

KWDI Issue Paper

Research Title: A Study on Discrimination Experiences and Human Rights Promotion in Sexual and Reproductive Areas of Women with Severe Disabilities

Principal Researcher: Dongsik Kim, Senior Research Fellow, KWDI

Status and Policy Tasks of Discrimination and Human Rights Violations against Women with Severe Disabilities in the Sexual and Reproductive Sector

Abstract

- ◆ Individuals with disabilities are still perceived in our society as asexual or incapable of engaging in sexual or reproductive activities. This perception often results in the rejection of their autonomy and the imposition of control over their sexual and reproductive acts. Moreover, they face little assurance of their access to information, education, healthcare, and social services that are necessary to exercise their sexual and reproductive rights.
- ◆ In October 2018, the UN Committee on the Rights of Persons with Disabilities(CRPD) and the UN Committee on the Elimination of Discrimination against Women(CEDAW) issued a joint statement titled 'Guaranteeing Sexual and Reproductive Health and Rights for All Women, Particularly Women with Disabilities'. The statement also included the 'Nairobi Principles', which outlined the sexual and reproductive health and rights of women with disabilities, such as autonomy, privacy, confidentiality, informed consent, and access to medical services in all forms.
- ◆ Although this issue has been raised many times, the reasoning behind it remains limited. Women with severe disabilities, including those with intellectual disability, physical disability, neurological disorders, and hearing impairment, face significant challenges in autonomously asserting their voice. As a result, they are often denied their autonomy and self-determination rights and excluded from policy discussions. This problem has resulted in a policy blind spot that fails to address their needs. Furthermore, limited research has examined the perceptions of service providers who directly or indirectly support the sexual and reproductive health and rights of women with disabilities, as well as explored ways to improve existing laws and policies related to this issue.

Abstract

- ◆ Considering this context, this study aimed to examine the types of disabilities and specific characteristics of women with severe disabilities in relation to their sexual and reproductive rights throughout their life cycle, from the onset of menstruation to termination. The study also aimed to identify the various forms of discrimination and violations of rights experienced by women with severe disabilities due to social biases and prejudices.
- ◆ This study proposes specific policy directions and tasks to ensure the sexual and reproductive health and rights of women with severe disabilities, including the rights to education, communication, access to information, self-determination, self-reliance, labor, health, and participation

Research objectives and purposes

- People with disabilities continue to face sexual discrimination in society, with their sexual and reproductive autonomy being rejected, controlled, and even coerced. This is particularly evident in the lack of rights guaranteed to women and girls with disabilities, who often lack access to the necessary information, education, medical care, and social welfare services needed to exercise their sexual and reproductive health and rights.
- The CRPD and the CEDAW stressed that governments adopt effective approaches that guarantee women with disabilities in making decisions on their sexual and reproductive health and their access to the right information based on scientific evidence. Moreover, they proposed the elimination of existing laws, policies, and social conventions and norms that stigmatize and perpetuate prejudice about women with disabilities.
- This issue has been raised many times, but its rationale has been discussed in a very limited scope. Especially, women with severe disabilities who are not able to raise their voices independently have not been adequately addressed. In addition, there has been a lack of research on the perceptions of medical and social welfare service providers regarding the sexual and reproductive rights of women with severe disabilities.
- This study identifies the status of discrimination against their bodies in the sexual and reproductive sector, exploring policy directions and tasks to ensure their sexual and reproductive health and rights

Other country cases

- This study identifies international discourses on policies pertaining to the guarantee of sexual and reproductive health and rights for individuals with disabilities. It considers various sources, including the general comment by the CRPD, the Nairobi Principles by the CRPD and the CEDAW, guidelines by the WHO and the UNFPA, and guidelines by the United Nations Department of Economic and Social Affairs(UNDESA) and the European Disability Forum.

