



Policy Brief

Sexual and Reproductive Health and Rights of Women and Young Persons with Disabilities in China

Overview

There are over 1 billion persons with disabilities living in the world today. According to the World Health Organization (WHO) and World Bank's *World Report on Disability*, the female disability prevalence rate worldwide is 19.2 per cent¹. There are between 180 million and 220 million young persons with disabilities worldwide, predominantly living in developing countries².

Ensuring universal access to Sexual and Reproductive Health (SRH) services for all including persons with disabilities is an ambitious goal that was agreed more than 20 years ago by 179 member states and reflected in the Programme of Action of the 1994 International Conference on Population and Development, and in the 1995 Beijing Platform for Action, as well as in the outcome documents of their respective review conferences^{3, 4}.

The right of persons with disabilities to access SRH information and services is also highlighted by the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Article 25 clearly states that "State Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes"⁵.

Last but not least, the 2030 Agenda for Sustainable Development encompasses important elements of SRHR in the goals and targets on health, education and gender equality⁶. However, despite these commitments, the available data show that women and young persons with disabilities have limited access to SRH information and services^{7, 8}.

Asia and the Pacific region is the first region to make the high level commitment for the promotion and protection of the rights and well-being of persons with disabilities as a priority through the

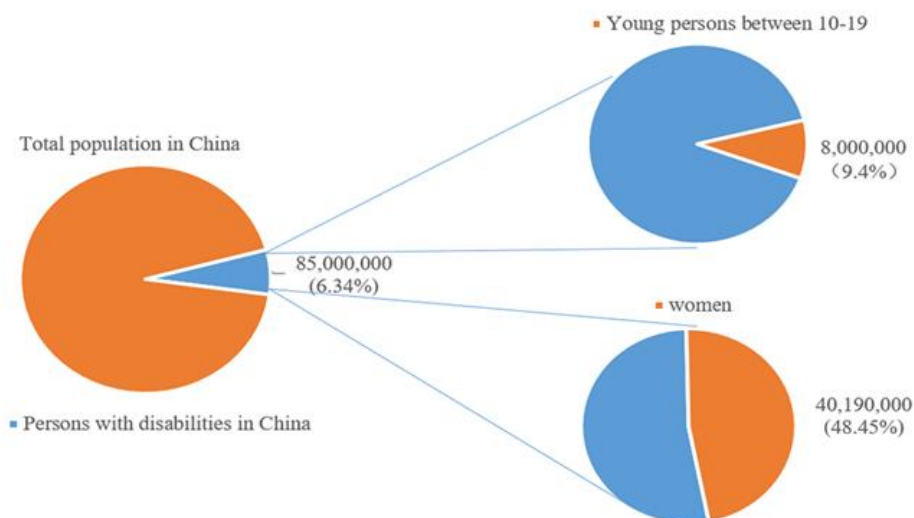
adoption and implementation of the Incheon Strategy "Make the Right Real" for Persons with Disabilities in Asia and the Pacific (2013-2022). The strategy, which identified 10 goals with 27 targets to be monitored through 62 indicators, was endorsed by ESCAP members including China and associate members in 2012. Goal 6 of the regional strategy is to ensure gender equality and women's empowerment with the following two targets to be achieved by 2022: 1) "ensure that all girls and women with disabilities have equitable access to reproductive health services", and 2) "increase measures to protect girls and women with disabilities from all forms of violence and abuse". In November 2017, China hosted the UN ESCAP High Level Inter-governmental Meeting on the Mid-point Review of the Asian and Pacific Decade of Persons with Disabilities (2012-2021). At this meeting, the ESCAP and associate members adopted the Beijing Declaration including the Action Plan to accelerate the implementation of the Incheon Strategy⁹.

The Chinese government has been paying great attention to the SDGs and made the "Healthy China 2030" Plan as part of its national development strategies to achieve health related goals and objectives, in which SRH issues are included¹⁰. The government of China also pays a special attention to the protection and promotion of the rights and interests of persons with disabilities and ratified the UNCRPD on the 1st of October 2008. Since then, the Chinese government has developed relevant legal and policy framework to protect rights of persons with disabilities. However, SRHR of women and young persons with disabilities are lagging behind.

1. SRHR and disability in China: facts and figures

The second and most recent national sample survey on population of persons with disabilities was conducted in 2006 and recorded 85 million persons with disabilities living in China, which counted for 6.34 per cent of the total population¹¹. About 8 million of them were young persons between the ages of 10 and 19 and 40.19 million were women, accounting for 48.45% of the total number of persons with disabilities^{11, 12} (Figure 1). The number of persons with disabilities in China is expected to reach 165 million by 2050¹³.

