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HEALTHCARE FOR WOMEN WITH DISABILITIES

An estimated 15% of the world's population is living with a disability, yet many have limited access to healthcare.¹ Women with disabilities are at a greater risk of having their rights to healthcare denied because of overlapping discrimination on the basis of both disability and gender.² According to the World Health Organization (WHO), women with disabilities are "the most disadvantaged and alienated group when it comes to accessing sexual and reproductive health services" in particular.³ As rights-holders, women with disabilities have the right to make decisions in all aspects of their healthcare, and have the right to comprehensive and accessible information about their health and healthcare services. Realizing these rights and increasing access to quality healthcare are linked to reductions in poverty, improved access to education, gender equality, sustainable development, and reductions in violence against women.⁴

To realize the right to health for women with disabilities and ensure that they have equal access to quality healthcare, governments and nongovernmental health organizations (NGOs) should promote inclusive practices in all aspects of healthcare, including general health services, maternal and reproductive health services, and access to contraception.

¹ Department of Economic and Social Affairs: Disability. (n.d.) *Women with Disabilities Fact Sheet*. United Nations. <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.htm>

² Department of Economic and Social Affairs: Disability. (n.d.) *Persons with Disabilities Fact Sheet*. United Nations. <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.htm>

³ Rugoho, T., & Maphosa, F. (2017). Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe: The case of Chitungwiza town. *African Journal of Disability*, 6. doi:10.4102/ajod.v6i0.252

⁴ Davidson, P. M., McGrath, S. J., Meleis, A. I., Stern, P., Digiacomio, M., Dharmendra, T., Correa-de-Araujo, R., Campbell, J. C., Hochleitner, M., Messias, D. K., Brown, H., Teitelman, A., Sindhu, S., Reesman, K., Richter, S., Sommers, M. S., Schaeffer, D., Stringer, M., Sampelle, C., Anderson, D., ... Krassen Covan, E. (2011). The health of women and girls determines the health and well-being of our modern world: A white paper from the International Council on Women's Health Issues. *healthcare for women international*, 32(10), 870-886. <https://doi.org/10.1080/07399332.2011.603872>

Ensuring equal access to healthcare requires recognizing the interdependence of rights and eliminating economic, social and political barriers to full inclusion for women with disabilities. It also requires recognition that women with disabilities are not a homogenous group and that they may face unique challenges in seeking and obtaining healthcare services. Recognizing how different systems of oppression intersect to shape experiences of discrimination is essential to a comprehensive understanding of the diverse effects it can have in practice.

"I went to look for family planning methods at the clinic and the nurses told me that sex was not meant for the disabled, hence there was no need for me to get contraceptive methods."⁵

- Woman with a disability in Zimbabwe

This brief aims to:

1. Aid government agencies, local healthcare authorities, and NGOs working in healthcare in understanding the international standards that recognize the equal rights of persons with disabilities to accessible quality healthcare services and resources;
2. Encourage the implementation of promising practices that combat discrimination and promote accessibility and inclusion within health services.

These objectives are in keeping with the commitment in the Sustainable Development Goals to envision a world where "all human beings can fulfil their potential in dignity and equality" and "enjoy prosperous and fulfilling lives" economically, socially and technologically.⁶ Healthcare for all is essential to fulfilling all human rights and ensuring that no one is left behind.

⁵ Rugoho (2017)

⁶ *Sustainable development goals: A guide to the Sustainable Development Goals (SDGs)*. (2015). Mauritius: United Nations Mauritius.

THE RIGHT TO HEALTH⁷

The right to health for women with disabilities is recognized in multiple international instruments. The **International Covenant on Economic, Social and Cultural Rights (ICESCR)** adopted in 1966, recognizes that all people have the right to the highest attainable standard of health, among many other things. The notion of “the highest attainable standard of health” takes into account both an individual’s biological and the socio-economic preconditions and a State’s available resources. For women with disabilities, that includes availability, accessibility (non-discrimination, physical accessibility, economic accessibility (affordability), and information accessibility), acceptability, and quality healthcare.

The **United Nations Convention on the Elimination on all Forms of Discrimination Against Women (CEDAW)**, adopted in 1979, calls for State Parties to eliminate discrimination against women in healthcare, and to ensure that all women, including women with disabilities, have equal access to healthcare.