<Table 1> Key content regarding sexual and reproductive health and rights in the general comment by the CRPD

Category	Key content
No. 1 (2014): Equal recognition before the law	<p>8. [...] [A]ll persons with disabilities have full legal capacity. [...] The denial of legal capacity to persons with disabilities has, in many cases, led to their being deprived of many fundamental rights, including the right to vote, the right to marry and found a family, reproductive rights, parental rights, the right to give consent for intimate relationships and medical treatment, and the right to liberty.</p> <p>29. A supported decision-making regime should provide protection for all rights, including those related to autonomy and rights related to freedom from abuse and ill-treatment. [...]</p> <p>f) Support in decision-making must not be used as justification for limiting other fundamental rights of persons with disabilities, especially the right to vote, the right to marry, or establish a civil partnership, and found a family, reproductive rights, parental rights, the right to give consent for intimate relationships and medical treatment, and the right to liberty.</p>
No. 2 (2014): Accessibility	<p>40. Health care and social protection would remain unattainable for persons with disabilities without access to the premises where those services are provided. Even if the buildings where the health-care and social protection services are provided are themselves accessible, without accessible transportation, persons with disabilities are unable to travel to the places where the services are being provided. All information and communication pertaining to the provision of health care should be accessible through sign language, Braille, accessible electronic formats, alternative script, and augmentative and alternative modes, means and formats of communication. It is especially important to take into account the gender dimension of accessibility when providing health care, particularly reproductive health care for women and girls with disabilities, including gynaecological and obstetric services.</p>
No. 3 (2016): Women and girls with disabilities	<p>23. [...] States parties should reach out directly to women and girls with disabilities and establish adequate measures to guarantee that their perspectives are fully taken into account and that they will not be subjected to any reprisals for expressing their points of view and concerns, especially in relation to sexual and reproductive health and rights, as well as gender-based violence, including sexual violence.</p> <p>38. Wrongful stereotyping related to disability and gender is a form of discrimination that has a particularly serious impact on the enjoyment of sexual and reproductive health and rights, and the right to a found a family. Harmful stereotypes of women with disabilities include the belief that they are asexual, incapable, irrational, lacking control and/or hypersexual. Like all women, women with disabilities have the right to choose the number and spacing of their children, as well as the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.</p> <p>39. Women with disabilities face multiple barriers to the enjoyment of sexual and reproductive health and rights, equal recognition before the law and access to justice. In addition to facing barriers resulting from multiple discrimination on the grounds of gender and disability, some women with disabilities, such as refugees, migrants and asylum seekers, face additional barriers because they are denied access to health care. Women with disabilities may also face harmful eugenic stereotypes that assume that they will give birth to children with disabilities and thus lead women with disabilities being discouraged or prevented from realizing their motherhood.</p>

Category	Key content
No. 3 (2016): Women and girls with disabilities	<p>40. Women with disabilities may also be denied access to information and communication, including comprehensive sexuality education, based on harmful stereotypes that assume that they are asexual and do not therefore require such information on an equal basis with others. Information may also not be available in accessible formats. Sexual and reproductive health information includes information about all aspects of sexual and reproductive health, including maternal health, contraceptives, family planning, sexually transmitted infections, HIV prevention, safe abortion and post-abortion care, infertility and fertility options, and reproductive cancer.</p> <p>41. Lack of access to sexual and reproductive health information for women with disabilities, especially women with intellectual disabilities and deaf and deafblind women, can increase their risk of being subjected to sexual violence.</p> <p>42. Health-care facilities and equipment, including mammogram machines and gynaecological examination beds, are often physically inaccessible for women with disabilities. Safe transport for women with disabilities to attend health-care facilities or screening programmes may be unavailable, unaffordable or inaccessible.</p> <p>43. Attitudinal barriers raised by health-care staff and related personnel may result in women with disabilities being refused access to health-care practitioners and/or services, especially women with psychosocial or intellectual impairments, deaf and deafblind women and women who are still institutionalized.</p> <hr/> <p>44. [...] All women with disabilities must be able to exercise their legal capacity by taking their own decisions, with support when desired, with regard to medical and/or therapeutic treatment, including by taking their own decisions on retaining their fertility and reproductive autonomy, exercising their right to choose the number and spacing of children, consenting and accepting a statement of fatherhood and exercising their right to establish relationships. Restricting or removing legal capacity can facilitate forced interventions, such as sterilization, abortion, contraception, female genital mutilation, surgery or treatment performed on intersex children without their informed consent and forced detention in institutions.</p> <p>45. Forced contraception and sterilization can also result in sexual violence without the consequence of pregnancy, especially for women with psychosocial or intellectual disabilities, women in psychiatric or other institutions and women in custody. Therefore, it is particularly important to reaffirm that the legal capacity of women with disabilities should be recognized on an equal basis with that of others and that women with disabilities have the right to found a family and be provided with appropriate assistance to raise their children.</p> <p>48. The lack of consideration given to gender and/or disability aspects in policies relating to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and rural areas, prevents women with disabilities from living independently and participating fully in all areas of life on an equal basis with others. This is especially relevant [...] in terms of women with disabilities' access to in terms of providing health care, in particular reproductive health care.</p> <p>57. Women with disabilities face barriers to accessing health and rehabilitation services. Among these barriers are: a lack of education and information on sexual and reproductive health and rights; physical barriers to gynaecological, obstetric and oncology services; and attitudinal barriers to fertility and hormone treatments. In addition, physical and psychological rehabilitation services, including counselling for acts of gender-based violence, may not be accessible, inclusive or age- or gender-sensitive.</p>
No. 5 (2017): living independently and being included in the community	<p>16.(a) Independent living/living independently means that individuals with disabilities are provided with all necessary means to enable them to exercise choice and control over their lives and make all decisions concerning their lives. Personal autonomy and self-determination are fundamental to independent living, including access to transport, information, communication and personal assistance, place of residence, daily routine, habits, decent employment, personal relationships, clothing, nutrition, hygiene and health care, religious activities, cultural activities and sexual and reproductive rights.</p>

