Sexual and Reproductive Health and Rights and People with Disabilities in Low and Middle Income Countries

Illustration of www.sexualityanddisability.com

Dutch Coalition on Disability and Development
Inclusion works

Facts, Figures and Key Challenges
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Introduction

Sexual and reproductive health and rights (SRHR) in low and middle income countries are one of the four priorities of the Dutch policies on development cooperation. They have also a very clear position in the Sustainable Development Goals: "*Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences".* 'Leave no one behind'- is a central principle of the SDG's: more efforts are needed to make SRHR accessible for neglected and marginalized groups, like girls, refugees and people with disabilities. This is also reflected in the Dutch SRHR-policies, wherein access to information and services, and rights of vulnerable groups[1] for key populations like sex workers, girls, refugees and people with disabilities receive special attention[2]. Last but not least, the Netherlands ratified recently the Convention on Rights of Persons with Disabilities (CRPD), including an article on SRHR (article 25) and international cooperation (article 32).

The role of people with disabilities in SRHR increasingly receives attention: The UN Special Rapporteur on Rights of Persons with Disabilities, Catalina Devendas, will present her findings on disability and SRHR during the next Conference of State Parties in 2017. The UNFPA (United Nations Population Fund) is working on a global study (which will be finalized early 2017) '*Youth and Disability: Ensuring Social Inclusion and Gender Equality to Address Discrimination and Gender-Based Violence*'. This shows that it is an emerging issue internationally.

Although there is attention for inclusion of people with disabilities in Dutch SRHR policies, challenges at implementation level are paramount. Given the specific situation of people with disabilities and the obstacles they face in accessing information and services (see paragraph 2), specific attention and measures are required to include them in SRHR. Multiple stakeholders need to collaborate intensively to make inclusion of people with disabilities in SRHR policies and programmes happen. The DCDD developed this briefing paper to explicate the main challenges on which collaborative joint action is required in view of the main facts and figures about SRHR and people with disabilities in low and middle income countries.

Interested in knowing more? Please contact Dicky Nieuwenhuis (coordinator DCDD, dnieuwenhuis@dcdd.nl; 06-13626723) or Willeke Kempkes (ICCO, w.kempkes@icco-cooperation.org)
We are happy to connect you with relevant organizations (local and national DPOs and NGOs and advisors and trainers on disability-inclusion) and to share best practices.

1 Priority area 4 SRHR Policy: "More respect for the sexual health and rights of discriminated and vulnerable groups such as lesbians and gays, drug users, prostitutes and child brides".
2 See https://www.rijksoverheid.nl/onderwerpen/subsidies-voor-ontwikkelingssamenwerking-en-europa/documenten/regelingen/2015/03/27/beleidskader-voor-srgr-voor-de-periode-2016-2020

The context: Facts and figures

1. **Statistics on the Intersectionality of Disability and Gender**

- Around 15% of the world's population are estimated to live with some form of disability. The vast majority (80%) of people with disabilities[3] live in developing countries.
- There are significant differences in the prevalence of disability between men and women in both developing and more developed countries: the male disability prevalence rate is 12% while the female disability prevalence rate is 19.2%[4].
- The global literacy rate is as low as three per cent for all adults with disabilities, and one per cent for women with disabilities[5].
- Although all persons with disabilities face barriers to employment, men with disabilities have been found to be almost twice as likely to be employed as women with disabilities[6].
- Women and girls with disabilities experience higher rates of gender-based violence, sexual abuse, neglect, maltreatment and exploitation than women and girls without disabilities. Women and girls with disabilities are three times more likely to experience gender-based violence compared to non-disabled women[7].

2. **Violence against children and adults with disabilities**

Children and adolescents with disabilities are exposed to a broad range of violence perpetrated by parents, peers, educators, service providers, and others. Youth with disabilities, especially adolescent girls with disabilities, are at greater risk of violence and their particular needs are often unacknowledged in law, excluded from policy, and marginalised within both disability and mainstream women's, youth, and human rights organisations and service providers[8].
Both children and adults with disabilities are at much higher risk of violence than their non-disabled peers, according to two systematic reviews recently published in the Lancet[9]. These are the first studies to confirm the magnitude of the problem and they provide the strongest available evidence on violence against children and adults with disabilities. They also highlight the lack of data on this topic from low- and middle-income countries.

