

# Sexual and Reproductive Health for Persons with Disabilities

**Dr Federico Montero**

**Coordinator**

**Disability and Rehabilitation Team**

**Training Course in Sexual Health Research**

**Geneva 2006**



# Former High Commissioner for Human Rights

- ***"despite the attention given to the fight against poverty, the right to health continues being an illusion for millions of people, not only for those with diseases like AIDS, but also for those with no access to potable water, adequate food or a reliable health system". Health is not a marginal issue: it is the most fundamental right. Health is the foundation for the security to a life with dignity".***

# Our Vision

World Health  
Organization



Organisation  
mondiale de la Santé

DISABILITY AND REHABILITATION

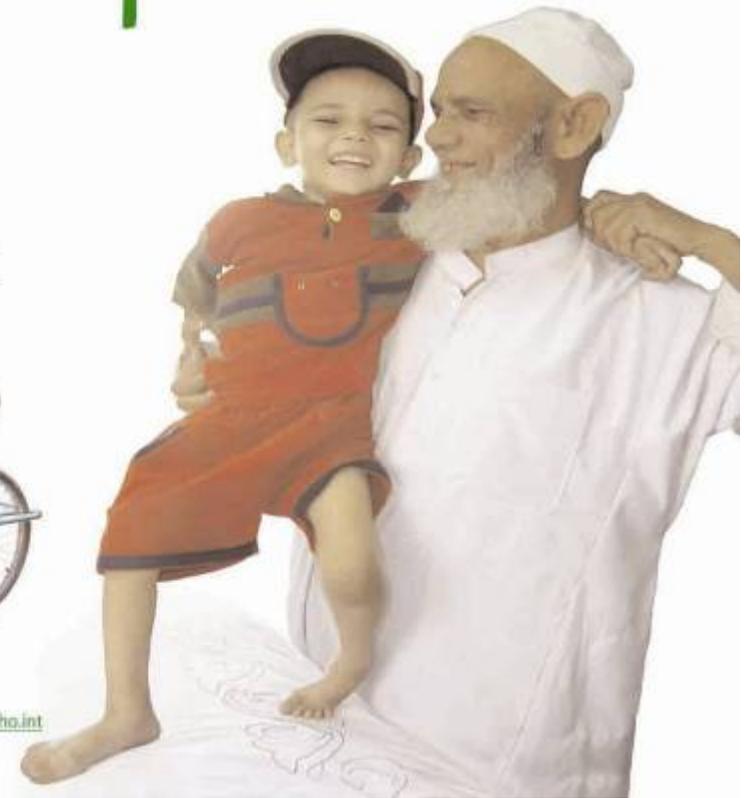
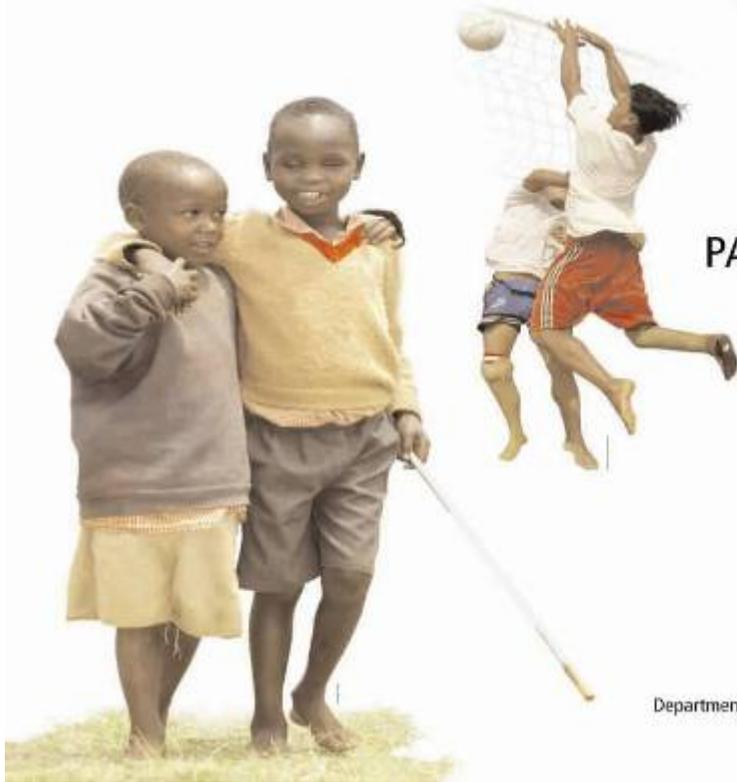
HANDICAP ET RÉADAPTATION

*A world for all*

*Un monde pour tous*

ACCESS  
RIGHTS  
DIGNITY  
INCLUSION  
PARTICIPATION

ACCÈS  
DROITS  
DIGNITÉ  
INTÉGRATION  
PARTICIPATION



Department of Injuries and Violence Prevention, Disability and Rehabilitation Team, [dar@who.int](mailto:dar@who.int)