Figure 1: China's population with disabilities and the percentage of young people and women with disabilities



Source: Second National Sample Survey on Disability, 2006

In China, access to SRH information and services among women and young persons with disabilities remains limited compared to their peers without disabilities¹⁴. SRH needs of persons

with disabilities are hardly addressed by the existing SRH services, and rarely explored by SRH related studies. The small number of existing studies shows that SRH service providers face challenges in meeting the SRH needs of persons with disabilities and especially those of women and young persons^{14, 15}.

A survey on Sexuality-related Knowledge, Attitudes and Behavior among Children and Youth with Disabilities in China conducted by UNESCO and Humanity & Inclusion (formerly Handicap International)^a, for example, indicates that SRH information and services remain largely inaccessible for young persons with disabilities in both urban and rural settings with less than 20 percent of the respondents reporting that their schools or communities had provided counselling, referral services or free contraceptives¹⁴.

Another study shows that women with hearing disabilities have limited access to SRH information and are highly dependent on their families when it comes to contraception, or during pregnancy and perinatal period¹⁵. This often limits the space for taking autonomous decisions about their SRH.

A sample survey conducted in 2009¹⁶ among women with disabilities of childbearing age in 16 cities and counties in Guangdong province shows that SRH related knowledge and awareness among women with all types of disabilities are low compared to women without disabilities, and especially low among women with intellectual and developmental disabilities. The same study highlights that reproductive tract infections and contraceptive failure rates among women with disabilities living in rural areas are higher than those living in cities and it recommends the strengthening of SRH education for women with disabilities with special attention to the needs of those living in rural areas, unemployed and poor.

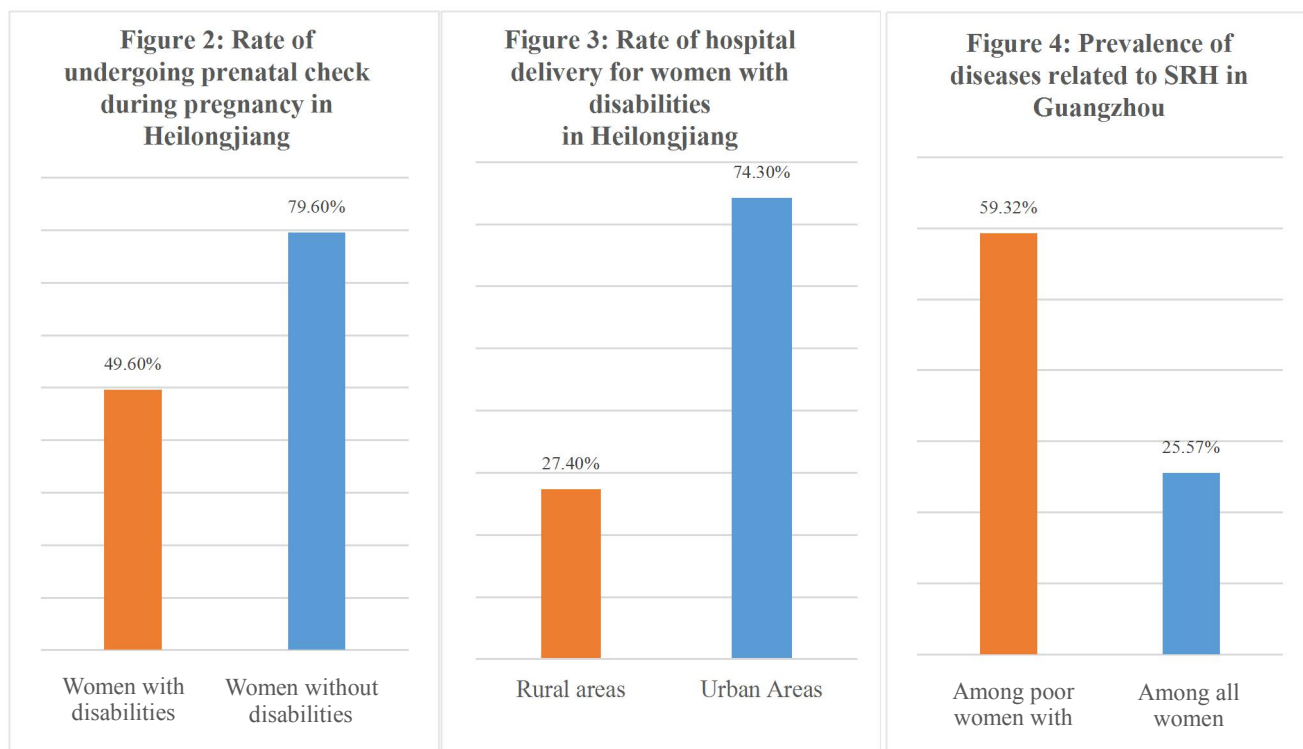
The *Research Report on the Situation and Development of Chinese Women with Disabilities (2001-2010)* co-published by the National Working Committee on Children and Women (NWCCW) and the China Disabled Person's Federation (CDPF), highlights that when it comes to access to reproductive health services, a large gap exists between women with and without disabilities. In Heilongjiang province, for example, only 49.6% of women with disabilities have undergone prenatal check during childbirth, 30% lower than women without disabilities (Figure 2). The same provincial survey shows that there is a large gap concerning access to basic reproductive health services between women with disabilities in rural and urban areas. For example, the rate of hospital delivery for women with disabilities living in rural areas is 27.4%, which is 46.9 % lower than that of women with disabilities living in urban areas (Figure 3)¹⁷.