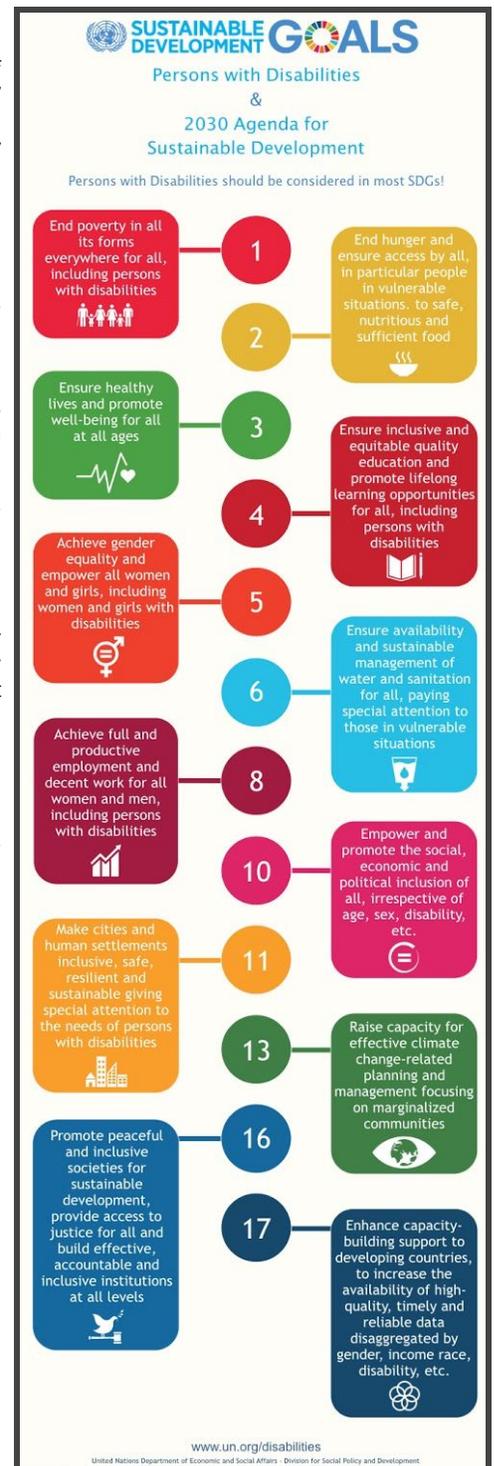
The **UN Convention on the Rights of Persons with Disabilities (CRPD)**, adopted in 2006, recognizes that persons with disabilities have equal rights to health and accessible healthcare. The CRPD also recognizes that women with disabilities may be subjected to discrimination on the basis of both their gender and disability and that States have an obligation to eliminate both forms of discrimination. It further calls on States to ensure that persons with disabilities have access to quality healthcare, and that persons with disabilities do not experience discrimination specifically in the provision of healthcare.

To advance realization of these rights, **the Sustainable Development Goals (SDGs)**, which were adopted in 2015, commit to the principle “leave no one behind.” Persons with disabilities are specifically recognized by the Agenda for Sustainable Development as a key group for inclusion. SDG 3 calls on States to ensure all people have the right and ability to lead healthy lives, and SDG 5 calls for the removal of any barriers to gender equality, including with respect to healthcare.

Building on the SDGs, the 2019 **Political Declaration of the High-level Meeting on Universal Health Coverage “Universal health coverage: moving together to build a healthier world” (UHC)**, reaffirms that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development, and strongly recommits to achieving universal health coverage by 2030, with a view to scaling up the global effort to build a healthier world for all.

Who is a Person with a Disability?

Persons with disabilities “include those who have long-term physical, mental, intellectual [and/]or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”⁸ Persons with disabilities are not a homogenous group and their individual experiences vary.⁹ For example, gender, age, race, and other identities all impact the experiences of a person with a disability(ies). Whether he or she lives in the Global North or the Global South also greatly impacts their experience, as well as the type of disability(ies) he or she has. An individual with a physical disability may experience different barriers in accessing healthcare than a person with an intellectual disability might experience. This description is not an extensive list of the variations of persons with disabilities, and is intended to emphasize the diversity of experiences, and the importance of centering persons with disabilities in all decisions that concern their lives and well-being.



⁷ Social Development for Sustainable Development | DISD. (n.d.). Retrieved June 19, 2020, from <https://www.un.org/development/desa/dspd/2030agenda-sdgs.html>

⁸ UN General Assembly, *Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly*, 24 January 2007, A/RES/61/106, available at: <https://www.refworld.org/docid/45f973632.html> [accessed 16 June 2020]

⁹ UN Enable : First 50 Years : Chapter II - What is a disability? (n.d.). Retrieved June 16, 2020, from <https://www.un.org/esa/socdev/enable/dis50y10.htm>