# Our Mission:

*To enhance the quality of life for persons with disabilities through national, regional and global efforts.*

## DAR Team



# The last three decades

- **The coming together of persons with disabilities and their family members to form their own organizations (DPOs).**
- **The consequent elaboration of the social model of disability that questions the notions of “normal” and places emphasis on disabling environments, barriers, and attitudes.**
- **Development of the concept of community-based rehabilitation (CBR)**
- **The approval of United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities (UNSR- 1993)**



## WHA Resolution

### *"Disability, including prevention, management and rehabilitation"*

- to intensify collaboration within the Organization in order to work towards enhancing quality of life and promoting the rights and dignity of persons with disabilities,
- to provide support to Member States in strengthening national rehabilitation programs and implementing the UNSR,
- to further strengthen collaborative work within the United Nations system and with Member States, academia, private sector, and nongovernmental organizations, including organizations of people with disabilities,



## WHA Resolution

### *"Disability, including prevention, management and rehabilitation"*

- to contribute appropriately to the work of the Ad Hoc Committee responsible for preparing a United Nations comprehensive and integral international convention to promote and protect the rights and dignity of persons with disabilities,
- to produce a World Report on Disability and Rehabilitation,
- to promote a clear understanding of the contributions that people with disabilities can make to society.



# Current Scenario

- **More than 600 million persons live with disabilities and 80% live in low income countries**
- **5-10% have access to healthcare and rehabilitation services in developing countries**
- **Rehabilitation services often failed to reach beyond the capital of the country or major cities**
- **Persons with severe or multiple disabilities, immigrants, refugees, and women with disabilities suffer the most**



# WHO Constitution, 1946

- *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"*
- *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition"*



# Alma Ata Declaration, 1978

- ***"The conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of infirmity; is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector".***



# UN Standard Rules

- 1: Awareness raising
- 2: Medical Care
- 3: Rehabilitation
- 4: Support services

## Preconditions

for

**Equal Participation**



**UN Standard Rules = 13 years**  
**ALMA ATA Declaration = 28 years**

---

- **PWD have difficulties for accessing health services-**Rule 2****
- **Only 10% of PWD have access to rehabilitation services in developing countries - **Rule 3****
- **We all need Technical aids, especially PWD and elderly people, but facilities rarely exist - **Rule 4****



# The Committee on Economic, Social and Cultural Rights

## General Comment No. 14 (2000)

- **Health is a fundamental human right indispensable for the exercise of other human rights.**
- **Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.**



# Despite these efforts

- **Persons with disabilities have difficulties in accessing health services**
- **Assistive technology does not exist or is unattainable**
- **One billion people-one person in five-lack access to safe water**
- **Life expectancy in rich countries approaches 80 years, while in the poorest it is below 40**



# Community Based Rehabilitation

- ▶ CBR is a strategy within general community development for rehabilitation, equalization of opportunities, social inclusion and participation of people with disabilities.
- ▶ CBR is implemented through the coordinated efforts of:
  - ▶ People with disabilities and their families
  - ▶ Organizations and Communities
  - ▶ Governmental and non-governmental agencies, health, education, work and social services.



# DISABILITY & POVERTY

- **The majority of PWD are poor and live in developing countries.**
- **Rehabilitation services can not be effective if opportunities for survival are not available.**
- **To ensure and give benefit to the health and rehabilitation services, we are obliged to take into account the poverty issues.**



# The Committee on Economic, Social and Cultural Rights

## General Comment No. 5

According to a report by the Secretary-General, developments over the past decade in both, developed and developing countries have been especially unfavorable from the perspective of persons with disabilities:

- *"... current economic and social deterioration, marked by low-growth rates, high unemployment, reduced public expenditure, current structural adjustment programmes and privatization, have negatively affected programmes and services ... If the present negative trends continue, there is the risk that persons with disabilities may increasingly be relegated to the margins of society, dependent on ad hoc support."*



# Health and Rehabilitation: make a difference

- ***Access to Health and Rehabilitation services will make a difference to persons with disabilities. Health is a fundamental right and rehabilitation is a powerful tool for empowerment***



# United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities

---

**Developed because of the need for equal rights and opportunities to persons with disabilities.**



## 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.”**



## Rule 9. Paragraph 2.

**Persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood.**



## **Rule 9. Paragraph 2.**

**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**



# Right to sexual and reproductive health

- **Have access to information, education and counselling on sexual health in a way that can be understood.**
- **To be able to protect themselves of sexually transmitted diseases.**



# Facts about HIV/AIDS and Disability

- Although AIDS researchers have studied the disabling effects of HIV/AIDS on previously healthy people, little attention has been given to the risk of HIV/AIDS for individuals who have a physical, sensory, intellectual, or mental health disability before becoming infected.
- They are incorrectly thought to be sexually inactive, unlikely to use drugs, and at less risk for violence or rape than their non-disabled peers.



