Sexual and Reproductive Rights of Women with Disabilities: Some Insights from the UNCRPD Session in September 2023

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Abstract. On the 12th of September 2023 the Committee has issued its findings on Andorra, Austria, Germany, Israel, Malawi, Mauritania, Mongolia and Paraguay. This paper presents main findings related to the implementation (or fail thereof) of the sexual and reproductive rights of women with disabilities, based on the periodic State Party's reports, alternative reports by the civil society and Concluding observations on the initial report by the Committee. The violation of sexual and reproductive rights of women with disabilities is a pervasive global issue. However, it becomes particularly complex in certain regions due to a confluence of factors, including resource limitations, geographical isolation, deeply entrenched traditions, outdated beliefs, and stigmatization. In these areas, the implementation of such rights faces even greater obstacles, hindering the full realization of these fundamental human rights for women with disabilities. In the extensive body of alternative reports and concluding observations, there's a resounding call for informed consent regarding sexual and reproductive rights for women with disabilities, yet there's a noticeable gap between recognition and application in practice. This gap stems from three significant influences: limited knowledge among healthcare professionals, societal attitudes that restrict autonomy, and the absence of self-advocacy skills among women with disabilities, all of which impede their ability to make informed choices about their sexual and reproductive health. It is crucial to recognize that the violation of sexual and reproductive rights for women with disabilities is often intertwined with the infringement of other related rights. These infringements can have a cascading effect, resulting in a broad spectrum of repercussions that impact the overall well-being, autonomy, and dignity of women with disabilities. Therefore, it is necessary to acknowledge the intricate connections between sexual and reproductive rights and other rights guaranteed by the UNCRPD to comprehensively address the needs and concerns of this vulnerable population.

Keywords: intellectual and psychosocial disabilities, sexual and reproductive rights, UN CRPD

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1 Introduction

Society's perception of the sexuality of women with intellectual disabilities is fraught with controversy. On one hand, they are often regarded as asexual, incapable of sexual function, and excluded from participating in sexual life[1] People with disabilities are often stereotyped as asexual and viewed as lacking sexual potential or potency [2]. This stereotype is based on the assumption that people with disabilities are not capable of experiencing sexual desire or engaging in sexual activity. This enforced asexuality is frequently rooted in the perception that people with disabilities are undesirable [3]. They are often disqualified from engaging in marriage or any form of sexual partnership and reproductive activities and results in the denial of access to sexual assistance, contraception, and sex education. The depiction of individuals with disabilites as asexual serves to perpetuate and reinforce physical, social, communicative, and economic barriers that impede their sexual rights [3].

Conversely, representatives of another perspective, particularly prevalent in the first half of the 20th century, claimed that women with intellectual disabilities were hypersexual. For instance, Sanger voiced concerns about feeble-minded individuals outside of institutions being "free to propagate their kind" and asserted that they were "notoriously prolific in reproduction," [4]. Society often either infantilizes or hypersexualizes the sexual needs of mentally disabled individuals. This leads to the imposition of special restrictions on their behavior, denying their basic humanity and shared emotional needs. Such treatment justifies censorship of their feelings and actions and undermines their ability to express love and affection [5].

Both extremes, perceiving the sexuality of individuals with intellectual disabilities as deviating from the norm and unacceptable, are damaging. These stereotypes have detrimental consequences because they lead to the belief that a woman's sexual expression can either be disregarded or suppressed [6]. Consequently, individuals with intellectual disabilities are often classified as "cases," which influences corresponding institutional policy [7].

Parents, caregivers, and social workers often avoid discussing sexuality with women with intellectual disabilities because they consider it irrelevant or challenging to comprehend. They may fear that such discussions could arouse the women's libido. Consequently, women with intellectual disabilities do not receive essential knowledge about appropriate reproductive health care, contraception, and pregnancy. Lacking this knowledge, they become particularly vulnerable to sexual abuse, such as that perpetrated by staff members of care institutions or other inmates who have never received sexual education and cannot control their sexual behavior.

Women with any form of disability have reported a lifetime incidence of sexual violence that is approximately twice as high as that reported by nondisabled women (around 30% compared to 16.9%) [8]. Those with multiple disabilities have the highest prevalence, with 42.1%, and face a greater risk compared to nondisabled women. Notably, women with cognitive disabilities or multiple disabilities were significantly more likely to encounter either physical or nonphysical force during their initial sexual encounter when compared to nondisabled women [8].

