

2017

FORGOTTEN VOICES: SEXUAL & REPRODUCTIVE HEALTH & KEY POPULATIONS WITH DISABILITY IN THE CARIBBEAN REGION



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PERSONS WITH DISABILITIES - A SIGNIFICANT GROUP WITH NEGLECTED NEEDS

The World Health Organization (WHO), World Report on Disability, 2011, estimates that 15 percent of the global population are persons with disabilities (PWD). When this estimate is applied to a current population estimate of 43,696,866 persons in the Caribbean one is looking at 6,554,530 persons with disability. Of the 28 countries that comprise the Caribbean, 23 states have signed and ratified the *Convention on the Rights of Persons with Disabilities* (CRPD). From this one can conclude that there is agreement on the importance of the CRPD across the region.

STATE PARTIES' OBLIGATIONS

The CRPD obligates State parties to ensure access to health services to PWDs as follows

Article 25, Sub-Section A states that:

- 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...
- In particular, States Parties shall: (a) 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;

BARRIERS TO SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS OF PERSONS WITH DISABILITIES

Globally, persons with disabilities are among the most vulnerable members of society, facing all the structural risks of HIV/STIs including high rates of poverty, illiteracy or inadequate educational achievement, lack of access to health resources, and significant levels of exclusion, stigma and discrimination. The following summarises some of the main challenges they face in relation to SRHR¹.

¹ See Promoting Sexual and Reproductive Health for Persons with Disabilities WHO/UNFPA guidance note; 2009.
http://apps.who.int/iris/bitstream/10665/44207/1/9789241598682_eng.pdf

Structural barriers to SRHR faced by persons with disabilities

<p>High incidence of poverty and financial dependence</p>	<p>A disproportionate 20% of all persons living in poverty in developing countries are persons with disabilities. Stigma, prejudice, and denial of access to health services, education, jobs, and full participation in society make it more likely that a person with a disability will live in poverty.</p>
<p>High risk of physical and sexual abuse and rape</p>	<p>Persons with disabilities are up to three times more likely than non-disabled persons to be victims of physical and sexual abuse and rape. Persons with intellectual and mental disabilities are the most vulnerable. Institutional placements - group homes, hospitals, etc. often result in increased risk of abuse and violence</p>
<p>Lack of access to information</p>	<p>There is a widely held assumption that persons with disabilities are not sexually active and therefore do not need SRH services. Existing policies and programmes tend to concentrate on prevention of pregnancy with little general information on sexual and reproductive health and access to a range of family planning services</p>
<p>Inaccessibility of services</p>	<p>SRH services are often inaccessible to persons with disabilities for many reasons, including</p> <ul style="list-style-type: none"> • physical barriers - including transportation and/or proximity to clinics and, within clinics, lack of ramps, adapted examination tables, and the like • the lack of disability-related clinical services, and stigma and discrimination. • lack of information and communication materials (e.g. lack of materials in Braille, large print, simple language, and pictures; lack of sign language interpreters); • health-care providers' negative attitudes; • providers' lack of knowledge and skills about persons with disabilities; • lack of coordination among health care providers; • lack of funding, including lack of health-care insurance
<p>Exclusion from decision-making</p>	<p>Persons with disabilities are among the least represented stakeholder groups at the table whenever health programmes are planned and decisions are made with the result being the lack of appropriate response to their needs.</p>

RECOMMENDATIONS

Some key recommendations include:

1. Ensure that all sexual and reproductive health programmes reach and serve PWD in KP.
2. In keeping with the creed ‘nothing about us without us’, include PWD in KP as partners in programming and implementing at every stage be it policy development, programme planning, implementation or monitoring and evaluation. Their involvement is to ensure that the programmes developed will best meet their needs.
3. Promote access of women with disabilities in KP to mainstream gender initiatives which address gender based violence, reproductive health and HIV/AIDS.
4. Prohibit all forms of discrimination that may hinder access of young PWD in KP from accessing sexual and reproductive health services.
5. Ensure that national laws and policies prevent and respond to violence against young people with disabilities in a way that is consistent with international and regional human rights instruments.
6. Provide PWD in KP with the same range of sexual and reproductive health services as the rest of the population by making public institutions such as health clinics, hospitals and police stations more accessible to persons with disabilities.
7. Develop and implement programmes and mechanisms to stop and prevent sexual assault or abuse of persons with disabilities in key populations, particularly women and girls with disabilities.
8. Allocate sufficient funds to SRHR programmes to target PWD in KP.
9. Promote research and data collection.

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