PWD who gave their consent and according to the CCC, 2015, may access

surgical sterilization procedures without the need of a judicial order, as long as his/her condition allows him/her to express his/her consent.

Finally, it is important to remember that all PWD have the rights given within the current regulatory framework in the Argentina Republic, including the Law of humanized delivery (Law 25929/2004), Law of Comprehensive Sex Education (Law 26150/2006), Law of Comprehensive Protection to Prevent, Penalize and Eradicate Violence against Women in their Interpersonal Relationships (Law 26485/2009).

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# Guidance and recommendations on the use of contraceptive methods (CM) for people with disabilities

**The health visit: counseling**

Counseling in sexual and reproductive health visit implies personal guidance by trained healthcare provider, aiming to offer quality information, guide persons in making decisions about their own sexual and reproductive health, and promote autonomy without passing judgement.

The first step in providing person-centered contraceptive counseling is to identify the recipient of this guidance. Often, this is the only opportunity individuals have to ask questions to a healthcare professional related to their sexuality. The aim of contraceptive counseling is to provide a contraceptive method without delay.

Regarding contraceptive counseling for PWD it is important to tailor interventions from a comprehensive perspective, considering individual particularities and understanding that this care must comply with the same legal guidelines and protocols applicable to all individuals (FUSA, 2022). In certain cases, reasonable adjustments must be made so that PWD can enforce their rights.

It is important to bear in mind that:

Not only is each disability different, but also each person is unique. Individuals exhibit different characteristics according to their disability, as well as their personal and family history, which is reflected in their life condition and support needs (Meresman, 2019).

Many healthcare facilities are inaccessible to PWD. FUSA's publication (2022) " *Perspectiva de discapacidad en la atención de la salud sexual y reproductiva"* specifies the barriers to access and care for PWD.

* P**hysical barriers** include inaccessible health spaces and lack of equipment adapted for blind or physically disabled persons.

* **Communication barriers** involve difficulties in interacting and transmitting information, especially for people with visual or hearing impairment, or with intellectual disability. Common ground must be created to allow for good communication.

* **Attitudinal barriers** include prejudices, stereotypes, misconceptions, and lack of training and knowledge about the needs and rights of PWD on the part of healthcare teams.

* **Financial barriers** include -among others- transportation to the healthcare center, time allocated for the scheduled appointment in the healthcare system and the costs of accompanying persons.

When considering the care of PWD, there are educational and knowledge gaps among healthcare team members. Education and training will reduce bias and prejudice, improving the quality of care and services (Mitra et al., 2017).

Below are some misconceptions regarding sexuality and disability that are still present nowadays.

| Misconceptions regarding sexuality and people with disabilities |
| --- |
| ● They are asexual or not interested in sex<br>● Some disabilities lead to uncontrollable and impulsive sexuality<br>● PWD are not aware of sexual abuse or violence they might experience<br>● They do not know or understand what a sexual relationship is. They are not attractive and not desired<br>● They would not be capable or raising children<br>● It is unlikely that they will ever have a partner<br>● Any sexual relationship with them is actually sexual abuse or violence<br>● They are not able to make rational decisions about their life, sexuality and reproduction<br>● They can only establish relationships with other PWD |

**People with sensory disabilities** face communication barriers and often rely on third parties to explain things to them. Internet may help, but it requires literacy skills as well as adapted digital devices and information. Communication barriers are evidenced in the absence of materials with large fonts, simple language, drawings, images, audios, QR codes, and sign language. These materials would also require speakers, sign language interpreters, and subtitles. The two most common cases of sensory disabilities as analyzed next:

- **People with visual impairments** rely on other senses to recognize, feel, appreciate; however, they require information to be accessible to their abilities (audio may have greater reach than Braille). In some specific cases, the alteration causing blindness may lead to certain sexual problems.
- **People with hearing disabilities** have a non-visible disability and, at times, live very isolated and they lack information. Communication about sexuality is particularly difficult. Argentine Sign Language (ASL) uses specific and precise forms. Providing information in writing does not guarantee access; clear and direct information in ASL or through images is essential.

**People with organic disabilities** (chronic illnesses) often require long-term specific medication. Drug interactions are one of the main topics to consider in this population.