Moreover, prevalence of diseases related to SRH among poor women with disabilities in Guangzhou is nearly twice as high as the local average (59.32% against 25.57%)¹⁸ (Figure 4).

In addition to inadequate SRH services, women and young persons with disabilities face higher risks of violence than their peers without disabilities because they are exposed to both gender and disability based forms of violence and abuse which include but are not limited to sexual violence, forced abortion, contraception and sterilization, withholding of assistive aids and medications, denial of necessities like food and toileting, financial control, and restriction of communication with others^{2, 28}. Access to emergency contraception and sexually transmitted infections related treatments

^aThe organization is officially registered as Handicap International Federation (France) Beijing Representative Office in China.

is also limited for women with disabilities who experience sexual violence². Research in China also shows that women with disabilities frequently experience violence, and domestic violence exists to varying degrees in families with members with disabilities. The aforementioned provincial survey in Heilongjiang shows that in marriage, the proportion of women with disabilities subject to domestic violence is 19.1%, of which the proportion of rural women with disabilities is as high as 20.7%, 7.7 % higher than that of men with disabilities living in urban areas. However, those figures are most likely underreported, and more evidence and data for policy advocacy is highly needed¹⁷.



Source: Research Report on the Situation and Development of Chinese Women with Disabilities (2013), Prevalence Survey on SRH of Poor Women with Disabilities in Guangzhou (2009)

In the recent years, international organizations like Humanity & Inclusion, UNFPA and UNESCO have been cooperating with Chinese national partners and NGOs (including Disabled Persons’ Organizations, organizations of parents of children with disabilities and SRH focused organizations) and research institutes and carried out a number of cooperative projects on disability inclusive SRHR. For example in 2013, Humanity & Inclusion and partners^b launched a 4-year advocacy project on ‘Disability, Gender and Sexuality in China’ that promoted the implementation of Article 25 of the UNCRPD¹⁹. Humanity & Inclusion and UNESCO have also supported a survey on “Sexuality-related knowledge, attitudes and behaviour of children and youth with disabilities in China” that provides critical evidence for decision makers and stakeholders for policy and programme planning¹⁴. A two-year UN joint project on “Promote the Entitlements and Equal Opportunities for Persons with Disabilities in China” during 2018-2019 is being implemented by

Though this document focuses on women and young persons with disabilities, it should be noted that men and children with disabilities are also experiencing barriers to SRH information and services and high risks of violence. Thus, attention should also be paid to men and children with disabilities².

^b The local organization One plus One Disabled Persons’ Culture Development Centre (One plus one), the Enable Disability Studies Institute, and You and Me Community

five UN agencies namely UNFPA, UNESCO, UNICEF, ILO, and UNDP. Within the project, UNFPA is working with national partners to develop advocacy and communication materials on SRHR of persons with disabilities, and to design a disability inclusive training module for health service providers and pilot the module through two trainings conducted in Yunnan province.

These initiatives are contributing to strengthen the empowerment and understanding of persons with disabilities and parents of children with disabilities on inclusive SRHR as well as the capacity of academics, local SRH and disability focused NGOs to promote inclusive SRH related studies, information and services.

