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Sexual and Reproductive Rights of Disabled Women: A Review Study

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Abstract

Background: *WHO estimated that approximately 15% of the world's population lives with some form of disability. There are important gaps in knowledge about the Sexual and reproductive rights of this population. This study aimed to review the sexual and reproductive rights of disabled women.*

Methods: *Electronic searching of Medline, PubMed, Scopus, Cochrane, Embase, Web of Science, SID, and Google Scholar was performed up to Nov 2024, using Sexual rights, reproductive rights, reproductive health, Sexual health, disability, Handicap, and disabled persons as keywords. Inclusion criteria consist of both English and Persian-published reports in the field of disabled women's reproductive and Sexual rights. In the long run, 38 documents met the inclusion criteria.*

Results: *The CRPD Committee mandates state parties to protect persons with disabilities from violence, exploitation, and abuse and, ensure the right of people with disabilities to the highest attainable standard of health without discrimination, including in the area of sexual and reproductive health.*

Conclusions: *Findings from the study speak to the need to protect and realize the SRH rights of persons with disabilities.*

Keywords: Sexual rights, reproductive rights, reproductive health, Sexual health, Disability, Handicap.

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Introduction

More than one billion people worldwide suffer from some form of disability due to a mental, physical or sensory impairment, representing 16% of the world's population[1]. The global prevalence of disability is estimated to be between 5 and 25% of the world's population, with the majority of people with disabilities (80%) living in developing countries[2]. Of these, two-thirds live in the Asia-Pacific[3]. These figures are growing rapidly and the prevalence of disability will become an even bigger problem in the coming years due to population growth, ageing, violence, war, conflict, environmental degradation, poor working conditions, sexual and gender-based violence, harmful traditional practices, etc. Implementing and improving measurement techniques. Increase [4,5]. There are significant differences in the prevalence of disability between men and women in both developing and more developed countries: the prevalence of disability in men is 12% compared to 19.2% in women[6,7]. Disability is not limited to any particular social or economic group, culture or age group. Disability is both a cause and a consequence of poverty. People with disabilities, especially women and children with disabilities, are overrepresented among the world's poor[8]. People with disabilities face all forms of discrimination and exclusion from the social, cultural, political and economic life of their communities. In particular, women with disabilities are recognized as experiencing particular and additional disadvantages due to intersectional discrimination related to their gender and disability, and are more likely to be excluded compared to men with disabilities and women without disability[4,9,10]. According to Article 25 of the 2008 UN Convention on the Rights of Persons with Disabilities, "persons with disabilities have the right to the highest attainable standard of health without discrimination on the basis of disability."[11]. Sexual and reproductive rights are fundamental human rights. They embrace human rights that are already recognized in international, regional, and national legal frameworks, standards, and agreements[12]. Particularly people with disabilities are the most marginalized, stigmatized, poorest, least educated, and least employed group which exacerbates their financial barriers to health care services all over the world's citizens. Thus, people with disabilities are more vulnerable to sexual and reproductive health problems than their non-disabled peers[13]. Some Inaccurate and negative stereotypes circulate within community and health-care settings, including that persons with disability are asexual, do not get married or have children, and therefore do not require SRH services and SRR[10,14,15,16]. In addition, SRH services are often inaccessible because of many reasons including stigma and discrimination, physical barriers, lack of accessible information and communication materials, health care providers' negative attitudes, and lack of disability-related clinical services[17]. In low and middle-income countries, efforts to uphold the articles of the CRPD are hampered by a lack of data on the number of people living with disability, on their SRH needs and experiences, and recognition of their sexual & reproductive rights[18,19]. Findings from one study in Ethiopia indicate the need to focus on SRH issues and the rights of this segment of the population[20]. United Nations General Assembly Convention article 25 stated that persons with disabilities have equal rights to SRH with nondisabled. This is important to achieve a Sustainable Development Goal (SDG) and create a truly inclusive society. However, the full scope of SRH issues

for women with disabilities has yet to be clearly articulated and adequately addressed[21]. Progress in this area could also be expected to lead to improvements in other more traditional disability policy areas, such as employment and social protection[18]. The report calls for a paradigm shift to include people with disabilities at all levels of the health system to reduce inequalities, including in sexual and reproductive health care. However, there are significant gaps in knowledge about the sexual and reproductive rights of this population. To address these gaps, we conducted a literature review on the sexual and reproductive rights of people with disabilities.