**What does counseling involve?**

- Information on contraceptive methods (CM)
- Explanation on the use of condoms and other CM
- Guidance on sexuality (enjoyment in relationships, discomfort, etc.)
- Instructions on practices for protection agains and prevention of sexually transmitted diseases (STD) including HIV/AIDS
- Detection, assistance and support in situations of sexual abuse and violence

**How to plan and design the consultation space?**

It is recommended to use friendly spaces, meeting the following requirements and characteristics (Labovsky & Oizerovich, 2021)

- **Equitable**: everyone should have access to the health service they need.
- **Accessible**: everyone should have the possibility of access.
- **Acceptable**: meeting expectations of privacy, non-discrimination, confidentiality, and a service that does not impose moral values.
- **Adequate**: considering not only sexual and reproductive care but also working on prevention and detecting if, besides the disability, there are other health disorders.

**How to choose a contraceptive method?**

The choice of a CM is a personal decision based on individual preferences, medical and family history, and accessibility. **Sexual and reproductive rights** include autonomy and free determination (without discrimination or coercion) in decisions about contraception, maternity, and paternity. In addition, there must be equal right to and counseling on voluntary and legal abortion (Hameed et al., 2020).

The choice of a CM is made the same was as it is made by any other person, with additional factor of the person's disability. Medical eligibility criteria for contraceptive use (from the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), among others must be considered, taking into account other factors or pathologies that may exist in addition to their specific disability. Visual disability does not contraindicate any of the available CM (WHO, 2012 and CDC, 2016).

Medical eligibility criteria aim to provide an adequate safety range within the contraception work. To that end, the individual's situation (age, history of pregnancy, medical condition, preexisting conditions) is considered together with each CM's requirements. The WHO (WHO, 2015) classified the medical eligibility criteria to use contraception methods based on different situations and context:

- Category 1: No restriction to use a Contraceptive Method
- Category 2: The benefits of using the Contraceptive Method overcome the risks
- Category 3: The risks of using the Contraceptive Method overcome the benefits
- Category 4: Using a Contraceptive Method imposes unacceptable health risks

PWD are a vulnerable population and may be at risk of coercion regarding their rights by healthcare professionals, family members and caregivers, especially when the family or caregivers request sterilization.

Contraceptive counseling is complex, given the comorbidity from which these individuals may suffer. A person with intellectual disability still is able to consent. Family and caregivers may support decision making. Proper counseling may simplify information for PWD considering the following:

- Detailed information on each CM
- Risks and benefits of CM in order to select the best option
- Visual aids, graphics and videos to describe efficacy
- Images that describe the use of each CM
- Videos that describe the steps to follow for each CM
- The level and content of the explanation should be adapted to each person's cognitive capacity or developmental level.

Authors Horner-Johnson, W., Akobirshoev, I., Amutah-Onukagha, N., Slaughter-Acey, J.C., and Mitra, M. (2021) propose that the possibility of a unintended pregnancy in women with disabilities is greater than the possibility of unintended pregnancy in women without disabilities. This increases the risks on health as well as the additional care that a PWD might need during their pregnancy. For that reason, sex education for PWD must be guaranteed and this education must be properly adapted to make learning easier.

**Table: Contraceptive Methods for people with disabilities**

| CONTRACEPTIVE METHOD | ADVANTAGES | DISADVANTAGES SUGGESTIONS |
|---|---|---|
| Condom | Prevention of STIs and HIV | Difficulty in placement. Models or objects should be used to explain its use. |
| Combined oral contraception | Regulates menstrual cycles, reduces dysmenorrhea and menstrual bleeding. Improves premenstrual symptoms. | Potential difficulties in swallowing pills (dysphagia) (crushes the pills).<br>Risk of venous thromboembolism if immobile.<br>Possible drug interactions. |
| Combined transdermal contraceptive patch | Regulates menstrual cycles, reduces dysmenorrhea.<br>Weekly placement | Detachment, itching/irritation.<br>Risk of venous.<br>thromboembolism if immobile.<br>Contraindicated in users weighing over 90 kg.<br>Patient may detach it (place it in the center of the person's back). |
| Combined contraceptive vaginal ring | Regulates menstrual cycles, reduces dysmenorrhea.<br>Can be used continuously, which is beneficial for these patients | Vaginal placement: privacy issues; denervation atrophy can hinder successful retention.<br>Risk of venous thromboembolism if immobile. |
| Progestin-only contraceptive pills | Ideal for users with estrogen contraindications.<br>Reduces menstrual flow. | Potential difficulties in swallowing pills (dysphagia) (crushes the pills).<br>Unscheduled bleeding or spotting. |
| Depot medroxyprogesterone acetate (DMPA) | Quarterly application.<br>Higher rates of amenorrhea after fourth dose. | May cause weight gain.<br>Assess impact on bone mass. |

| | | |
|---|---|---|
| Progestin-only implant (single or double rod) | Duration: 3 – 5 years.<br>Causes amenorrhea in 30% of cases. | May require sedation for insertion.<br>Unscheduled bleeding or spotting. |
| Cu-IUD | Duration: 10 years.<br>Non-hormonal | May require sedation for insertion.<br>Increases menstrual flow and dysmenorrhea |
| LNG-IUD | Duration: 5-8 years, depending on the dose of LNG (in some countries, the 52mg is already accepted for up to 8 years).<br>Reduces menstrual flow, possibility of amenorrhea.<br>Reduces dysmenorrhea. | May require sedation for insertion. |
| Surgical sterilization | Permanent contraception | Risk of coercion.<br>No effect on menstrual cycle. |

