



The ABC of BODILY AUTONOMY

for Young Persons with Disabilities



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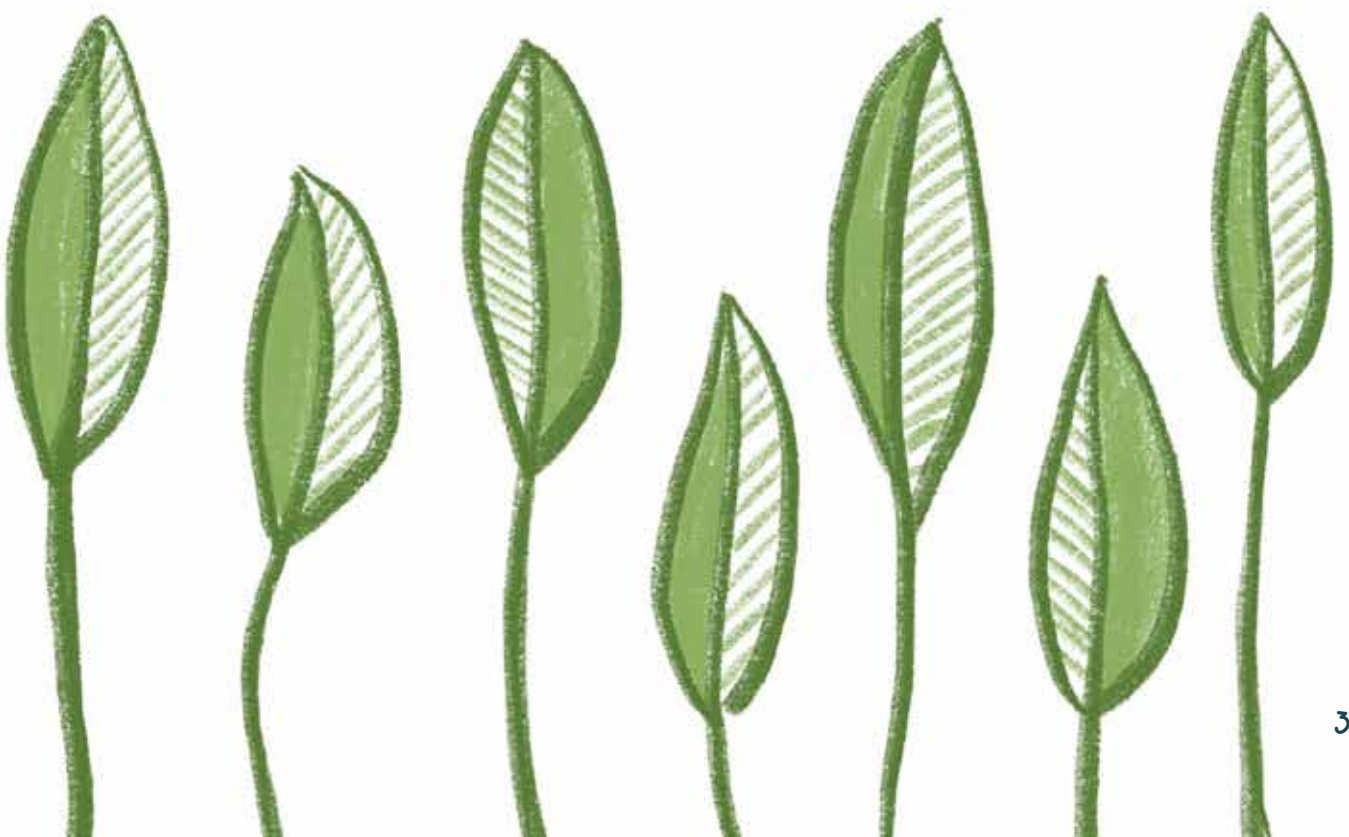
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Introduction: Welcome to this toolkit!

Bodily autonomy is the ability to freely make decisions regarding one's own body and life. However, the exercise of bodily autonomy is not equally accessible to all individuals, especially young people who face various barriers due to systems of oppression. One such system is ableism, which particularly affects youth with disabilities, limiting their agency and autonomy. In our document titled "A toolkit on Bodily Autonomy according to young people", we elaborated on the significance of bodily autonomy for young people in all their diversity, placing their voices, concerns, and needs at the center of our exploration.

