

THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF YOUNG PEOPLE WITH INTELLECTUAL DISABILITY: A SCOPING REVIEW

Carter A^{1,2}, Strnadová I^{3,4}, Watfern C^{5,6}, Pebdani R⁷, Bateson D^{8,9}, Loblinzk J³, Guy R,¹ Newman C⁹

¹ Kirby Institute, UNSW Sydney, ² Faculty of Health Sciences, Simon Fraser University, ³ School of Education, UNSW Sydney, ⁴ Disability Innovation Institute, UNSW Sydney, ⁵ The Black Dog Institute, UNSW Sydney ⁶ UNSW Arts Design & Architecture, UNSW Sydney, ⁷ Discipline of Rehabilitation Counselling, The University of Sydney, ⁸ Family Planning New South Wales, ⁹ Centre for Social Research in Health, UNSW Sydney

Background: In 2006, the UN Convention on the Rights of Persons with Disabilities affirmed the rights of people with disability to enjoy all aspects of life, including sexuality, on an equal basis with people without disability. We undertook a scoping review to explore experiences of sexual and reproductive health and rights for young people with intellectual disability and understand the constraints and enablers on their health and agency.

Methods: We searched for peer-reviewed studies published in English-speaking, high-income countries between 2000 and 2020 in PubMed, CINAHL, Medline, Psych Info, and Sociological Abstracts. Two independent reviewers led study selection and data extraction, following PRISMA-ScR guidelines. A resilience framework and intersectionality theory were used to synthesise and interpret results. Using inclusive principles, we involved a person with intellectual disability as co-author to guide the research, enabled via discussion of an easy-read version of the manuscript.

Results: Sixty-eight studies met the inclusion criteria, though inclusion of sexual minority and gender diverse groups was limited. Intersections between disability and other social determinants was primarily addressed through the lens of gender. Studies demonstrated that young people with intellectual disability are sexual beings, with unique desires and health needs. Despite numerous barriers, positive examples of autonomy were found across five domains: sexual development, sexual knowledge, sexual activity, cervical cancer prevention, and pregnancy/parenthood. The strongest facilitators of young people's self-determination were family/community support and sexuality education. However, the enduring view of people with intellectual disability as eternal children in need of protection restricted learning and decision-making processes about sexuality and reproduction, and limited access to preventative health interventions, resulting in significant health inequities.

Conclusion: Young people with intellectual disability deserve support that respects their dignity and worth in all areas of their lives. We offer eight actionable recommendations to make sexual and reproductive health services more inclusive.

Disclosure of Interest Statement:

Nothing to declare.