Main findings from the Study on “Sexuality-related Knowledge, Attitudes and Behavior among Children and Youth with Disabilities in China” supported by UNESCO and HI

This study (2019) provides an insight on the current situation of SRH knowledge, attitudes and behaviors among children and young people with disabilities in China and generated evidence on issues such as access to sexuality education and information, attitudes towards sexuality and gender roles, intimate relations and sexual behaviors, experience of sexual abuse, parents and teachers’ attitudes toward sexuality education and access to SRH¹⁴. The study’s main findings are summarized below:

- Overall, the surveyed young people with disabilities lacked sexuality-related knowledge. They were fairly well-informed with regard to self-protection, but their understanding of puberty, sexual physiology, contraception, and sexually transmitted infections (STIs) was rather limited. The participants reported little self-initiated learning about the subject, due to shyness and lack of awareness of alternative sources of information. Preference for the internet as a source of information was found to be more obvious among older group, especially for those living in rural areas.
- School teachers and parents were identified as the main sources of sexuality-related information, but most participants reported they were not getting enough relevant information. Parents faced challenges in providing sexuality education due to lack of knowledge of how to teach the subject and lack of confidence in providing it. They tend to prioritize the topic of self-protection and proposed postponing the introduction of topics such as pregnancy, abortion, contraception and STIs until a later age. The majority of the teachers showed support for sexuality education for young people with disabilities but lacked relevant training and appropriate teaching materials.
- More than 75 percent of the surveyed young people with disabilities felt that people with and without disabilities should enjoy SRHR equally, and 70 percent felt that all people have sexual needs. About one in ten of the participants aged 15-24 reported having had sex, and fewer than half of the sexually active youth reported using contraceptive devices for their sexual debut.
- Participants from both age groups (12-14 and 15-24) and with different disabilities reported experiencing sexual abuse. Participants aged 15-24 with hearing, visual and intellectual disabilities reported experiencing higher level of sexual abuse than participants with physical disabilities. Urban participants reported experiencing higher level of sexual abuse than rural participants.
- The study showed that community-level provision of SRH services, such as counselling, provision of contraceptives and legal support is limited, and schools rarely provide counselling or service referrals concerning SRH.

Meanwhile, some materials on SRHR and violence prevention for women and young persons with disabilities have been translated into Chinese for reference, such as “International Technical Guidance on Sexuality Education”²⁰ and “Ending Unintended Pregnancies among Chinese Youth by 2030”²¹, “Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights”²⁶.

2. Women and young persons with disabilities: Barriers to access SRH information and services and realize SRHR

Many factors prevent women and young persons with disabilities from accessing SRH information and services. These include but are not limited to lack of policies, lack of awareness of SRHR of persons with disabilities among service providers, attitudes of family members, the general public and persons with disabilities themselves, lack of capacity of service providers to offer inclusive SRH information and services, widespread stereotypes and misconceptions on sexuality and disability.

2.1 Policies and development plans need to be more disability inclusive and address SRH needs of persons with disabilities

National and local laws, regulations and policies guarantee SRHR of women and young persons. China is actively implementing programmes to reach the SDGs and making positive and rapid progress for improving the health of its population. The government’s “Healthy China 2030” plan has been implemented through national and local policies and programmes. However, existing policies and development plans related to SRH focus on the general population and specific needs of persons with disabilities are not well addressed. It is time to advocate for strengthening SRH information and services for women and young persons with disabilities.

Interventions aiming at ensuring that persons with disabilities fully realize their SRHR require the involvement of several departments including health, education, and civil affairs, Women's Federation, and Disabled Persons' Federation (DPF). However, at the moment, the cooperation among these departments and jointly implemented interventions remain limited due to the lack of clarity about the responsibilities of each department and the ways for them to work jointly¹⁵.

2.2 Service providers generally lack awareness and capacity on inclusive SRH

Persons with disabilities face numerous barriers to access quality SRH information and services. Attitudinal, physical, and communication barriers are directly linked to the lack of awareness, tools and capacity of service providers in offering inclusive and accessible SRH services. Attitudinal barriers are often the result of widespread stereotypes on the SRH needs of women and young persons with disabilities, including the belief that this group cannot make autonomous SRH related decisions.

