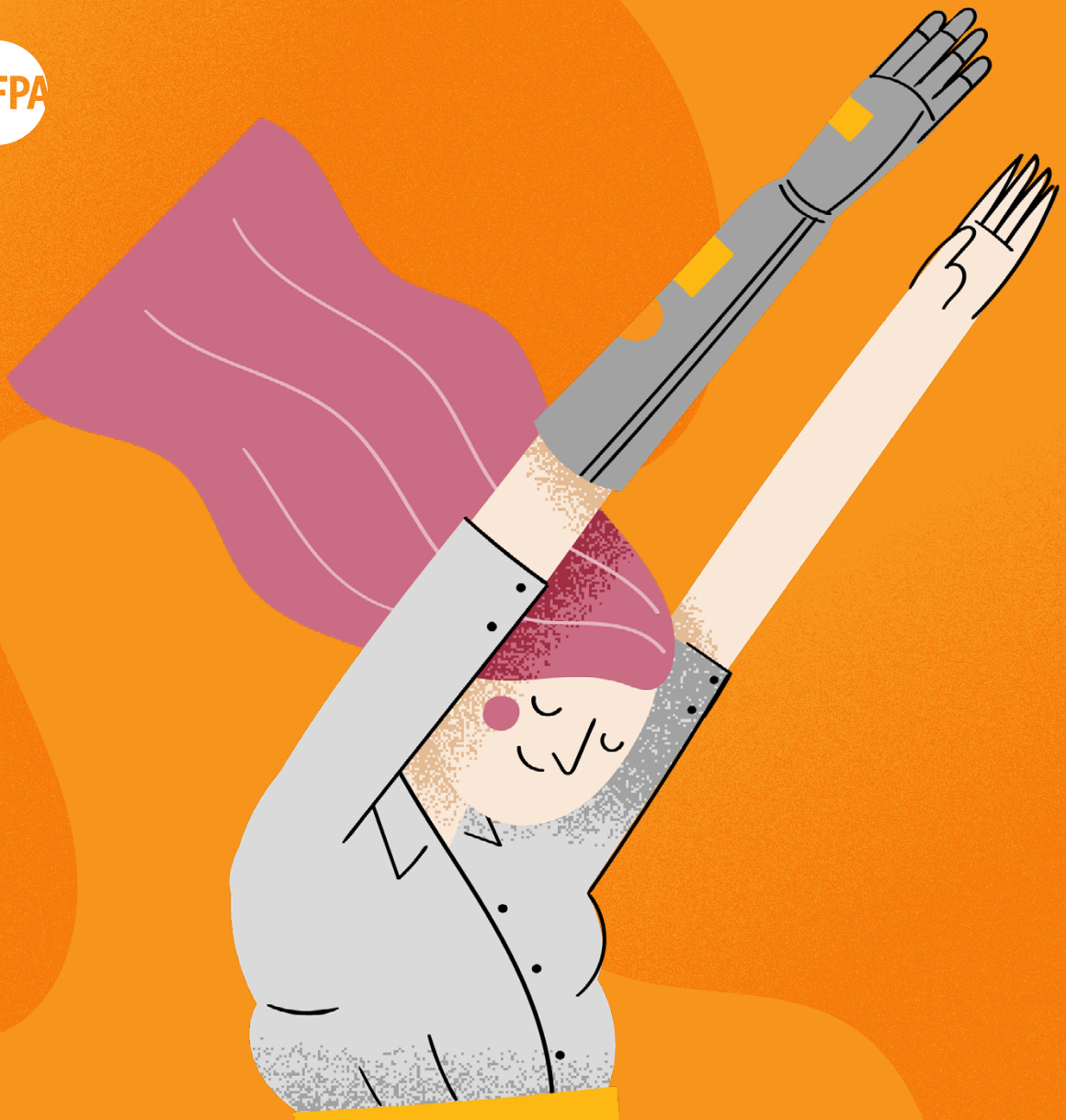


ADVOCACY BRIEF

Disability and the Right to Bodily Autonomy

This advocacy brief was prepared by the Gender and Human Rights Branch, Technical Division, within the framework of UNFPA's WE DECIDE global programme on promoting the human rights and social inclusion of women and young persons with disabilities.

Supported by AECID, Spanish Agency for International Development Cooperation, this programme continues promoting access to sexual and reproductive health services, information and education for women and youth with disabilities, including to prevent and address gender-based violence.

Globally, over 180 million young people aged 10 to 24 live with a disability
– mental, intellectual, physical or sensorial – and around 80 per cent of them live in low income countries.** Women with disabilities account for almost one fifth of women worldwide.

UNFPA (2018). **Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realising Sexual and Reproductive Health and Rights**; and World Health Organization (2011). **World Report on Disability.