Category	Key content
No. 6 (2018): equality and non-discrimination*	66. Under articles 5 and 25 of the Convention, States parties must prohibit and prevent discriminatory denial of health services to persons with disabilities and to provide gendersensitive health services, including sexual and reproductive health rights. States parties must also address forms of discrimination that violate the right of persons with disabilities that impede their right to health through violations of the right to receive health care on the basis of free and informed consent, or that make facilities or information inaccessible.

Source: National Human Rights Commission for Korea (2020). Office of the United Nations High Commissioner for Human Rights: General comments and general recommendations - General comments by the CRPD (Translated in Korean/English). * For original texts, please see the reference list.

Note: Taking into account gender and human rights considerations, this study opted to use a different term for 'reproductive' in Korean, rather than the one translated by the National Human Rights Commission of Korea.

<Table 2> The Nairobi Principles on Abortion, Prenatal Testing and Disability by the CRPD and the CEDAW

Principles
<ol style="list-style-type: none"> 1. We recognize that human rights begin at birth and apply to everyone on an equal basis. 2. We affirm that autonomy and self-determination guide our work. This means that people have the right to make decisions about their own bodies and lives. We will advocate for the autonomy and self-determination of all persons, including pregnant persons and persons with disabilities, as a fundamental aspect of our work on sexual and reproductive health and rights (SRHR). 3. We affirm that women and all people who can become pregnant have the right to decide whether to become pregnant and whether to continue a pregnancy, and must have the right to all scientific, evidence-based and unbiased information available to make their decisions, regardless of what that decision might be. Individual choices about one's own pregnancy are not eugenics, and nobody exercises discrimination when making choices about their own pregnancies. 4. We recognize that ableism is widespread and that persons with disabilities face diverse forms of discrimination in many aspects of their lives, which are rooted in disability stigma and harmful stereotypes that perpetuate ideas that the lives of persons with disabilities are less valued or that they lack agency to decide on their lives and futures. We will advocate for laws, policies, and practices related to SRHR that do not perpetuate stigma and discrimination against persons with disabilities, and we will consciously avoid using stigmatizing language in our advocacy. 5. We recognize that laws, policies, and practices that limit access to SRHR give rise to human rights violations. In particular, we recognize that using criminalization to restrict access to safe abortion has an enormous impact on women's health, including increasing maternal morbidity and mortality. Criminal laws and other restrictions on abortion violate international human rights law and are not the way to eliminate disability stigma or support persons with disabilities. 6. We affirm that the only way of supporting all prospective parents to make informed decisions about continuing or terminating their pregnancies is through affirmative measures, such as combating ableism in prenatal testing and counseling processes, ensuring all parents are operating in an enabling environment and have the social and economic supports they need to raise any child, including a child with disabilities or who is otherwise socially excluded, and promoting the rights and inclusion of persons with disabilities in all spheres of public and private life. 7. We commit to advocating for access to safe abortion on demand worldwide. On the global level, we will advocate for or support international human rights standards that recognize a right to safe abortion without restriction as to reason and that promote the accessibility of abortion. In restrictive contexts where abortion is only available on particular grounds, or where advocacy is still limited to incremental strategies on specific grounds, we will work to ensure that the laws are not used to further stigmatize or marginalize women or persons with disabilities. 8. We will work to promote the autonomy and self-determination of persons with disabilities not only with regards to pregnancy termination but within the full spectrum of reproductive justice, especially concerning violations that disproportionately affect women and girls with disabilities, such as forced and coerced abortion, contraception, and sterilization. We will support the autonomy and self-determination of women and girls with disabilities, including those deprived of legal capacity, to decide on matters related to their reproductive health, including whether to continue pregnancies. We will work to ensure that sexual and reproductive health goods and services are physically and financially accessible and that information and communication on sexual and reproductive health is provided in accessible formats. We will also work to ensure the support services needed to access sexual and reproductive health. We also support the right of persons with disabilities to parent, recognizing that parents with disabilities should not be limited in this right based on stereotypes about disability or economic or social obstacles and that persons with disabilities should have equal access to assisted reproductive technologies and adoption, as well as personal assistance and other supports for parenting.

