

THE PATH TO EQUALITY FOR WOMEN AND YOUNG PERSONS WITH DISABILITIES:

Realizing Sexual and Reproductive Health and Rights
and Ending Gender-Based Violence

KEY MESSAGES



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One in seven people worldwide is a person with a disability—that’s an estimated 1 billion people!¹



Persons with disabilities are leading efforts to make the world more equitable and inclusive by raising awareness of disability, setting standards for inclusivity, and championing legislation to advance their rights.

But they face unique, multi-layered challenges compared to their peers, particularly when it comes to accessible information and services on sexual and reproductive health and rights and gender-based violence prevention and response.



Approximately one in five women has a disability. And 180 million to 220 million are young persons, with around 80 percent living in developing countries.²



They face barriers that restrict their agency and put them at increased risk for unintended pregnancy; pregnancy complications; sexually transmitted infections, including HIV; abuse; exploitation; and forced and involuntary treatment. They often are judged if they want to be in relationships, be married, or have children.



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Women and young persons with disabilities are *more* likely to face gender-based violence and *less* likely to have full and equal access to prevention and response services. So when they experience violence, they often can't access services.



Women and young persons with disabilities envision and work toward a world where all people feel safe in their relationships, their societies, and their homes... and are free to be themselves.

They are determined to overcome the obstacles they face. And they welcome others to work with them.



Global conventions and agreements like the Convention on the Rights of Persons With Disabilities, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, the International Conference on Population and Development Programme of Action, and UN Sustainable Development Goals provide frameworks guaranteeing persons with disabilities rights to exercise their sexual and reproductive health and rights and live free from gender-based violence.

with their consent, and to be provided with necessary and age-appropriate assistance to realize that right.

**Article 8
Awareness-raising**

1. States Parties undertake to adopt immediate, effective and appropriate measures:

(a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;

(b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

(c) To promote awareness of the capabilities and contributions of persons with disabilities.

2. Measures to this end include:

(a) Initiating and maintaining effective public awareness campaigns designed:

International conventions require states to put in place legislative and legal protections for persons with disabilities; combat harmful stereotypes and stigma throughout society by raising awareness, including at the family level; and affirm that all persons, including those with disabilities, are equal in the eyes of the law.



What's the best way to achieve these conventions?

By involving women and young persons with disabilities and amplifying their efforts.

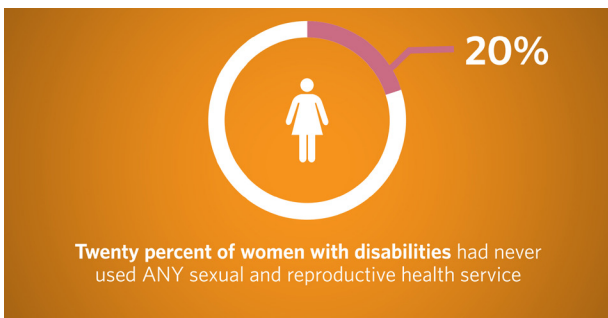


Women and young persons with disabilities can best speak to their needs and the challenges they face, from accessing services to information and education about relationships, parenthood, contraceptives, and other topics.



Girls and young women with disabilities have the lowest levels of sexual and reproductive health information and education.³

Research shows that several factors combine to discourage persons with disabilities from obtaining information and services, including the effects of poverty and exclusion, service providers' ignorance about disability, communication barriers, lack of physical access, and attitudes toward persons with disabilities.⁴



In a recent study, 20 percent of women with disabilities had never used ANY sexual and reproductive health service.⁵



When they do receive services, it is not always with their informed consent. Women with disabilities—particularly those with intellectual disabilities—have long been subject to forced use of contraceptives or sterilizations in their supposed best interest.⁶

This example is just one of the ways they may be targeted for gender-based violence, including harmful practices, because of their disability.