Materials and Methods

The study was conducted through a review of different databases up to Nov 2024. First by using keywords such as sexual rights, reproductive rights, reproductive health, sexual health, disability, handicap, disabled persons alone or in combination, all related articles, documentation, and international agreements in the databases Medline, PubMed, Scopus, Cochrane, Embase, Web of Science, SID and Google Scholar was searched. Articles, reports, and official publications of international organizations and international institutions in the field of reproductive and Sexual rights such as the World Health Organization, the United Nations, and UNFPA were also investigated. All documentation to identify and select relevant concepts was reviewed by the authors. The main criterion for entry to study was the documents related to the reproductive and sexual rights of disabled persons and also issued in the international arena. So other articles and documents that are related to other aspects of health rights such as patient rights were excluded from the study. Finally, 38 cases that introduce the concept, history, construct, and components of the reproductive and sexual rights of disabled persons were selected.

Results

sexual and reproductive rights (SRR) is a broad concept and includes the right to autonomy and self-determination the right of everyone to make free and informed decisions and have full control over their body, sexuality, health, relationships, and if, when, and with whom to partner, marry and have children without any form of discrimination, stigma, coercion or violence. the right of everyone to enjoy and express their sexuality, be free from interference in making personal decisions about sexuality and reproductive matters and access sexual and reproductive health information, education, services, and support. It also includes the right to be free from torture and cruel, inhumane, or degrading treatment or punishment; and to be free from violence, abuse, exploitation, and neglect[22-24]. The UN system task team on the post 2015 UN development agenda and the high-level task force for the ICPD make it very clear that sexual and reproductive rights and health, the empowerment of women and girls (including women and girls with disabilities), and the protection and promotion of their rights, lie at the heart of sustainable development and should therefore be centerpieces of the new post-2015 global agenda[12].

The CRPD and other international human rights instruments guarantee the fundamental human right to physical, social and mental health and recognize that women with disabilities are particularly vulnerable to discrimination[24-26]. The Convention on the Rights of Persons with Disabilities (CRPD), which came into force on 3 May 2008, is the first binding human rights treaty to establish that human rights and fundamental freedoms apply to all people with disabilities. Its fundamental objective is to ensure that all human rights and fundamental freedoms are promoted, protected and realized, and that the inherent dignity of people with disabilities is promoted and respected[27]. The CRPD broadly categorizes people with disabilities and moves away from a traditional medical and welfare orientation, proposing a social model of disability that lists and describes civil, political, economic, social and cultural rights. Among other things, the CRPD mandates States Parties to: protect persons with disabilities from violence, exploitation and abuse (including the gender-based aspects of such violations) (Art. 16); ensure that persons with disabilities enjoy legal capacity on an equal basis with others (Art. 12); enjoy access to justice (Art. 13); are not subjected to arbitrary or unlawful interference with their privacy (Art. 22) and family (Art. 23), including in all matters relating to marriage, family, parenthood and relationships; guarantee persons with disabilities, including children (Art. 7), the right to retain their fertility; take measures to ensure women and girls enjoy the full and equal enjoyment of their human rights (Art. 6); prevent people with disabilities from being subjected to torture, or cruel, inhuman or degrading treatment or punishment (Art. 15); prohibit involuntary treatment and involuntary confinement (Arts. 12, 17 and 25); implement disability inclusive development practices (Art. 32), and, ensure the right of people with disabilities to the highest attainable standard of health without discrimination, including in the area of sexual and reproductive health & Rights and population-based public health programs (Art. 25)[28].

According to the CRPD, the promotion of the right to equality and non-discrimination (article 5) requires that state parties enact legislation prohibiting discrimination on the grounds of disability, modify or abolish laws and practices that discriminate against people with disability, and implement the principle of “reasonable accommodation”. States are therefore obliged to ensure that necessary modifications and adjustments that "do not impose undue burdens" are made to enable persons with disabilities to enjoy their rights on an equal basis with others. The Convention also makes clear that special measures aimed at promoting equality for persons with disabilities or addressing the particular needs of women and girls are not considered discriminatory[6].