The Convention on the Rights of Persons with Disabilities [9] (hereafter – CRPD) aims to promote, protect, and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. The CRPD aims to instigate a fundamental change in disability policy, grounded in a fresh perspective that regards disabled individuals as individuals entitled to rights and as subjects of human rights. Although there are currently 177 ratifications to the CRPD and 92 ratifications to its Optional Protocol, persons with disabilities still experience great social disadvantages worldwide, including poverty, discriminatory laws and practices, environmental and information barriers, poor education, health and employment, and poverty related to fewer opportunities and the extra cost of living with a disability. Moreover, some rights, such as such as sexual and reproductive rights, and the services or supports that come with these rights, are rather perceived as dilemmatic and obscured in the shadows of public discourse [10].

After the ratification of the CRPD, which includes the obligation to respect and protect the sexual and reproductive rights of persons with disabilities, state parties have not just reformed institutional practices, but also embarked on a profound re-evaluation of the intricate relationship between disability, sexuality, societal norms, and the dynamics of political power. The CRPD addresses the sexual and reproductive rights of women with disabilities in several articles, affirming the importance of ensuring that they enjoy these rights on an equal basis with others, those include General Principles, Art. 6 - Women with Disabilities, Art. 7 - Children with Disabilities, Art. 12 – Equal recognition before the law, Art. 15 – Freedom from torture or cruel, inhuman or degrading treatment or punishment, Art. 16 – Freedom from exploitation, violence and abuse, Art. 17 – Protecting the integrity of the person, Art. 19 – Living independently and being included in the community, Art. 22 – Respect for privacy, Art. 24 – Education, Art. 23 - Respect for Home and the Family, Art. 25 – Health, Art. 26 - Habilitation and Rehabilitation. These principles serve as the bedrock for acknowledging and safeguarding the sexual and reproductive rights of women with disabilities. They guarantee equal access to healthcare and family planning, enabling informed decisions about reproductive health while preserving their autonomy and dignity. In doing so, they also contribute to reshaping the dynamics and trajectories of disability discourse, policy and practice.

Given the "growing visibility of sex in public realm" [5], concomitant with the growing visibility of individuals with disabilities in public and societal life, it becomes imperative to position disability rights within a broader human rights framework. As a result, the sexual and reproductive rights of women with disabilities should come to the forefront of public discourse.

2 Country analysis

2.1 Methodology

On the 12th of September 2023 the Committee has issued its findings on Andorra, Austria, Germany, Israel, Malawi, Mauritania, Mongolia and Paraguay, after reviewing the eight States parties during its latest session. The findings contain the Committee's main concerns and recommendations on the implementation of the CRPD, as well as positive aspects. Below I will present main findings related to the implementation (or fail thereof) of the sexual and reproductive rights of women with disabilities, based on the periodic State Party’s reports, alternative reports by the civil society and Concluding observations on the initial report by the Committee.

Table 1 Overview of the countries.

Country	Continent	Form of Government	Population, mm	Number of people with disabilities, mm
Andorra	South of Europe	Parliamentary Co-principality	0,08	0,004
Austria	Central Europe	Federal State	9	1,3
Germany	Central Europe	Federal Republic	84	8
Israel	Middle East	Parliamentary Democracy	9,5	1,5
Malawi	East Africa	Unitary Presidential Republic	20,5	1,7
Mauritania	Northwest Africa	Islamic Republic of Mauritania	4,7	0,034
Mongolia	East Asia	People's Republic	3,4	0,104
Paraguay	South-Central South America	Presidential Representative Democratic Republic	7	0,7

This paper is based on data gathered from a content analysis of reports available on the CRPD Committee website. Content analysis involved a systematic review of eight countries reports to uncover key themes and insights, concerning sexual and reproductive rights. This process started with extracting relevant data from the reports, focusing on policies, challenges, and recommendations related to sexual and reproductive rights of women with disabilities. The data was categorized according to specific CRPD articles, such as those addressing access to sexual health services and reproductive autonomy. Thematic analysis was then used to identify recurring issues and trends across different countries. Contextual factors were also considered, as the socio-political, cultural and economic environments impact the implementation of sexual and reproductive rights. This analysis prioritized a descriptive approach to examining each country's handling of sexual and reproductive rights for women with disabilities, rather than making direct comparisons. This choice aligns with the UN's methodology, which focuses on observing and evaluating each country's progress individually rather than comparing countries against one another. By detailing the specific policies, challenges, and practices of each nation, the analysis respected the unique socio-political and economic contexts influencing their implementation.