The purpose of this document is twofold: first, to examine how ableism specifically impacts the agency of youth with disabilities in making decisions about their lives and bodies, and second, to provide information to youth with disabilities about their rights and the obligations of states towards them. Our intention is for this document to empower young people with disabilities, equipping them with knowledge about their rights and enabling them to make informed decisions concerning their own lives and bodies.

The foundation of this document is rooted in the "My Body, My Voice" consultation, a collaborative effort co-created and facilitated by youth with disabilities themselves. Additionally, it draws upon the various spaces we have co-created with the Global Network of Youth with Disabilities. These spaces served as enabling environments for youth with disabilities to connect, engage in dialogue, and shape their own agendas and priorities. We extend our gratitude to UNFPA for their invaluable support and for believing in our leadership, which made all of these spaces possible.



Let's start with... the Convention on the Rights of Persons with Disabilities (CRPD)!

The Convention on the Rights of Persons with Disabilities (CRPD) defines disability in Article 1 as follows:

"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

It is important to note that the CRPD adopts a social model of disability, which recognizes that disability is not solely an individual's impairment but the result of societal attitudes, physical and attitudinal barriers, and systemic discrimination. From a human rights approach, stakeholders must work on removing these barriers and promoting the full and equal participation of persons with disabilities in all aspects of life.

The CRPD stands as the most recent, relevant, and progressive human rights treaty concerning disability rights. As we delve into our analysis of bodily autonomy (BA), the CRPD serves as the primary legal instrument to defend and understand the scope of disability rights. It recognizes the inherent dignity and equal rights of persons with disabilities and addresses their unique challenges, including the right to exercise bodily autonomy. The CRPD promotes non-discrimination, inclusion, and full participation, aiming to ensure equal opportunities and independent decision-making for individuals with disabilities.



What is Disability Justice?



Disability Justice is a movement and framework that addresses how disability and ableism are exacerbated when they intersect with other systems of oppression like racism, classism, and imperialism. It argues that the disability agenda has been mainly shaped by white, male, and heteronormative perspectives, which ignore the experiences, leadership, and contributions of people of color with disabilities, those living in poverty, and others who are marginalized. It also recognizes the impact of medicalization on certain communities, including transgender, queer, and intersex individuals, whose bodies don't fit societal norms. The disability movement has mostly been led by older white, cisgender, individuals with disabilities from the Global North. This invisibilizes the realities of young people from the Global South - so, we advocate for a disability movement that challenges these dynamics.

In this context, we use the Convention on the Rights of Persons with Disabilities (CRPD), the disability justice framework, and the experiences of young people to build on the right to bodily autonomy for youth with disabilities.

Ableism as a Barrier to Bodily Autonomy

Ableism is a system that assigns value to people's bodies and minds based on societally constructed ideas of what is considered normal, productive, desirable, intelligent, excellent, and physically fit. These ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism. This system of oppression leads society to value people based on their cultural background, age, language, appearance, religion, where they were born or live, their "health/wellness," and their ability to meet certain expectations of achievement and behavior. It's important to note that ableism affects everyone, regardless of whether they have a disability or not¹.

In general, ableism limits the scope of the decisions that persons with disabilities can make by rejecting their autonomy and agency but also restricts the resources available to them. In particular, persons with disabilities face numerous violations of their sexual and reproductive health and rights through both the questioning of their capacity to decide over their own bodies and lives and through the deprivation of essential conditions and resources for the exercise of those decisions.

1 <https://www.talilalewis.com/blog/working-definition-of-ableism-january-2022-update>

Manifestations of Ableism in Sexual and reproductive health and Rights

According to young persons with disabilities, ableism manifests as a barrier to their exercise of sexual and reproductive rights in the following ways:

1. Stigma and misconception surrounding young persons with disabilities.

This includes the assumption that they are asexual, not sexually active, and have no desire to engage in sexual or affectionate relationships. These harmful beliefs create barriers, denying them accurate sexual and reproductive health information and support, limiting their autonomy and opportunities for fulfilling experiences.

2. Lack of comprehensive sexuality education (CSE).

Stigma and resistance towards comprehensive sexuality education affect all young people, but young persons with disabilities face additional challenges due to ableist narratives that label them as asexual and uninterested in relationships. These misconceptions intersect with other exclusionary practices they face.