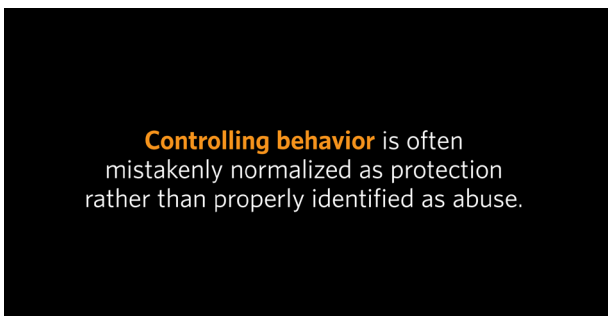
Women with a disability are more likely to experience violence than male peers with a disability or female peers without a disability.⁷ Strong evidence from countries as diverse as Nepal, Uganda, the United States, and Australia shows very high rates of violence against women with disabilities.⁸

And while they experience many of the same forms of violence that all women may face, as the authors of the *Forgotten Sisters* report describe, “when gender and disability intersect, violence takes on unique forms, has unique causes, and results in unique consequences.”⁹



Recent research completed through the UNFPA's We Decide program found that studies around the world show that young persons with disabilities, especially girls, are far more vulnerable to violence than their peers without disabilities.

Those under age 18 are almost four times more likely than their peers without disabilities to be victims of abuse. Young persons with intellectual disabilities, especially girls, are at greatest risk.¹⁰



Women and young persons with disabilities also experience mistreatment or controlling behaviors from intimate partners, caretakers, or others.



Despite these heightened risks, they are often unable to use prevention and response services because of lack of accessibility, discrimination, and social isolation.

For these same reasons, they are often denied access to fair and equal treatment from law enforcement and courts of law.

Women and young persons with intellectual disabilities face a higher risk of being denied legal capacity, making it even more difficult to access justice services.



Women and young persons with disabilities may be discriminated against for many reasons. More research and programming are needed to better understand how stigma and multiple forms of discrimination intersect and compound the disadvantages they face.

For instance, refugees and displaced people face an added layer of challenges and rights violations because responses to humanitarian and emergency situations are often not accessible or inclusive.



All of these facts sound overwhelming but changes are taking place daily that provide a sense of hope. And concrete steps can be taken to address the challenges persons with disabilities face.

Disability-inclusive, gender-equitable, and youth-friendly policies and programs *can* be created and implemented to better realize their rights.



Many countries have policies that recognize gender equality and the right to health, physical, and moral integrity for all citizens, but only *some* have policies specifically and adequately addressing persons with disabilities.

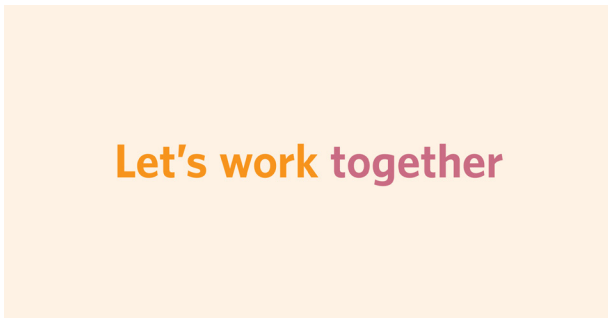


Even where legal frameworks exist, available services may still need improvement. Community- and facility-based service providers can be provided knowledge and skills to ensure their services and programming are accessible to everyone and of high quality. Service provision criteria for Availability, Accessibility, Acceptability, and Quality of care are fundamental to realizing the right to health.¹¹



Many other tailored resources are also available, such as new service provision guidelines from UNFPA and Women Enabled International.¹² This and other resources provide step-by-step instructions for service providers to ensure full accessibility.¹³

Such actions are more effective, inclusive, and sustainable when taken in partnership with disabled persons organizations.



Let's take concrete steps by working together to ensure the sexual and reproductive health and rights of persons with disabilities are fully realized and to combat the gender-based violence they face.