Source: adapted from the American College of Obstetricians and Gynecologists (2016)

**Communication techniques for comprehensive sexual health education and providing information for consent**

- Address the person with disability directly. If there are communication difficulties, use graphic materials such as photographs or drawings to illustrate.
- Most people with intellectual disability wish to speak and express themselves, so they should be given the time for that.
- If there are doubts about their understanding, it is advisable to ask again to ensure comprehension of the information provided.
- It is recommended to use simple and accessible language, using everyday vocabulary, avoid using technical terms or talking excessively. Adapt the language to the level of the person with a disability.
- For persons with hearing disabilities, explanations can be supported with graphic materials, signs and gestures to aid comprehension. Alternatively, consider involving a trusted sign language interpreter.

- Use open-ended questions, positive language, and active voice verb tenses. Provide easy and understandable responses.
- Attempt to attract their attention before starting to speak.

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# Recommendations: Contraception for Persons with Physical Disabilities

Motor disability represents an impairment that limits or prevents a person's motor performance, affecting their ability to control movement, balance, coordination, and posture of various parts of the body, hindering conventional functioning (WHO - PAHO, 2001; WHO, 1994).
It encompasses motor impairments resulting from neurological, rheumatological, or traumatological health conditions that compromise bodily functions and structures, limiting the person for carrying out a task or action in a normalized context/environment, considering their real capacity/ability as a parameter, without augmentation by technology, devices, or assistance from third parties (Ministerio de Salud, Argentina, 2015).
Hence, when working with people with physical disabilities it is necessary to assess the following aspects thoroughly:

1. Physical repercussions of the specific disability, related to the type of injury and its severity.

2. Impact or extent to which the disability affects or modifies self-perception and self-esteem.

3. Difficulties that the injury poses in terms of social relationships (friendship, loving relationships).

**Physical consequences of the disability.**

In Zacharin's paper (2009) on puberty, contraception and hormonal managing for young people with disabilities, the consequences of physical disabilities are systemized and categorized:

- For people who have a low to moderate physical disability, the sexual function will be within normal ranges, unless there is a specific neural disability.
- When the spine anomaly or neural degenerative conditions caused a progressive or severe loss of the neural function, there might be a permanent loss of erectile function.
- For the PWD who have a paralysis of the lower part of the body, the sexual function is still possible, but there is a higher risk of urinary tract infections that must be controlled.
- After puberty, fertility might be within normal range for most adolescents and young people with disabilities.
- Some people with physical disabilities might face different situations affecting their sexuality, especially as regards spine injuries, the consequences of which will depend on the part of the spine affected.

**Consequences of spinal cord injuries on a person's mobility:**

- **Cervical injuries** usually result in paralysis of breathing muscles, arms, and legs.

- **Dorsal injuries**: repercussions on mobility usually include weakness and paralysis of the legs, loss of sensation in the chest (below the nipples) or the abdomen, depending on the level of the injury.
- **Lumbar injuries**: paralysis and immobility of both lower limbs from the thighs. In some cases, the tactile sensitivity of certain body areas may also be affected.
- **Sacral injuries**: numbness in the perineum.

**Consequences of spinal cord injuries on sexual response:**

Spinal cord injuries can affect one or several phases of the human sexual response, since they are controlled by the nervous system. The degree of impact on sexual arousal, orgasm, and fertility depends on the level and type of injury. A person's response to sexual and erotic stimulation can be analyzed from two perspectives: by the type of physical or physiological response, related to observable bodily changes in sexual response, and in the subjective response to stimulation, which will vary for each individual.

**What are the sexual consequences of a spine injury?**

**For men:** 15 to 25% have erections, 90% loss their ability to ejaculate and there are cognitive or phantom orgasms. There might be oligospermia, retrograde ejaculation, erectile dysfunction, normal testosterone levels and diminishing of the libido.

