Sexual and reproductive health and rights (SRHR)

Policy messages

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This document is intended to provide top-line policy messages and background information on SRHR, to support our advocacy, policy and campaigning work.

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Background

Sightsavers uses a comprehensive definition of SRHR in line with The Guttmacher – Lancet Commission[1]:

> Achieving sexual and reproductive health relies on realizing sexual and reproductive rights, which are based on the human rights of all individuals to:
>
> - have their bodily integrity, privacy and personal autonomy respected
> - freely define their own sexuality, including sexual orientation and gender identity and expression
> - decide whether and when to be sexually active
> - choose their sexual partners
> - have safe and pleasurable sexual experiences
> - decide whether, when and whom to marry
> - decide whether, when and by what means to have a child or children, and how many children to have
> - have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence.

The definition also sets out an essential package of services which includes contraceptive services; antenatal, childbirth and postnatal care; prevention of HIV and other sexually transmitted infections; comprehensive sexuality education; safe abortion care; prevention, detection and counselling for gender-based violence; counselling and services for infertility; prevention, detection, and treatment of reproductive cancers; and counselling and care for sexual health and well-being.

[1] Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights: https://www.guttmacher.org/guttmacher-lancet-commission/accelerate-progress-executive-summary .

SRHR and people with disabilities

Sexual and reproductive health and rights are human rights. They are not only an integral part of the right to health, but are necessary for the enjoyment of many other human rights, including the rights to life, freedom from torture and ill-treatment, freedom from discrimination, equal recognition before the law, privacy and respect for family life, education and work.[2]

Women's and girls' control over their own bodies, fertility and sexuality is an integral part of their rights to be free from discrimination, coercion and violence, and encompasses bodily integrity and autonomy, dignity, and equality.

People with disabilities face multiple barriers in claiming their full range of sexual and reproductive rights. Women and girls with disabilities are denied SRHR information, denied rights to establish relationships and to decide whether, when and with whom to form a family. Forced sterilisation and contraception, female genital mutilation, coerced abortion and, on the other hand, lack of access to contraceptive information and services, maternal health care and fertility treatments, are some of the ways in which women and girls with disabilities are denied their rights.

Overprotective attitudes and lack of communication by parents and caregivers and gender-based violence, particularly intimate partner violence, can limit access to and uptake of family planning methods or indeed increase coercion towards use.[3]

People with disabilities have **historically been infantilised by society and treated as either asexual or hypersexua**l and been at increased risk of rape, forced marriages, sexual exploitation, forced sterilisation and unwanted or forced pregnancies.

Women with disabilities are also reportedly at **two to four times higher risk of Intimate Partner Violence (IPV) than women without disabilities** and are likely to feel more isolated and less able to report abuse if they rely on the abuser for their care in addition to being less likely to be believed if they do so.[4]

People with disabilities **face stigma, negative attitudes and discrimination from communities and health workers** leading them to be denied access to information and services.[5] This is linked to the societal prejudice towards people with disabilities including the myths that women with disabilities would be unlikely to experience sexual violence, that impairments are

[2] UN General Assembly A/72/133, Report of the Special Rapporteur on the rights of persons with disabilities: Sexual and reproductive health and rights of girls and young women with disabilities

[3] European Disability Forum, Sexual and reproductive health and rights of women and girls with disabilities, 2019

[4] Dunkle, van der Heijden, Stern and Chirwa, Disability and violence against women and girls, 2018

[5] Beleza, Discrimination against women with disabilities, 2003 **https://rm.coe.int/16805a2a17** ; Devkota, H. R., Kett, M., and Groce, N. (2019) 'Societal attitude and behaviours towards women with disabilities in rural Nepal: pregnancy, childbirth and motherhood'. BMC Pregnancy and Childbirth, 19(1), 20

not compatible with sexual desire and activity, and that people with disabilities cannot or should not become parents.[6]

Women with disabilities are often **discriminated against from the onset of pregnancy right through to motherhood**, linked to a myth that women with disabilities will inevitably give birth to children with disabilities and to a false assumption that people with disabilities would not be able to take good enough care of their children.[7]

In addition, **SRHR information and services are also often physically inaccessible** and communication modalities for sharing SRHR messaging tend to be inappropriate and inaccessible for people with visual and hearing impairments and people with intellectual disabilities. This inaccessibility of both health centres and information may lead to women and girls being unable to access family planning methods or agreeing to the uptake of certain methods without uncoerced and fully informed consent and can result in significant barriers and challenges for pregnant women with disabilities in having a healthy pregnancy and giving birth safely.