2.2 Andorra

Andorra is a microstate located in the eastern Pyrenees mountains, bordered by France and Spain. Known for its high standard of living and status as a tax haven, Andorra has a unique political system characterized by a co-principality, with the President of France and the Bishop of Urgell in Spain serving as its co-princes.

Andorra's Periodic report [11] claims that existing legislation does not impose any restrictions on individuals with disabilities regarding their reproductive decisions. Additionally, there are no measures or specific exclusions related to family planning or assisted reproduction for people with disabilities. The General Health Act prioritizes at-risk population groups and offers special assistance for individuals with disabilities regarding family planning or assisted reproduction. The official report discusses various aspects of criminal legislation, including maltreatment, gender-based violence, domestic violence, sexual assault, and non-consensual sexual acts. While the Criminal Code does not differentiate between victims with or without disabilities, it does recognize an aggravating circumstance if a victim has a disability. In cases of domestic violence, the law distinguishes between victims with and without disabilities, resulting in higher penalties for incidents involving disabled individuals. The Criminal Code explicitly includes situations where sexual behavior occurs with a person who cannot resist or is unable to do so due to disability as a form of sexual abuse, with increased liability when the victim is exceptionally vulnerable. Andorra's Criminal Code addresses crimes against prenatal human life, penalizing both non-consensual and consensual abortion.

The Committee [12] is concerned about the restricted access to sexual and reproductive health services for women and girls with disabilities. They've also noted a lack of effort to include the perspectives of people with disabilities in the actions taken by the Comprehensive Care Service for Women. Regarding the protection of individuals' integrity, the Committee acknowledges that Andorra has adjusted its laws to penalize forced sterilizations, with an emphasis on cases related to disability. However, women and girls with intellectual or psychosocial disabilities, might still undergo these procedures at the request of family members or guardians.

2.3 Austria

In the Additional Report and Response to the List of Issues Submitted by the Austrian Ombudsman Board [13], three significant concerns related to the implementation of sexual and reproductive rights were addressed. These concerns encompass the high incidence of physical and sexual violence experienced by individuals with disabilities, the absence of documented violence prevention strategies and established protocols for dealing with violent incidents. The report by the Austrian Disability Council [14] claim that despite the legal requirement for adult protection associations to serve as legal counsel in all proceedings and for courts to authorize sterilizations, very few instances involve adult protection associations in this role. This suggests that only a small number of planned sterilization cases are actually brought before the courts, and such procedures often occur without court involvement or consultation with adult protection associations. The report also highlights the presumed high number of unreported cases, especially due to a lack of information available to relatives and doctors, as well as insufficient accessible sexual education, counselling, and referral services for women with disabilities concerning topics like sexuality, contraception, and self-determination.

In its Concluding observations [15], the Committee expresses serious concerns about the limited access of women and girls with disabilities, especially those residing in institutions, to sexual and reproductive health services, including contraception and sex education. The Committee recommends ensuring their unrestricted access to sexual and reproductive health services. Additionally, the Committee suggests strict enforcement of the prohibition of sterilization, the provision of accessible information on sexual self-determination, the collection of data on performed sterilizations, and the training of medical personnel to comply with the law's requirements. It also calls for the explicit prohibition of medical measures to inhibit procreation in persons with disabilities without their personal consent, along with rigorous enforcement.

2.4 Germany

The Germany country report [16] focuses on access to sexual and reproductive health services, sex education and counselling for women with disabilities, enhancing gynaecological health care, protection against violence and abuse, violence prevention measures and support services for victims of violent crimes. Germany claims to ensure that women with disabilities have unrestricted access to sexual and reproductive health services within its health insurance system. This includes comprehensive medical services during pregnancy and the provision of information and education related to sexual health, contraception, and family planning as well as gynaecological healthcare.

Germany has implemented various projects to provide sex education and counseling for women with disabilities, education and materials about sexuality, contraception, and family planning, with online advice available in Easy-Read format. Germany offers special provisions to protect individuals with disabilities from violence, abuse, and exploitation. Recent amendments to the Criminal Code have strengthened sexual self-determination protection and introduced the "no-means-no" solution, which includes higher criminal penalties to address the specific protection needs of persons with disabilities. Germany offers a nationwide "Violence against Women" helpline, providing anonymous, free, and accessible advice and referrals to support facilities. Additionally, the government supports a pilot project to enhance the protection of girls and boys with disabilities against sexual violence in institutions. In their shadow report [17], civil society demands to eliminate all exceptions to sterilisation without full and informed consent and recommends eliminating substituted decision-making for sterilisations and replace it with the default of supported decision-making.

