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Original Research Article

Non-disabled and disabled women sexual health comparison

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ABSTRACT

Background: Disabled women constitute approximately 16% of all women in Europe. Regardless of disability level women are interested in maintaining sexual activity. The study aim was to compare, understand if there are sexual health disparities between disabled women and non-disabled women.

Methods: A cross-sectional study was conducted in non-governmental associations and the general practitioner's office in Latvia from November 2018 to January 2019. Data were collected from self-filled questionnaires of 34 DW and 34 NDW.

Results: The mean age of NDW was 32 years and 43 years for DW. 73.5% of DW and 41.2% of NDW were partially satisfied with their sex life, $p=0.009$. 47.1% of DW and 32.4% of NDW admitted having an irregular sex life, $p=0.002$. 58.8% of NDW and 29.4% of DW had last sexual intercourse within 6 days period, $p=0.011$. 67.6% NDW and 20.6% DW thought their sex life will improve in future, $p=0.001$. 70.6% of DW was interested in maintaining sexual relations as well as 91.2% of NDW. 20.6% of DW was interested in maintaining sexual relationships but less than before disability. 29.4% of respondents from both groups noted that the level of disability or other health disorders had little impact on their sexual health. 8.8% of disabled women and 2.9% of non-disabled women had severe symptoms of depression.

Conclusions: The study demonstrated that NDW had regular sex life and were more satisfied with it than DW. Regardless of the state of health women were interested in maintaining sexual activity.

Keywords: Sexual health, Disabled women, Non disabled women.

INTRODUCTION

Women with disabilities constitute 16% of the total population of women in Europe, which means in the European Union there are approximately 40 million women and girls with disabilities.¹ The rights of women with disabilities are often excluded, including their sexual and reproductive rights. One of the important factors to achieve sexual health is the environment, which affirms and promotes it.² Persons with disability continue to

confront stigmatizing assumptions about their sexual and reproductive health. False assumptions are made that disabled woman could not feel sexual desire or seek pregnancy and motherhood.³ Another factor to achieve sexual health is access to comprehensive, good-quality information about sex and sexuality.² A common misconception that people with disabilities are not sexually active often leads health professionals to fail to offer sexual and reproductive health services. In addition, adolescents and adults with disabilities are more likely to

be excluded from sex education programmes.⁴ Women with mental, physical, sensory or intellectual disorders often have painful experience with healthcare professionals, so they avoid seeking for medical help or consult about their sexual and reproductive health even when it is needed.

One more important issue is sexual and physical abuse which is often observed for women with disability. The prevalence of sexual abuse against people with disabilities has been shown to be higher, especially for women with intellectual disabilities and adolescents.⁵ Abuse happens even within the home, which often leads to unwanted pregnancy and psychological trauma. Sexual health is fundamental to the overall health and well-being of individuals. Insufficient sexual health could lead to physical and mental health issues. It is studied that women in general have a higher risk to develop depression than men, and disability increases this risk even more. The development of depression involves not only gender and disability but also stereotypical attitude from society, abuse, environmental barriers and lack of access to appropriate health care.^{6,7}

It is important to understand if there are differences between disabled and non-disabled women sexual health. The aim was to determine whether disability affects a woman's sexual and psychoemotional health. Our hypothesis is that there are no significant differences between groups on sexual desire, but noteworthy differences in the frequency of sexual activity and satisfaction. Also, women with disability are at greater risk of abuse and development of mental health issues.

METHODS

A cross-sectional study was conducted in seven associations for disabled people and the general practitioner's office in Latvia to compare non-disabled and disabled women sexual health. Data were collected from self-filled questionnaires which included questions about frequency of sexual intercourse, sexual satisfaction and desire, sexual abuse, mental health and others. Data acquisition took place from November 2018 to January 2019. 34 disabled women and 34 non-disabled women voluntarily filled the questionnaire. Inclusion criteria for the research group were women with any type of disability.

The control group consisted of women who were without chronic health conditions based on their family doctor's view. Data were analysed using Microsoft Excel and IBM SPSS 22.0. Methods used in the analysis were descriptive statistics and non-parametric Pearson's Chi-Squared test, $p < 0.05$ were considered statistically significant.

RESULTS

The mean age of non-disabled women was 32 years with range 22 to 61 years and the mean age of disabled women was 43 years with range 23 to 75 years. 64.7% (n=22) of

disabled women were with physical disability, 11.8% (n=4) with vision and 8.8% (n=3) with hearing disabilities, 2.9% (n=1) with mental disability and 11.8% (n=4) with psychiatric disability.

Results for sexual satisfaction comparison showed that non-disabled women were more likely satisfied with their sex life (52.9%, n=18) than disabled women (17.6%, n=6), $p=0.009$. Disabled women mainly were partly satisfied with their sex life (73.5%, n=25 vs. 41.2% (n=14) non-disabled women, $p=0.009$). 8.8% (n=3) of disabled women and 5.9% (n=2) of non-disabled women answered that they were not satisfied with their sex life (Figure 1).