INTERNATIONAL STANDARDS: THE RIGHT TO HEALTH FOR WOMEN WITH DISABILITIES

- ICESCR Part III Article 12:
 - *Paragraph 1:* The States Parties to the present Covenant recognize the **right of everyone to the enjoyment of the highest attainable standard of physical and mental health.**
- ICCPR Article 7:
 - No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, **no one shall be subjected without his free consent to medical or scientific experimentation.**
- CEDAW Article 12: Health
 - *Paragraph 1:* States Parties shall take all appropriate measures to **eliminate discrimination against women in the field of healthcare...**including those related to family planning
 - *Paragraph 2:* States Parties shall **ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.**
- CRPD Article 6: Women with Disabilities
 - *Paragraph 1:* States Parties recognize that **women and girls with disabilities are subject to multiple discrimination**, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms
- CRPD Article 25: Health
 - States Parties recognize that **persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.** States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:
 - *Paragraph A:* Provide persons with disabilities with the **same range, quality and standard of free or affordable healthcare and programmes...**including in the area of sexual and reproductive health
 - *Paragraph B:* Provide those **health services needed by persons with disabilities specifically because of their disabilities**, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons
 - *Paragraph D:* Require **health professionals to provide care of the same quality to persons with disabilities as to others**, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private healthcare
 - *Paragraph F:* **Prevent discriminatory denial of healthcare or health services** on the basis of disability
- SDG 3: Ensure Healthy Lives and Promote Well-Being
 - 3.1: **Reduce the global maternal mortality ratio**
 - 3.4: **Reduce** by one third **premature mortality** from non-communicable prevention and treatment and **promote mental health and well-being**
 - 3.7: **Ensure universal access to sexual and reproductive healthcare services**, including for family planning, information and education, and the integration of reproductive health into national strategies and *programs*
- SDG 5: Achieve Gender Equality
 - 5.3: **Eliminate all harmful practices**, such as child, early and forced marriage and female genital mutilation
 - 5.6: **Ensure universal access to sexual and reproductive health and reproductive rights**
- UHC: Political Declaration of the UN High-Level Meeting
 - 25: Implement most **effective, high impact, quality-assured, people-centred, gender- and disability responsive, and evidence-based interventions** to meet the health needs of all throughout the life course, and in particular those who are vulnerable or in vulnerable situations, **ensuring universal access**
 - 37: Increase **access to health services for all persons with disabilities, remove physical, attitudinal, social, structural, and financial barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion,**
 - 61: Develop, improve, and make available **evidence-based training that is sensitive to different cultures and the specific needs of women, children and persons with disabilities**, skills enhancement and education of health workers, including midwives and community health workers, as well as promote a continued education and life-long learning agenda and **expand community-based health education and training in order to provide quality care** for people throughout the life course;
 - 67: **Strengthen health information systems and collect quality, timely and reliable data**, including vital statistics, disaggregated by income, sex, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics relevant in national contexts as required to monitor progress and identify gaps in the universal and **inclusive achievement of SDG3**

GENERAL HEALTHCARE ACCESSIBILITY

Women with disabilities have the same health needs as other women, yet they often experience barriers to accessing health services. As a result, women with disabilities are generally at a greater “risk for experiencing health disparities, including decreased access to quality care and lower rates of screening for both cervical and breast cancer, and...unmet sexual and reproductive health needs.”¹⁰

The increased health risks are influenced in part by the inaccessibility of healthcare.¹¹ Healthcare for women with disabilities is often difficult to access due to a number of barriers, including a lack of physical accessibility, a lack of accessible information, communication barriers, negative attitudes, and a lack of disability awareness in health services,¹² any and all of which can be exacerbated by different social factors including age, class, ethnicity, religion, and other factors. Women with disabilities can also experience financial barriers to accessing healthcare, since women with disabilities are generally disproportionately affected by poverty.¹³

To address these barriers, government agencies and organizations can focus on **five key actions**. First, the prioritization of **accessibility** of facilities, equipment, and information will help women with disabilities be able to utilize healthcare services. Second, the **representation** of women with disabilities in health materials will demonstrate the relevance of important healthcare information to women with disabilities and help to reduce stigma. Third, the **training** of healthcare professionals and providers in inclusive practices will improve the quality of healthcare to women with disabilities including inclusive communication, attitudes, practices, and knowledge. Fourth, it is important to **raise awareness** for women with disabilities so that they are fully knowledgeable about their rights.

Finally, the **involvement** of women with disabilities, organizations for persons with disabilities (OPDs), and organizations led by women with disabilities in decisions and planning relating to healthcare facilities and service provision increases the likelihood that accessibility and inclusion needs are being met. This also embodies the disability mantra,

¹⁰ Byrnes, Lorraine and Mary Hickey. (2016). “Perinatal Care for Women With Disabilities: Clinical Considerations.” *The Journal for Nurse Practitioners*, Volume 12, Issue 8, 503 - 509. 29 July 2016. doi: 10.1016/j.nurpra.2016.06.005.

¹¹ Byrnes, Lorraine and Mary Hickey. (2016).

¹² World Health Organization & United Nations Population Fund. (2009). “Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note.” World Health Organization. <https://apps.who.int/iris/handle/10665/44207>.

¹³ Rugoho (2017)

‘nothing about us without us,’ and ensures that women with disabilities are at the center of all actions that can affect their health and wellbeing.¹⁴

VIOLENCE IN HEALTHCARE

Throughout history and into modern times, an “alarming amount of women with disabilities” seeking medical services have experienced coercive and violent “healthcare practices and medical procedures such as forced sterilization, forced abortion, and forced contraception.”¹⁵ Forced sterilization and abortion are irreversible, and can have “profound physical and psychological effects. “[They are acts] of violence, [forms] of social control, and [violations] of the right to be free from torture and other cruel, inhuman or degrading treatment or punishment.”¹⁶ They are often justified by governments, professionals, and family members/carers as being in the “best interests” of women and girls with disabilities, while in reality they have “more to do with social factors, such as avoiding inconvenience to caregivers, the lack of adequate measures to protect against the sexual abuse and exploitation of women with disabilities, and the lack of adequate and appropriate services to support women with disabilities in their decision to become parents.”¹⁷

Women with disabilities have the right to make decisions for themselves about their bodies and to be free from violence. The elimination of all forms of violence against women with disabilities and their empowerment as decisionmakers should be core components of all healthcare services.

¹⁴ Human Rights Watch. (2011).

<https://www.hrw.org/news/2011/11/10/sterilization-women-and-girls-disabilities>

¹⁵ United Nations Population Fund (UNFPA) & Women Enabled International, Women and Young Persons with Disabilities: Guidelines to Providing Rights-Based, Gender-Responsive Services for Gender-Based Violence and Sexual and Reproductive Health 93, 108 (2018). <https://womenenabled.org/wei-unfpa/WEI%20and%20UNFPA%20Guidelines%20Disability%20GBV%20+%20SRHR%20FINAL%20November%202028,%202018.pdf>.

