

E M E R G I N G I S S U E S

SEXUAL AND  
REPRODUCTIVE  
HEALTH OF PERSONS  
WITH DISABILITIES



About 10 per cent of the world's population, 650 million people, live with a disability, and their sexual and reproductive health has been neglected.

In countries where life expectancy is more than 70 years, individuals spend on average eight years of their lives with one or more disabilities. However, 80 per cent of persons with disabilities live in developing countries, most without social systems to support them. Their burdens are tremendous. In addition to the impacts of physical, mental, intellectual or sensory impairments, persons with disabilities often face stigma, discrimination, violence and poverty. They must cope with inadequate health services and have limited access to education. They experience the deprivation of opportunities in all aspects of life, including access to essential services. In particular, their sexuality has been ignored and their reproductive rights denied. People who are blind, deaf, or have intellectual or cognitive impairments find that information on sexual and reproductive health is often inaccessible to them. Moreover, because of the lack of physical access, the lack of disability-related technical and human supports, stigma and discrimination, sexual and reproductive health services are often inaccessible as well.

**“Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”**  
(Convention on the Rights of Persons with Disabilities, Article 1)



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- 10 per cent of the world's population, 650 million people, live with a disability.
- 30 per cent of families live with a family member who has a disability.
- 80 per cent of persons with disabilities live in developing countries.
- 20 per cent of the poor in developing countries live with disabilities.
- In countries with life expectancies of more than 70 years, people spend an average of eight years with disabilities.
- Persons with disabilities are as likely as persons without disabilities to be sexually active.
- Persons with disabilities are at increased risk of HIV/AIDS.
- Persons with disabilities are up to three times more likely to be victims of physical and sexual abuse and rape and have less access to physical, psychological and judicial interventions.
- Persons with disabilities often experience forced sterilization, forced abortion and forced marriage.

**Q. Isn't disability limited to a small number of people?**

**No. About 650 million people live with disabilities, and disability can happen to anyone.**

Approximately 10 per cent of the world's population have disabilities.<sup>1,2</sup> About 30 per cent of families live with family members who have disabilities.<sup>3</sup> These figures are rapidly increasing as a result of population growth, medical advances, ageing and increasing accidents and violence, including conflicts and sexual and gender-based violence. In countries where life expectancy is more than 70 years, individuals spend about eight years with one or more disabilities.<sup>2</sup> Disability is not restricted to any one social or economic group, culture or age group. Rather, anyone at any time can be born with or acquire a disability.

### Q. Is addressing disability a priority in development?

**Yes. Development cannot be achieved without taking into account the needs of persons with disabilities. Moreover, persons with disabilities are members of societies and citizens with human rights.**

Of the 650 million people living with disabilities, 80 per cent reside in developing countries.<sup>4</sup> About 20 per cent of the poorest in developing countries live with disabilities.<sup>5</sup> Unless such huge numbers of people are part of development policies and programmes, it will be impossible to attain goals such as the Outcome Document of the 2005 World Summit, the United Nations Millennium Declaration and its Millennium Development Goals, and the Programme of Action of the 1994 International Conference on Population and Development. In 2005, the United Nations Secretary-General stated: “Unless persons with disabilities are brought into the development mainstream, it will be impossible to cut poverty by half by 2015 as agreed by heads of State and Government at the United Nations Millennium Summit in September 2000.”<sup>6</sup> The United Nations General Assembly encouraged governments, intergovernmental and non-governmental organizations and the private sector to take concrete measures to mainstream the disability perspective into the development process. It also urged relevant organizations and bodies of the United Nations system to incorporate that perspective in their activities.<sup>7</sup> Mainstreaming disability impacts not only the lives of persons with disabilities and their families but also the economic and social development of countries. In terms of economic development, for example, a U.S. survey found that only 35 per cent of working-age people with disabilities were working compared with 78 per cent of those without disabilities.<sup>2</sup> People with disabilities are a huge untapped resource and should be seen as potential employees, taxpayers and contributors to development.

### Q. Aren't persons with disabilities asexual, sexually inactive or unable to have sexual relationships?

**No. Persons with disabilities are as likely as their non-disabled peers to be sexually active, although some may require support to address mechanical and/or psychosocial difficulties.**

Adolescents and adults with disabilities are as likely as persons without disabilities to be sexually active.<sup>8</sup> Thus, they also have a need to learn about sexuality and the responsibilities that go along with exploring and experiencing one's own sexuality. They have to know how to protect themselves against unintended pregnancies, HIV and AIDS and other sexually transmitted infections, and sexual and

gender-based violence. Privacy to experience their sexuality must also be considered for persons with disabilities who live with support workers or with parents. Such information and services must be made available in accessible formats, including alternative communication formats to overcome the challenge of illiteracy. Globally, only 3 per cent of persons with disabilities, and only 1 per cent of women with disabilities, are literate.<sup>9</sup> Some persons with disabilities experience mechanical and psychosocial difficulties in sexual relationships and need support. Negative and stereotyped attitudes in society and the lack of disability-related support often lead to low self esteem and psychological barriers in terms of sexuality.

