**SUPPORTING THE REPRODUCTIVE HEALTH OF WOMEN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES**

**Shirley McMillan1, Janet Vogt1, Linda Wise1, Deborah Bluestein1, Lisa Malcho1**

**1Surrey Place**

**Objectives:** In Ontario, women with intellectual and developmental disabilities (IDD) have lower screening rates for both cervical and breast cancer than women without IDD. There is a clear need to educate these women regarding the importance of cancer screening and to facilitate their access to screening opportunities. Research supports the need to modify traditional educational approaches and accommodate the learning needs of these women. In addition, many women with IDD are sexually active. To safeguard their health and avoid unwanted pregnancies, they need access to effective education regarding screening tests, birth control, and sexually transmitted infections. The overall goal of this project was to help women with IDD attain a better understanding of their reproductive health and how to maintain it. The specific objectives were:

1. To involve women with IDD in the development and evaluation of a reproductive health curriculum (including the support materials).

2. To strengthen the women’s self-advocacy skills by teaching them the importance of monitoring their reproductive health.

3. To introduce the women to a specialized clinic for women with IDD and encourage them to access the screening services there.

**Method:** We recruited 13 mothers with IDD from the Parenting Enhancement program at Surrey Place. Three women previewed adapted materials obtained from the public domain and provided their feedback, which was used to select and modify some of the materials for use in the intervention group. The remaining ten women attended six weekly group sessions, which included a visit to the Bay Centre for Birth Control at Women’s College Hospital, where they attended a presentation and tour by a nurse practitioner who answered their questions about birth control, sexually transmitted infections (STIs), and screening for STIs and cervical cancer. During each session, the women were encouraged to ask questions and share their experiences relevant to the curriculum. At the end of each session, feedback regarding the curriculum and support materials was collected through a round table discussion.

**Results:** Following the intervention, 7 out of 10 women demonstrated an increase in knowledge related to screening for cervical and breast cancers. In general, the women were more familiar with the pap test than the mammogram. The questions that proved most difficult were those related to how often a woman should access these two screening tests. Although some educational resources were well received, the women suggested further adaptations to all of them. Challenges identified were: the reading level, the use of different terminology, and irrelevant information regarding availability of, or how to access, various services or products. Most women indicated a preference for on-line access to the resources.

**Discussion/Conclusions:** This study helped us identify a number of gaps in knowledge related to reproductive health, and the lack of relevant and appropriate resources to meet the women’s needs. There are challenges in developing this type of curriculum and support materials and this study demonstrated the value of including consumers in this process. We are continuing to work on the development of these resources and will involve consumers in their evaluation.

**Correspondence:**

**Janet Vogt, Ph.D.**

**Surrey Place**

**2 Surrey Place,**

**Toronto, ON M5S 2C2**

**janet.vogt@surreyplace.ca**