¹⁶ Human Rights Watch. (2011). Sterilization of Women and Girls with Disabilities. Retrieved June 18, 2020, from

<https://www.hrw.org/news/2011/11/10/sterilization-women-and-girls-disabilities>

¹⁷ Human Rights Watch. (2011)

Accessibility:

- Facilities:^{18*}
 - Audit approaches and entrances/exits for accessibility
 - Ensure accessibility of goods and services within healthcare clinics
 - Require accessibility of toilet facilities
 - Provide access to additional commodities such as drinking fountains, public telephones, fire alarms¹⁹
- Prepare all informational materials in accessible formats, including easy to read formats²⁰
- Provide accessible modes of communication and information for women with disabilities
 - Including braille, clear language, sign language interpreters, communication boards, large print documents and other augmented or alternative communication methods²¹

Representation

- Represent persons with disabilities in health materials
 - Have targeted health promotion and prevention campaigns that are inclusive of persons with disabilities
 - Have representative and inclusive brochures and fact sheets*
 - Have photos of persons with disabilities around the office to demonstrate inclusion and reduce stigma²²
 - Promote hiring of staff and healthcare professionals with disabilities²³

Training of Professionals

- Require gender and disability specific awareness training for healthcare workers and other providers^{24*}
- Confirm that all healthcare is patient-centered and that patients are empowered as full partners in all decisions relating to their care. Collaboration between healthcare workers, patients, and patients' teams²⁵ should ensure that decisions made by female patients with disabilities are fully informed, freely made, and free from coercion
- Eliminate negative stigma towards persons with disabilities and their family members in healthcare facilities by raising awareness and including training on stigma for healthcare providers and the general public within the facility²⁶

Raise Awareness

- Promote awareness of rights for women with disabilities through quality and accessible materials²⁷

Involvement

- Prioritize outreach to women with disabilities and their representative OPDs as part of all public health campaigns²⁸
- Involve and include women with disabilities in all decision making capacities, including but not limited to, positions on boards, the creation of legislation, and the evaluations of current practices and measures to encourage quality access to healthcare services and resources for all women with disabilities²⁹
- Eliminate coercion and violence in healthcare services and ensure that women with disabilities are fully empowered to freely make decisions regarding their own healthcare³⁰
- Recognize that only female patients with disabilities themselves can give "legally and ethically valid consent"³¹

* additional material and details included in "Resources" section of this brief

¹⁸Thomas, Erin Vinoski. (2019). "Pregnancy and Motherhood in Women with Disabilities: Information and Opportunities for Local Health Departments." *National Association of County and City Health Officials*. <https://www.National.org/blog/articles/pregnancy-and-motherhood-in-women-with-disabilities-information-and-opportunities-for-local-health-departments>.

¹⁹ Checklist. (n.d.). Retrieved May 28, 2020, from <https://www.adachecklist.org/checklist.html>.

²⁰ National Association of County and City Health Officials. (2014). "Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services." *National*. <https://www.National.org/uploads/downloadable-resources/Programs/Community-Health/na598pdf.pdf>.

²¹ Tappjt. (n.d.). Communicating Effectively with Adults with Intellectual and Developmental Disabilities. Retrieved May 28, 2020, from <https://iddtoolkit.vkcsites.org/general-issues/communicating-effectively/>.

²² Thomas (2019)

²³ Konopasky, A., Oliver-Carter, S., Godwin, J., Jr., Wolfe, K., Glowacki, N., & Vitelli, K. (2014). Panel Session Two: Opportunities and Promising Practices for Jobseekers with Disabilities and Veterans in Nursing and the Allied Health Professions. In *Health Care Professionals with Disabilities Career Trends, Best Practices and Call-to-Action Policy Roundtable*. Retrieved July 17, 2020, from <https://www.dol.gov/odep/alliances/nondalliancerovertablereport.pdf>

²⁴ Browne, Sophie. (2017). "Making the SDGs Count for Women and Girls with Disabilities." *UN Women Issue Brief*.

<https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/making-sdgs-count-for-women-with-disabilities.pdf?la=en&vs=731>.

²⁵ National Association of County and City Health Officials. (2014).

²⁶ Thomas (2019)

²⁷ United Nations Population Fund, Women Enabled International, and WE Decide (nd). "Your rights." <https://www.unfpa.org/sites/default/files/resource-pdf/English-PDF-v2.pdf>.

²⁸ United Nations Population Fund. (2018). "Young Persons with Disabilities Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights."

<https://www.unfpa.org/publications/young-persons-disabilities>.

²⁹ Human Rights Watch. (2011). Sterilization of Women and Girls with Disabilities. Retrieved June 18, 2020, from <https://www.hrw.org/news/2011/11/10/sterilization-women-and-girls-disabilities>

³⁰ Human Rights Watch. (2011).

³¹ Human Rights Watch. (2011).