The Committee [18] points out forced and coerced sterilization, contraception, and abortions of women and girls with disabilities in institutions. It also expresses concern regarding specific provisions within the German Civil Code that could potentially infringe upon the rights of individuals with intellectual and/or psychosocial disabilities in relation to their home and family life. These provisions include prohibiting individuals deemed "incapable of contracting" from entering into marriage, as well as contemplating the sterilization of individuals under custodianship without their freely given and informed consent.

2.5 Israel

According to the Periodic report [19], legislation in Israel provides protection for persons with disabilities against abuse, violence, and exploitation, with no discrimination compared to others. In cases of sexual violence, there are additional legal provisions for aggravated circumstances when the victim is deemed a "helpless person" (this provision includes persons with disabilities). Professionals and informal carers are required to report such crimes if they have reasonable grounds to believe they occurred.

The country claims to have a clear policy against forced sterilization as invasive medical treatments can only be performed with the informed consent of the individual. Termination of pregnancy follows a strict legal framework. Legal grounds for abortion include cases involving minors, unmarried individuals of any age, or when the pregnancy poses a significant threat to the woman's health. The committee's role is to ensure that tose seeking abortion give informed consent, whereas a guardian's consent is not considered sufficient for those under guardianship.

The Ministry of Welfare and Social Services allocates funds for referrals to social services related to sexual rights for persons with disabilities. However, as it is claimed in the Alternative Report, the practical implementation of these services is limited to specific geographical areas, leaving those residing in remote regions without access to such crucial services. The members of the civil society recommend that these services should be developed and made available nationwide. It includes accessibility of acute care units, specifically designed for victims of sexual assault. Women with disabilities continue to face discrimination related to sexual education and reproductive healthcare. There is absence of simplified language concerning sexuality and family life during gynaecological visits.

The Committee [20] points out incidents of forced sterilization and suggests to prohibit sterilization unless the individual provides free and informed consent. The Committee is concerned by reports of coercive measures against persons with disabilities, including the use of chemical and physical restraints and solitary confinement. Reports also highlight ill-treatment, sexual violence, the use of cage beds, administration of psychiatric medication, and deaths of persons with disabilities in institutions. Concerns related to implementation of Article 16 (Freedom from Exploitation, Violence, and Abuse) include the lack of disaggregated data on violence, exploitation, and abuse against persons with disabilities, intimate partner violence, sexual abuse, exploitation, and forced marriage in the occupied territories. Women and girls with disabilities face difficulties when trying to get sexual and reproductive health services, especially in cases of sexual violence. The Committee also points out that there are no specific laws or policies for people with disabilities that deal with gender equality in sexual and reproductive health and rights.

2.6 Malavi

The Periodic Reports by Malawi [21] points out the need for increased awareness and support in the realm of sexual reproductive health, particularly focusing on issues related to safe motherhood and male circumcision within the context of the HIV and AIDS Program for persons with disabilities. The report claims that persons with disabilities are protected from unlawful discrimination in the provision of family planning services. A significant concern in the report is the ongoing challenge of reproductive health and family planning, affecting many women with disabilities, compounded by the lack of a tailored Sexual Health Strategy addressing their specific needs.

The report emphasizes that while general provisions exist for women in various policies and legislation, there is a notable absence of concerted affirmative action specific to women with disabilities, such as access to sexual reproductive health. The report highlights several challenges in accessing health services for persons with disabilities due to barriers such as traditional beliefs, financial constraints, and mistreatment during antenatal, delivery, and post-natal services. Persons with disabilities may experience derogatory comments, such as questioning their right to parenthood. Women with psychosocial disabilities are subjected to sterilization without their informed consent.

The alternative reports [22][23] highlight a significant concern related to freedom from violence, abuse, and exploitation. Despite the legal recognition of the right to marry for individuals with disabilities, they frequently encounter discrimination and neglect concerning their rights to sexual expression, relationships, family life, and parenting. Furthermore, certain legislation, like the Marriage and Family Relations Act, designates psychosocial disabilities as grounds for divorce. Many women with disabilities experience abuse, abandonment, and desertion by their spouses, forcing them to raise children alone.

The legislation fails to adequately protect the integrity of individuals with disabilities, leaving room for potential rights violations, such as forced and unsafe abortions, often motivated by financial interests or social pressure. This practice disproportionately affects individuals with psychosocial and intellectual disabilities, particularly in rural areas.