- **In-school CSE.** Children and youth with disabilities experience segregation and exclusion from mainstream school systems. As a result, they are unable to access the same sex-ed that their peers receive (if the latter receive any). Young people have consistently expressed that educators and school systems lack the necessary skills and knowledge to deliver effective CSE. This includes the absence of disability-responsive sex education and a gender diversity perspective, while conventional sex education often emphasizes fear and abstinence instead of embracing holistic and inclusive approaches.
- **Out-of-school CSE.** Outside of formal education settings, there is a lack of comprehensive sexuality education available to young people with disabilities. This absence of out-of-school opportunities further marginalizes those who are already excluded from formal education systems.

3. Lack of information about sexual and reproductive health provided in accessible formats.

Children, adolescents, and youth with disabilities often face barriers when it comes to accessing information about sexual and reproductive health in formats that are accessible to them. This includes a lack of materials presented in formats such as braille, large print, easy-to-read text, or audio formats, which can be essential for individuals with visual impairments, cognitive disabilities, or other disabilities that affect the way in which they process information. Moreover, there is often a shortage of age-appropriate information specifically tailored to the needs and developmental stages of children and adolescents with disabilities.



4. Lack of accessible healthcare services for youth with disabilities in all their diversity.

The lack of accessibility in healthcare settings makes it difficult for youth with disabilities to receive the care they need. This includes inaccessible infrastructure, equipment, and facilities, as well as a lack of accommodations for individuals with mobility, sensory, or communication disabilities. For example, neurodivergent individuals struggle with processing information. Denying them written information as an accommodation prevents them from effectively processing and understanding the implications of the treatments/procedures they receive. This real-life example was shared by a young person with Autism and ADHD from Canada.

In addition to physical barriers, there are often cost-related access issues that prevent youth with disabilities from accessing healthcare. This can include high medical expenses, limited insurance coverage, or the absence of financial assistance programs specifically designed to support individuals with disabilities. These financial barriers can significantly impact the ability of youth with disabilities to seek necessary medical treatment, receive regular check-ups, or access specialized services related to their specific healthcare needs.

Furthermore, it is important to recognize that young persons with disabilities are not a monolithic group. We also exist as indigenous, black, brown, queer, trans, and gender-non-conforming individuals. Unfortunately, healthcare services rarely address our diverse needs, creating an additional barrier for us to access the services that we need. Additionally, many healthcare providers deny access to sexual and reproductive services to youth with disabilities based on ableist assumptions, such as seeing youth with disabilities as asexual individuals.

5. Limitation of the autonomy of youth with disabilities.

- Limitation of legal capacity through substitution decision-making models like guardianship or conservatorship, where a third party makes decisions on their behalf under the ableist narrative that persons with disabilities can't make decisions on their own and can't express consent.
- Violation of the right to privacy by requiring a third person, such as a family member or assistant, to be present at the consultation or to authorize the procedure or treatment, also violating their rights to confidentiality of the medical consultation. For deaf individuals, privacy is a huge issue as most healthcare providers are not trained in sign language



and clinics don't offer interpretation. This often leads to deaf folx bringing family members as interpreters, hindering their ability to speak freely and directly with healthcare practitioners about their SRHR needs due to fear of judgment by caregivers.

- Limited or no autonomy over their own health decisions, as caregivers and/or doctors often have the final say, even when the youth with disabilities have reached the legal age of consent according to local country laws. This includes decisions about contraceptive methods, STI screenings, and more.
- Even in the absence of legal conservatorship, caregiver abuse, and power dynamics can still limit the bodily autonomy of young persons with disabilities.
- Young persons with disabilities, especially those with intellectual or neurodevelopmental disabilities, may face significant barriers in asserting their sexual orientation as parents and guardians often deny or suppress their views.

6. Sexual violence.

Persons with disabilities, particularly those born with a uterus, experience higher rates of gender-based violence, often perpetrated by their caregivers. Reporting and seeking justice can be challenging due to authorities questioning their credibility, resulting in delayed or denied justice.