MATERNAL HEALTHCARE

Women with disabilities often experience discrimination and stigma when they seek sexual and reproductive healthcare. In part, this is because women with disabilities are often assumed to be asexual or hypersexual, despite the fact that women with disabilities participate in sexual activities at similar rates to women without disabilities.³² When women with disabilities are assumed to be asexual, healthcare providers may not recognize the sexual and reproductive healthcare rights (SRHR) of women with disabilities, or may not provide services and information pertaining to SRHR, including maternal healthcare. Women with disabilities are also more likely to be unaware of available sexual and reproductive services, or experience communication issues when they interact with the maternal healthcare system.³³ Maternal healthcare providers may also feel unprepared since training on disability for healthcare workers is rare.³⁴



These barriers contribute to women with disabilities experiencing higher rates of maternal mortality and morbidity, difficulty in accessing information on sexual and reproductive health and encountering challenges accessing family planning, prenatal, and postnatal services. Research shows that women with disabilities “have [more and more significant] pregnancy complications, [and] preterm deliveries” than non-disabled women, with potentially significant consequences.³⁵

In order to realize the right to the highest attainable standard of health, including maternal health, it is important to address **six key areas**.

First, it is important to focus on **training healthcare professionals in inclusive maternal and sexual and reproductive healthcare**. This training should include how to use alternative modes of communication, how to recognize attitudinal barriers and prevent stigma and discrimination, and how to address the needs of persons with disabilities,

³² Morrison (2014)

³³ Morrison (2014)

³⁴ Morrison (2014)

³⁵ Mheta (2017)

including alternative ways to deliver quality maternal healthcare when appropriate. Providing healthcare professionals with training will increase their ability to provide quality healthcare to women with disabilities.

Next, ensure that all information relating to sexual and reproductive health services is accessible and inclusive. That means not only providing information in ways accessible to all patients, including in easy to read formats, but also **including women with disabilities in mainstream pregnancy and parenting material**. This inclusion will not only help provide women with disabilities with relevant healthcare information, but will decrease the risk of stigma by normalizing women with disabilities as mothers.

It is also important to ensure that healthcare providers have **access to modified equipment** that women with disabilities may need to receive quality maternal healthcare.

Additionally, **OPDs and women with disabilities should be consulted on programming and strategies** related to maternal healthcare in order to promote more accessible healthcare formulated around the best interests of the patients.³⁶



When possible, **contribute information and data to studies** on women with disabilities accessing maternal healthcare, including cooperation with ongoing studies. Data is lacking for women with disabilities as a whole, within different fields of medicine for women with disabilities, and for different areas of the world. It's essential to be familiar with the available data and contribute to filling research gaps.³⁷

Finally, **all healthcare must be patient-centered** and women with disabilities who are receiving healthcare services must be recognized and empowered as full partners in all decisions relating to their sexual and reproductive health care. This includes, but is not limited to, the right to make the decision of whether or not to have a child and to maintain custody of that child. Women with disabilities frequently have to fight for custody of their newborns. It is often prematurely assumed that women with disabilities are unfit to be mothers because of their disability.³⁸ Training medical staff, providing

³⁶ Browne (2017)

³⁷ Saran, A., White, H., & Kuper, H. (2020, January 9). Better evidence for a better world. Retrieved June 19, 2020, from

<https://campbellcollaboration.org/better-evidence/effectiveness-of-interventions-for-people-with-disabilities-in-low-and-middle-income-countries-an-evidence-and-gap-map.html>

³⁸ Reeves, S. (2013). “Protecting the rights of parents with disabilities.” 7th ed., Vol. 44, p. 22. American Psychological Association.

prenatal and postnatal educational opportunities for new moms, having accessible periodic check-ins, and providing judgement-free support systems can help strengthen and protect new mothers with disabilities by equipping them with beneficial knowledge.³⁹ This focus area will encourage the supporting of women with disabilities in motherhood instead of the reporting of women with disabilities as unfit mothers based solely on disability status.

Promising Practices: Maternal Health

Training

- Require training for healthcare providers on inclusive reproductive care for women with disabilities
 - Be prepared to deliver in alternate positions that are best suited for the needs of women with disabilities⁴⁰

Representation

- Include women with disabilities in mainstream pregnancy and parenting information and sources, such as books, magazines, and apps^{41*}
- Involve mothers with disabilities in new parent training programs⁴²
- Promote hiring staff and healthcare professionals with disabilities⁴³

Accessibility

- Provide women with disabilities with information, in accessible formats, without discrimination and utilizing the best communication method for the individual and/or his or her family on all their options, treatment plans, and other relevant services⁴⁴
- Provide access to appropriate equipment when necessary to support care for women with disabilities, particularly while in labor and during exams⁴⁵
- Provide accessible and inclusive family planning resources, services, and information free from discrimination and bias⁴⁶

Consult with Women with Disabilities

- Consult with women with disabilities and OPDs when developing programs and strategies related to maternal healthcare facilities, policies, and services⁴⁷

Collect Data

- Collect data through surveys addressing services for both maternal care and family planning for women with disabilities^{48*}
 - Including but not limited to questions regarding disabilities, accommodations needs, and lived experiences of women with disabilities engaging with maternal healthcare services

Center Women with Disabilities

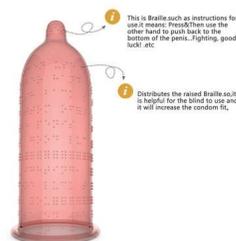
- Only female patients with disabilities themselves can give “legally and ethically valid consent”⁴⁹