The right of all persons with disabilities to marry and start a family received its first serious discussion at the international level during the drafting of the Declaration of General and Special Rights of Mentally Retarded Persons in 1971[29]. Integral to persons with disabilities’ sexual and reproductive freedoms is the right to marry and find a family (or "respect for home and the family", to keep with the language of the CRPD, article 23). With regard to this right, the Convention emphasizes the importance of the free consent of prospective spouses and promotes the right of persons with disabilities to free and safe control over their fertility and reproduction, in particular through access to education, information and family planning

resources. The Convention also emphasizes the right of parents with disabilities to receive appropriate support in fulfilling their parental responsibilities. Furthermore, the Convention establishes legal guarantees to ensure that families are not separated due to the disability of a child or parent[30].

In other instances, however, contradictions are more subtle. Such is the case of law and policy around sexual and reproductive choice and health. The right to sexual and reproductive health is addressed in the Convention under article 25, which grants the right to the enjoyment of the highest attainable standard of health. In this sense, governments are urged to take the necessary measures to "provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmers as provided to other persons, including in the area of sexual and reproductive health". In particular, state parties must require health professionals to provide care "based on full and informed consent", by inter alia raising their awareness about "the human rights, dignity, autonomy, and needs of persons with disability". Rights to access family planning and age-appropriate information and education, as well as the right to control one's fertility and reproduction, are further recognized in article 23, which also entails governments' obligations to provide the means necessary to exercise these rights[25].

The right to physical integrity encompasses two important sexual and reproductive freedoms: the right to make decisions concerning one's health and body, and the right to be free from sexual abuse and exploitation (Centre for Reproductive Rights, 2002). The CRPD specifically guarantees these freedoms for people with disabilities under articles 25 (health) and 17 (protection from exploitation, violence, and abuse) respectively[25,31].

For persons with disabilities especially women, to fully exercise their reproductive autonomy, they must have access to the accurate and timely information they need to make important life decisions. This information, however, is often not provided to persons with disabilities because they are unable to physically access healthcare facilities, the information provided to them is biased by a perception that they are unable to take care of children,[32] or the information they receive is not in accessible formats, and although sexuality education, both in and out of schools, is an important part of ensuring that disabled persons are empowered to protect their reproductive rights, sexuality education is often effectively denied to persons with disabilities because of stereotypes about their sexuality, lack of accessibility of information, and exclusion from mainstream schools[33]. Disabled women's reproductive rights are constrained by the assumption that disabled women are not sexual citizens. There is a lack of societal support for disabled women's roles as mothers and sexual agents and a lack of health care services that support disabled women[34].

Access to information in healthcare settings is an issue that affects all persons[35]. Accurate and timely information is essential to exercising autonomy and making an informed choice to undergo medical procedures. When accurate and evidence-based information, free from biases and prejudices, is denied to individuals in healthcare settings, including reproductive healthcare, it is a human rights violation. persons with disabilities may face barriers to accessing information about their reproductive health distinct from other persons, because of physical barriers to entry into healthcare facilities or to the use of transportation,[36] and communication barriers or lack of reproductive health information in accessible formats[37] WHO referred that disabled people are twice as likely to find the skills of health care providers inadequate to meet their specific needs and three times more subjected to experience bad treatment. Actually, because of their increased vulnerability to abuse, people with some sort of disabilities may have greater needs for SRH education and care[13]. Campbell concluded after interviewing 24 people with disabilities that most of them had problems accessing information about sexual issues and information specific to sexual issues in the context of disability was not available to them. In this research, it has been emphasized that the lack of access to information and the limitations experienced in this field are caused by social attitudes supporting a "healthy body" rather than the direct result of disability[38].

Comprehensive and accurate sexuality education is a key component of ensuring that reproductive rights are fulfilled, by providing needed information at an early age so that people can make decisions about their reproductive health. Sexuality education is also important as a means to empower women and girls to protect themselves from unwanted pregnancies and STIs, such as HIV/AIDS, as well as to access reproductive health services[39]. The 1994 International Conference on Population and Development (ICPD)'s Program of Action highlighted the role of Governments in promoting adolescent sexual and reproductive health and rights through delivering sexuality education[40]. However, according to the World Health Organization, adolescents with disabilities are more likely to be excluded from sexuality education programs than other children[36] sexuality education should be comprehensive and at minimum include information about anatomy and physiology, puberty, pregnancy, and STIs, including HIV/AIDS[41]. Additionally, these programs should address the relationships and emotions involved in sexual experiences, promote self-esteem, respect for the rights of others, and gender equality[42]. Sexuality education should also be available to all boys and girls both in school and outside of formal school settings to reach the widest possible audience.