Service providers’ low awareness of SRHR and needs of persons with disabilities often translates into lack of attention, poor attitude, rude and disrespectful behaviour that prevent or discourage women and young persons with disabilities to seek and receive SRH information. Service providers generally lack capacity and experience in meeting the SRH needs of persons with disabilities. For example, obstetricians with very little experience with women with disabilities are reluctant to assist

women with disabilities to give birth¹⁵.

Service providers' lack of capacity to overcome physical, communication and attitudinal barriers makes SRH services inaccessible to persons with disabilities and may result in higher risks of SRH problems among women with disabilities. A survey conducted in Guangzhou shows that this is particularly true for women with hearing and speech disabilities who face major communication barriers in interacting with medical staff. To overcome these barriers, persons with disabilities often need to be accompanied by family members to access services¹⁵. This may limit their space to take autonomous decisions in relation to their SRH.

Transportation to SRH services also needs to be considered when discussing inclusive SRHR. A survey on health and rehabilitation of women with disabilities conducted in Heilongjiang province, for example, highlights that lack of accessible public transportation is a barrier that prevents many persons with disabilities from seeing a doctor²⁷.

Lack of cooperation between disability and SRH specialists and of a fully established referral system of SRH services for persons with disabilities are also important elements that cannot be overlooked.

Last but not the least, when it comes to sexuality-related information, although schools are a preferred source of sexuality education among young persons with and without disabilities, many schools, particularly those in rural areas, do not attach due importance to sexuality education and do not provide students with adequate information¹⁴.

Although youth friendly SRH services remain limited, in recent years China has been attaching great importance to improving the provision of SRH services. This represents a solid base to build on and a good opportunity for the inclusion of women and young persons with disabilities in the existing SRH services.

2.3 Women and young persons with disabilities and their family members have a limited understanding of disability inclusive SRHR

Public awareness of SRHR of persons with disabilities is limited and persons with disabilities are generally not confident in discussing and advocating for their SRHR. Many persons with disabilities and their families do not fully understand disability inclusive SRHR. For women and girls with disabilities who face gender, age, and disability-based discrimination, it is even more difficult to access quality and affordable SRH information and services. In addition to physical, attitudinal, and communication barriers, many women with disabilities also face economic barriers, since they often earn less than their male counterparts and are usually not the priority of family spending²⁷.

Family is the first social learning environment for young people. Parents play a central role in shaping children's attitudes towards sexuality, have great influence over their decisions and behavior, and are a potential great source of SRH information for their children. For young persons with disabilities, who have limited access to information sources and school sexuality education, family sexuality education is even more important. However, many parents lack the relevant SRH

knowledge and skills needed to support their sons or daughters, are not always inclined to provide sexuality education to their children, and often have over-protecting attitudes which may lead to further exclusion and marginalization of young persons with disabilities. A survey on parents' attitudes and perceptions about sexuality education for adolescents with disabilities shows, for example, that parents living in urban areas care about SRH and have a strong sense of protection, but are more conservative on the provision of information on contraception, abortion, and sexually transmitted diseases. Parents living in rural areas pay little attention to SRH. Although most parents believe that sexuality education should be provided to young persons with disabilities, they have no idea on what to tell, therefore, they seldom provide sexuality education to their children. One third of the parents living in rural areas clearly expressed that they are not willing to provide sexuality education to their children²³.

2.4 Insufficient evidence and data on SRHR and needs of women and young persons with disabilities

At present, the data related to SRHR and needs of women and young persons with disabilities is very limited. This not only implies that the SRHR and needs of persons with disabilities have not received enough attention, but also results in lack of information and evidence needed for policy formulation and implementation. Without data, relevant government departments lack understanding of the actual SRH needs of women and young persons with disabilities which increase the difficulties in designing and implementing targeted interventions.

In recent years, many studies have been conducted at the national and local levels on rehabilitation, education, livelihoods and social security of persons with disabilities. Building on this experience, the government could support research institutions to carry out nationally representative surveys and studies on SRHR of women and young persons with disabilities. At the same time, China is gradually improving services and information management system for persons with disabilities. This represents an opportunity to include SRHR related indicators in the existing data collection and information system.

