# Submission on the sexual and reproductive health rights of girls with disabilities

This submission presents evidence on the sexual and reproductive health rights of girls with disabilities in response to the request for information for the Special Rapporteur on the Rights of Persons with Disabilities report to the General Assembly.

It summarises evidence and examples from across a number of Sightsavers’ countries and projects, drawing on findings from a number of policy, research and programme documents. It particularly focuses on the areas of harmful attitudes and behaviours and violence as outlined in the questionnaire.

### Access to sexual and reproductive health rights

Girls with disabilities living in developing countries face a multitude of barriers to accessing their sexual and reproductive health rights. This is closely linked to the denial of other rights, such as their right to education, and is compounded by a context of inaccessibility, discrimination and poverty.

##### Sexual violence and abuse

Girls with disabilities can experience high rates of sexual violence and abuse perpetrated by strangers, community members, as well as their own families. Sexual violence is often driven by unequal power relations, which can occur due to prevailing attitudes towards and perceptions of girls with disabilities, and because perpetrators often hold positions of power or authority. This also decreases the likelihood of abuse being disclosed. Girls with sensory or intellectual disabilities often experience higher levels of abuse as challenges communicating mean that they can be less likely, or are perceived to be less likely, to be able to report abuse and so are targeted by some men.

Sexual violence is often perpetuated by harmful stereotypes and myths about disability, such as that having sex with a virgin can cure curses. Girls with specific impairments are also more at risk, for example, in some areas there are myths that having sex with a person with albinism will bring good luck.

Some men prey on the low self-esteem and confidence of girls with disabilities. Negative attitudes mean that girls with disabilities are less likely than boys with disabilities to have been prioritised or supported by their families, and face multiple forms of discrimination that can hugely undermine their confidence. Girls with disabilities often grow up being told they cannot achieve and that ‘they won’t make good wives’. This means that they can be trapped in a mind-set of ‘knowing they can’t be accepted’ which leads to them accepting the advances of men who violate their rights. Many men do not want to marry women with disabilities, believing it is shameful, and so deny that they have ever engaged in a relationship. This is especially true if the girls with disabilities then become pregnant, which also impacts their own capacity to access education, employment and can push them further into poverty.

While sexual violence is a risk for all girls with disabilities, girls are at increased risk in certain situations. For example, girls with disabilities are often targeted on long journeys to school by men who offer assistance or if they are left at home alone during the day while their parents go to work. Disaster situations often amplify existing risks and inequities, for example the lack of separate spaces for women in shelters presents additional risks of sexual violence.

##### Access to justice

Accessing justice for sexual violence, and other rights violations, is often challenging. Often girls with disabilities face challenges in reporting abuse. Girls are sometimes unable to explain to their families what has happened to them, either because of challenges in communicating or because they were not able to fully understand the situation, leading to delays in abuse being reporting. An example is a woman with an intellectual impairment who became pregnant and had a child every year, but could not say who the man was who made her pregnant. In other cases, families may stop girls reporting abuse because of the financial or societal impact that it will have on the family. Examples include a case where a girl was repeatedly raped by her uncle, but when her family found out they did not report it because her uncle would have left her aunt, with significant financial implications for the family.

Even if abuse is reported, girls are often unable to access justice due to inaccessibility of buildings, information and documentation. If girls do manage to take their abusers to court, abusers are often able to use their position of power, which often enabled the abuse in the first place, to alter the outcome and avoid punishment.

In some cases local justice mechanisms are used instead of formal mechanisms. In these cases abusers are often instructed to either pay the family or marry their victim which can lead to on-going denials of rights for girls with disabilities. This is particularly the case for poorer families who may be particularly in need of the money, or may perceive their daughter marrying as a positive outcome.

##### Access to reproductive health care

Girls and women with disabilities also face specific barriers accessing healthcare, including reproductive health care. Health professionals often lack the knowledge required to treat or communicate effectively with girls and women with disabilities. This reflects the inaccessibility of healthcare more generally, but also the perception that reproductive health care is not necessary for women with disabilities. Pregnant girls and women with disabilities can also experience being openly discriminated against or abused by health care staff, with staff laughing or asking how women with disabilities ever fell pregnant. There are also examples of women having issues during childbirth which are never explained, such as expecting twins and only being given one baby without receiving an explanation from health care staff about what had happened.

##### Choice and control

The risk of experiencing sexual violence can translate into a denial of other rights. Often families want to protect girls and subsequently hide them away. This can lead to girls being denied access to school, training courses, or work. In other cases girls are hidden due to discrimination from within the family, because parents favour male children or are ashamed of their daughters with disabilities.

Girls with disabilities often lack choice and control over their futures, and in the context of sexual and reproductive health rights this manifests as a lack of choice over who they marry. Often parents, for fear that girls with disabilities will not be able find a husband themselves, choose their daughters a husband.