Further to this, **LGBTQI+ people with disabilities often face multiple barriers in accessing SRHR services** because of a lack of inclusive SRHR information and services and due to discrimination by healthcare providers, often due to entrenched stigma in society alongside legislation which criminalises same-sex relationships.[8] People with disabilities and diverse Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) face intersectional discrimination due to ableism, heteronormativity, homophobia and transphobia leading to isolation, marginalisation and oppression in many contexts.[9]

There is a **lack of age, gender and disability disaggregated data** on access to and uptake of SRHR services which is a barrier to understanding the extent of the challenges faced by people with disabilities in accessing services, hence contributing to their exclusion from SRHR focused programmes and policies.

There is **insufficient evidence when it comes to understanding what interventions work in addressing the multiple barriers people with disabilities, particularly adolescents**[10]**, face** in accessing SRH services in low and middle-income countries.[11]

[6] : Hameed S, Maddams A, Lowe H, et al. From words to actions: systematic review of interventions to promote sexual and reproductive health of persons with disabilities in low- and middle-income countries. BMJ Global Health 2020

[7] Bassoumah and Mohammed, The socio-cultural challenges to maternal and neonatal care: The views of women with disabilities receiving maternity care in the Chereponi district of the Northern Ghana, 2020

[8] Blyth et al, Out of the Margins: An intersectional analysis of disability and diverse sexual orientation, gender identity, expression & sex characteristics in humanitarian and development contexts, 2020

[9] Blyth et al, Out of the Margins: An intersectional analysis of disability and diverse sexual orientation, gender identity, expression & sex characteristics in humanitarian and development contexts, 2020

[10] Lagaay and Monteath van -Dok, ITAD 2020

[11] Lagaay and Monteath van- Dok, ITAD, 2020

Policy frameworks

Article 23 of the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)** sets out the rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children, and to have access to age-appropriate information and education around their reproductive health. It also sets out, crucially, that persons with disabilities "retain their fertility on an equal basis with others."

Article 25 sets out that persons with disabilities should be provided with the same quality and standard of free or affordable health care, including in the area of sexual and reproductive health. Article 6 acknowledges that women and girls with disabilities are subject to multiple discrimination and sets out that State parties should take all appropriate measures to "ensure the full development, advancement and empowerment of women" and to ensure they are able to exercise and enjoy their human rights as set out in the Convention.

The **UN Convention on the Elimination of All Forms of Discrimination Against Women** sets out in Article 16 that State Parties should "take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations." This includes the right to freely choose a spouse and to enter into marriage only with their free and full consent, and the right to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.

The **Sustainable Development Goals (SDGs)** explicitly call for ensuring "universal access to sexual and reproductive health and reproductive rights", and include target 5.6 under Goal 5 (Achieve gender equality and empower all women and girls) to "ensure universal access to sexual and reproductive health and reproductive rights" and target 3.7 under Goal 3 (Ensure healthy lives and promote well-being for all at all ages) to "ensure universal access to sexual and reproductive health-care services."

General Comment No. 3 (2016) on women and girls with disabilities from the Committee on the Rights of Persons with Disabilities emphasised that "women with disabilities have the right to choose the number and spacing of their children, as well as the right to have control over and decide freely responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence." The General Comment recognises that people with disabilities face multiple barriers to the enjoyment of sexual and reproductive health and rights, equal recognition before the law and access to justice. It states that all women with disabilities should be able to exercise their legal capacity and take their own decisions around medical treatment, retaining their fertility, reproductive autonomy, the timing and spacing of children and establishing relationships. There is an emphasis on the risk that "removing legal capacity can facilitate forced interventions, such as: sterilisation, abortion, contraception, female genital mutilation, or surgery."

In 2018, **a joint statement** was made by the **Committee on the Rights of Persons with Disabilities and the Committee on the Elimination of All Forms of Discrimination against Women** on 'Guaranteeing sexual and reproductive health and rights for all women, in particular women with disabilities.' It acknowledged the progress being made by countries to enable access for women with disabilities to their sexual and reproductive health and rights

but raised concern about the gaps across all regions in the protection of these fundamental rights and freedoms, and the intersecting forms of discrimination that women with disabilities face. State parties are called on to fulfil their obligations under CEDAW and CRPD by challenging discriminatory attitudes and fostering respect for the rights and dignity of persons with disabilities. It calls on States to repeal health policies and laws that undermine the reproductive autonomy of women with disabilities.