Principles

9. We will actively include women with disabilities from diverse constituencies[1] in conversations on all issues. We will ensure participation of women with disabilities not only within disability-specific debates but within all areas of sexual and reproductive health and rights.
10. We will advocate for the accessibility of SRHR information, communication, goods, and services, as well as for accessible spaces for dialogue about laws, policies, and programs. We will refer to persons with disabilities themselves for guidance on ensuring accessible information, communication, goods, services, and spaces.
11. We recognize and respect that people of all faiths and ethical perspectives can have different understandings on the limits and possibilities of their reproductive choices. Indeed, many people from diverse religious backgrounds support abortion rights as consistent with their religious convictions, and others who may personally oppose abortion do not seek to impose their views on others. Unfortunately, some religious actors are co-opting disability rights language to restrict access to abortion. It is critical that laws and policies on SRHR be based on sound scientific evidence and recognized human rights standards rather than on privately held beliefs, even when those beliefs are predominant in a given community.
12. As prenatal science and technology advance, we recognize that providers should offer evidence-based information to pregnant people neutrally and without bias during the prenatal screening and diagnostic process. We will advocate for professional and ethical standards and medical education that ensures that providers are trained on the rights and lived realities of people with disabilities or are able to refer to relevant people who can provide this information.
13. We will actively contribute to cross-movement education to inspire gender and disability mainstreaming in both movements.

Source: CREAworld. "The Nairobi Principles on Abortion, Prenatal Testing and Disability, Disseminate and Endorse The Principles". <https://nairobiprinciples.creaworld.org/principles/>.

- Key implications suggested by international communities, such as the UN, can be summarized as follows:
- Individuals with disabilities are, like those without disabilities, entitled to sexual rights, the right to enjoy sexual pleasure, reproductive rights including the ability to plan pregnancy, have a safe birth, raise children, and freedom from health risks in exercising these rights.
 - It should be recognized and avoided that the denial of the aforementioned rights for individuals with disabilities results from misperceptions, prejudices, legal and policy frameworks that stigmatize them, and entrenched conventions and norms. Additionally, these issues arise due to the lack of comprehensive perspectives that encompass both 'disability' and 'gender' in society.
 - To develop a comprehensive perspective, it is crucial to make efforts to understand not only the needs of individuals with disabilities, but also those of their parents, family members, and various support institutions.
 - Thorough examination is necessary to determine whether existing laws, policies, social conventions, and norms hinder promoting the sexual and reproductive health and rights of women with disabilities. The accumulation of data and research projects on individuals with disabilities is expected to lay an essential foundation for specifying the directions and discourses on the sexual and reproductive health and rights of individuals with disabilities raised by international communities.

Sex education

- ▶ It has been frequently pointed out that sex education during childhood and teenage years remains superficial.
- ▶ It has been found that sex education mainly focused on preventive education, such as rape prevention. Therefore education hardly covered the physical and psychological changes, sexual curiosity, and rights of children and teenagers.
- ▶ Many cases have been observed where sex education did not take into account the specific features of disability, resulting in incorrect information or difficulty in understanding. It should be noted that this problem may lead to misconceptions, negative attitudes, and misunderstandings about sex.