Sexuality education for all is not only a means to empower persons with disabilities to understand their reproductive health but also to educate the public about the sexuality of persons with disabilities. On the other hand, lack of information on sexuality may in turn make persons with disabilities more susceptible to sexual abuse[43]. Sexuality education for students with disabilities is significantly underdeveloped globally. However, since the 1990s, there has been increasing research and advocacy for the intersections of sexuality and disability as well as the sexual citizenship of disabled individuals[44]. The World Bank estimates that as many as 97 percent of all individuals with disabilities – and 99 percent of women with disabilities – are illiterate[36].

In most global protocols, such as Article 14 of the Universal Declaration of Human Rights (Article 23) of the Convention on the Rights of Persons with Disabilities and also (Article 16) of the Convention on the Elimination of Discrimination against Women refers to human rights, including the right to marriage and fertility regardless of personal characteristics; But still, in

most societies of the world, the rights of people with disabilities in the field of marriage, fertility, and sexual behavior are ignored[45].

As noted above, one of the foundational principles of both reproductive rights and disability rights is the idea that individuals should be able to exercise their autonomy and make important decisions about their lives for themselves. However, in reproductive healthcare settings, restrictions on reproductive health services in law and in practice often undermine women's autonomy. Women and girls with disabilities face particular barriers to accessing services because they are too often denied the opportunity to decide for themselves whether to have children or face stereotypes about their capabilities that undermine the exercise of their reproductive rights.

Lack of access to modern contraceptive information and services means that persons are often unable to protect themselves from HIV and other sexually transmitted infections (STIs) or to control their fertility and reproduction, with attendant negative consequences for their health and lives. Because of limited data, it is unclear how persons with disabilities are affected by lack of access to contraception; however, given the barriers to healthcare that they experience, it is likely that persons with disabilities have serious challenges in accessing contraceptive information and services[46]. There is evidence that contraceptive use is imposed on women with intellectual disabilities, sometimes for medical reasons, to avoid pain or pregnancy; sometimes for social reasons around hygiene, to be 'safe'; and also, despite no identified need to control menstruation[34]. Contraceptive information and services may be unavailable to individuals with disabilities due to physical barriers, lack of accessible information, stigma, and discrimination. It is commonly assumed that individuals with disabilities are not sexually active and so not in need of contraception, but research shows that they are as likely to be sexually active as their non-disabled peers. However, they are less likely to receive information about HIV prevention and safe sex, and are less likely to have access to prevention methods such as condoms. women with disabilities experience violence, including sexual violence, at higher rates than other women, making access to contraception essential for the exercise of their reproductive rights[46].

Voluntary sterilization is an important part of ensuring that a wide range of contraceptive methods are available to persons, including persons with disabilities, who do not want children or do not want more children, and is a widely-used form of voluntary contraception throughout the world. Too often, however, sterilization is not a choice. Forced and coerced sterilization, which takes away reproductive capacity without free and informed consent, is often targeted at persons with disabilities. Additionally, women with disabilities are often subject to forced abortion as a result of discriminatory beliefs about who should have children or unjustifiable state policies. Forced or coerced sterilization of women and girls with disabilities is often undertaken as a way to control menstrual cycles or because of misconceptions and discriminatory attitudes about the ability of women with disabilities to take care of children. Women with disabilities are particularly vulnerable to forced sterilizations performed under the auspices of legitimate medical care or as the result of decisions made by their parents, guardians, or doctors without the individual woman's consent. the UN Special Rapporteur on the Right to Health recognized that forced sterilizations, rape, and other forms of sexual violence, which persons with disabilities are vulnerable to, are inherently inconsistent with their sexual and reproductive health rights and freedoms[47].