* additional material and details included in “Resources” section of this brief

ACCESS TO CONTRACEPTION

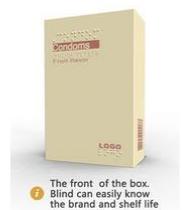
There have been few large studies done on the access that women with disabilities have to contraception. The studies, however, show that compared to women without disabilities, “women with disabilities are neglected and excluded from [access to] contraception” which results in women with disabilities experiencing “a high rate of unwanted pregnancies, and [exposure] to the health and socioeconomic vulnerabilities associated with childbearing.”⁵⁰

Braille
Condom



51

Some barriers that women with disabilities face to accessing contraception include not having access to health facilities in rural areas, discriminatory attitudes of health workers, and discriminatory assumptions that women with disabilities are asexual or hypersexual and do not need or cannot handle reproductive knowledge.⁵² Additionally, women in institutional settings are rarely provided with resources such as condoms or other family planning options.⁵³ These barriers make it less likely that women with disabilities will use contraception, especially in low-income



³⁹ Reeves, S. (2013).

⁴⁰ Byrnes (2016)

⁴¹ Thomas (2019)

⁴² Rogers, Judith, & Molleen Matsumura. (2006). *The Disabled Woman's Guide to Pregnancy and Birth*. New York, NY: Demos.

⁴³ Konopasky, A., Oliver-Carter, S., Godwin, J., Jr., Wolfe, K., Glowacki, N., & Vitelli, K. (2014).

⁴⁴ Tappjt. (n.d.).

⁴⁵ Byrnes (2016)

⁴⁶ Browne (2017)

⁴⁷ UNFPA (2018)

⁴⁸ National Association (2014), Thomas (2019)

⁴⁹ Human Rights Watch. (2011).

⁵⁰ Ayiga, N., & Kigozi, S. (2016). Access to and Uptake of Contraception by Women with Disabilities. *Journal of Social Sciences*, 12(4), 171-181. doi:10.3844/jssp.2016.171.181

⁵¹ All photos: WuHan University of Technology. (2020). “Braille Condom / Condom.” *iF World Design Guide*. <https://ifworlddesignguide.com/entry/139192-braille-condom>.

⁵² Ayiga (2016)

⁵³ World Health (2009)

countries. One study showed that only 26% of women with disabilities in sub-Saharan Africa had ever used a modern form of contraception.⁵⁴ Additionally, one study in Ethiopia showed how young persons with disabilities had limited knowledge of contraception, STIs, and preventing HIV/AIDS.⁵⁵ Another study in Ethiopia found that 35% of participants did not use contraception during their first encounter, and 63% had at least one unintended pregnancy.⁵⁶ In Ecuador, 89% of those who became sexually active before the age of 17 did not use contraceptives.⁵⁷

According to the Gates Foundation, “enabling women to make informed decisions about whether and when to have children reduces unintended pregnancies as well as maternal and newborn deaths. It also increases education and economic opportunities for women and leads to healthier families and communities.”⁵⁸ It can also reduce chronic poverty and hunger, and enhance gender equality.⁵⁹ Access to contraception and voluntary family planning is important to women with disabilities because they disproportionately experience poverty and are disproportionately denied access to education.⁶⁰ In order to overcome the barriers women with disabilities experience when accessing contraception, it is important to focus on **four key areas**.

First, **do not discriminate against women and girls with disabilities** who are interacting with family planning services such as contraception. This discrimination can include false assumptions or discriminatory attitudes.

Second, ensure women with disabilities are at the center of their own healthcare decisions by **training healthcare professionals**. This training must incorporate both anti-discriminatory practices and profession related knowledge about accessibility, including, but not limited to, open communication, advising women on all options for contraception, and informing women of all side effects of medication, keeping in mind any interactions the contraceptive can have with already prescribed medication.

Third, the **inclusion of women and girls with disabilities in mainstream information**, and the promotional programming of accessible family planning, can help normalize women and girls with disabilities accessing contraception and decrease the discrimination that they experience.⁶¹

⁵⁴ Ayiga (2016)
⁵⁵ UNFPA (2018).
⁵⁶ UNFPA (2018).
⁵⁷ UNFPA (2018)
⁵⁸ Bill and Melinda Gates Foundation. (n.d.) *Family Planning Overview*. <https://www.gatesfoundation.org/what-we-do/global-development/family-planning>
⁵⁹ Ayiga (2016)
⁶⁰ Department of Economic and Social Affairs: Disability. (n.d.) *Women with Disabilities Fact Sheet*.
⁶¹ Bill (n.d.)

Fourth, **pay specific attention to women with disabilities living in institutions as they have the same rights to sexual and reproductive health and services as all other women.**⁶²

Healthcare professionals should continue to prioritize women with disabilities receiving adequate sexual and reproductive health services, including access to contraception and accessible information concerning contraception. Women with disabilities are disproportionately institutionalized⁶³ so it is essential to ensure that women with disabilities have access to healthcare measures

preventing STIs, HIV/AIDS, and unwanted pregnancy. Women with disabilities have the right to both access contraception and to refuse contraception.

It is important to note that non-consensual, forced sterilization is a violation of human rights and not an appropriate form of preventing unwanted pregnancy.