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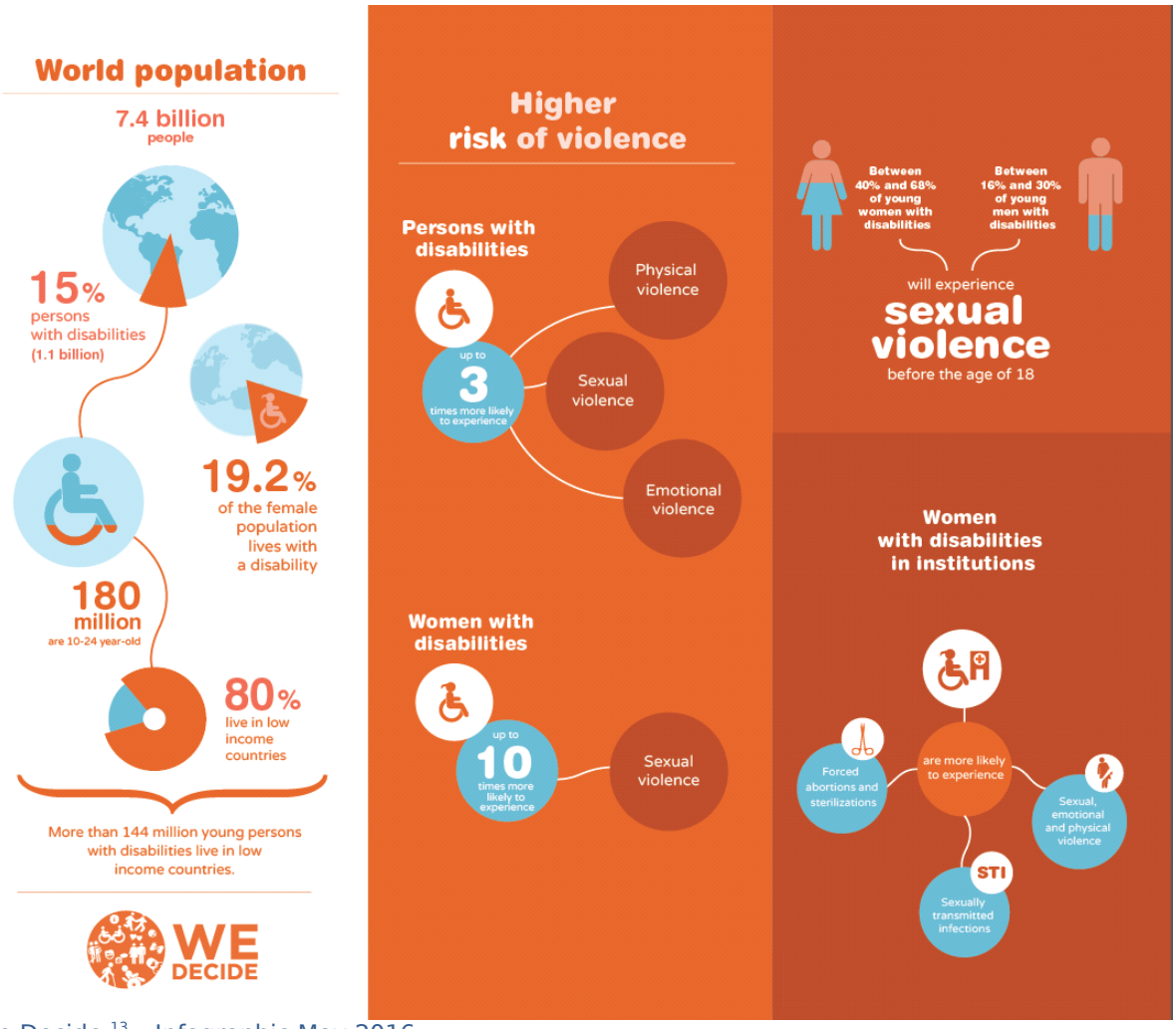
3 Persons with disabilities include: 'those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (CRPD, Article 1)
4 World Report on Disability, 2011.
5 Background Paper for Informal Session on Women with Disabilities, Note by the Secretariat, Fifth Session of the Conference of States Parties to the Convention, on the Rights of Persons with Disabilities (New York, 12-14 September 2012)
6 Arthur O'Reilly, The Right to Decent Work of Persons with Disabilities (pp. 31-33), Skills Working Paper No. 14, Geneva, International Labour Organization, 2003
7 Women in general are more likely than men to become disabled because of poorer working conditions, poor access to quality healthcare, and gender-based violence (ILO), retrieved from the World Bank Website, http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,,contentMDK:20193528~menuPK:418895~pagePK:148956~piPK:216618~theSitePK:282699,00.html
8 www.theisg.com; Draft outline UNFPA Study 'Global Study on Youth and Disability', 2016.
9 The reviews (published in 2012) were carried out by Liverpool John Moores University's Centre for Public Health, a WHO Collaborating Centre for Violence Prevention, and WHO's Department of Violence and Injury Prevention and Disability.