Lack of access to safe and legal abortion services has a devastating impact on women's health and lives. Historically, women have been denied the right to choose to terminate a pregnancy and as such, the ability to make decisions about their lives and bodies. Moreover, gaps in the implementation of abortion laws or procedural barriers placed in the way of abortion services have undermined women's access to this reproductive health service. Evidence has shown that women who wish to terminate their pregnancies will do so regardless of the legality of this service. However, the legal status of abortion will largely determine whether they can access abortion services in safe or unsafe conditions. Human rights bodies have increasingly recognized women's access to safe and legal abortion as a human rights issue, calling on states to remove legal restrictions on abortion and ensure women's access to safe abortion services. All women, including women with disabilities, have difficulty navigating through restrictive environments to ensure the full exercise of their reproductive rights, but women with disabilities are placed at a particular disadvantage because of barriers to accessing reproductive health services the barriers already experienced by women with disabilities in accessing reproductive health services, including barriers to physical access, the absence of alternative formats of information and communication, lack of disability-related support services, and stigma, abortion services may be virtually inaccessible for women with disabilities in practice[27,48].

The achievement of the Millennium Development Goals (MDGs) has been uneven across and within regions and countries. Moreover, progress has slowed in some areas, and a few of the goals remain out of reach. It is the poorest and those most marginalized and discriminated against based on, gender, disability, age, and ethnicity who have seen the least progress[49]. One of the biggest obstacles to progress in the achievement of all the MDGs, is the scourge of violence against women, especially disabled women. In addition to inequalities between men and women, inequalities that exist among women and men, including based on disability, have also served as obstacles to the realization of the MDGs[50]. To address the widespread and deeply rooted inequalities experienced by women and girls with disabilities, including the pervasive human rights violations they experience, disability and gender must be mainstreamed as a cross-cutting issue throughout the whole post-2015 framework. The future development agenda Beyond 2014 and Post-2015, must therefore incorporate the following elements: The new development agenda must be grounded in the universal human rights framework**.** Any new framework of goals, targets, and indicators must fully reflect the fundamental human rights principles of universality, indivisibility, equality, non-discrimination, participation, transparency, and accountability. Recognizing that the respect, protection, and fulfillment of all human rights should be both the purpose and the ultimate litmus test of success for the Beyond 2014 and Post 2015 development agenda[51]. The new development agenda must prioritize and contain a transformative, standalone goal of eliminating and addressing

all forms of violence. It is undisputed that violence, in all its forms, is the most pervasive human rights abuse in the world today, is the biggest impediment to development and has been the over-arching major obstacle to progress on the achievement of all the MDGs. Whilst it is recognized that violence, in all its forms, disproportionately affects women, and remains the most egregious violation of women's human rights, there is a risk that linking violence only to gender equality goals, may in fact, minimize the imperative for the elimination of violence throughout and across the Post 2015 development agenda[52]. The new development agenda must priorities and contain a standalone goal of equality and non-discrimination**.** Given the undisputed fact that it is those most marginalized and discriminated against (based on gender, disability, age, and ethnicity) who have seen little benefit from the MDGs to date, the whole post-2015 development agenda must make equality and non-discrimination a priority. Clearly, for persons with disabilities, particularly women and girls with disabilities, this includes the need to ensure that disability and gender-specific targets and indicators are embedded throughout the new development agenda. The new development agenda must prioritize and contain a standalone goal of gender equality with gender-sensitive indicators mainstreamed across and throughout the new development framework. Without a dedicated focus on gender equality in the new development framework, the risk is that gender-based differences in power and resources that block the realization of women's rights are rendered invisible[53]. Effective civil society inclusion and participation is not only a human rights imperative but will be critical to the success of the Beyond 2014 and Post-2015 development agenda. the participation of those with disabilities in all areas of public life has been and remains woefully inadequate. Persons with disabilities especially women must be meaningfully involved in all decision-making processes of the new development agenda and frameworks. Critically, the role of civil society organizations of persons with disabilities is vital in this process. They must be empowered with sufficient resources (including financial), capacity building, training, and opportunities to enable them to effectively participate in development agenda and frameworks[54].

Access to sexual and reproductive health services is recognized as a fundamental human right and is crucial if we are to achieve universal access to SRH services to meet the Sustainable Development Goals (SDGs) by 2030. This acknowledgment reflects the increasing consensus among the United Nations member countries on the importance of sexual and reproductive health and rights (SRHR) for all population groups, including people with disabilities[55]. Sustainable Development Goals (SDG) 3.7 and 5.6 aim to achieve universal access to SRH[56].