Ableism & harmful practices

As described above, ableism perpetuates harmful practices related to the autonomy and decision-making of youth with disabilities. The assumption that youth with disabilities are incapable of making informed choices about their lives results in the denial of their agency and rights. This perpetuates ignorance and stigma and contributes to the vulnerability of youth with disabilities to abuse and exploitation.

As said by former Special Rapporteur on the rights of persons with disabilities when presenting a thematic study on the impact of ableism in medical and scientific practice¹, the social underlying perception that persons with disabilities could not lead full lives leads to many practices in violation of the rights of persons with disabilities, such as:

- **Denial of legal capacity.** Denial of legal capacity undermines the autonomy of youth with disabilities and denies them the right to make decisions about their own lives. This harmful practice perpetuates inequality, restricts their freedom to participate fully in society, and reinforces discriminatory attitudes and practices toward individuals with disabilities. The denial of legal capacity has negative consequences for the sexual rights and health of youth with disabilities, as it grants a third party the power to make decisions about their bodies and reproductive lives, directly violating the concept of bodily autonomy.
- **Forced abortion, contraception and sterilization of young individuals with disabilities who have a uterus.** Forced sterilization, forced abortion, and forced contraception (without consent) are harmful practices perpetrated against youth with disabilities. These practices deprive individuals of their agency and power to make decisions about their bodies and reproductive choices, violating their human rights and dignity. They reinforce ableism, discrimination, and the devaluation of individuals with disabilities, denying them their fundamental rights to personal autonomy and bodily integrity.

According to international law, forced sterilization is not justified as a means of “protecting” individuals with disabilities who have a uterus from unwanted pregnancies. The argument of protection is rooted in ableist assumptions and reinforces discriminatory attitudes toward persons with disabilities.

¹ The thematic study provides a definition of ableism: “a value system that considers certain typical characteristics of body and mind as essential for living a life of value. Based on strict standards of appearance, functioning and behaviour, ableist ways of thinking consider the disability experience as a misfortune that leads to suffering and disadvantage and invariably devalues human life. As a result, it is generally assumed that the quality of life of persons with disabilities is very low, that they have no future to look forward to and that they will never live happy and fulfilling lives.” Special Rapporteur on the rights of persons with disabilities, A/HRC/43/41, p. 3.

Furthermore, evidence shows that sterilizing individuals with disabilities can mask signs of sexual violence and exploitation, perpetuating their invisibility. Forced sterilization has a dark history intertwined with eugenics, discriminatory beliefs, and control over marginalized populations. It is crucial to promote inclusive and respectful approaches that uphold the autonomy and rights of all individuals, including those with disabilities, and to challenge practices that perpetuate discrimination and violate human rights.

- **Forced institutionalization.** Forced institutionalization of individuals with disabilities refers to the practice of placing them in institutions or residential facilities without their consent or against their will, depriving them of freedom, autonomy, and the opportunity to live independently in the community. This widely criticized practice promotes segregation and discrimination. Forced institutionalization, forced sterilization, and sexual violence/exploitation are interconnected issues that disproportionately affect persons with disabilities. Evidence has shown the widespread occurrence of forced sterilization in institutional settings. Within these settings, individuals face increased vulnerability to abuse and exploitation, including sexual violence. The power imbalances and lack of safeguards in institutions create an environment where sexual violence and exploitation can occur, further violating the rights and dignity of persons with disabilities.
- **Sexual violence and exploitation.** Persons with disabilities often face disproportionate violence due to segregation and reliance on caregivers. Segregation in institutions or isolated settings can create environments where abuse and mistreatment can occur without adequate oversight or intervention. Caregivers, who hold power and authority over individuals with disabilities, may exert control, engage in neglect, or perpetrate physical, emotional, or sexual violence. The power imbalance and lack of safeguards in these relationships contribute to the heightened vulnerability of persons with disabilities. Addressing this issue requires promoting inclusive, community-based support systems, raising awareness, and implementing policies that protect the rights and safety of individuals with disabilities.
- **Forced treatment.** Forced treatment of persons with disabilities refers to the practice of subjecting individuals to medical or psychiatric interventions without their informed consent or against their will. This can include procedures such as medication administration, electroconvulsive therapy (ECT), seclusion, restraint, or invasive treatments. Examples of forced treatment include coercive practices in psychiatric institutions, involuntary medication in residential facilities, or forced sterilization based on disability status.