The review on the prevalence and risk of violence against children with disabilities found that overall children with disabilities are almost four times more likely to experience violence than non-disabled children. Children with mental or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence than their non-disabled peers.
Research undertaken in three countries in east Africa also testified to high levels of violence experienced by children with disabilities. It was estimated that in Kenya, for example, 15-20% of children with disabilities experience severe levels of physical and sexual violence, with girls with intellectual impairments particularly vulnerable.[10]

3. Women and girls with disabilities

Women and girls with disabilities face double discrimination on the grounds of both their gender and their impairments. Violence and abuses against women with a disability are often hidden, and there remains deep-seated stigma and shame connected to both sexuality and disability.
People with disabilities are often denied the right to establish relationships and to decide whether, when and with whom to have a family. A recent study (2016), carried out by the Nepal Disabled Women Association (NDWA), shows that 70% of women with disability is not married. Many women with disabilities have been subjected to forced sterilizations, forced abortions or forced marriages[11].
Reproductive health providers who often assume women with disabilities are not sexually active systematically do not screen women with disabilities for sexually transmitted infections or provide access to contraceptives. This exclusion has been found to be especially prevalent in many developing countries. Exclusion from sexual and reproductive health services coupled with risks of sexual violence pose even greater risks to women with disabilities in areas with high incidence of HIV/AIDS.[12]

10 Hidden Shame: Violence against children with disabilities in East Africa, Terre des Hommes Netherlands (2007)
11 UNFPA. Emerging issues: sexual and reproductive health of persons with disabilities. New York, UNFPA, 2007.
12 www.theisg.com; Draft outline UNFPA Study 'Global Study on Youth and Disability', 2016.



We Decide [13] – Infographic May 2016

4. HIV-Aids

The HIV infection levels among people with disability are at least equal to or higher than the rest of the community[14]. People with disabilities are at high risk of exposure to HIV, because they are subjected to social, political and financial marginalization. Moreover, because of the stereotype of asexuality, they risk falling victim to the myth that having sex with a 'virgin' would cure HIV/AIDS. At the same time, they have less access to medicines and health care, due to barriers regarding mobility or communication. And if they do have access, they often face stereotypes and misguided assumptions: *"For instance, if a blind person goes for a HIV/AIDS test, instead of helping that person, the health workers instead ridicule that person and ask them 'even you with your blindness, how could you get someone to give you HIV/AIDS?' this discourages us from testing and so most of us don't know our HIV/AIDS status."*[15]

5. Access to Maternal Health Services

Accessibility to maternal health services is usually very poor for women with disabilities. It is hard to reach clinics due to lack of disability-friendly transport.

13 We Decide is a global initiative for young people with disabilities, organized by UNFPA, International Disability Alliance and others

14 Groce at al (2013). HIV issues and people with disabilities: a review and agenda for research Social science & medicine, 77, 31-40.

15 Malumba et al (2014) 'Perceptions and experiences of access to public healthcare by people with disabilities and older people in Uganda' (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4188877/)

Buildings and communication are usually not accessible. This may have sometimes dramatic consequences, as this case from Uganda shows: *"There are some of us who are deaf and for the pregnant women, when they go to the health centers to give birth, they have problems because there is no way for the medical people to communicate with them, which results in the death of their children as they don't understand the instructions of the midwives and medical people."*[16]
Yet still, the main reason for people with disabilities not having access to health services is that they can't afford the visit[17]. It shows the strong interlinkage between poverty and disability.

Picture: Plan International

6. Awareness and sexual education

Several studies show that children and youth with disabilities are less likely to have access to information and services. For youth it is assumed that they are not sexually active. They are, therefore, less likely to have the skills and means to protect themselves against sexually transmitted diseases and sexual abuse[18].