Malawi's legal and policy framework lacks clarity in addressing the discrimination of women and girls with disabilities in matters of sexual and reproductive health. They encounter obstacles such as inaccessible educational environments, stigma, bullying, and sexual violence. Existing laws primarily focus on punishing offenders and do not provide effective mechanisms to support the victims of sexual abuse.

The Committee [24] expresses concerns about sexual violence, absence of specific mechanisms to support women and girls with disabilities, cases of forced abortions and forced sterilization, discriminatory behaviour of health professionals towards women and girls with disabilities seeking pregnancy and sexual/reproductive health care. The Committee points out the prevalence of sexual violence, including abuse and harassment against women and girls with disabilities in special schools. They note the lack of investigations, prosecutions, and support for survivors as well as discussion, awareness campaigns, and sexual and reproductive health education for persons with disabilities. There are no specific provisions to address stigma and discriminatory attitudes in the Ministry of Health's policies.

2.7 Mauritania

The Mauritania's initial periodic report [25] highlights just a few aspects related to the sexual and reproductive rights of persons with disabilities. The government has taken steps to eradicate discrimination against individuals with disabilities, including acknowledgement of the right to marry and establish a family through free and full consent. The Personal Status Code governs all aspects of marriage without bias, outlining marriage conditions that uphold equal rights for all, including persons with disabilities. It anticipates that the entitlement to family planning, birth spacing, and access to information and education on reproductive health is guaranteed for everyone, including persons with disabilities.

The Committee [26] points out the lack of explicit recognition of the rights concerning family, parenthood, and relationships. There is a shortage of information in accessible formats regarding the sexual and reproductive rights and health of women and girls with disabilities. An inadequate support is provided to children with disabilities and their families, as well as parents with disabilities. The Committee is concerned about the barriers faced by women and girls with disabilities in accessing sexual and reproductive health-care services. These barriers persist despite the adoption of health protocols, standards, and procedures related to reproductive health. The Committee recommends that the State party ensures access to sexual and reproductive health-care services for women and girls with disabilities, on an equal basis with others. This includes facilitating supported decision-making to enable them to exercise their sexual and reproductive rights and self-determination.

2.7 Mongolia

Mongolia's Periodic report [27] concerning the sexual and reproductive rights of women and girls with disabilities is largely based on research. To safeguard the rights of women and girls with disabilities and address vulnerabilities to violence and pressure, a comprehensive sample survey was conducted. Based on its findings, measures are being organized, and some issues are being incorporated into legal documents. Additionally, recommendations from the National Human Rights Commission of Mongolia pertaining to sexual and reproductive health and the exercise of rights of women and girls with disabilities have been considered. Mongolia has implemented public awareness campaigns and activities to address domestic violence. There operate 25 shelters and one-stop services for women and girls with disabilities who were victims of sexual abuse. A survey conducted by the National Center of Rights of Women with Disabilities NGO in 2018 focused on eliminating sexual abuse against girls and women with disabilities. It identified education levels as a risk factor and highlighted the need for accessible training and materials for persons with disabilities as well as making reproductive health-related information accessible in health facilities and providing necessary assistive services.

The alternative report [28] notes progress in the field of reproductive health for women and girls with disabilities. The Ministry of Health addressed some reproductive health issues through the National program on maternal and child's reproductive health and collaborated with the National Association of Wheelchair Users to develop a manual for "Training of trainers on sexual education for persons with disabilities".

The government's efforts regarding reproductive health and family planning education for girls and women with disabilities have been limited, and accessible manuals and training materials are lacking. People with disabilities encounter challenges in making decisions about family planning and child spacing due to family pressure, especially when they lack permanent employment or regular income. Additionally, court decisions often do not favour parents with disabilities during divorce, reflecting a misperception that they are unable to live independently.

Concerns are raised about specific articles and guidelines in the Law on Health that allow decisions to be made on behalf of persons with intellectual and psychosocial disabilities without their informed consent. This has resulted in instances of forced abortion and sterilization due to family pressure.

The Committee [29] has issued concluding observations on Mongolia's periodic reports, highlighting concerns related to protection of the integrity and health. The Committee expresses concern about the existence of legal measures and their practical implementation, which allow for interventions "to prevent conception in persons with (...) psychosocial or intellectual disorders" without their informed consent. Furthermore, it is alarmed by the authorization for abortions without the free and informed consent for women with "mental disorders". The Committee is concerned about the lack of progress in ensuring that persons with disabilities can freely and knowingly give their consent.