- **Cognitive-behavioral therapy (CBT).** Harmful practices can arise in cognitive-behavioral therapy (CBT) for neurodivergent individuals when their unique needs and experiences are not acknowledged and accommodated. These practices include pathologizing neurodivergent traits, which can perpetuate stigmatization and self-blame; ignoring the perspectives of neurodivergent individuals, undermining their autonomy; pressuring individuals to mask or suppress their natural traits, leading to psychological distress; and overemphasizing conformity to social norms, reinforcing ableism and hindering self-acceptance and advocacy. Ethical and effective CBT should adopt an inclusive and person-centered approach that respects neurodiversity and empowers individuals based on their specific challenges and strengths.

Young persons with disabilities, particularly those who identify as female, have shared their experiences of how cognitive-behavioral therapy (CBT) directly influenced their understanding and expression of consent. They have expressed concerns that CBT compelled them to learn behaviors that felt unnatural or inauthentic to their true selves. In some instances, they felt pressured into situations or interactions because they were taught to prioritize being kind or accommodating, even when it compromised their own boundaries and desires. The negative impact of CBT on the ability of young persons with disabilities to navigate and assert their consent effectively puts them at risk before sexual violence.

Harmful practices against youth with disabilities reflect a disregard for their autonomy, agency, and well-being and highlight the urgent need for comprehensive protections and rights-based approaches to address these systemic abuses.



Bodily Autonomy and Human Rights

In this section, you can find useful information about your rights and the state's responsibilities to guarantee, protect, and fulfill them, under the CRPD.

It's important to recall that the CRPD does not introduce new rights but clarifies and emphasizes the protection of existing rights for persons with disabilities. It provides guidelines on how these rights should be safeguarded in relation to individuals with disabilities and specifically addresses the unique discrimination they face based on their disability. The CRPD serves as a framework to ensure equal treatment, inclusion, and the full realization of human rights for persons with disabilities in all aspects of life.



Principles of Bodily Autonomy

Article 3 of the CRPD, highlights the key principles that guide the implementation and interpretation of the convention. These principles include:

- Respect for dignity, individual autonomy including the freedom to make one's choices, and independence
- Non-discrimination
- Full and effective inclusion and participation in society,
- Respect for difference and acceptance of persons with disabilities as part of human diversity,
- Equality of opportunity
- Accessibility
- Gender equality

These principles aim to ensure the rights and well-being of persons with disabilities are upheld and to address the specific discrimination and barriers they may face based on their disability. The rights linked to bodily autonomy cannot be understood without these principles.

In our document "A Toolkit on Bodily Autonomy According to young people" we elaborate on the rights and obligations that comprise the right to bodily autonomy of young people:

- **The right to autonomy and self-determination**
- **The right to access information, including CSE**
- **The right to privacy**
- **The right to equality before the law**
- **The right to health, including sexual and reproductive health and rights**
- **The right to liberty and security (freedom from coercion and violence)**
- **The right to live free from gender-based violence and discrimination**

These rights can only be guaranteed, fulfilled, and protected for youth with disabilities if their rights as persons with disabilities are respected. Below, we elaborate on those disability rights that act as a precondition for bodily autonomy and sexual and reproductive rights of youth with disabilities. Let's discuss these rights one by one!

1. The right to equality before the law

From a disability lens, the right to equality before the law is a precondition to the exercise of bodily autonomy and sexual and reproductive rights in general.

The right to equality before the law, as established in Article 12 of the CRPD, is directly linked to the right to autonomy and self-determination. Article 12 of the CRPD affirms that persons with disabilities have the right to equal recognition before the law. It also states that persons with disabilities have the right to enjoy legal capacity on an equal basis to others.

Comment 1 of the CRPD committee highlights the importance of legal capacity for persons with disabilities. It explains that legal capacity includes the ability to hold rights and the power to exercise those rights directly, without third-party interventions. Comment 1 emphasizes that legal capacity is essential for the exercise of other rights, such as sexual and reproductive rights. It distinguishes between legal capacity and mental capacity: mental capacity refers to decision-making skills and should not be used as a basis for denying legal capacity.