Nearly one billion people,
or 15 per cent of the world's population,
will experience some form of disability during their lifetime;
in developing countries,
this number rises to 20 per cent.*

World Health Organization and World Bank (2011). **World Report on Disability.*

Introduction

UNFPA, the United Nations Population Fund, works hard to innovate, advocate and ensure persons with disabilities everywhere are able to live free from violence and discrimination and are empowered to make decisions regarding their sexual and reproductive health and rights. This work supports the International Conference on Population and Development (ICPD) Programme of Action and other global agreements, notably the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The UNFPA Strategic Plan, 2022–2025, is disability-inclusive and aims to reach the furthest behind first. This means strengthening disability inclusion in all areas of the UNFPA mandate as part of operationalizing the principle of "leaving no one behind", aligned with the 2030 Agenda for Sustainable Development.

UNFPA promotes the empowerment of women and girls to make informed decisions about their bodies and lives and exercise their bodily autonomy. Bodily autonomy is a pre-condition for reaching UNFPA's three transformative results – the three zeros – by 2030: zero unmet need for family planning, zero preventable maternal deaths, and zero gender-based violence and harmful practices.

What is bodily autonomy?

Bodily autonomy means being able to determine one's life and future, and having the information, services and means to do so free from discrimination, coercion and violence. It is the power to make basic decisions about one's own body and health, such as whether to have sex, use contraception or seek health care.[1]

1 UNFPA (2021). State of World Population 2021: My body is my own, claiming the right to autonomy and self-determination. See also UNFPA (2020). State of World Population 2020: Against My Will: Defying the practices that harm women and girls and undermine equality.

1. Right to receive information and make decisions about your body, health and sexuality

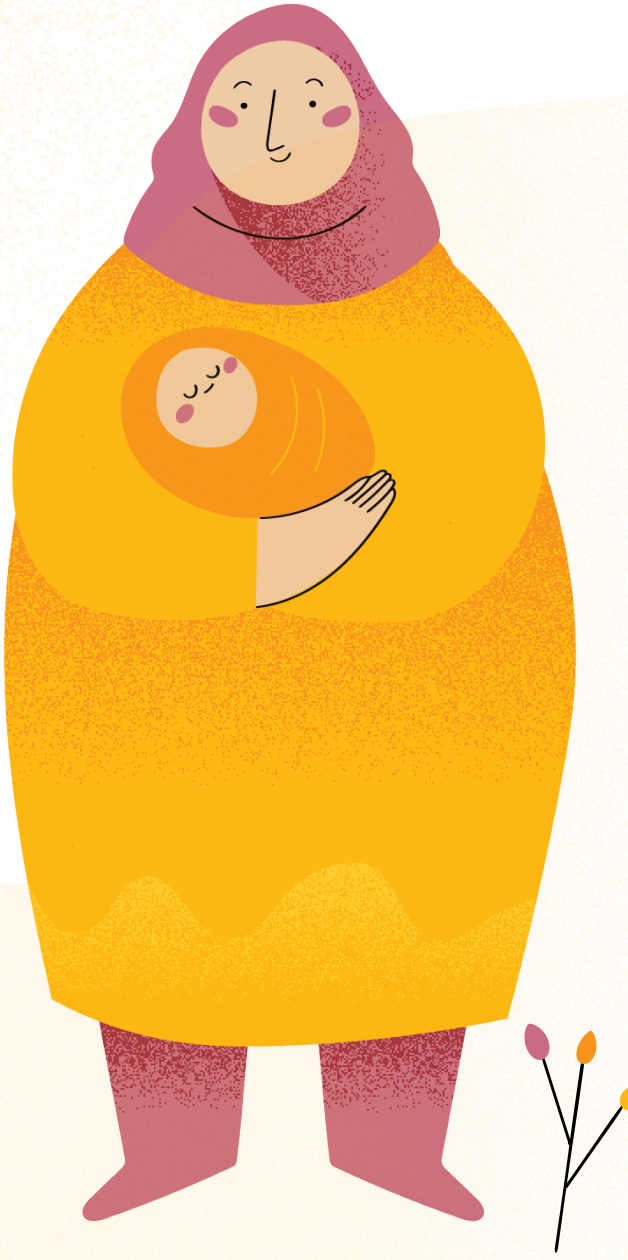
Informed consent

Women with disabilities, particularly intellectual disabilities, are subject to forced sterilization, abortion and use of contraceptives against their will because others say it is best for them.

Perpetrators use the denial of legal capacity to permit these acts against women and girls with disabilities without their consent. Not only are their reproductive rights violated, but where victims are no longer at risk of getting pregnant, they are also made easier targets for sexual abusers.

Supported decision-making assists individuals with intellectual disabilities to make and communicate to others decisions about one's life. It reflects the consultative, relational manner in which most people make decisions — with support from trusted friends, advisors and family members.[2]

> Article 12 of the CRPD states that "persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life" and calls for full access to the support they need to exercise this right.[3]



"According to the cultural and socially constructed beliefs I was brought up with, it is non-disabled women's responsibility to reproduce, and I, as a woman with disabilities, could not and should not reproduce.