First menstruation and menstrual health

- ▶ Information about first menstruation and how to deal with menstruation has traditionally been acquired through teachers, parents, or older sisters. However, due to their negative perception of the first menstruation of women with disabilities, women with disabilities tended to learn about existing social norms on menstruation, regarding it as negative. This phenomenon highlights the inadequacy of sex education in providing comprehensive information about menstruation and its relevant health management.
- ▶ For some women with disabilities, particularly those with physical disability or neurological disorder, menstrual products like sanitary pads did not fit properly, leading to discomfort and leakage.

Masturbation and sexual desire

- ▶ Many participants reported being aware of masturbation, but some faced challenges finding masturbation tools that fit their bodies due to their disability. Additionally, they may feel uncomfortable asking their activity assistant for help in this matter.
- ▶ Furthermore, some participants perceived that individuals with disabilities are sexually unattractive and lacking sexual desire, which may stem from prejudice and stereotypes perpetuated by family members and those around them without disabilities.

Contraception and sex

- ▶ Women with disabilities may be subjected to involuntary infertility or contraceptive treatments, often decided by their parents without considering their personal opinions.
- ▶ Many participants believed their bodies were infertile because they had not become pregnant despite not using contraception. On the other hand, other participants opted for contraceptive measures to prevent their disabilities from being inherited by the next generation.

- ▶ Some participants reported experiencing pain and difficulties during sex due to disability. They also mentioned that they faced challenging situations when their partner asked for sex despite their difficulty with controlling their own body as a result of their disability.

Relationship and marriage

- ▶ The participants reported high demands in relationships and marriage. However, concerns and interests from their family members and those around them led to feelings of regret towards their partners and a sense of unease about the sustainability of their relationships. As a result, they tended to lose their agency in dating relationships. Autonomy and self-determination in sexual relationships are also factors included in this context.
- ▶ Their voices were even neglected in their family planning due to their parents' stereotypes regarding disability.

Pregnancy and termination of pregnancy

- ▶ Many participants reported facing difficulties in accessing contraception. In some cases, individuals with physical disability and neurological disorder encountered challenges in purchasing pregnancy test kits.
- ▶ Even women with disabilities often experienced self-doubt regarding their reproductive capacity and femininity, which was closely intertwined with their disabilities.
- ▶ Some participants who had experienced pregnancy shared that they faced unwelcoming attitudes from both their families and healthcare professionals. In some instances, they were even encouraged to pursue abortion. These incidents can be seen as instances of discrimination and human rights violations, carried out under the guise of concern for women with disabilities. However, despite these challenges, the respondents expressed a strong willingness to go through with their pregnancies and raise their children.

Pregnancy and childbirth

- ▶ In the context of pregnancy and childbirth, a major criticism revolved around the lack of disability-friendly medical environments. Participants expressed inconvenience and difficulties in accessing medical facilities due to the lack of consideration for individuals with disabilities, such as inaccessible medical equipment and facilities.
- ▶ Furthermore, participants also faced challenges in effectively communicating their needs and understanding the information provided by healthcare professionals. Communication barriers due to disabilities hindered their ability to access necessary information. Moreover, the absence or lack of sensitivity from healthcare professionals regarding both gender and disabilities was highlighted as a significant issue. These problems often resulted in human rights violations, including gender discrimination against pregnant women with disabilities and the denial of their reproductive and sexual autonomy.

- ▶ Some pregnant women with disabilities were pressured to undergo cesarean sections against their will solely because of their disabilities.

Childcare

- ▶ Similar to women without disabilities, women with disabilities were also assigned gender roles in childcare. Female employees with disabilities, in particular, experienced increased burdens in balancing their work responsibilities and childcare duties. As a result, they frequently depended on the assistance of their activity assistants to care for their children, which, regrettably, left them unable to receive the essential support they needed.
- ▶ This occurrence sometimes resulted in conflicts between female employees with disabilities and their activity assistants, ultimately leading to a situation where they had to switch to a new assistant.

