**Questionnaire: The Right to Sexual and Reproductive Health Rights of Girls with Disabilities**

1. **Please provide any information and statistics (including surveys, censuses, administrative data, literature, legal and policy documents, reports, and studies) related to the exercise of sexual and reproductive health and rights of girls with disabilities, with particular focus in the following areas:**
* **Harmful stereotypes, norms, values, taboos, attitudes and behaviours related to the sexual and reproductive health and rights of girls with disabilities**
1. As per Census 2011, India, the disabled account for 2.21% of India’s population, or 26.8 million people. Of these, 11.8 million are women. Thus, women with disabilities constitute 44% of the total disabled population. In India, the sexuality concerns of people with disabilities are rarely acknowledged and therefore have not been considered an important area for study or research. There is dearth of studies to assess the needs of people with disabilities in reference to their sexual concerns and desires so that effective interventions can be undertaken.
2. Even though India is a state party to the United Nations Convention on the rights of Persons with Disabilities, its provisions are only in the process of getting translated into the domestic laws and policies for people with disabilities. The persons with Disabilities [Equal opportunities, Protection of Rights and Full Participation] Act, 1995 now stands replaced by another very progressive piece of legislation, namely, rights of Persons with disabilities [RPD] Act, 2016. The RPD act has been enacted as a part of Govt. of India’s efforts to align/harmonize all its corresponding/relevant  domestic laws and policies with the United Nations convention on the Rights of Persons with Disabilities [UNCRPD].

Section 10 of the RPD Act states as follows:

“10.(1) The appropriate Government shall ensure that persons with disabilities have access to appropriate information regarding reproductive and family planning.

 (2) No person with disability shall be subject to any medical procedure which leads to infertility without his or her free and informed consent.”

Section 4 of the RPD Act says as follows:

“4.        (1) The appropriate Government and the local authorities shall take measures to ensure that the women and children with disabilities enjoy their rights equally with others.

 (2) The appropriate Government and local authorities shall ensure that all children with disabilities shall have right on an equal basis to freely express their views on all matters affecting them and provide them appropriate support keeping in view their age and disability.".

Section 25 of the RPD Act stipulates as under:

“25.      (1) The appropriate Government and the local authorities shall take necessary measures for the persons with disabilities to provide,--

(a) free healthcare in the vicinity specially in rural area subject to such family income as may be notified;

(b) barrier-free access in all parts of Government and private hospitals and other healthcare institutions and centres;

(c) priority in attendance and treatment.

 (2) The appropriate Government and the local authorities shall take measures and

make schemes or programmes to promote healthcare and prevent the occurrence of disabilities and for the said purpose shall--

(a) undertake or cause to be undertaken surveys, investigations and research concerning the cause of occurrence of disabilities;

(b) promote various methods for preventing disabilities;

(c) screen all the children at least once in a year for the purpose of identifying "at-risk" cases;

(d) provide facilities for training to the staff at the primary health centres;

(e) sponsor or cause to be sponsored awareness campaigns and disseminate or

 cause to be disseminated information for general hygiene, health and sanitation;

(f) take measures for pre-natal, pre-inatal and post-natal care of mother and child;

(g) educate the public through the pre-schools, schools, primary health centres, village level workers and anganwadi workers;

(h) create awareness amongst the masses through television, radio and other mass media on the causes of disabilities and the preventive measures to be adopted;

(i) healthcare during the time of natural disasters and other situations of risk;

(j) essential medical facilities for life saving emergency treatment and procedures; and

(k) sexual and reproductive healthcare especially for women with disability.”.

The RPD Act amplifies the civil and political rights as well as economic, social and cultural rights of persons with disabilities and envisages a range of tangible entitlements for them. The RPD Act has entered into force with effect from the 19th of April, 2017.