— Interviewee in Mexico, 2015[4]

2 Harris (2015). The Role of Support in Sexual Decision-Making for People with Intellectual and Developmental Disabilities. Ohio State Law Journal, vol. 77.

3 CRPD, supra note 25, art. 12.

4 Disability Rights International (2015). Twice Violated: Abuse and Denial of Sexual and Reproductive Rights of Women with Psychosocial Disabilities in Mexico.

KEY ACTIONS:

1. **Ensure** informed consent. It is a voluntary agreement to do or participate in something or to allow something to be done, such as a medical procedure, with full understanding of the facts, risks, benefits and possible consequences.
2. **Eliminate** requirements for third-party consent for sexual and reproductive health services.
3. **Recognize** the decisional agency of persons with disabilities in regard to consent and provide supported decision-making when appropriate.
4. **Provide** training to service providers, guardians and communities on how to support independent decision-making of persons with disabilities.

FAST FACTS:

More than half of women with intellectual disabilities have been told they should not have a child.[5]

In a recent study, half of women with intellectual disabilities had been permanently sterilized.[6]

2. Right to live a life free from violence

Gender-based violence

Women and young persons with disabilities are more likely to face gender-based violence (GBV) and disability-specific abuse, but are less likely to have full and equal access to prevention and response services.[7]

Women and young persons with disabilities also experience controlling behaviours from intimate partners, caretakers or others that can be mistaken for protection, but in fact prevents them from exercising their right to bodily autonomy.[8]

5 Disability Rights International and Colectivo Chuhcan (2015). Twice Violated: Abuse and Denial of Sexual and Reproductive Rights of Women with Psychosocial Disabilities in Mexico.

6 Ibid.

7 UNFPA, AECID, WE DECIDE and Population Reference Bureau (2020). Key Messages for the Path to Equality for Women and Young Persons with Disabilities.

8 Ibid.

Persons with disabilities may also experience other acts of violence:

- The withholding of medication and assistive devices (such as wheelchairs, braces and white canes)
- Forced sterilization, contraception and abortion
- The removal of a ramp or mobility devices
- The refusal by a caregiver to assist with daily living (such as bathing, dressing and eating)
- Denial of food or water, or threat of engaging in any of those acts
- Verbal abuse and ridicule relating to the disability
- Removing or controlling communication aids
- Causing fear by intimidation
- Harming or threatening to harm, take or kill pets or support animals, or destroy objects
- Psychological manipulation

> Articles 15 and 16 of the CRPD prohibit violence and abuse and inhuman and degrading treatment against all persons with disabilities.

KEY ACTIONS:

1. **Include** persons with disabilities, especially women and girls, in policy and programme design and outreach on GBV.
2. **Improve** access to services for socially excluded and disadvantaged communities. This includes digital services, outreach and safe and accessible clinics.
3. **Ensure** women and young persons with disabilities are aware of available services through a range of mediums and through the use of digital technology.
4. **Work** with service providers to ensure the provision of rights-based services, which are non-discriminatory and respond to the characteristics of persons with disabilities.
5. **Raise** awareness within communities on the rights of women and young persons with disabilities and on how to claim those rights.

FAST FACT:

Women with disabilities are up to 10 times more likely to experience sexual violence.[9] [10]

9 Wilson, C. & Brewer, N. (1992) The incidence of criminal victimisation of individuals with an intellectual disability. Australian Psychologist. Vol. 27, pp. 714-726

10 Sobsey, D. (2000) cited in Abramson, W., Emanuel, E., & Hayden, M. (Eds) (2000) Feature issue on violence and women with developmental and other disabilities. IMPACT, Vol. 13, No. 3. Minneapolis: Institute on Community Integration, University of Minnesota.

3. Right to access sexual and reproductive health information and services

Information and services

Girls and young women with disabilities are often excluded from sexuality education due to a perception that they do not need this information. This makes them more vulnerable to sexual abuse.

Not being able to address GBV when it is happening has health consequences. Young women with disabilities who are exposed to GBV have an increased risk of acquiring HIV or other sexually transmitted infections, and are more vulnerable to unintended pregnancy.[11]

> Article 25 of the CRPD calls on States Parties 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."

"Empowering young people with disabilities with sexual and reproductive health and rights, knowledge and information is one of the keys to change.

— Aniyamuzaala James Rwampigi, former president of the African Youth with Disabilities Network

11 Braathen, SH, Rohleder, P and Azalde, G (2013). Sexual and Reproductive Health and Rights of Girls with Disabilities: A Review of the Literature, SINTEF Technology and Society; Mprah, W.K. (2013). Perceptions About Barriers to Sexual and Reproductive Health Information and Services Among Deaf People in Ghana, Disability, CBR, and Inclusive Development, 24(3), pp. 21–36.