Sexual harassment and sexual violence

- ▶ One of the prevalent challenges faced by women with disabilities, especially those with severe disabilities, is the occurrence of sexual harassment and sexual violence. Many participants shared their experiences of enduring physical and psychological harm as a result of such acts committed by individuals in their intimate relationships or by individuals not close to them. These incidents encompass a range of behaviors, including sexual discomfort, humiliation, direct sexual assault, and forced sexual acts, occurring in their daily lives, schools, and workplaces.
- ▶ Under such circumstances, what the parents were often able to do was their control over their children, particularly women with severe disabilities, and adopt a parenting approach focused on unconditional prevention.

Activity assistant

- ▶ When women with severe disabilities received assistance from their activity assistants, they encountered various challenges. One of the problems was the lack of sensitivity towards disability and gender, which resulted in a breach of their privacy. Their personal matters were often handled without their consent, violating their rights related to gender

Gender identity

- ▶ When homosexual males with hearing disabilities sought healthcare services, such as sexually transmitted infection (STI) and HIV tests, they encountered various challenges. One significant issue was the lack of access to information, often resulting from the absence of support or the unavailability of sign language interpreters. This communication barrier prevented them from fully understanding their health needs and receiving appropriate care. Additionally, they faced difficulties ensuring their safety and accessing services due to the prejudice and hate speeches expressed by healthcare professionals and service providers.

- ▶ Moreover, it was found that individuals who were both sexual minorities and had hearing disabilities faced challenges in accessing sexual education specifically related to sexual identities.

Place of residence

- ▶ Many participants, women with severe disabilities, pointed out that their sexual and reproductive health and rights were not guaranteed and their agency was not realized in their residential facilities. Difficulties caused by the lack of service providers in these facilities include delays in handling personal affairs, the situation of having to refrain from sexual desires due to the absence of independent space for dating and masturbation, and the environment under which they were not able to report or respond to cases of abuse and sexual violence by service providers.

Policy recommendations

Guarantee of sexual and reproductive rights

- ▶ Policies that do not align with laws on the sexual and reproductive rights of individuals with disabilities should be reviewed. It is necessary to identify the causes and enhance the substantiveness of these policies.
- ▶ It is imperative to revise the legal system that induces discrimination and infringes upon the sexual and reproductive rights of individuals with disabilities.
- ▶ A fundamental law and plan should be developed to ensure that both individuals with disabilities and without disabilities are guaranteed their sexual and reproductive health and rights.

Rights for education

- ▶ Sex education in schools
 - The overall system of special schools should be advanced to take into account the types and characteristics of disabilities.
 - Sexual education should be transformed from a sexual violence prevention-centered approach to comprehensive sexual education
- ▶ Sex education in social welfare and healthcare facilities
 - Education should be strengthened to incorporate sensitivity to disability and gender for employees working in social welfare and healthcare services.
 - More professionals equipped with such sensitivities should be nurtured, and a larger human resource pool should be developed in order to increase sensitivity to disability and gender on the ground.

► Education materials and relevant manuals

- The National Institute for Special Education and the Korean Institute for Gender Equality Promotion and Education should collaborate to develop and distribute teaching materials on sexual rights that incorporate disability types and characteristics from the perspectives of disability and gender.
- Education materials on sexual rights for individuals with disabilities should be developed and distributed to cater to different types of service providers for individuals with disabilities.
- An overall review should be implemented on education materials regarding sexual rights, both for individuals with disabilities and those without disabilities. These materials should be transformed to become more disability-friendly and inclusive education resources.
- Materials on sex education and sexual rights should be distributed, incorporating the types and characteristics of the places of residence for individuals with disabilities.
- A cooperation system should be developed between organizations responsible for individuals with disabilities and supporting organizations, such as the Ministry of Education, the Ministry of Health and Welfare, the Ministry of Gender Equality and Family, and the National Human Rights Commission of Korea.