### Q. Can persons with disabilities marry or have children?

**Yes. Many persons with disabilities marry and have children; however, many others do not because they have grown up believing that they could not. Furthermore, they often lack access to sexual and reproductive health information and services.**

Many persons with disabilities enjoy the experience of marriage and family life. However, because of stigma and discrimination, lack of access to information and services, especially those on sexual and reproductive health, many do not marry and have children. The myth that persons with disabilities will always give birth to children with disabilities stems from a lack of knowledge. Genetic disabilities occur in only a small number of births and can occur even if parents do not have disabilities. Persons with disabilities should be able to access information and counselling on the effects of pregnancy and childbirth on their bodies, appropriate medical care during pregnancy and delivery, care for the child, genetic heredity issues and mental well-being. Policies are necessary to ensure that persons with disabilities have access to sexual and reproductive health information and services, including family planning and maternal health.

### Q. Do HIV and AIDS matter to persons with disabilities?

**Yes. Persons with disabilities have equal or greater exposure to all known risk factors for HIV and AIDS. This is due to the lack of appropriate access to HIV-prevention information and services and the high rate of sexual and gender-based violence against persons with disabilities.**

Persons with disabilities are seldom included in HIV-prevention and outreach efforts due to the assumption that they are not sexually active and at little or no risk for HIV infection. However,

a growing body of research indicates that persons with disabilities are at increased risk of HIV and AIDS.<sup>10</sup> In addition to their being as sexually active as people without disabilities, they are as likely to use drugs and alcohol.<sup>11</sup> Further, in utero exposure to the HIV virus can cause significant developmental delays in infants.<sup>12</sup> In addition, persons living with HIV and AIDS experience AIDS-related physical disabilities. AIDS itself can biologically and psychologically cause mental health problems such as depression, acute psychotic disorders and dementia. Psychological causes, especially, stem from stigma, discrimination and the fear of death.

**Q. Is the prevalence of sexual and gender-based violence lower in persons with disabilities?**

**No. Men and women with disabilities are even more likely than others to be victims of violence or rape, although they are less likely to be able to obtain police intervention, legal protection, and mental health and prophylactic care.**

Persons with disabilities are up to three times more likely to be victims of physical and sexual abuse and rape.<sup>8</sup> However, most persons with disabilities have little or no access to police, lawyers and courts for protection.<sup>8</sup> Also, they have less access to medical interventions, including psychological and prophylactic care.<sup>8</sup> Forced sterilization, forced abortion and forced marriage are common. A study in Orissa, India, found that almost all of the women and girls with disabilities had been beaten at home, 25 per cent of women with intellectual disabilities had been raped and 6 per cent of women with disabilities had been forcibly sterilized.<sup>2</sup>

**Q. Is access to sexual and reproductive health and population-based public health programmes for persons with disabilities a human right?**

**Yes. The Convention on the Rights of Persons with Disabilities states that States Parties need to “provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes.”**

The Convention on the Rights of Persons with Disabilities states that States Parties need to ensure that persons with disabilities can decide freely and responsibly on the number and spacing of their children while retaining their fertility on an equal basis with others (Article

23).<sup>13</sup> Also, States Parties shall “provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes” (Article 25a).<sup>13</sup>

**“Historically, disabled persons have endured forced sterilization, forced abortion and forced marriage. Due to stigma and discrimination, disabled persons are often denied opportunities to pursue their aspirations. And studies show that persons with disabilities are up to three times more likely to be victims of physical and sexual abuse, and are at increased risk of HIV/AIDS.”**

– *Thoraya A. Obaid, UNFPA Executive Director*

## ACTIONS TO BE TAKEN

### **Include Disability Perspective in Sexual and Reproductive Health Policies and Programmes**

Consider the needs of persons with disabilities in sexual and reproductive health policies, strategies, programmes, projects, training, statistics and publications. Include persons with disabilities in decision-making processes.

### **Train Sexual and Reproductive Health Service Providers on Disability-related Accommodations**

Make information on the sexual and reproductive health of persons with disabilities available to sexual and reproductive health service providers. Include persons with disabilities in the training of service providers.