**For women:** motor paralysis and abolition of sensibility. Changes on and loss of genital feeling. Urinary or fecal incontinence. Less lubrication. Lack of orgasmic awareness. Low self-esteem and lack of acceptance of her body image leads to lower sexual desire (Tablado, 2005). Following the spine injury, temporary, irregular amenorrhea occurs, between 0 and 6 cycles. There is no diminishing in her fertility or libido (Ministry of Health, 2013).

It is important to bear in mind that a person with physical disabilities must have hides symptoms of a STD. signs of sexual abuse or violence might also be overlooked.

**Contraceptive method selection in physical disability**

The choice of a CM depends on various factors (Best 1999, FUSA 2022)

- The quality of circulation in the limbs.
- Presence or absence of coagulation disorders.
- Manual dexterity.
- Pharmacological interactions with current medications.
- If there are issues with menstrual hygiene.

To perform gynecological evaluations on persons with physical disabilities it is recommended to have an adjustable obstetric/gynecological examination table with variable height and accessible from both sides.

The following table summarizes general aspects of CM for PW physical disabilities. Adapted from Tablado & Ciarmatori 2005, Allen 2022.

| **Contraception and Physical Disabilities** | | | |
|---|---|---|---|
| **CM** | Generalities | Benefits | Warnings |
| **Condoms (for penis, vagina, vulva)** | Assess strategies to allow for its use if there are difficulties to manipulate the CM. Its use may be challenging for some individuals due to manual limitations | Efficacy.<br>Protection from STIs and HIV.<br>Free access. | Difficult for quadriplegic persons, requires partner assistance. |
| **Progestin-only pills** | Option when estrogens are contraindicated. Verify that the patient can handle the blister and take the pill. | Can reduce menstrual bleeding or induce amenorrhea, facilitating hygiene.<br>No risk of thromboembolism. | Potential difficulties in swallowing the pills.<br>Unscheduled bleeding or spotting. |
| **DMPA** | Quarterly application.<br>Goop option due to its efficacy and duration | Amenorrhea or reduction of menstrual bleeding facilitates hygiene.<br>No risk of thromboembolism | Evaluate impact on bone mass. |
| **Progestin-only subdermal implant** | Long duration (3-5 years).<br>One of the first lines for effective prevention of pregnancy | Safe and highly effective.<br>Daily control is not required. | Lack of mobile beds makes insertion difficult.<br>Unscheduled bleeding.<br>Insertion and removal must be performed by trained personnel. |

| | | | |
|---|---|---|---|
| **Hormonal emergency contraception** | Use in case of failure in the use of CM or in the event of non-consensual sexual relations. | Presents no contraindications. | |
| **Combined Hormonal contraception** | Oral: requires daily use. Possible difficulties in swallowing the pills, there are chewable formulations (not yet in Argentina.)<br>Patch: Patient may detach it (place it in the center of the person's back)<br>Vaginal ring: Vaginal placement: privacy issues; denervation atrophy can hinder successful retention. | Regulate menstrual cycles, reduce dysmenorrhea and menstrual bleeding. Improve premenstrual symptoms. | Not the best option for people with impaired circulation or immobility, due to the risk of thromboembolism, especially if the person is immobile. **Evaluate the use of estrogens according to the level or degree of immobility.** |
| **IUDs** | **Cu-IUD**: duration 10 years. Non-hormonal.<br>**LNG-IUD**: Duration: 5-8 years, depending on the dose of LN (in some countries, the 52mg is already accepted for up to 8 years). Reduces menstrual flow, possibility of amenorrhea. Reduces dysmenorrhea.<br>**Advantages**: safe and highly effective.<br>**Warnings**:<br>✓ Perform insertion under ultrasound control, if required, due to a higher risk of perforation.<br>✓ Sedation may be needed for insertion.<br>✓ Cu-IUD may increase menstrual flow and dysmenorrhea.<br>✓ If the patient experiences heavy bleeding, consider using the LNG-IUD.<br>✓ Pelvic inflammatory disease or ectopic pregnancy may be **undetected due to lack of sensitivity**.<br>✓ Possible difficulties in insertion due to spasticity of the adductor muscles of the thighs.<br>✓ The lack of mobile gynecological examination tables presents difficulties for insertion. | | |
| **Diaphragm** | Requires physical dexterity. | | |

| | |
|---|---|
| **Surgical sterilization** | **Advantages**: safe and highly effective<br>**Considerations**:<br>✓ Establishes equality of rights with the general population to decide voluntarily, following information and counseling.<br>✓ If the PWD has no fertility desires this method can be used, when requested by the person directly involved.<br>✓ Sterilization should not be seen as a solution for sexual violence.<br>✓ The procedure to obtain authorization and informed consent is regulated by the provisions in the surgical sterilization law currently in force in Argentina. |
| **Natural contraceptive methods** | ✓ Not recommended due to lower contraceptive efficacy and difficulties in use.<br>✓ Difficulties to control basal temperature due to possible urinary infections.<br>✓ Difficulties to assess cervical mucus due to possible vaginal infections. |

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## Recommendations: Contraception for Persons with Sensory Disabilities

Sensory disability is a notion that refers to the individuals who have lost their visual capacity (decreased vision or blindness) or hearing capacity (total or partial deafness, congenital or acquired, in one or both ears), including those individuals who have difficulties to communicate or use the language as a secondary problem to their disability.