# Facts about HIV/AIDS and Disability

- Yet a growing body of research indicates that they are actually at increased risk for every known risk factor for HIV/AIDS
- despite the assumption that disabled people are sexually inactive, those with disability—and disabled women in particular—are likely to have more sexual partners than their non-disabled peers.
- Extreme poverty and social sanctions against marrying a disabled person mean that they are likely to become involved in a series of unstable relationships.



# Facts about HIV/AIDS and Disability

- **Disabled individuals (both male and female) around the world are more likely to be victims of sexual abuse and rape than their non-disabled peers**
- **Factors such as increased physical vulnerability, the need for attendant care, life in institutions, and the almost universal belief that disabled people cannot be a reliable witness on their own behalf make them targets for predators.**
- **In cultures in which it is believed that HIV-positive individuals can rid themselves of the virus by having sex with virgins, there has been a significant rise in rape of disabled children and adults**



# Facts about HIV/AIDS and Disability

- In some countries, parents of intellectually disabled children now report rape as their leading concern for their children's current and future well-being.
- Bisexuality and homosexuality have been reported among deaf and intellectually disabled adults, while awareness of HIV/AIDS and knowledge of HIV prevention is low in both these groups
- Individuals with disability are at increased risk of substance abuse and less likely to have access to interventions. It is estimated that 30% of all street children have some type of disability and these young people are rarely reached by safe sex campaigns



# RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH

- **To be able to say YES or NO, when and with who to have sexual relations.**
- **To be free of the fear to be submitted to any form of violence or any form of pressure to have non desire sexual relations.**



# RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH

- **To be able to avoid violence that could be generated from a voluntary sexual relation.**
- **Obtain and demand equality, agreement, feelings, mutual respect and shared responsibility in sexual relations.**



# RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH

- **Right to sexual freedom.** Includes the possibility of the person to express her sexuality and excludes all forms of coercion, exploitation and abuse in any period and situation of their lives.
- **Right to sexual autonomy, integrity and security of the body.** Includes the capacity to take own decisions about sexual life in the context of their own social and personal ethics, It also includes control and enjoyment of the body, free of torture, mutilation and any type of violence.

# RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH

- **Right to sexual privacy.** Includes the right to express the sexual preferences in intimacy, considering that these conducts do not interfere with the sexual rights of the others.
- **Right to sexual equity.** This refers to the opposition of all forms of discrimination, for reasons related to gender, sexual preferences, age, race, social origin, religion or any type of disability.



# RIGHT TO SEXUAL AND REPRODUCTIVE HEALTH

- Right to express sexual emotions. Sexual expression is more than the erotic pleasure of sexual acts. Each individual has the right to express their sexuality through communication, contact, emotional expression and love.
- Right to free sexual union. Implies the possibility to get married or not, divorce and to establish other types of sexual relationships.
- Right to take reproductive decisions freely and with responsibility. Right to have children or not and the number and time. The right to access to birth control methods.



# DISABILITY AND SEXUAL RESPONSE

- **Assuming a comprehensive concept of sexuality, we could say that the various types of disabilities do not affect sexual activity. There are some impairments that can affect the genital or physiological response.**

# GENITAL RESPONSE CAN BE AFFECTED IN TWO WAYS:

## DIRECT

- It occurs when the brain, spinal cord or nerves that transmit information to the pelvic sexual organs are affected or when there has been structural damage to those organs.

## INDIRECT

Due to complications or other effects associated to the disability:

- Fear
- Pain
- Low self stem
- Difficulties in voluntary control of the body
- Attitudes of family and couple
- Effects of medicines



# PUBERTY AND ADOLESCENCE

- **Children or adolescents with disability have the need to recognize themselves as social beings, to look for space for self realization including sexuality. However, society family and also educational institutions, ignore or repress openly this important aspect of their human existence.**



# PUBERTY AND ADOLESCENCE

- **For the family, diverse sexual manifestations of their children with disability, represent great worries; the school frequently doesn't consider this to be or their concern, and that it is a family responsibility. So, sexual education of children and adolescents with disability remains in nobody's land.**



# PUBERTY AND ADOLESCENCE

- **During puberty and adolescence the it emerges the natural interest for their own body, but children and adolescents with disability most people refuses or avoid refer to their bodies, or they don't reply to the questions or even worse, they project their own fear and anxieties in their replies.**



## ¿Why is reproductive health important?

- **Reproductive health can not be limited to procreation as a consequence of a social androcentric process, but based on the right of the people to take decisions and live with a compensated sexual health when necessary.**



# PREGNANCY

- **Pregnancy and disability is probably a unique experience, and it generates a series of myths, in social and medical areas. It is important to note that almost any disability restricts the fertility.**



# PREGNANCY

- **In many societies, it is believed that persons with disabilities will also have children with disabilities.**



# **Guía para Facilitadores en Salud Sexual y Reproductiva para Personas con Discapacidad.**

**GTZ**

**Ministerio de Salud Pública y Asistencia Social**

**ACOGIPRI**

**El Salvador**



---

***"We can not solve problems by using  
the same kind of thinking we used  
when we created them"***