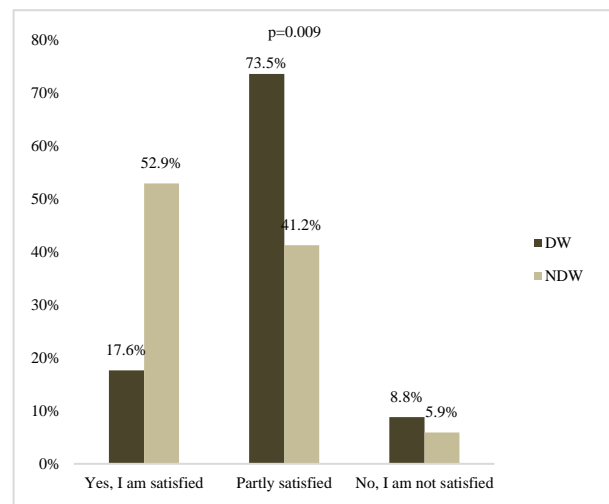


Figure 1: Comparison of satisfaction with sex life.

Women were asked about the frequency of their sex life and results showed that most of non-disabled women thought that they had a regular sex life (67.6% (n=23) versus 32.4% (n=11) of disabled women) and disabled women more frequently noted to have an irregular sex life (47.1% (n=16) vs. 32.4% (n=11) non-disabled women, $p=0.002$). 20.6% (n=7) of disabled women of different ages (36 to 69 years) noted that they had no sex life, while all non-disabled women noticed they had sexual relations. Women were asked about last sexual intercourse: 29.4% (n=10) of disabled women versus 58.8% (n=20) of non-disabled women noted having sexual intercourse within 6 days, $p=0.011$ (Figure 2).

It was also important to understand if disability had an impact on women's sexual health. 32.4% (n=11) of disabled women confirmed that disability affected their sexual health, 29.4% (n=10) said that disability had little impact on their sexual health and there were 38.2% (n=13) of disabled women who said that disability had no impact on their sexual health.

Non-disabled women were asked if any kind of health conditions had impacted their sexual health and answers were similar (Figure 3). Disabled women were sceptical about the possibility that their sex life could improve in future: 55.9% (n=19) noted that it will not change and

23.5% (n=8) thought it could worsen, 20.6% (n=7) believed it could improve compared with 67.6% (n=23) of non-disabled women, p=0.001 (Figure 4). It is important to emphasize that 91.2% (n=31) of women with disability and 97.1% (n=33) of non-disabled women were interested in maintaining sexual relations.

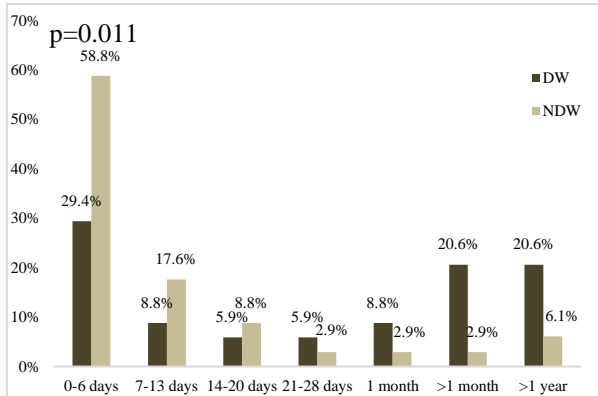


Figure 2: Last sexual intercourse.

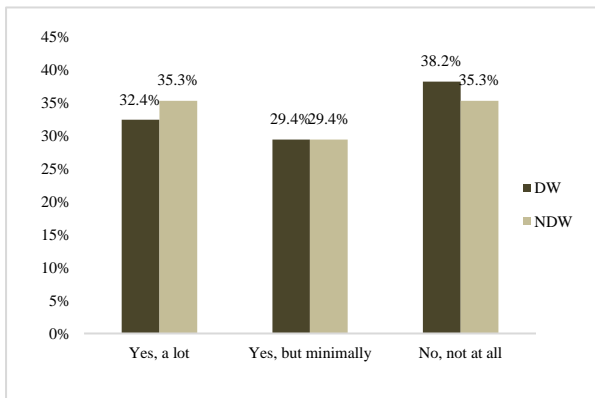


Figure 3: Impact of disability or other health conditions on sexual health.

14.7% (n=5) women with disabilities admitted that they have experienced sexual violence in forms of forced sexual intercourse, physical harassment and threatening.