**Considerations for the consultation**

In the care of people with visual or hearing disabilities it is necessary to consider what barriers hinder their autonomy and the execution of their right to health. These obstacles can often result from attitudes of professionals due to a lack of knowledge of the PWD's needs, due to the professional's lack of time, or even fear of receiving a PWD in the consultation. A common mistake is addressing their companion instead of them, or treating them as if they did not understand or not explaining step by step the procedures to be performed (Domínguez et al., 2011, and Teveles, 2021).

It is important to:

- Consider each person's particularities and needs.
- Have enough time available.
- Use the available resources for communication.
- Be creative in case of lack of ideal resources.
- Anticipate and adequately explain the procedures to be performed.
- Offer the possibility to ask questions.
- Respect their decisions.

**Suggestions to approach a consultation with visual or hearing PWD** (FUSA, 2022; UNFPA s/f; Uruguayan Ministry of Health, 2012, 2020):

**Visual disabilities**

We must facilitate autonomous access: signage with high-contrast colors, simple typography, brief texts, include pictograms or figures, texts in Braille, include QR codes to access a text reader.

The appointment call can be made through screens but must be complemented with sound or verbal means.

In the office, it is necessary to have facilitating resources: texts in Braille, large print, audio formats, access through QR codes. Another useful resource is to send information through virtual or telephone messaging (WhatsApp, email, or other channels).

It is also important to have tangible material for tactile recognition as support for explanations. It is crucial to use descriptive language, provide clear instructions with spatial references (right, left, front, behind, etc.), avoiding gestural indications, and always explain and anticipate the examinations and procedures to be performed.

Choice of contraceptive method

Visual impairment is not a contraindication for any of the available CM. However, Medical Eligibility Criteria should be consulted considering the possible coexistence of other factors or pathologies.

In this regard, the relationship between contraceptives and intraocular pressure requires a special consideration. Some studies have found greater risk of glaucoma in users of combined oral contraceptives (COC) (Wang et al., 2016). Pasquale & Kang (2011) describe a moderate increase in this risk associated with the use of COCs for more than 5 years, although they suggest the need for more studies on this matter. Since estrogens are a protective factor regarding intraocular pressure (Dewundara et al., 2016; Pasquale & Kang, 2011), the lack of cyclical changes in estrogen levels in users of anovulatory contraceptives is postulated as a possible mechanism. Other authors do not agree with these findings (Moschos & Nitoda, 2017), so more evidence will still be necessary in this regard.

When opting for a self-administered method, it is essential that the chosen method meets conditions to facilitate its use. Medication packaging should ideally include crucial information such as the name and expiration date in Braille or raised lettering, along with a QR code, although this is not yet guaranteed (Puente Pérez et al., 2020). When prescribing, consideration should be given to the method's autonomy, ensuring that it can be used independently. For oral contraceptives, for instance, it is advisable to choose those that do not include placebos or contain only 4 placebos in a distinct row on the blister, making it easy to recognize tactilely. During the consultation, practical demonstrations of usage should be provided.

**Hearing disabilities**

It is essential to facilitate autonomous access to the consultation by offering online appointment scheduling, written messaging, or in-person arrangements (with the option of an interpreter).

It is recommended to use screens or other visual means for the appointment call.

In these cases, more time should always be assigned for consultations. If possible, the presence of an Argentine Sign Language interpreter (ASLI) is recommended in healthcare. There is also the option for a family member or companion to fulfill this role, provided the patient requests it. Confidentiality and privacy must be guaranteed at all times, always addressing the person seeking consultation and respecting their decisions.

If the PWD relies on lip-reading, it is important to speak directly, at their eye level, with a well-lit and uncovered face. If a face mask is used, it should be transparent to allow visibility of the mouth. Speak with a normal voice, articulate clearly without exaggerating or shouting. It is advisable to provide clear and concise explanations, using short sentences without unnecessary words.