3. Recommendations

The rapid social and economic development of China provides good opportunities to promote disability inclusive SRH. The Government has been increasingly addressing disability inclusion in the overall development of the country. On the other hand, NGOs play an increasingly important role in promoting access to services, disability rights and advocacy. Both sides, however, have not focused on inclusive SRH in their actions. To ensure equal access to quality SRH information and services for persons with disabilities, all relevant stakeholders, including persons with disabilities and their representative organizations (DPOs), need to build on the experience on disability inclusion developed so far and establish a solid cooperation with SRH stakeholders. To meet the goal of inclusive SRH it is recommended to:

3.1 Introduce inclusive policies to ensure equal access of women and young persons with disabilities to SRH information and services

- Currently, there is a lack of disability inclusive policies and programmes aiming at promoting SRHR of persons with disabilities. It is therefore necessary to integrate SRH related information on the needs and rights of persons with disabilities into existing policies through multi-sectoral cooperation and involvement of different stakeholders. The Disability Working Committee provides a platform for advocating and establishing cooperation among government departments. It is recommended to coordinate relevant departments including health, education, finance, All China Women's Federation and China Disabled Persons' Federation through this mechanism to jointly promote SRHR for persons with disabilities and especially women and young persons.
- Throughout the last 30 years, the mechanism that has allowed the social and economic inclusion of persons with disabilities has gradually improved and a model of "inter-departmental cooperation and social participation" has been created. A disability development plan is formulated by the CDPF every five years and has evolved from its initial focus on rehabilitation to the overall development of persons with disabilities. More and more needs of persons with disabilities have been included in the plan and addressed through targeted interventions. It is time to incorporate SRHR of persons with disabilities, and especially women and young persons, into the 5-year plan of the CDPF.
- China attaches increasing attention to the prevention and response to gender-based violence. The anti-domestic violence law released in 2016 is a good example of this commitment²². Including persons with disabilities in gender-based violence policy and initiatives is essential to ensure that the rights and needs of women and young persons with disabilities, who are among the most vulnerable, are fully addressed.

3.2 Make existing SRH services inclusive

Following "Healthy China 2030" Plan, the Government at all levels has been making significant efforts to promote access to SRH information and services and good progress has been made. Ensuring equal access for persons with disabilities is now essential.

Improving service providers' awareness of SRHR and needs of persons with disabilities and their capacity to deliver inclusive services are key steps to achieve universal access to sexual and reproductive health for all as outlined in the SDG 3. More specifically, training and support to service providers should strengthen their understanding of:

- What disability is;
- SRH and disability from the rights-based approach;
- SRH needs of persons with disabilities;
- The barriers persons with disabilities face in accessing SRH information and services and how to overcome them;
- What inclusive health services are and how to develop them;

- Respect for privacy, confidentiality, choices and decisions of women and young persons with disabilities, as they know best their needs and the obstacles they face in accessing information and services.

Fundamental SRH information and services for women and young persons with and without disabilities include:

- Comprehensive sexuality education;
- Information, goods, and services for the full range of modern contraceptive methods, including emergency contraception; and for maternal/newborn healthcare (including antenatal care, skilled attendance at delivery, emergency obstetric care, post-partum care, and newborn care);
- Prevention, diagnosis, and treatment for sexual and reproductive health issues (e.g. sexually transmitted infections, including HIV, syphilis, and HPV, cancers of the reproductive system and breast cancer, and infertility);
- Safe and accessible abortion, where it is not against the law; and post-abortion care to treat complications from unsafe abortion².

Source: “WOMEN AND YOUNG PERSONSWITH DISABILITIES Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights”, 2018, UNFPA and Women Enabled International (WEI)

3.3 Ensure inclusive access to Comprehensive Sexuality Education (CSE) and SRH information

Comprehensive SRH information, including CSE, is essential for women and young persons with disabilities to develop the knowledge, skills, and understanding they need to make conscious, autonomous, healthy, and respectful choices about relationships, sex and reproduction²⁰. It is also important for preventing sexually transmitted infections, including HIV and unintended pregnancies. To achieve inclusive access to CSE and SRH information for all it is important to:

- Ensure that students attending both special education and inclusive education schools enjoy good quality CSE as their peers without disabilities, while ensuring that all curricula and materials are provided in accessible format, and school teachers, parents and service providers are supported and trained on inclusive SRH education and services.
- Take full advantage of the resources available at the community level and of information technologies for providing SRH information and education. The HI-UNESCO report shows that in China inclusive SRH related community services need to be strengthened to deliver quality information and win the trust of young persons with disabilities¹⁴. A study conducted in the city of Hangzhou revealed that SRH information delivered through multi-media with telephone follow-up was more effective than verbal education²³.
- Given that the family is the first social learning environment for young people, and that parents play a central role in shaping children’s attitude towards sexuality and have great

influence over their decisions and behaviour it is important to support parents in providing sexuality education to their children. It is particularly important to support the parents of young persons with disabilities living in rural areas, where there is limited access to sexuality education in schools, and parents of children with intellectual and developmental disabilities¹⁴, who have the lowest access to sexuality education among young persons with disabilities.