### Promoting the sexual and reproductive health and rights of girls with disabilities

This section draws on Sightsavers’ experience of some of the ways in which the sexual and reproductive health rights of girls with disabilities can be protected and promoted. This is not exhaustive, and focuses on our experience of specifically working to empower girls and women with disabilities and to shift negative attitudes which are pervasive in societies, rather than looking more broadly at the range of measures which can prevent rights violations, such as sexual violence.

##### Empowering and building the confidence of girls with disabilities

A range of interventions can build the self-confidence of girls with disabilities; making them more able to demand their rights, challenging negative stereotypes in communities and meaning they are less likely to be co-erced in to relationships because they feel that is all they deserve.

In Uganda, for example, our inclusive employment programme provides girls with disabilities with vocational skills training and supports them to gain access to employment. It also works with employers to promote the rights of people with disabilities to ensure that young people with disabilities are able to access employment.

Our inclusive education programmes demonstrate that with the right support, girls with disabilities can excel at school. In Sierra Leone, we have supported girls with disabilities to learn braille and use recording equipment, before they move into mainstream schools. This not only benefits the girls directly, but their participation in mainstream schools helps to change attitudes in a country where many people assume girls with disabilities will not be able to learn effectively.

In India our adolescent health programme provided girls who are visually impaired with accurate, age appropriate and culturally relevant health information which enabled them to respond to real life situations. The programme has shown that, if adolescent girls receive the correct type of support and skills, they can become articulate, self-confident, empowered and knowledgeable. As part of the programme a self-defence training programme was developed. The girls involved in the programme had low self-esteem and low confidence and had expressed their fears about being abused, which was closely linked to their communities and their own perceptions of their disability. As one participant said: *“I used to think I am a blind girl, I am weak and I will not be able to do anything. But today I am so transformed that I can walk alone with confidence.”*

##### Advocating for the rights of girls and women with disabilities

Programmes in India and Bangladesh have trained girls and women on rights issues and created groups which are able to work together to advocate for their rights. Providing girls and women with information about their rights has enabled them to challenge abuse and claim their rights.

*“This training taught me about the rights of people with disabilities and women, including what to do if any violence against women occurred. Before this training I felt I had to tolerate the abuse. I always felt inferior, insecure and lamented that I had to spend my life this way. But after the training, I was confident enough to complain to the police about the abuse I had faced at home. Now I know that, though I am a visually impaired woman, I am first a human being and I have the right to live and get security, to lead a peaceful conjugal life. So I fought for my dignity.”* Jahanara, Bangladesh

Advocating for the rights of women with disabilities in development progress and agendas more broadly is critical for ensuring the sexual and reproductive health rights of girls with disabilities – as realisation of these rights is so closely interlinked with other rights and the situation and perception of girls with disabilities more broadly. In Pakistan, for example, our partners the National Forum of Women with Disabilities (NFWWD) are a network of disabled people’s organisations, government agencies, and international organisations that are mainstreaming the rights of women with disabilities in their work, and influencing others to do the same. Sightsavers and the Forum have played a pivotal role in advocating for the rights of women with disabilities in Pakistan, including engaging the government on the role of women with disabilities in Agenda 2030, and presenting at the Association of Women in Development forum to influence the global agenda.

### Recommendations

* Development actors should: work with girls with disabilities to ensure they are empowered and have the knowledge, skills and confidence to access their rights;
* Support policies and programmes that enable girls with disabilities to access education and employment, recognising that this has an impact on their ability to realise their sexual and reproductive health rights;
* Engage girls and women with disabilities and their representative organisations to ensure that mainstream policies and programmes, such as reproductive health care, is accessible and enables them to realise their rights;
* Recognise the intersectional dimensions of gender, disability and other social characteristics so the rights of all girls with disabilities are respected;
* Collect and analyse gender and disability disaggregated data to inform gender and disability sensitive policies and programmes.

### Further information and resources

The above submission references from findings across a number of Sightsavers’ policy, research and programme documents, including:

[Hear my voice: old age and disability are not a curse. A community-based participatory study gathering the lived experiences of persons with disabilities and older people in Tanzania](https://www.sightsavers.org/wp-content/uploads/2016/10/votm_summaryreport_web.pdf) (2016)

[We can also make change: Piloting participatory research with persons with disabilities and older people in Bangladesh](https://www.sightsavers.org/wp-content/uploads/2015/12/VOTM-Summary_WEB.pdf) (2015)

Further information at [www.sightsavers.org/voices](http://www.sightsavers.org/voices)

[Disability, disasters and empowerment: Evidence from qualitative research in a disability inclusive disaster preparedness programme](https://www.sightsavers.org/wp-content/uploads/2015/12/Bangladesh-strategy-document-report-download.pdf) (2016)

Further information at [www.sightsavers.org/satkhira](http://www.sightsavers.org/satkhira)

Connecting the Dots – Evidence and policy analysis (2015)

Further information at [www.sightsavers.org/connectingthedots](http://www.sightsavers.org/connectingthedots)

[Sightsavers Empowerment and Inclusion Strategic Framework](https://www.sightsavers.org/wp-content/uploads/2015/09/Strategic_Framework_2015_Final_Approved1.pdf) (2015)

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