SEXUAL HEALTH EDUCATION

Persons with disabilities frequently do not receive a formal sex education because either the material is not accessible, they are not included in the sexual health education classes,^{64,65} or they do not have access to education at all.⁶⁶ “Sexual health education teaches about...condoms and contraception to reduce the risk of unintended pregnancy and of infection with STDs, including HIV. It also teaches interpersonal and communication skills and helps young people explore their own values, goals, and options.”⁶⁷ Many healthcare organizations provide education materials on sexuality. In order to ensure that it is available to all those with healthcare needs, it is essential that information be produced and shared with accessibility and inclusion in mind.⁶⁸

⁶² World Health (2009)
⁶³ She, P and D.C. Stapleton (2006). A Review of Disability Data for the Institutional Population: Research Brief. Rehabilitation Research and Training Center on Disability Demographics and Statistics, Cornell University, Ithaca, NY.
⁶⁴ *Emerging evidence, lessons and practice in comprehensive sexuality education: A global review 2015*. (2015). Paris: UNESCO.
⁶⁵ Advocates for Youth (2016). “Sexual Health Education for Young People with Disabilities - Research and Resources for Educators.” Retrieved June 16, 2020, from <https://advocatesforyouth.org/resources/fact-sheets/sexual-health-education-for-young-people-with-disabilities/>
⁶⁶ UNICEF (2020, April). “Education I Disabilities.” Retrieved June 16, 2020, from https://www.unicef.org/disabilities/index_65316.html
⁶⁷ Sex Education Programs: Definitions & Point-by-Point Comparison. (2009). Retrieved June 16, 2020, from <https://advocatesforyouth.org/resources/fact-sheets/sex-education-programs-definitions-and-d-point-by-point-comparison/>
⁶⁸ United Nations Population Fund. (2018). “Young Persons with Disabilities Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights.” <https://www.unfpa.org/publications/young-persons-disabilities>.

Promising Practices: Access to Contraception

Do Not Discriminate

- Do not discriminate against women and girls with disabilities on the false assumption of asexuality, including the denial of contraception⁶⁹
- Treat and care for patients with understanding, support and respect⁷⁰

Train Professionals

- Make the environment comfortable, non-judgmental, and accessible^{71*}
- Recognize that wealth, education, and access to radio have been shown to not only improve access to contraception, but effectively change behaviors towards marginalized populations⁷²
- Be aware of the differing effects a prescribed medication may have on the woman's health and inform the woman of these risks⁷³
 - Be aware of the effects that could occur when previously prescribed medications are combined with birth control. These effects could include negative reactions or a decrease in contraceptive effectiveness⁷⁴

Be Representative

- Include the participation of youth with disabilities in sexual health education by including youth with disabilities and OPDs in evaluating and designing sexual health education policies and programming⁷⁵
- Provide access for all youth and women with disabilities "to free, confidential, adolescent-responsive and non-discriminatory sexual and reproductive health services, information and education . . . including on family planning, contraception, including emergency contraception, prevention, care and treatment of sexually transmitted infections, counselling, preconception care, maternal health services, and menstrual hygiene"⁷⁶

Recognize Women with Disabilities in Institutions

- Pay particular attention to women with disabilities who have been institutionalized, including women in group homes, hospitals, institutions, or prisons
 - Work with communities and professionals to increase the access that women with disabilities in institutions have to contraception⁷⁷

* additional material and details included in "Resources" section of this brief

⁶⁹ Browne (2017)

⁷⁰ World Health (2009)

⁷¹ World Health (2009)

⁷² Ayiga (2016)

⁷³ Byrnes (2016)

⁷⁴ Using Medications With Birth Control: CU Women's Health. (2017, April 25). Retrieved May 28, 2020, from <https://obgyn.coloradowomenshealth.com/health-info/birth-control/medical-conditions-birth-control/medications>

⁷⁵ UNFPA (2018)

⁷⁶ Committee on the Rights of the Child (2016). General Comment No. 20 on the implementation of the rights of the child during adolescence, CRC/C/GC/20.

⁷⁷ World Health (2009)

RESOURCES

These resources will offer more in-depth information, recommendations, and standards on healthcare accessibility issues that women with disabilities experience.

General Healthcare Accessibility Resources:

[Barrier-Free Healthcare Initiative - USAO Agreements](#)

The Civil Rights Division and U.S. Attorneys' offices have long enforced the ADA in this area. This nationwide initiative seeks to focus and leverage the Department's resources together and aggregate the collective message that disability discrimination in healthcare is illegal and unacceptable.

[Disability Rights Education & Defense Fund \(DREDF\) Healthcare Access](#)

People with disabilities experience a range of physical, programmatic and systemic barriers when they try to access healthcare. DREDF works out ways to apply existing laws and principles of disability non-discrimination in the complicated context of how healthcare services are delivered in this country.

[Healthcare for Adults with Intellectual & Developmental Disabilities](#)

Includes information on Communicating Effectively, Informed Consent, Informed Consent Checklist, Adaptive Functioning and Different Levels of IDD, Office Organizational tips, Cumulative Patient Profile, Female Preventive Care Checklist, Male Preventive Care Checklist, Cheetham's Checklist, Initial Management of Behavioral Crises in Primary Care, Risk Assessment Tool for Adults with IDD in Behavioral Crisis, Behavioral Problems and Emotional Concerns-Provider Checklist, Behavioral Problems and Emotional Concerns-Caregiver Checklist, Psychiatric Symptoms and Behaviors Checklist, ABC (Antecedent-Behavior-Consequence) Chart, Crisis Prevention and Management Planning, Crisis Prevention and Management Form, Psychotropic Medication Issues, Psychotropic Medications Checklist.