2.8 Paraguay

In the country report [30], it is highlighted that the Ministry for Women in Paraguay is actively promoting the implementation of the Fourth National Equality Plan. This effort involves various national documents and plans with a gender perspective. In relation to Article 6 (Women with Disabilities) and Article 16 (Freedom from exploitation, violence, and abuse), Paraguay campaign to raise awareness about the severe penalties for sexual exploitation of children and adolescents and human trafficking. The report mentions the creation of the National Commission for Prevention and a Comprehensive Response to Violence against Children and Adolescents. There's also an inter-institutional round table for constructing a comprehensive response to cases of sexual abuse and violence. However, the report insufficiently emphasizes whether these efforts address specific needs of persons with disabilities. Similarly, this emphasis is lacking in the information provided about the Green ribbon campaign, which aims to combat child and adolescent sexual abuse.

There is only one alternative report in English language (the remaining are in Spanish language only), unfortunately it does not address the sexual and reproductive rights issues.

The Concluding observations [31] highlight significant information gaps concerning cases of abuse and neglect of children with disabilities, the measures, mechanisms, and resources in place to prevent and address physical and sexual abuse, as well as the availability of services for children with disabilities who have experienced abuse, particularly in rural and remote regions.

Additionally, the limited progress in implementing the National Sexual Health and Reproductive Health Plan 2019-2023, along with the absence of approval for the bill on sexual, reproductive, maternal, and perinatal health, are areas of concern. Recognizing the interconnection between Article 25 of the CRPD and Sustainable Development Goals' targets 3.7 and 3.8, the recommends expediting the implementation of the abovementioned Plan and approve the pending project related to sexual, reproductive, maternal, and perinatal health. In addressing Children with disabilities (Article 7), the Committee expresses concern about the lack of information related to cases of abuse and neglect, preventive and protective mechanisms, and available support services, especially in rural and remote areas.

3 Conclusions

This paper examines several countries from diverse global regions, focusing on a specific aspect of the lives of women with disabilities. The central premise is that the sexual and reproductive rights of women with disabilities serve as a crucial indicator of not only changes in their quality of life, legal status, and opportunities but also reflect broader societal factors such as maturity, awareness, and evolving trends in disability policy.

The Periodic and Alternative reports shed light on the existence of essential legislation and occasional short-term programs addressing the sexual and reproductive rights of women with disabilities. However, it is evident that the broader context surrounding the enforcement of these rights continues to present challenges. This holds true not only in developing countries but also in welfare states, which means that the violation of sexual and reproductive rights of women with disabilities is a pervasive global issue. However, it becomes particularly complex in certain regions due to a confluence of factors, including resource limitations, geographical isolation, deeply entrenched traditions, outdated beliefs, and stigmatization. In these areas, the implementation of such rights faces even greater obstacles, hindering the full realization of these fundamental human rights for women with disabilities.

In the extensive body of alternative reports and concluding observations, there's a resounding call for informed consent when it comes to sexual and reproductive rights for women with disabilities. Yet, in practice, there's a noticeable gap between the recognized importance of informed consent and its real-world application. This gap can be attributed to a trio of significant influences. First, the limited knowledge among healthcare professionals often hampers the effective implementation of informed consent. Bridging this knowledge gap is crucial to ensure that women with disabilities receive the information they need to make informed choices about their sexual and reproductive health. Secondly, societal attitudes play a pivotal role. Prevailing social norms and biases can limit the autonomy of women with disabilities, making it tough for them to freely exercise their rights and make decisions about their own bodies and reproductive health. Lastly, the absence of self-advocacy skills among women with disabilities further complicates matters. These skills are vital for self-assertion and safeguarding one's rights, including the right to informed consent.

Sexual and reproductive rights constitute a pivotal part of the reports for the UNCRPD and feature prominently in the Concluding Observations made by the Committee. What's crucial to recognize is that the violation of sexual and reproductive rights for women with disabilities is often intertwined with the infringement of other related rights. These infringements can have a cascading effect, resulting in a broad spectrum of repercussions that impact the overall well-being, autonomy, and dignity of women with disabilities. Therefore, it is necessary to acknowledge the intricate connections between sexual and reproductive rights and other rights guaranteed by the UNCRPD to comprehensively address the needs and concerns of this vulnerable population.

The paper relies on secondary sources, which introduces several limitations. Given the sensitivity of the topic, key issues include the challenges of collecting primary data for the reports and potential biases from the authors or institutions. Additionally, variations in national and cultural contexts may complicate cross-national comparisons and generalizations.

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