**B. Sex Education (in formal and informal settings) and access to sexual and reproductive health information:**

**C. Access to child and youth friendly quality sexual and reproductive health services:**

1. Recognising the special vulnerability of youth, the National AIDS Prevention and Control Policy 2002 notes the need to promote a better understanding of HIV infection and safer sex practices among youth. One of the stated objectives of the Policy is to spread information among students, youth and other sexually active sections to generate greater awareness about the nature of its transmission and to adopt safe behavioural practices for prevention through programmes especially designed to meet their needs.The Policy advocates the provision of HIV/AIDS education in schools and colleges through curricular and extra-curricular activities, as well as through youth organisations for those outside of educational institutions.
2. There are various policies and laws that show their concern on health issues whi.ch include Policies and programmes such as the Population Policy 2000, the National Youth Policy 2014, the National Policy for the Empowerment of Women 2001, the NRHM and the Rashtriya Kishor Swasthya Karyakram 2014. All of them recognised the need to address the young and enable them to realise their full potential by making informed and responsible decisions related to their health and well-being.

**D. Preventive, care and treatment of sexually transmitted infections**

1. There is no specific information available regarding prevention, care and treatment of sexually transmitted diseases. But, Indian Government prominently agreed in the 10th Five Year Plan document of the Government of India and the need has been reflected in the National Population Policy (2000) to include Sexually Transmitted Diseases (STD)/Reproductive tract infections (RTIs) and HIV/AIDS prevention, screening and management in maternal and child health services. In this regard, the Ministry of Health and Family Welfare had released National Guidelines on Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections in 2007.

**E. Violence against girls with disabilities impacting their enjoyment of sexual and reproductive health rights**

1. There is very little research available in India on the sexual abuse of people with disabilities.
2. The report on ‘**Exploring the Sexual Vulnerability of Urban Deaf Indians’**[[1]](#endnote-1)found above average (compared with the general population) levels of sexual abuse of deaf women and children, average levels of sexual activity, and well below average levels of knowledge about the body, anatomy, functions, sexual and reproductive health.
3. The 106-page report, “‘[Treated Worse than Animals’: Abuses against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India](https://www.hrw.org/node/130786),” by Human Right Watch documents involuntary admission and arbitrary detention in mental hospitals and residential care institutions across India, where women and girls with psychosocial or intellectual disabilities experience overcrowding and lack of hygiene, inadequate access to general healthcare, forced treatment – including electroconvulsive therapy – as well as physical, verbal, and sexual violence.

F. **Harmful practices, such as forced sterilization and child, early and forced marriage**

1. A small 2004 **survey** [[2]](#endnote-2)in Orissa, India, found that virtually all of the women and girls with disabilities were beaten at home, 25% of women with intellectual disabilities had been raped and six per cent of women with disabilities had been forcibly sterilised.
2. **Please provide information in relation to any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the exercise of sexual and reproductive health and rights of girls with disabilities and identify lessons learned from these.**
3. There is no specific information available regarding innovative practices that have been taken at the local, regional or national level to promote and ensure the exercise of sexual and reproductive health and rights of girls with disabilities and identify lessons learnt from these.
4. In 2016, Population council came out with the report on “Addressing adolescent girls’ vulnerability to HIV/AIDS: Lessons from the Meri Life Meri Choice (MLMC) project” in collaboration with non-profit organization, MAMTA, Health Institute for Mother and Child. The MLMC project sought to reduce adolescent girls’ vulnerability to HIV by enhancing their protective assets, including knowledge and skills that can reduce vulnerability to HIV, enabling them to adopt safe practices to reduce their vulnerability to HIV, enhancing their access to a supportive and safe environment at the family and community level, and encouraging mothers and fathers to play a supportive role in reducing adolescent girls’ HIV vulnerability.
5. Also, adolescent programming in India has been given a much needed fillip with the launch of the Rashtriya Kishor Swasthya Karyakram (RKSK), the National Adolescent Health Programme). The programme seeks to enable all adolescents to realise their full potential by making informed and responsible decisions concerning their health and well-being, and by accessing the services and support they need to implement their decisions (Ministry of Health and Family Welfare, 2014).
1. GOPINATH, C. and PATIL, S. 2000. Exploring the Sexual Vulnerability of Urban Deaf Indians. Mumbai [↑](#endnote-ref-1)
2. UN ENABLE. Factsheet on Persons with Disabilities.Available at http:// www.un.org/disabilities/default.asp?id=18 [↑](#endnote-ref-2)