Comment 1 also clarifies that discriminatory labels and perceived or real deficits in mental capacity should not be used to deny legal capacity. It emphasizes that legal capacity is an inherent right for all individuals, including those with disabilities. The concept of legal capacity consists of two strands: legal standing (being recognized as a legal person) and legal agency (being able to act on rights). Both strands must be recognized and cannot be separated. The recognition of the legal capacity of youth with disabilities is crucial to exercising bodily autonomy.

State obligations

Under Article 12 of the CRPD, the States have the following obligations:

To recognize the legal capacity of persons with disabilities without discrimination. The States have the obligation to remove the barriers to the exercise of legal capacity of persons with disabilities. For example, derogating laws that allow substituted decision-making like guardianship or conservatorship. To provide support to persons with disabilities in the exercise of their legal capacity. This means that instead of denying their legal capacity and autonomy



to make decisions, states must ensure that individuals with disabilities have access to the necessary support to express their needs and decisions. Supported-decision making is a pre-condition to ensure that young persons with disabilities can exercise their right to make decisions over their lives and bodies.

Some examples of supported decision making can include:

- * **Trusted Support Person:** A person with a disability may choose a trusted family member, friend, or advocate to support them in understanding information, considering options, and making decisions. The support person acts as a guide and helps the individual express their preferences.
- * **Peer Support:** Peer support involves individuals with similar disabilities or experiences providing guidance and sharing their own knowledge and insights to assist others in making decisions. This can take place through support groups, mentorship programs, or online communities.
- * **Communication Assistance:** For individuals with communication difficulties, support can involve using alternative communication methods such as sign language interpreters, augmentative and alternative communication (AAC) devices, or assistive technology to ensure effective communication and understanding of information.
- * **Easy-to-Understand Information:** Providing information in accessible formats, such as plain language, visual aids, or audio recordings, can support individuals with cognitive or intellectual disabilities in understanding complex concepts and making informed decisions.

Persons with disabilities must be able to make meaningful decisions about the support they require. As a result, support cannot be imposed; and individuals must be free to modify and reject support arrangements.

Support and care systems are currently being reimagined globally to address the care crisis exacerbated by the Covid-19 pandemic. Notably, as a result of the commitments made during the Generation Equality Forum in 2021, INMUJERES, in close collaboration with UN Women, launched the Global Alliance for Care. Recently, the UN Human Rights Council mandated the UN Office of the High Commissioner of Human Rights to publish two reports on support and care systems to ensure community inclusion of persons with disabilities. The report highlights that Support and care systems are essential for persons with disabilities to fully, actively and meaningfully participate in society, with choices equal to others, and to live with dignity, autonomy and independence, as recognized by the Convention on the Rights of Persons with Disabilities.

2. The right to equality and non-discrimination

Youth with disabilities have the right to be protected from discrimination on the basis of disability, according to Article 5 of the CRPD.

Discrimination on the basis of disability is described in Article 2 of the CRPD as “any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation”.

Therefore, the right to equality and non-discrimination includes the right of young people to reasonable accommodations. Reasonable accommodations are described in the CRPD (art. 2) as “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”.

Reasonable accommodations are not the same as accessibility.

State obligations

Under the right to equality and non-discrimination, the States have the following obligations:

- To prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds
- To ensure that reasonable accommodations are provided when requested.
- To adopt measures to accelerate or achieve de facto equality of youth with disabilities.





3. The right to accessibility

Under article 9 of the CRPD, the right to accessibility for persons with disabilities refers to their entitlement to have equal access to the physical environment, transportation, information, and communication, as well as other services and facilities available to the general public.

Accessibility is also a precondition for youth with disabilities to exercise their bodily autonomy and sexual and reproductive rights.

Youth with disabilities have the right to access accessible health care services and accessible information on sexual and reproductive health that is age appropriate (this includes accessible comprehensive sexuality education)

State obligations

Under article 9 of the CRPD, the States have the obligation to ensure that youth with disabilities can access, on equal basis with others, healthcare facilities (physical environment), accessible information on their sexual and reproductive health and rights, and accessibility measures to communicate with healthcare providers and express consent.

The States have the obligation to develop and implement minimum standards and guidelines to ensure accessibility of sexual and reproductive health services, information and communication.