3.4 Improve public awareness on SRHR of persons with disabilities and support to NGOs

Overall, the lack of recognition of SRHR of persons with disabilities is hindering the access of this population to SRH information and services. Therefore, it is necessary to sensitize all stakeholders, regardless of whether or not they have a disability, as all people have the right and the need to access SRH information and services, which have to be made accessible to all, including to women and young persons with disabilities¹⁴.

Over the years, the number of NGOs working in the disability field including DPOs and Parents' Organizations has been rising rapidly. With the support of the Government, these organizations have been making great contributions in providing services related to rehabilitation, education, and livelihood. Some of them have also engaged in promoting the empowerment of persons with disabilities, raising public awareness, and advocating for their rights. However, similar initiatives in the field of SRHR remain limited¹⁹ and are urgently needed to ensure persons with disabilities have full access to quality SRH information and services. Thus, it is recommended that the Government strengthens its support to NGOs working in this field and they are capacitated to contribute to the realization of SRHR of women and young persons with disabilities.

3.5 Build the evidence base on inclusive SRHR

At present, studies and research on SRHR of women and young persons with disabilities are very limited. Lack of data prevents the development of a full understanding of SRH related needs of persons with disabilities, which is essential when it comes to formulation of policies and development plans as well as the design of services tailored to the needs of this population. It is recommended to carry out relevant studies and research to provide evidence needed for designing and implementation of relevant interventions. As one of the key principles of inclusion, the participation of women and young persons with disabilities, DPOs and disability-focused NGOs in these studies is essential. This may require appropriate disability inclusive budgeting to ensure reasonable accommodation and full participation of persons with disabilities as well as an investment in research training for persons with disabilities to strengthen their capacity on the subject.

Incorporating disability sensitive indicators into existing information/statistics systems to improve data collection and management is also recommended for monitoring needs and progress of interventions for the promotion of SRHR of women and young persons with disabilities.

The AAAQ Framework

The AAAQ framework describes the requirements for services that States must abide by to fulfil their obligations to respect, protect, and fulfil SRHR. The AAAQ framework requires information, goods and services to be:

- **Available**, meaning that information, goods, and services exist in sufficient quantity across a country. This includes having enough trained service providers and appropriate healthcare facilities equitably distributed.
- **Accessible**, meaning the information, goods, and services can be used by all persons with disabilities. The requirement of accessibility includes physical accessibility, economic accessibility, and information accessibility.
- **Acceptable**, meaning that health information, goods and services conform to ethical standards, are culturally respectful, sensitive to the gender and disability needs of the individual, and respectful of a person's privacy and confidentiality.
- **Quality**, meaning that health information, goods and services are scientifically and medically appropriate and delivered by trained personnel in a respectful and rights-based manner².

Source: WOMEN AND YOUNG PERSONSWITH DISABILITIES Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights, 2018, UNFPA and Women Enabled International (WEI)

Glossary

Comprehensive sexuality education is defined as “a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young persons with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives”²⁰.

Disability: Disability is an evolving concept; disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others⁵

Gender-based violence: Violence based on gender discrimination, gender role expectations and/or gender stereotypes; or based on the differential power status linked to gender that results in, or is likely to result in, physical, sexual or psychological harm or suffering²⁰.

Persons with disabilities: 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 others⁵

Reproductive health: A state of complete physical, mental and social well-being in all matters relating to the reproductive system, and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and systems at all stages of life, and implies that people are able to have a satisfying and safe sex life, the capacity to reproduce and the freedom to decide if, when and how often to do so²⁰.

Reproductive rights: These include human rights recognized in national laws, international human rights documents and other consensus documents, and are the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children; and to have the information, education and the means to do so, and the right to the highest attainable standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free from discrimination, coercion and violence, as expressed in human rights documents²⁰.

Sexual health is defined as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”²⁰.

Young person: a person between 10 and 24 years old, as defined by the UN²⁰.