### **Make Sexual and Reproductive Health Information and Services Available to Persons with Disabilities**

Make sexual and reproductive health information and services appropriately accessible to persons with disabilities and their families. Make health services physically, psychologically, economically and socially accessible to everyone.

### **Train Peer Educators on Sexual and Reproductive Health for Persons with Disabilities**

Train persons with disabilities to become peer educators on sexual and reproductive health for other persons with disabilities.

## INTERNATIONAL INSTRUMENTS ON THE SEXUAL AND REPRODUCTIVE HEALTH OF PERSONS WITH DISABILITIES

### The United Nations Convention on the Rights of Persons with Disabilities (A/61/611) (2006)

#### Article 23. Respect for home and the family

1. States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that:
  - a. The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized;
  - b. 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, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;
  - c. Persons with disabilities, including children, retain their fertility on an equal basis with others.

#### Article 25. Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

- a. Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
- b. Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c. Provide these health services as close as possible to people's own communities, including in rural areas;
- d. Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- e. Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- f. Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

### The World Health Organization World Health Assembly Resolution (WHA) (WHA58.23) (2005)

The Fifty-eighth World Health Assembly, 1. URGES Member States:

- (4) to take all necessary steps for the reduction of risk factors contributing to disabilities during pregnancy and childhood;
- (5) to promote early intervention and identification of disability, especially during pregnancy and for children, and full physical, informational, and economic accessibility in all spheres of life, including to health and rehabilitation services, in order to ensure full participation and equality of persons with disabilities;
- (6) to implement, as appropriate, family counseling programmes, including premarital confidential testing for diseases such as anemia and thalassaemia, along with prevention counseling for intra-family marriages;
- (9) to include a disability component in their health policies and programmes, in particular in the areas of child and adolescent health, sexual and reproductive health, mental health, ageing, HIV/AIDS, and chronic conditions such as diabetes mellitus, cardiovascular diseases and cancer;

### The International Conference on Population and Development (ICPD) Programme of Action (A/CONF.171/13) (1994)

#### Paragraph 6.30.

Governments at all levels should consider the needs of persons with disabilities in terms of ethical and human rights dimensions. Governments should recognize needs concerning, inter alia, reproductive health, including family planning and sexual health, HIV/AIDS, information, education and communication. Governments should eliminate specific forms of discrimination that persons with disabilities may face with regard to reproductive rights, household and family formation, and international migration, while taking into account health and other considerations relevant under national immigration regulations.

#### Paragraph 8.7.

Governments should ensure community participation in health policy planning, especially with respect to the long-term care of the elderly, those with disabilities and those infected with HIV and other endemic diseases. Such participation should also be promoted in child-survival and maternal health programmes, breast-feeding support programmes, programmes for the early detection and treatment of cancer of the reproductive system, and programmes for the prevention of HIV infection and other sexually transmitted diseases.

### The United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (A/RES/48/96) (1993)

#### Rule 9. Family life and personal integrity

States should promote the full participation of persons with disabilities in family life. They should promote their right to personal integrity and ensure that laws do not discriminate against persons with disabilities with respect to sexual relationships, marriage and parenthood.

1. Persons with disabilities should be enabled to live with their families. States should encourage the inclusion in family counselling of appropriate modules regarding disability and its effects on family life. Respite-care and attendant-care services should be made available to families, which include a person with disabilities. States should remove all unnecessary obstacles to persons who want to foster or adopt a child or adult with disabilities.
2. Persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood. Taking into account that persons with disabilities may experience difficulties in getting married and setting up a family, States should encourage the availability of appropriate counselling. Persons with disabilities must have the same access as others to family-planning methods, as well as to information in accessible form on the sexual functioning of their bodies.
3. States should promote measures to change negative attitudes towards marriage, sexuality and parenthood of persons with disabilities, especially of girls and women with disabilities, which still prevail in society. The media should be encouraged to play an important role in removing such negative attitudes.
4. Persons with disabilities and their families need to be fully informed about taking precautions against sexual and other forms of abuse. Persons with disabilities are particularly vulnerable to abuse in the family, community or institutions and need to be educated on how to avoid the occurrence of abuse, recognize when abuse has occurred and report on such acts.

### The United Nations Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (A/RES/46/421) (1991)

#### Principle 1 Fundamental freedoms and basic rights

3. All persons with a mental illness, or who are being treated as such persons, have the right to protection from economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment.
12. Sterilization shall never be carried out as a treatment for mental illness.

***“The international goal to achieve universal access to reproductive health cannot be achieved unless persons with disabilities are brought into the mainstream and included in policies and programmes to improve sexual and reproductive health.”***

***- Thoraya A. Obaid,  
UNFPA Executive Director***

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