Women in both groups were asked to fill the patient health questionnaire-9 (PHQ-9) to understand if they had signs of depression and to objectify the degree of depression severity. 8.8% (n=3) of disabled women vs. 2.9% (n=1) of non-disabled women had severe symptoms of depression. 23.5% (n=8) of disabled women had very severe symptoms of depression (Figure 5).

Only 5.9% (n=2) of disabled women sought help from health care professionals in terms of their sexual health. Nevertheless, 58.8% (n=20) thought that doctors could help them manage their problems in relation to sexual health. Unfortunately, 17.6% (n=6) of women with disabilities admitted they have experienced negative attitude from health care professionals when searching for help.

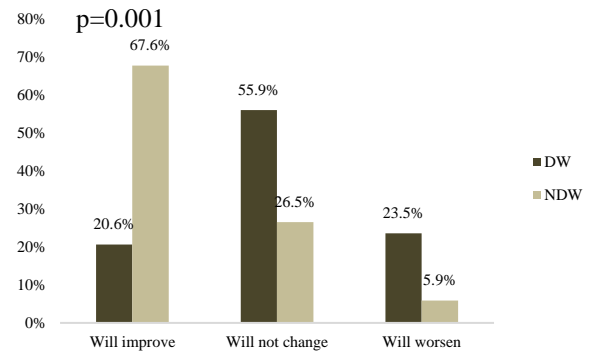


Figure 4: Sex life improvement.

DISCUSSION

Findings from this study showed that disabled women felt sexual desire and were interested in their sexual health and sex life maintenance, but more commonly were less satisfied with their sex life in comparison with non-disabled women. The status of disability had little impact on women sexual health, in fact, the impact of disability on sex life was noted to be similar to the impact of any health problems experienced by practically healthy women. In consideration of WHO definition of sexual health as “a state of physical, emotional, mental, and social well-being in relation to sexuality, disability status is only one factor to influence the quality of sexual health.”⁸ It was noted that women with disabilities more often experienced signs of severe depression. It would be valuable to further study the impact of emotional, mental and social factors among women with disabilities and their influence on sex life. One important social factor noted during this research was a negative experience when seeking help from health care providers regarding sexual health. It would be interesting to further study the experience of health care providers on education and information provision about sexual health for women with disabilities.

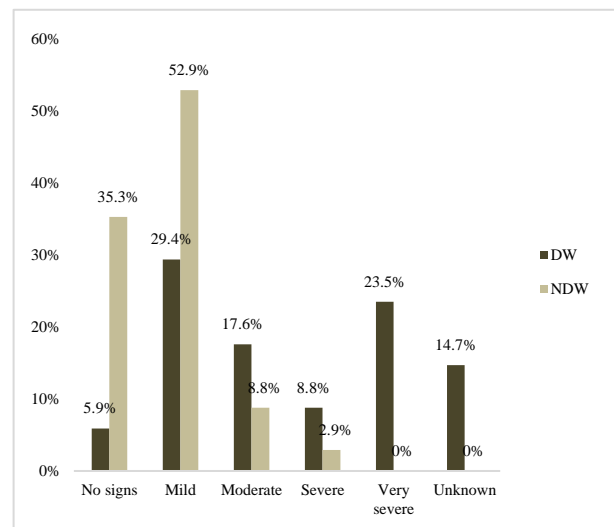


Figure 5: Signs of depression.

In literature, it is noted that youth with physical disabilities report experience with sexual activity with far less information about sexual health including basic information about sex, birth control and sexually transmitted infections.⁹⁻¹² Despite potential physical and social limitations related to sexual development, youth with physical and mobility impairments were interested in sexual relationships and engaged in sexual behaviour.¹³ Similar observation was noted in our study. It is important to include people with disabilities in the general health education system and support healthy sexual development. Another study showed that youth with physical disabilities were more than two times as likely to be sexually abused in comparison with youth without disabilities, and nearly 80% of physically disabled women report lifetime sexual assault.¹⁴

Unfortunately, our study provided additional data on violence among women with disabilities which included physical, emotional and sexual violence. Several other studies have similarly described increased violence and sexual abuse and assault in physically disabled persons.¹⁵⁻¹⁷ The association between disability and depression have been found in various studies.¹⁸⁻²⁰ Female gender is also found as one of the risk factors for the development of depression, but it could vary with life span.²¹ Again we faced the importance of not only physical but also emotional health when talking about sexual health for women with disabilities. With this in mind, women with disabilities should receive emotional support in addition to quality sexual health education.

CONCLUSION

In conclusion, there are no significant differences between disabled and non-disabled women on sexual desire, but noteworthy differences in the frequency of sexual activity and satisfaction. Disabled women are at higher risk to develop depression and are more likely to experience sexual and physical abuse. Most of the disabled women do not believe that their sex life could improve in future. Regardless of the state of health, women in both groups are interested in maintaining sexual activity, which proves the important role of sexual health in a fulfilling life.

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