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**Questionnaire: Sexual and reproductive health and rights of**

**girls with disabilities**

1. **Context**

For her next report to the General Assembly, 72nd session, the Special Rapporteur on the rights of persons with disabilities, Ms. Catalina Devandas Aguilar, intends to focus on the sexual and reproductive health and rights of girls with disabilities.

The Special Rapporteur is currently carrying out the research work and invites Governments, National Human Rights Institutions, independent monitoring mechanisms, civil society organizations and networks, including organizations of persons with disabilities, and other relevant stakeholders, to contribute by submitting replies to the questionnaire below.

Due to limited capacity for translation, we kindly request that you submit your answers, if possible, in English or Spanish and, no later than 20 May 2017. Please keep your responses concise.

We would be grateful if your submissions, in accessible formats (Word), could be sent electronically to sr.disability@ohchr.org.

For further information, please contact Ms. Alina Grigoras, Associate Human Rights Officer (e-mail: agrigoras@ohchr.org, tel.: +41 22 917 92 89).

1. **Questionnaire**
2. 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 behaviors related to the sexual and reproductive health and rights of girls with disabilities;

There is a general construed mindset in various cultures in Kenya that girls with disabilities are asexual, it is further assumed that a sexual assault or abuse will not hurt them the same ways it hurts people without disabilities. Example of a common myth is that a person infected with HIV virus will be cured and cleansed of the virus if he sleeps with a girl with a disability with the assumption that girls with disabilities have super natural powers.

* Sex education (in formal and non-formal settings) and access to sexual and reproductive health information; KAIH has designed and piloted sex education for persons with intellectual disabilities in 2 counties in Kenya. The pilot includes developing materials in plain language and using practical ways of teaching people with intellectual disabilities about their sexuality, relationships, sexual and reproductive health rights and supported decision making. The pilot project includes training service providers on understanding intellectual disability the importance of giving accommodations when individuals seek services and respect for personal autonomy
* Access to child and youth friendly quality sexual and reproductive health services; child and youth friendly services that are inclusive of people with disabilities lack reproductive healthcare information and services that are accessible, the situation is much worse especially in rural areas and in the indigenous communities.
* Prevention, care and treatment of sexually transmitted infections; Girls with disabilities who haven’t received any education on sexual and reproductive health are not aware about sexual transmitted infections therefore they cannot detect whether they are infected these results to them inhibiting the infections for a long time which causes more damage to their health. Care and treatment is inaccessible and doesn’t respect the privacy and dignity of individuals.
* Violence against girls with disabilities impacting their enjoyment of sexual and reproductive health rights; and

Research conducted by Kenya Association for the Intellectually Handicap (KAIH) indicate that women girls with disabilities face disproportionately higher rates of gender-based violence: sexual abuse, neglect, maltreatment and exploitation. Majority of the women and girls with disabilities interviewed had been sexually violated more than once. There is a culture of silence where cases of sexual violence are not reported and those reported do not progress throughout the justice system. (See attached baseline report)

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

 There are a number of reported cases in Kenya of forced sterilization of

 Girls with disabilities [[1]](#footnote-1)

1. 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.

The Kenya Association for the Intellectually Handicapped (KAIH) is implementing a project on access to justice which has a component of sexual and reproductive health. The project focuses on integrating legal, social and health initiatives to support survivors of abuse who have intellectual disabilities. On sexual and reproductive health the projects aims to build the capacities of health personnel on understanding disability, giving of supports and services that are accessible to girls and women with intellectual disabilities from the perspective of article 12, 13 and 25 of the UNCRPD. Apart from training health personnel the project will upscale its training on sexual and reproductive health for people with intellectual disabilities, their families and communities.

Lessons learnt include;

1. Capacity building of service providers in collaboration with Disabled Persons Organizations is very key in understanding sexual and reproductive health for women and girls with disabilities
2. Community awareness and activism is key especially in addressing myths, negative cultural attitudes and perceptions related to sexuality of girls with disabilities
3. There is need of addressing article 12 of the UNCRPD from a sexual and reproductive health perspective, it has been noted that many girls and women with disabilities are denied the right to make decisions and give consent regarding their sexual and reproductive health as stipulated by article 25(d) of the CRPD
4. Capacity building of girls with disabilities and their families is key in promoting and advancing the sexual and reproductive health rights including the right to marriage and found family

Compiled by; Peter Owaga and Fatma Wangare

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1. Mental Disability Advocacy Center, The Right to Legal Capacity in Kenya, March 2014 pg. 5 [↑](#footnote-ref-1)