🔵 **Rights to communication, access to information, and self-determination**

- Social awareness of individuals with disabilities should be improved so that their rights to communication are guaranteed.
- Information and communication channels should be established to cater to the types and characteristics of individuals with disabilities, ensuring they have accessible means of access.
- It is necessary to diversify the use of Augmentative and Alternative Communication(AAC) to guarantee their rights to information and communication regarding sexual and reproductive rights.
- A center should be established, and its functions should be expanded to promote their rights to communication.
- Communication experts supporting individuals with disabilities, such as sign language interpreters, should be made available in national and public medical institutions. Additionally, closer collaboration with other institutions should be fostered to enhance the provision of services.
- The accessibility of individuals with disabilities should be strengthened by developing a communication support system that can effectively respond to emergencies.
- Sexual rights education should be implemented in sign languages at schools for the deaf.
- Support should be provided to ensure that women with severe disabilities have their rights to self-determination guaranteed in every aspect of their lives.

Rights to self-reliance and labor rights

- ▶ The exercise of sexual and reproductive rights should be incorporated within the scope of tasks assigned to activity assistants. Additionally, approaches for supporting them should be discussed.
- ▶ Childcare support services should be strengthened for individuals with severe disabilities who have children.

Health rights

- ▶ Disability-friendly obstetrics/gynecology clinics should be established, and improvement strategies should be developed through continuous monitoring.
- ▶ In local community services on maternity health for women with disabilities, residential facilities and housing should be included. Furthermore, public support should be enhanced to guarantee sexual and reproductive health and rights for women with disabilities.
- ▶ The access to disability-friendly medical check-up services should be strengthened. Additionally, their health rights, including sexual and reproductive health, should be guaranteed.
- ▶ Commissions for monitoring and supervising should be encouraged to prevent the infringement of sexual and reproductive health and rights in residential facilities for individuals with disabilities.
- ▶ The effectiveness of state-run healthcare service organizations for individuals with disabilities should be increased through regular evaluations.
- ▶ Financial support for women with severe disabilities should be enhanced to reduce healthcare cost burdens associated with pregnancy and childbirth.
- ▶ Access to healthcare services catering to different types of disabilities and the provision of information and service support should be strengthened.

Sexual rights

- ▶ Items should be developed and distributed that cater to the diverse disability types and characteristics, enabling individuals with disabilities to experience sexual pleasure.
- ▶ Video resources should be produced, and relevant services should be provided to ensure all individuals with disabilities can experience sexual pleasure, irrespective of their disability types.
- ▶ A comprehensive approach should be initiated by expanding the target and scope of sexual rehabilitation services at the National Rehabilitation Center.

Rights to participation

- ▶ The sexual and reproductive sector should be included in state-approved statistics on individuals with disabilities. This inclusion would facilitate the accumulation of data related to the sexual and reproductive aspects of individuals with disabilities.
- ▶ A regular status study should be conducted to examine discrimination and human rights infringements related to the sexual and reproductive rights of individuals with disabilities.
- ▶ Research grounded in public-private partnerships should be promoted to guarantee sexual and reproductive health and rights for individuals with disabilities.
- ▶ A practical system should be established to guarantee the sexual and reproductive health and rights of socially marginalized groups, including individuals with disabilities, enabling their participation in quantitative and qualitative research.

References

CREAworld. "The Nairobi Principles on Abortion, Prenatal Testing and Disability, Disseminate and Endorse The Principles".
<https://nairobiprinciples.creaworld.org/principles/>.

National Human Rights Commission for Korea (2020). Office of the United Nations High Commissioner for Human Rights: General comments and general recommendations – General comments by the CRPD (Translated in Korean/English).

United Nations Committee on the Rights of Persons with Disabilities (2014). "General comment No. 2 (2014) Article 9: Accessibility".

United Nations Committee on the Rights of Persons with Disabilities (2016). "General comment No. 3 (2016) on women and girls with disabilities".

United Nations Committee on the Rights of Persons with Disabilities (2017). "General comment No. 5 (2017) on living independently and being included in the community".

United Nations Committee on the Rights of Persons with Disabilities (2018). "General comment No. 6 (2018) on equality and nondiscrimination".

Women with Disabilities Empathy, Translated document of 'The Nairobi Principles on Abortion, Prenatal Testing and Disability' in Korean, January 9, 2020, <https://wde.or.kr/>.

Leading ministry : Bureau of Policy for Persons with Disabilities, Ministry of Health and Welfare.

Relevant ministry : Disability Discrimination Investigation Division 1, National Human Rights Commission for Korea
Division of Childbirth Policy, Ministry of Health and Welfare.
Women's Policy Division, Ministry of Gender Equality and Family