KEY ACTIONS:

1. **Apply** the framework of Availability, Accessibility, Acceptability and Quality (AAAQ) to information and services for sexual and reproductive health to enable states, health-care providers and social service providers, among others, to assess and evaluate interventions.
2. **Ensure** that Comprehensive Sexuality Education Curricula can be accessed by persons with diverse disabilities.

FAST FACT:

In a recent study, 20 per cent of women with disabilities had never used any sexual and reproductive health service.[12]

4. Right to a life without discrimination

Social and gender norms

Negative attitudes towards persons with disabilities are at the root of discriminatory laws, policies and practices. Social and gender norms underpin many behaviours that prevent the use of services that would improve health, realize rights and safeguard dignity.

Some social and gender norms deem women and young persons with disabilities incapable of making their own choices. Addressing harmful social and gender norms and discrimination will empower those left furthest behind, including persons with disabilities.

Norms and stereotypes around vulnerability, asexuality or hypersexuality, contribute to the compromised bodily autonomy of women and young persons with disabilities.

Social and gender norms related to disability may lead to beliefs such as having unprotected sex with a person with albinism or a girl with disabilities will cure HIV.[13]

> Article 5 of the CRPD calls on States Parties to "prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds".

12 DeBeaudrap P, Mouté C, Pasquier E, Mac-Seing M, Mukangwije PU, Beninguisse G (2019). Disability and Access to Sexual and Reproductive Health Services in Cameroon: A Mediation Analysis of the Role of Socioeconomic Factors. Int J Environ Res Public Health.
13 Able Africa and Save the Children (2021). Disability-inclusive child safeguarding guidelines.

We [young persons with disabilities] are dreaming a lot about inclusion, about quality education. We are dreaming about human rights; we are dreaming about many things. But we know that we shall achieve that. People may say it is impossible, but I say it is possible and that the future is very bright.

— Robert Ssewagudde, leader of a Ugandan disability rights advocacy group

KEY ACTIONS:

1. **Create** programmes supportive of social movements that address harmful social and gender norms around disability.
2. **Apply** strategies that promote positive role models and counter the harmful representation of persons with disabilities. Engage with the media to promote approaches that model positive behaviour.
3. **Change** discriminatory attitudes and reduce the vulnerability of young women and girls with disabilities to violence by demanding effective implementation of laws prohibiting discrimination on the basis of gender or disability.
4. **Support** national human rights institutions in community outreach to ensure that women and young people with disabilities are aware of and can exercise their rights.

FAST FACT:
Only 60 per cent of young persons with disabilities believe that a wife has a right to refuse unprotected sex with her husband.[14]

14 Kassa, T.A. et al. (2016). Sexual and Reproductive Health of Young Persons with Disability in Ethiopia: A study on knowledge, attitude and practice: A cross-sectional study, Globalisation and Health 12(5).

5. Right to protection during crises

Humanitarian contexts and crises

Women and girls with disabilities are more at risk before, during and after any disaster, conflict or emergency situation. The impacts of crises on bodily autonomy are often magnified for persons with disabilities.

Although persons with disabilities need protection and access to services, most humanitarian assistance is not currently designed or delivered in an inclusive way. Repeated and regular rape by multiple perpetrators is the most common form of GBV reported during humanitarian emergencies.[15]

> Article 11 of the CRPD calls on States to "take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters".

KEY ACTIONS:

1. **Ensure** that protection programmes are designed and adapted to be inclusive of and accessible to persons with disabilities. Train protection staff on disability.
2. **Ensure** access to information on the availability of sexual and reproductive health services and goods during crises.
3. **Commit** to Accountability to Affected Populations (AAP) by engaging women and girls with disabilities in needs assessment and analysis, implementation and monitoring of protection programmes.[16]

FAST FACT:

Persons with disabilities make up 15 per cent of the world's population and must be included in any humanitarian response for the whole of society.[17] [18]

15 Inter-Agency Standing Committee (2019). Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action.

16 Ibid.

17 World Health Organization (2011). World Report on Disability.

18 Inter-Agency Standing Committee (2019). Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action.

Before the pandemic, I had not been to doctors to treat my sexual and reproductive health very often… when I did, I felt a lot of prejudice, as if I were a child.

— Participant in a virtual consultation from Latin America[19]

It was difficult for sign language interpreters to get transportation during COVID to come to the hospital to translate for a deaf woman.

– A deaf woman, South Sudan

19 UNFPA and Women Enabled International (2021). The Impact of COVID-19 on Women and Girls with Disabilities: A Global Assessment and Case Studies on Sexual and Reproductive Health and Rights, Gender-Based Violence, and Related Rights.