7. Role of 'mainstream' SRHR organisations

Most SRHR organisations pay moderate to low attention to the SRHR of people with disabilities. A recent research shows that there is a low availability of policies, future plans and level of inclusion of these programs in current activities. At the same time, also specialized disability organisations do not perform very well on SRHR: although most of them included it in their policies, the level of SRHR-activities in their programs is still very low[19].

8. Gender movement and women with disabilities

16 Malumba et al (2014) 'Perceptions and experiences of access to public healthcare by people with disabilities and older people in Uganda' (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4188877/)
17 World Report on Disablity, 2011.
18 GAP Report 2014, UNAIDS
19 Strengtholt, M (2013)., "Sexual and reproductive health and rights services for people affected with leprosy or other disabilities"

Women with disabilities remain underrepresented in the DPO movement as well as the women's rights movement. Attention to their political participation therefore is important.

9. Convention on Rights of People with Disabilities

The passage of the Convention on the Rights of Persons with Disabilities (CRPD) in 2006 represented a landmark achievement for women and girls with disabilities, who for the first time gained international recognition in a binding instrument of the multiple forms of discrimination to which they are all too often subjected. The CRPD adopts a rights-based approach that focuses on ensuring the human rights of persons with disabilities. CRPD Article 6 recognises that *"women and girls with disabilities are subject to multiple discrimination"*, and requires states to *"take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms"*. It further provides that *"States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention."*
CRPD article 25 (health) includes an obligation on SRHR: "*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".*

Key challenges

Inclusion of people with disabilities in SRHR is not primarily a technical issue. Of course, there are important technical issues which need to be solved, especially on accessibility. But the major issue worldwide concerns lack of visibility and empowerment, due to a long history of stigmatization by society, and a charity approach by governments and service providers (which often did not approach people as right-holders, but rather as subjects of charity). It takes time to change attitudes at the level of individuals, societies and instititutions; and a high level of trust is required to work for and with people with disabilities. Long-lasting relationships are required to work on sensitive issues like SRHR and to overcome these cultural (and often also religious) barriers.

In this paper DCDD would like to highlight four topics on SRHR and disability that are important to achieve inclusiveness for people with disabilities. The Ministry of Foreign Affairs underlines the importance of inclusion, as expressed through its SRHR policy and various programmes.

We are currently looking for 'good practices' or 'lessons learned' within SRHR programmes regarding disability inclusion, so that these can be documented and shared between partners. Therefore, if your embassy has experience with the following topics, please contact DCDD (see details below). Also, if your embassy or partners would like to know more about disability inclusion, feel free to contact DCDD so that we can support you with practical information or connect you with disability representative organisations through our network in the South.

1.Cooperation between SRHR-organisations and grassroots NGOs and Disabled People's Organisations (DPOs), who have the skills and knowledge to work with people with disabilities and their families, is essential.
Building on their experience and level of trust from disability communities is key.
Do you have experience with strengthening cooperation between SRHR- and disability-organisations, especially regarding issues like:

- *Cooperation with organisations that work with people with intellectual disabilities and mental health issues, the most left behind.*
- *Empowering people with disabilities and their families on self-advocacy – very essential in societies where exclusion and prejudices about disability is common.*

2. Including youth and adults with disabilities in your programs; from design to evaluation phase
'Nothing about us without us' is a strong principle of the disability movement worldwide. DCDD is very interested to learn what is already taking place. Do you have good examples of involving adults and youth with disabilities (or their representative organisations) in your programs? Do you have examples of youth with disabilities, being involved in framing of messages regarding SRHR?

3. Action-based research on SRHR-practices and effectivity of interventions

Members of DCDD and its Southern partners are involved in several studies and research on inclusion of people with disabilities in SRHR on grassroots level. We would welcome any suggestion for specific research questions from your field of work regarding this topic. Also, we welcome tips for disseminating the findings with a broader group of relevant stakeholders (e.g. events, conferences, online platforms).

4. Rule of law & access to justice

We would further like to explore how the rule of law and access to justice initiatives and programs can better include sensitization, provision of information (sign language, drawings etc) and practical tools that improve access to police, support for victims with disabilities, and prosecution.
Especially more attention can be paid to children with disabilities (in child protection policies) and girls & women with intellectual disabilities and mental health problems, as they are the most vulnerable for sexual violation and abuse.

PLEASE SEND YOUR QUESTIONS OR SUGGESTIONS TO :

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