Additionally, visual aids such as posters, graphics, and models can be helpful in explanations. Other resources, if needed, include gestures or written language (the latter is only possible for literate individuals). There also are technological resources, such as ASL cellphone applications (for example, *LSA en familia, Háblalo).* http://www.proyectodane.org/aplicacion/aplicacionlsaenfamilia/ If a gynecological examination or other procedures are necessary, it is essential to explain beforehand what it entails, anticipating the steps to be taken. It is crucial to plan how communication will occur during the examination, considering that the patient will not be able to see us.

Choice of contraceptive method

Hearing impairment is not a contraindication for any of the available CM. However, Medical Eligibility Criteria should be consulted considering the possible coexistence of other factors or pathologies.

Regarding otosclerosis, it is important to consider that estrogens play a role in its mechanism of production and its worsening linked to pregnancy. Schwartzman (1975) suggested negative effects of combined hormonal contraception (CHC) in these patients. However, other studies do not find the same evidence (Mitre et al., 2006; Vassey, 2001; Sanchez Borrego, 2003; Horner, 2009). Therefore, we suggest working together with the professional treating the underlying pathology.

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## Recommendations: contraception for persons with visceral disability

Visceral disability is a global term that refers to the deficiencies in body functions and structures that mean a physical restriction not related to the musculoskeletal system. It can have cardiovascular, renal-urological, respiratory, hepatic, and digestive origin (Argentine Rehabilitation Service, 2015).

Persons living with this kind of disability are hindered from developing their lives to the fullest, even if they do not have intellectual, sensory, or motor difficulties (WHO, 1994). Among the most frequent examples, the following pathologies are identified: cystic fibrosis, congenital heart disease, end-stage renal disease.

Persons with visceral disability seem to have a normal life. It is true that in some cases with the correct treatment they can have an autonomous and restriction-free life. However, there are cases in which the persons need assistance since they have other symptoms, such as fatigue, muscular problems or organ failure that do not show as such.

It is possible that persons with organic disabilities (chronic illnesses) may want to use contraceptive methods at some point of their lives or permanently.

It is necessary to advice that persons with organic disabilities normally take different medicines that affect the efficiency of a contraceptive method.

Health professionals must check the Implementation Guide for the Medical Eligibility Criteria and Selected Practice Recommendations for Contraceptive Use Guidelines [available in Spanish and French] and take into account medicine interactions with the chronic pathologies.

**Solid organ transplantation**

The recommendations on recipients of solid organ transplantations were published by the American Society of Transplantation (AST) in 2005 (McKay, 2005), while the recommendations by the Centers for Disease Control and Prevention (CDC) for the use of contraceptives in recipients of solid organ transplantations were published in 2016. Since then, additional information on the safety and efficiency of contraceptive options in transplantation recipients was published, especially regarding intrauterine devices.

The contraceptive recommendations of CDC criteria were broken into graft functions: “stable” vs. “complicated.”

The complicated graft function was defined as the acute or chronic graft failure or rejection, without reaching renal failure threshold. In addition, there are CDC recommendations for common conditions associated with transplantation: diabetes, high blood pressure, lupus, and previous deep vein thrombosis.

Contraceptive method choice:

1. Hormonal methods: all hormonal methods are classified as safe for women with stable graft. However, the combined hormonal contraception is NOT recommended in women with complicated graft, uncontrolled high blood pressure, cerebrovascular accident background, thrombosis, or hypercoagulability (Centers for Disease Control and Prevention, 2016).
2. Intrauterine devices: there are advantages for copper IUD and 52-mg LNG-IUD, such as low failure rate, easy-to-use, absence of immunosuppressive drug interactions and systemic side effects.

   Therefore, they are recommended by many transplantation professionals. (Sarkari et al., 2018; Chandra et al., 2019; Krajewski et al., 2013).

   For complicated graft, copper IUD and LNG-IUD are classified as category 3 for the beginning (B), but should there be a dysfunction in the graft after placement, they are category 2 for continuity (C).

   The first worries about IUD failure and the theoretical risk of pelvic inflammatory disease (PID) in transplantation recipients have not been supported by observation studies (Juliato et al., 2018; Huguelet et al., 2017).
   it is concluded that LNG-IUD is one of the safest options in transplanted women, both for contraception and the abnormal uterine bleeding (AUB), taking into account that women of reproductive age after a transplantation require a long-term contraception (Cassia, 2018).
3. Subdermal graft: it is a safe contraceptive method for women of reproductive age receiving solid organ transplantations due to the recommendations of avoiding pregnancy during the first 2 years after the transplantation (Lew & Sheeder, 2021).
4. Tubal ligation: it can be performed through laparoscopy or abdominal as per medical criterion.
5. Emergency contraception: in transplantation recipients, emergency hormonal contraception can be prescribed. It is classified as category 3 only in cases of graft rejection or vascular disease (CDC, 2016). Favoring its early prescription is of vital importance since pregnancy may be associated to serious adverse events that may deteriorate women's health. Resolution 1062/2023 establishes the free sale of Levonorgestrel 1,5 mg for emergency contraception in Argentina. It is important to note that copper IUD may be used as emergency contraception

in these users within 5 day after intercourse, being it able to turn into a regular contraception method.