Also includes specific information on Autism, Down Syndrome, Fetal Alcohol Spectrum Disorder (FASD), Fragile X Syndrome, Prader-Willi Syndrome, Williams Syndrome.

[ADA Checklist for Existing Facilities](#)

Provides a detailed checklist for physical accessibility in existing facilities.

[Access to Medical Care For Individuals With Mobility Disabilities](#)

Guidelines for healthcare facilities and staff written by the ADA addressing general requirements, FAQs, accessible examination rooms, and accessible medical equipment for persons with disabilities.

[Best Practices for Accessible Prescription Drug Labeling](#)

Brochure describing the best practices for delivery methods for providing accessible prescription medication written by the National Council on Disabilities and the United States Access Board.

[Inclusive Healthcare](#)

A 30-minute video-based training that empowers staff to provide high-quality care to patients with disabilities. Includes information on overcoming attitudinal barriers, effective communication, reasonable accommodations, and quality care. Training will teach participants to Engage in respectful and effective communication with all patients to work with patients to ensure appropriate accommodations, to accommodate both apparent and non-apparent disabilities, to be proactive, to prevent problems before they arise, and to collaborate and problem-solve for each patient and situation

[Top Five Rules for Communicating with Patients with Disabilities](#)

Fact sheet that includes helpful information for communicating with patients with disabilities. Tips include talking directly to the patient, avoiding assumptions, using person-first language, repeating back to patients to check for your understanding, and not finishing patients' sentences.

[Inclusive Health Principles and Strategies](#)

This resource provides principles and strategies to help you ensure the full and sustainable inclusion of people with intellectual disabilities in health policies and laws, programming, services, training programs, research, and funding streams.

[Inclusive Health FAQ](#)

Provides answers to frequently asked questions regarding inclusive health including what the problem is, what inclusive health is, what types of barriers people with intellectual disabilities face accessing health services, and what key strategies an organization should use to work towards inclusive health.

Representative Information on the Rights of Women and Girls with Disabilities in Relation to Healthcare, Particularly Sexual and Reproductive Healthcare:

[Your rights: Information for Women and Young Persons with Disabilities by UNFPA](#)

Accessible information for women and young persons with disabilities that discusses what support might be needed, what should happen when that support is given, and the rights of women and young persons with disabilities.

[Information About the Rights of Women and Girls with Disabilities to Do with Their Bodies, Sex, Relationships and Giving Birth to Children by Women Enabled International \(WEI\)](#)

Accessible information for and about women and girls with disabilities and their sexual and reproductive health rights. Discusses discrimination and stigma, rights covered by the CRPD and CEDAW, the responsibilities of governments, and additional good practices.

[Promoting Sexual and Reproductive Health for Persons with Disabilities: WHO/UNFPA Guidance Note](#)

This guidance note addresses issues of SRH programming for persons with disabilities. It is intended for SRH experts and advocates within UNFPA and WHO as well as those in other development organizations and partners. Those who address issues of family planning, maternal health, HIV and AIDS, adolescence, and gender-based violence (GBV) may find this information particularly helpful. This note outlines a general approach to programming and does not address specific protocols for the SRH care and treatment of persons with disabilities

Healthcare and Disability Training Resources:

[Health and Disability 101 Training for Health Department Employees](#)

This online training provides foundational knowledge about people with disabilities, the health disparities that they experience, and how local health department staff can include people with disabilities in their public health programs and services.

[Quality of Care in Contraceptive Information and Services, Based on Human Rights Standards: A Checklist for healthcare Providers](#)

This checklist provides detailed information and checklists on methods to propose the choices of contraceptives available along with general care and treatment for women with disabilities during the process.

Autonomy Resources for Centering Persons with Disabilities in their Own Health Decisions:

[Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services](#)

This guide highlights specific strategies and tools to help both local and state health departments include people with disabilities in public health programming and planning efforts.

Maternal Health for Women and Young Persons with Disabilities:

[Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Right by UNFPA](#)

This study provides a in-depth look on young persons with disabilities, and includes information on maternal healthcare

- Chapter 5, Part III: Maternal health-care services

[Six Basic Disability Demographic Questions: Center for Disease Control](#)

This is a quick checklist that can be administered alone or coupled with more care specific questions to gain data on the disability demographic visiting the healthcare facility(ies).

[The Disabled Woman's Guide to Pregnancy and Birth by Judith Rogers, OTR](#)

This is a book interviewing 90 women with physical and invisible disabilities about their pregnancy experiences, offering tips, support, advice, and a sense of community. It is written by Judith Rogers, a woman with disabilities who also experienced pregnancy herself.

Access to Contraception for Young Persons with Disabilities:

[Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Right by UNFPA](#)

This study focuses on young persons with disabilities, including information on access to contraception and family planning.

- Chapter 5, Part III: Access to Family Planning and Contraceptive Services for Young Persons with Disabilities
- Page 194: Check-list for sexual and reproductive service accessibility for young persons with disabilities

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