In 2021, **the World Health Assembly Resolution EB148.R6 'The highest attainable standard of health for persons with disabilities'** recognised the barriers faced by people with disabilities, particularly women and girls, in accessing information and education, including with regard to sexual and reproductive health. The Resolution also reaffirmed the importance of health services being provided to persons with disabilities on the basis of free and informed consent. It urges Members States to "to identify and eliminate attitudinal, environmental and institutional obstacles and barriers that prevent persons with disabilities from accessing health, including sexual and reproductive health care services."

The Committee on the Rights of Persons with Disabilities has in recent years begun to increasingly include LGBTQI+ people with disabilities in its comments and recommendations. General Comment No.3 (2016) on women and girls with disabilities recognised that they are not a homogenous group. In this, the committee recognised that women with disabilities "include indigenous women; refugee, migrant, asylum-seeking and internally displaced women; women in detention (hospitals, residential institutions, juvenile or correctional facilities and prisons); women living in poverty; women from different ethnic, religious and racial backgrounds; women with multiple disabilities and high levels of support; women with albinism; and lesbian, bisexual and transgender women, as well as intersex persons." Further, General Comment No. 6 (2018) on equality and non-discrimination emphasised that State parties must consult with and involve organisations which represent the vast diversity in society, including lesbian, gay, bisexual, transgender and intersex persons, and that this is necessary for ensuring multiple and intersectional discrimination is tackled.

Key messages

Governments must **pass and enforce legislation and policy** which specifically recognises the sexual and reproductive health and rights of all people with disabilities and prohibits harmful practices, including forced sterilisation and contraception, coerced abortion and female genital mutilation.[12]

Governments should design and implement programmes **which raise awareness of the sexual and reproductive health and rights of all people with disabilities**, emphasising their sexual autonomy and decision-making capacity and the multiple and intersectional discrimination faced in claiming their rights.

States must ensure that health workers are given adequate training, including through the curricular of health training institutions, to improve disability awareness and ensure that sexual and reproductive information, goods and services are provided to people with disabilities without discrimination or stigma. In particular, health workers must be aware of the risk of involuntary sterilisation, abortion and contraception faced by women and girls with disabilities, particularly those with intellectual disabilities, often led by close family members and partners.[13]

National and local governments must **ensure that sexual and reproductive health information is accessible** and that all people with disabilities are informed of their rights. This is in line with General Comment No.3 (2016) which states that public and private service providers should be "trained and educated to provide appropriate attention, support and assistance to women with disabilities, on applicable human rights standards, and on identifying and combating discriminatory norms and values; the adoption of effective measures to provide women with disabilities access to the support they may require to exercise their legal capacity….to give their free and informed consent and to take decisions about their own lives."

Governments should ensure the **provision of comprehensive sexuality education to children and young people with disabilities** in an accessible and age-appropriate format to support them in their sexual development and contribute to their well-being and health.[14][15]

Governments should ensure that **all services included in the Guttmacher-Lancet Commission definition of SRHR are fully accessible to and inclusive of people with disabilities**. This includes contraceptive services; antenatal, childbirth and postnatal care; prevention of HIV and other sexually transmitted infections; comprehensive sexuality education; safe abortion care; prevention, detection and counselling for gender-based violence; counselling and

[12] Special Rapporteur on the rights of persons with disabilities, Report on sexual and reproductive health and rights of girls and young women with disabilities, 2017

[13] Human Rights Watch, Sterilisation of Women and girls with disabilities, 2011

[14] European Disability Forum, Sexual and reproductive health and rights of women and girls with disabilities, 2019

[15] **Michielsen** and **Brockschmidt**, Barriers to sexuality education for children and young people with disabilities in the WHO European region: a scoping review, 2021

services for infertility; prevention, detection, and treatment of reproductive cancers; and counselling and care for sexual health and well-being.

States should **collect, analyse and use disability disaggregated data** around provision of sexual and reproductive health information and services, integrating internationally comparable methodologies as part of population-based surveys and routine data collection procedures, to inform improvements in policy and services.

Governments should ensure **the equitable allocation of budget** for the inclusion of people with disabilities in SRHR programmes. People with disabilities face significant financial barriers in accessing SRHR services due to the high costs, which have to be covered by out-of pocket expenditure and can be significant and catastrophic for people with disabilities in low-income households. Governments should ensure that people with disabilities have access to public or private health insurance schemes, including considering measures to make health premiums more affordable.[16]

Governments should **ensure the participation and consultation of people with disabilities** in decision-making and development of all policies and legislation focused on sexual and reproductive health and rights, with a focus on tackling multiple and intersectional barriers in claiming these rights.

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[16] DSP and DESA, A toolkit on disability for Africa

We work with partners in low and middle income countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

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