Women of reproduction age may not be aware of the risk a pregnancy after transplantation may have and, therefore, they may not check with contraception systems. It is utterly important that the transplantation team members provide counseling in Sexual and Reproductive Health or ensure the early referral to health professionals with knowledge to counsel these women with complex conditions about safe and highly efficient contraception (Klein & Josephson, 2022).

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## Recommendations: Contraception for Persons with Intellectual Disabilities

Persons with intellectual disabilities exhibit limitations in intellectual functioning as well as in adaptive behavior, expressed in conceptual, social, and practical domains.

- It originates before the age of 18, replacing the term mental retardation, and is an integral part of human diversity (WHO, 1994).
- It is irreversible, lasting throughout life. It not only impacts the individual but also poses a significant challenge for their entire family.
- It is characterized by a decrease in mental functions.
- It includes mental or psychosocial pathologies and various types of chronic diseases.
- It involves a decline in higher mental functions (intelligence, language, or learning), as well as, in some cases, motor functions.

Efforts should always be directed towards eliminating barriers and ensuring the effectiveness of support.

**How should we provide contraception counseling for persons with intellectual disabilities?**
Contraceptive counseling should be individualized, considering the person's capacity to give consent. For each case, it is necessary to assess if there are contraceptives contraindicated based on the type of intellectual disability and possible concurrent medical issues.

Direct conversations with individuals with intellectual disabilities (with or without their family or caregivers) are essential. It is important that caregivers know that sterilization is not the only contraceptive option and that there are equally effective reversible options that often have non-contraceptive benefits. For people with intellectual disabilities, the CDC recommends (CDC, 2019; FUSA, 2022):

- Incorporating images, cartoons, videos and dolls with anatomical parts.
- Providing materials for individuals with intellectual disabilities and caregivers to use at home to reinforce what is discussed during the medical consultation.
- Using assisted communication devices and printed materials according to the person’s cognitive level.
- During consultation it is crucial to allow additional time so that the PWD, their family, and support person can ask clarifying questions, express concerns, and explore models or samples.

Confidential interviews should be conducted with all individuals with intellectual disabilities during contraceptive counseling before including support persons such as family members or caregivers. Supported decision-making can be adopted to enable individuals with intellectual disabilities to

understand various options, become aware of risks and benefits, and communicate decisions to the healthcare professional. Multiple visits may be required to ensure this. The final outcome should always be what the PWD considers best for them.

It is recommended to consult with other members of the interdisciplinary healthcare team when:

a. The patient's capacity to give consent is in doubt.

b. Medical care decisions are complex or involve significant risks or permanent consequences (e.g. sterilization).

Individuals with intellectual disabilities may have different functional limitations that must be assessed when giving a CM.

Supported decision-making especially for girls and adolescents with disabilities, helps incorporate autonomy into a collaborative process of decision-making in healthcare.

**Limitations of sexual education in individuals with intellectual disabilities:**

People with intellectual disabilities engage in sexual activity just like those without disabilities, however they may receive limited education on sexual and reproductive health. It is important to consider that they have less awareness of risks due to cognitive deficits and more difficulties in practicing safe behaviors. Sexual education can help them better protect themselves from associated risks such as unintended pregnancies and sexually transmitted infections (STIs). It also contributes to their ability to identify situations of sexual violence and seek help.

Individuals with intellectual disabilities have certain characteristics that define the way they live their sexuality:

**Table:** sexuality and intellectual disability

| **Sexuality and intellectual disabilities** |
| --- |
| ➢ They have **fewer opportunities for socialization**, limited social contacts, therefore fewer chances to observe and develop social skills.<br>➢ They are usually **overprotected and infantilized by those around them**, hindering the development of autonomous and adaptive behavior outside the family environment.<br>➢ They have **limitations that affect their ability to judge and distinguish risky from healthy sexual practices**. This leads to difficulties in decision-making.<br>➢ Intellectual impairments often result in **learning difficulties**, losing relevant information during verbal and non-verbal communication.<br>➢ They are **more vulnerable** to experiencing some form of exploitation, or sexual violence or abuse. (CDC, 2019) |

**Choice of CM in people with intellectual disabilities**

The contraceptive choice will be related to the degree of intellectual disability, taking into account the non-contraceptive advantages (such as the reduction or absence of menstrual bleeding reducing the burden of care regarding menstrual hygiene), and also considering the disadvantages of each method. For example, people with severe intellectual disabilities may have difficulty swallowing pills or placing patches or vaginal rings.