States should commit to and implement the Convention on the Rights of Persons With Disabilities, as well as the full elimination of discriminatory laws and regulations, and ensure that rights violations are outlawed and that those laws are enforced.



States and partners should take a twin-track approach by ensuring that we are fully included in all laws, policies, and programs, **and by creating targeted programs** when necessary to address our specific needs and risks.



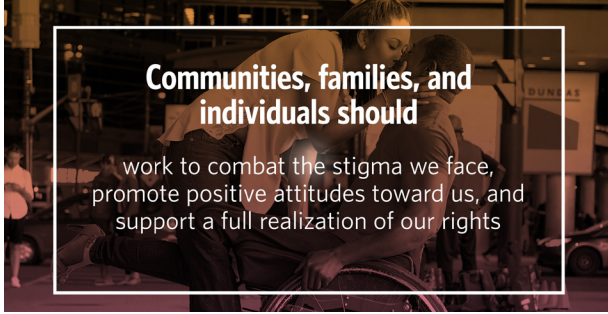
Government agencies and civil society organizations must learn from and collaborate with each other—and ensure our participation and leadership and that of our representative organizations.



States, donors, and lending institutions must ensure full inclusivity within their organizations and their programs. They should also allocate more resources to ensure sustainable partnerships with disabled persons organizations, full accessibility, and adequate policy implementation.



Service providers should adopt an approach of Availability, Accessibility, Acceptability, and Quality in the provision of all services.



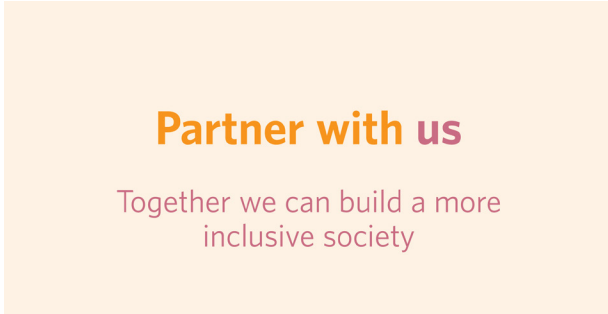
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Research institutions and governments should collect more data on disability and disaggregate all data by disability, sex, and age. Data are critical to understand our situation and inform policies to ensure our social inclusion and human rights. It should be made publicly available and accessible to us.



Partner with us
Together we can build a more inclusive society

Partner with women and young persons with disabilities to build a more inclusive society!

Key Messages References

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- 7 UNFPA, *Young People With Disabilities*.
- 8 United Nations, "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"; Hellum Braathen, Rohleder, and Azalde, *Sexual and Reproductive Health and Rights of Girls With Disabilities*; Smith, "Disability, Gender, and Intimate Partner Violence: Relationships From the Behavioural Risk Factor Surveillance System"; Alriksson-Schmidt, Armour, and Thibadeau, "Are Adolescent Girls With a Physical Disability at Increased Risk for Sexual Violence?"; Puri, Misra, and Hawkes, "Hidden Voices: Prevalence and Risk Factors for Violence Against Women With Disabilities in Nepal."; Hasan et al., "Prevalence and Experiences of Intimate Partner Violence Against Women With Disabilities in Bangladesh: Results of an Explanatory Sequential Mixed-Method Study."; and Leanne Dowse et al., "Mind the Gap: The Extent of Violence Against Women With Disabilities in Australia," *Australian Journal of Social Issues* 51, no. 3 (2016): 341-59.
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- 11 WHO, "The Right to Health: Fact Sheet"; and Kähler et al., *AAAQ & Sexual and Reproductive Health and Rights*.
- 12 Holoboff Radford, Phillips, and Ortoleva, *Women and Young Persons With Disabilities*.
- 13 See The Ethiopian Centre for Disability and Development at <http://www.ecdd-ethiopia.org/about-us.html> and the Nia Foundation at <http://nia-foundation.org/> as cited in UNFPA, *Young People With Disabilities*.

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