Factsheet
Disability & Sexual and Reproductive Health and Rights
June 2013

Around 15% of the world’s population are estimated to live with some form of disability. Disability disproportionately affects vulnerable populations and people with disability are disproportionately likely to be among the very poor. Exclusion from sexual reproductive health services The sexual reproductive health and rights of persons with disabilities are mostly overlooked by both the disability community and mainstream organisations leaving people with disabilities amongst the most marginalized groups when it comes to this topic. Yet they have the same sexual needs, and thus the same need for these services as everyone else. They might even have greater needs for SRHR education and care than persons without disabilities because of increased vulnerability to abuse. The challenges in sexual reproductive health and rights are not necessarily part of having a disability but instead often reflect stigma and discrimination, a lack of social attention, legal protection, accessibility of services, understanding and support.

Sexual and reproductive health 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
- lack of (disability related) clinical services
- lack of funding, including health insurance
- conflict and humanitarian disasters

The problems persons with disabilities face Sexual violence Persons with disabilities have 130% more chance of being a victim of violence, mostly domestic violence and sexual violence, than persons without 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. Among the special issues more often faced by women with disabilities than by men are forced marriage, domestic violence, and other types of physical, emotional and sexual abuse, and issues concerning pregnancy, delivery, and childrearing. The Human Rights Watch 2010 report “As If We weren’t Human,” showed that in northern Uganda due to the conflict, women with disabilities experience severe, ongoing discrimination and sexual and gender-based violence. During the fighting, many women lost the use of limbs due to landmines or gunshot wounds, were mutilated by rebels, sustained injuries in fires, or were never vaccinated for disabling illnesses such as polio. They have specific needs for reproductive and maternal health care that are not met.

Research undertaken in three countries in east Africa 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.

Nonetheless men with disabilities are also at greater risk of (sexual) abuse than men who do not have disabilities. Data on sexual health and rights of men with disabilities in developing countries are scarce. A study in the US showed that men with disabilities were more than four times more likely to report lifetime and past-year sexual violence victimization than men without disabilities. The ‘Out from the Shadows’ report on sexual violence against children with disabilities in Africa acknowledged an underreporting of boys with disabilities who were sexually abused. Most likely boys are even less likely than girls to report sexual violence or willing to speak about it. Illegality and taboos on homosexuality was a speculated reason and boys who experience sexual

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1 World report on Disability. WHO (2011)

8 Out from the shadows. Sexual violence against children with disabilities. Save the Children UK and Handicap International (2011)
violence often do not report the incident because, according to commonly held cultural and religious beliefs, it is seen as an affront to their masculinity.

**HIV/Aids**

Persons with disabilities are at high risk of exposure to HIV, not due to their disability as such, but because they are subjected to extreme social, political, financial and cultural marginalisation. The following aspects have been noticed to increase the risk of persons with disabilities contracting HIV: stigmatisation, marginalisation, sexual violence and rape, lack of access to HIV education, information and prevention. The HIV infection levels among people with disability are at least equal\(^9\) to or higher than the rest of the community due to insufficient access for people with disability to appropriate HIV education, information, prevention and support services (possibly resulting in high HIV risk behaviours): in addition, a large percentage of people with disability tend to experience sexual violence, which was found to be one of the main causes for the high prevalence rate among them.\(^11\)

There is often double stigma on persons with disability having HIV/AIDS. This is worsened in case of gender or homosexuality both in mainstream as well as the disability community. John Meletse is a human rights activist from Soweto, South Africa who is deaf, gay and HIV positive and working to provide better information and access about HIV/AIDS to members of the deaf community.

**Prevention**

Access to good quality sexual and reproductive health services and information also prevents birth defects in new-borns such as deafness, spina bifida, cerebral palsy and disabilities among women such as fistulas.

**Key actions**

1. Ensure that all sexual and reproductive health programmes reach and serve persons with disabilities
   a. Carry out context en needs assessment inclusive of needs of persons with disabilities.
   b. activities to raise awareness and address misconception, stigma and lack of knowledge
   c. improve accessibility of health care, facilities and services
   d. establish indicators
2. Include persons with disabilities as partners in programming and implementing at all stages – policy development, programme planning, implementation, monitoring and evaluation. Their involvement is the best assurance that programmes will meet needs effectively. Establish partnerships with disabled people organisations.
3. Promote access for women with disabilities to mainstream initiatives addressing sexual and gender-based violence, access to justice, reproductive health, and HIV/AIDS.
4. Address disability in national sexual and reproductive health policy, laws and budgets.
5. Ensure that national laws and policies prevent and respond to sexual violence against women, men children and young people with disabilities in line with international and regional human rights instruments
6. Make public institutions such as police stations, health clinics and hospitals more accessible for persons with disabilities, particularly women and girls with disabilities
7. In emergencies pay attention to women with disabilities, gender based violence and their need for protection and sexual and reproductive health care
8. Promote collection of data and carry out research.
9. Allocate sufficient funds to gender and disability programs.

**Pay special attention to:**

- Gender
- A life cycle approach - Reproductive health is a lifetime concern for both women and men with disabilities, from infancy to old age
- Mental health & psychosocial needs of persons with disabilities as consequence of sexual abuse, gender based violence, miscarriage and still birth and unsafe abortions.
- Emergency response and recovery situations.
- Ethnic, minority and other marginalized groups such as Lesbians, Gays, Bisexuals and Transgender.

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\(^9\) Groce et al (2013). HIV issues and people with disabilities: a review and agenda for research Social science & medicine, 77, 31-40

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