It is recommended to choose those CM which do not depend on the user, such as Long-Acting Reversible Contraceptives (LARC): subdermal implants and intrauterine contraception. Medroxyprogesterone Acetate (DMPA) via intramuscular or subcutaneous injection can also be recommended.

1. AMPD: It is administered quarterly and has the benefit of achieving amenorrhea, which is crucial for menstrual management. Impact on bone mass must be evaluated.
2. Subdermal implant: Excellent method for PW intellectual disabilities. Ideal for patients with contraindications for estrogens due to comorbidities. The subdermal implant has the disadvantage of unpredictable bleeding and may require sedation for insertion.
3. IUDs: It is an excellent method for these users, especially those with a contraindication for estrogens due to concomitant comorbidities or drug interactions. A large number of individuals with intellectual disabilities are prescribed medications associated with the use of anticonvulsant inductors of CP450 enzyme, antipsychotic or anti depressive medication, causing drug interaction (WHO, 2015). Disadvantages may include the need for sedation and ultrasound control for placement.

- Cu-IUD can increase menstrual bleeding and dysmenorrhea.
- LND-IUD provides an additional advantage for this group of patients:
    - It reduces menstrual bleeding and dysmenorrhea.
    - LND IUDs of 13.5mg and 19.5 mg can be easier to insert (Allen, 2022) in young women, since they have a smaller diameter (28x30mm), than the 52mg Lng IUD (32x33mm) and the Cu IUD (32x36mm).

4. Surgical sterilization: irreversible method

In permanent contraception it is always necessary to evaluate other contraceptive options, working with individuals with intellectual disabilities. Personal and individualized informed consent is essential, as long as the PWD can provide it. If this CM is requested by parents, legal guardians, or caregivers, the certificate of disability or the court order confirming that the requestor can decide on the PWD's SH and RH (see legal framework.)

**In summary:**

- All individuals with intellectual disabilities have the right to receive sexual and reproductive health care of the same type and quality as individuals without disabilities.
- The healthcare system should provide the means and strategies for PWD to understand the information provided to them, enabling them to give informed consent.
- It should be noted that the decision and consent are provided by the PWD, even though they may require support persons.
- PWD can use any contraceptive method, considering comorbidities.
- For PWD, prioritizing the use of Long-Acting Reversible Contraceptives (LARC), especially LNG-IUD, is recommended. It offers the benefit of reducing bleeding, dysmenorrhea, and facilitating menstrual management in these users.

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## Conclusions

Argentina has a rich legal framework that includes the Law on Sexual and Reproductive Health and its program, Law 26.378 adhering to the International Convention on the Rights of Persons with Disabilities (PWD), modifications to the tubal ligation law, and changes to the Civil and Commercial Code (CCC) since 2015. However, the reality faced by women or persons with gestational capacity and disabilities is far from ideal in terms of supporting their rights regarding sexual health and reproductive health.

The challenges mentioned above are determined by barriers that are difficult to eradicate, such as the preparation and training of healthcare team members for comprehensive care for this population, the lack of specific health checks for institutionalized PWD, building adaptability, and the accessibility system to certain CM that include Braille on their packaging. Most importantly, there is a lack of coordination among healthcare team members in situations that require it.

The Sexual and Reproductive Health Argentine Directorate (Dirección Nacional de Salud Sexual y Reproductiva) works with the 0800 Sexual Health line, involving PWD and attempting to provide adapted responses to each situation. Additionally, there is a significant amount of audiovisual or interactive material adapted for access in the online health bank (www.bancos.salud.gov.ar) of the National Ministry of Health.

The concept of counseling and recommendations for contraception in PWD is truly necessary, as each type of disability will require special consideration in the selection and choice of CM. Each woman or person with gestational capacity considered within their disability will present a unique challenge to the professional. To ensure a solid foundation for this challenge it is essential to remember that, in most cases, PWD can and should provide their informed consent. In cases where they cannot, certification or judicial support will empower their caregivers to make such decisions.

In conclusion, this guide aims to provide concrete tools for infrequent situations but ones that challenge the actions of the healthcare team in ensuring the rights of people with disabilities.