Discussion

In SRR, Persons with disability throughout the world have failed to be afforded, or benefit from, these provisions in international, regional, and national legal frameworks, standards, and agreements. Instead, systemic prejudice and discrimination against them continue to result in multiple and extreme violations of their sexual and reproductive rights, through practices such as forced, and/or coerced sterilization, forced contraception and/or limited or no contraceptive choices, and in disabled women a focus on menstrual and sexual suppression, poorly managed pregnancy and birth, forced or coerced abortion, termination of parental rights, denial of/or forced marriage, and other forms of torture and violence, including gender-based violence. They also experience systemic exclusion from sexual and reproductive health care services. Negative perceptions of health personnel towards people with disabilities, disability-unfriendly infrastructure at health facilities, and the absence of trained personnel for people with disabilities (sign language) are some of the challenges involved. Also, these practices and violations are framed within traditional social attitudes and entrenched disability-based and gender-based stereotypes that continue to characterize disability as a personal tragedy, a burden, and/or a matter for medical management and rehabilitation[14,54-56]. According to study results, some of the key sexual and reproductive rights challenges experienced by women and girls with disabilities around the world such as:

1-International research suggests that disabled women confront multiple structural, informational, and attitudinal barriers in accessing health care[57-59,54].

2-Impediments to receiving required services include attitudinal biases of health and social service providers, physical barriers in clinical settings, poor dissemination of information also negative perceptions of health personnel towards people with disabilities, disability-unfriendly infrastructure at health facilities and absence of trained personnel for people with disabilities (sign language) are some of the challenges involved[54,60].

3-Disabled women also experience a lack of privacy and respect with health interventions, where their disabilities are the focus and other aspects of their care needs are not acknowledged or addressed[61,62].

4-Research indicates that, as a result of structural and attitudinal barriers, women with disabilities experience poorer quality health care and less preventative care than men or nondisabled women, leading to an increased risk of mental health problems and chronic disease[63,64]. One study in Portugal showed that the large majority of disabled persons stay with their parents, even after they reach adulthood and this pattern of familiarization of disability supports in Portugal is therefore another factor contributing to removing SRR of disabled persons from the political agenda concerns[65]. Another study conducted in Portugal, indicated a pattern of persisting invisibility of matters concerning the sexual and reproductive rights and freedoms of disabled persons in Portuguese policy and law, as well as the lack of accommodations and specific supports to effectively ensure respect for their sexual and reproductive human rights[31] results from a Canadian study[66] suggest that Canada, one of the wealthiest and most progressive nations in the world, falls significantly short of guaranteeing disabled women's human rights to access health care supports and services and disabled women continue to encounter multiple barriers to accessing health and reproductive care supports, services, and information. Also, the attitudes of medical professionals towards disabled women as child bearers

have often been based on myth rather than fact. Physicians often counsel disabled women not to have children merely `because it has seemed obvious that people with disabilities would not make good parents'[67]. Women with intellectual disabilities have historically been excluded from information about reproduction in a society that increasingly supports relationships and sexual freedoms but continues to have difficulty accepting people with learning disabilities as parents[34], So, It is well documented that the SRH rights of persons with disabilities are frequently overlooked and often violated[68], and the CRPD marks a significant shift in recognizing the rights of persons with disabilities to make their own informed decisions about all issues that affect them, including their sexuality and reproduction, and to live free from violence, discrimination, and coercion[69].

Findings from the study speak to the need to protect and realize the SRH rights of persons with disabilities. A practical first step can be to foster disability inclusion in SRH services through training staff; budgeting for disability inclusion; and enhancing outreach, protection, and engagement. Programs can further offer opportunities to persons with disabilities around leadership skills, disability rights knowledge, sexuality education, peer interaction, vocational training, and income generation to build longer-term SRH capacities and address their overall empowerment. Targeted outreach and emphasis to meet the SRH needs of persons with disabilities can further the rights of this resilient group. Disabled persons cannot fully exercise their human rights without reproductive rights. State obligations to ensure reproductive rights are particularly important for persons with disability.

Ethical Considerations

Authors declare that there is no potential conflict of interest and the review does not contain plagiarized material.

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Conflict of Interest

None to declare.

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