4. the right to liberty and security of the person (freedom from coercion and violence)

Article 14 of the CRPD acts as a non-discrimination clause for persons with disabilities. It reinforces the right of persons with disabilities to not being subjected to arbitrary detentions (detentions that are justified on a perceived or real impairment) such as forced institutionalization, and coercive/forced treatments including the ones described as harmful practices in this document.

The right to personal liberty of persons with disabilities is linked to the right to living independently and being included in the community contained in article 19 of the CRPD.

State obligations

Under article 14 of the CRPD, the States have obligation to respect the bodily integrity and autonomy of youth with disabilities, which pretty much means to adopt measures to protect them from the harmful practices described in this document.

If you want to learn more about the right to liberty and security of the person, you can check out the Guidelines on the right to liberty and security of persons with disabilities (page 16) by the CRPD Committee.





5. The right to freedom from exploitation, violence and abuse

Young persons with disabilities have the right to live free from violence, including Gender-based violence (understood outside of the binary and heteronormative understanding of gender), sexual violence and sexual exploitation.

State obligations

Under article 16 of the CRPD,

States have a responsibility to protect youth with disabilities from all forms of exploitation, violence, and abuse, including those with gender-based aspects.

States have the obligation to take appropriate measures to prevent violence against youth and children with disabilities, to provide assistance and support to individuals and their families, and to educate them on recognizing and reporting exploitation, violence, and abuse. Providing accessible comprehensive sexuality education and accessible information on GBV, sexual and reproductive health is a good way of fulfilling this obligation.

Under article 16 of the CRPD, monitoring of facilities and programs serving persons with disabilities should be conducted by independent authorities.

If a person with a disability becomes a victim, states should facilitate their physical, cognitive, psychological recovery, rehabilitation, and social reintegration in a supportive environment that respects their dignity and autonomy.

Effective legislation and policies, particularly focused on women and children, should be in place to identify, investigate, and prosecute cases of exploitation, violence, and abuse against persons with disabilities.

6. The right to privacy

Article 22 of the CRPD establishes that young persons with disabilities have the right to privacy, including the right to privacy of personal, health and rehabilitation information.

The right to privacy of health information is particularly relevant for sexual and reproductive health and rights, particularly where some aspects of bodily autonomy are criminalized, and to protect them from abuse from caregivers and institutions.

State obligations

Under article 22 of the CRPD, the States have the obligation to respect and protect the privacy of youth and adolescents with disabilities when seeking sexual and reproductive information and services.





7. The right to respect for home and the family

According to Article 23 of the CRPD, youth with disabilities have the following rights:

- To marry and to form their own families, on the basis of free and full consent.
- To decide freely and responsibly on the number and spacing of their children
- To have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided.
- To retain their fertility on an equal basis with others (including children with disabilities)

State obligations

The States have the obligation to take effective and appropriate measures to eliminate discrimination against youth with disabilities in all matters relating to marriage, family, reproduction, parenthood and relationships, on an equal basis with others.

States must make sure that people with disabilities have the same rights and responsibilities as others when it comes to things like guardianship, adoption, or taking care of children. The well-being of the child is always the most important consideration. However, States should also provide support to people with disabilities so they can fulfill their responsibilities as parents or caregivers.

7. the right to health

Under article 25 of the CRPD, youth with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability, including sexual and reproductive health and rights.

State obligations

To fulfill, protect and guarantee the right to health of youth with disabilities, the States must:

- Provide them 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;
- Provide health services that address directly their needs as youth with disabilities;
- Ensure that these services are as close as possible to their communities, including rural areas;
- Ensure that health professionals provide the same quality of care to youth with disabilities as they do to others. To achieve this, health professionals should receive training and follow ethical standards in both public and private healthcare. Health care professionals should also ensure that youth and children with disabilities give their consent freely and with full understanding.

Finally, we firmly believe that our right to bodily autonomy is directly linked to our political rights. Under Article 29 of the CRPD, young people have the right to be represented and meaningfully engage in decision-making processes concerning laws, policies, and programs related to their sexual and reproductive rights. We believe that the right to political participation will not be guaranteed, fulfilled, and respected until states adopt a meaningful youth engagement strategy for young people with disabilities and provide appropriate support for the youth-led/disability-led movement to build its strength and influence.





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Research and writing: Eunice Leyva García, Juan Sebastián Jaime Pardo, Ruth Mbone Agala, María León González.

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