References

- ¹World Health Organisation/World Bank. World Report on Disability. Geneva, 2011.
- ²United Nations Department of Economic and Social Affairs (UNDESA), 2014. Fact Sheet: Youth with Disabilities 1-2,
<https://social.un.org/youthyear/docs/Fact%20sheet%20youth%20with%20disabilities.pdf>.
- ³Report of the International Conference on Population and Development. United Nations Population Information Network. Cairo, 1994.
- ⁴Beijing Declaration and Platform for Action:
<https://un.org/womenwatch/daw/Beijing/pdf/BDPfA%20E.pdf>
- ⁵UN Convention on the Rights of Persons with Disabilities.
- ⁶UN 2030 Agenda for Sustainable Development.
- ⁷UNFPA. 2018. Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights. New York: UNFPA. Available at:
<https://www.unfpa.org/publications/young-persons-disabilities>
- ⁸Jones, N., Presler-Marshall, E. and Stavropoulou, M. 2018. Adolescents with Disabilities. Enhancing Resilience and Delivering Inclusive Development. London: Gender and Adolescence: Global Evidence. Available at:
<https://www.odi.org/sites/odi.org.uk/files/resource-documents/12323.pdf>
- ⁹Incheon Strategy and Beijing Declaration Including the Action Plan to Acceleration the Implementation of the Incheon Strategy, United Nations Economic and Social Commission for Asia and the Pacific Bangkok, December 2018 (Accessed 04/06/2019):
<https://www.unescap.org/sites/default/files/Incheon%20Strategy-Beijing%20Action%20Plan.pdf>
- ¹⁰“Healthy China 2030” Development Plan.
- ¹¹Office of the Second National Sample Survey on Disability. Beijing: China Statistics Press; Documentation of the Second China National Sample Survey on Disability, 2006. China Disabled Persons' Federation Communiqué on major statistics of the second China National Sample Survey on Disabilities 2006. <http://www.chinagate.cn/english/reports/49584.htm> (Accessed on 04/06/2019).
- ¹²National Bureau of Statistics of the People's Republic of China. 2010. Sixth National Census Key Data Bulletin], No. 1. Beijing, National Bureau of Statistics.
http://www.stats.gov.cn/tjgb/rkpcgb/qgrkpcgb/t20110428_402722232.htm (Accessed 27/04/2018).
- ¹³Chen, Kai. 2008. Retrospect and Prospect of Rehabilitation Work for People with Disabilities in China. Chinese Journal of Rehabilitation Theory and Practice, Vol. 14, No. 3, pp. 201-05.
- ¹⁴联合国教科文组织、国际助残《中国残障儿童与青年的性相关知识、态度和行为》，2019。UNESCO, Handicap International, “Seeing the Invisible: Sexuality-related knowledge, attitudes and behavior of children and youth with disabilities in China”, 2019.
- ¹⁵何小英、唐立新、邓爱玲、何波、杨秋苑影响广东省育龄残疾妇女生殖健康因素调查《中国康复理论与实践》2009年5月第15卷第15期。
He Xiaoying, Tang Lixin, Deng Ailing, He Bo, Yang Qiuyuan. Factors Related with Reproductive Health of Disabled Adult Women in Guangdong. Chinese Journal of Rehabilitation Theory and Practice 2009 15 (5).
- ¹⁶张蕾、陈鹤、邱月、林婷残疾人生殖健康主要挑战及对策思考《人口与计划生育》2013, (5). Zhang Lei, Chen He, Qiu Yue, Lin Ting. Challenges and Solutions on SRHR of Persons with Disabilities. Population and Family Planning, 2013 (5).
- ¹⁷Hao, R., Xin, Y., Zhao, Y., & Guo, L. (2013). Research Report on the Situation and Development

of Chinese Women with Disabilities (2001-2010) (2001–2010).

http://www.women.org.cn/art/2013/8/9/art_23_130941.html (Accessed on 04/06/2019).

¹⁸葛红颖、耿焱广州市部分贫困残疾妇女妇科疾病患病情况研究《中国妇幼保健》2009, 24 (27).

Ge Hongying, Gen Yan. Study on the Prevalence of Gynecological Diseases in Some Women with Poverty and Disability in Guangzhou, Maternal and Children's Care in China, 2009, 24 (27).

¹⁹Aresu, A. and Mac-Seing, M. 2019. When Sexuality Meets Disability: Experiences, Attitudes and Practices from China. P. Chappell and M. de Beer (eds), *Diverse Voices of Disabled Sexualities in the Global South*. New York, Palgrave Macmillan. pp. 277-299.

²⁰UNFPA, UNAIDS, UNICEF, UN WOMEN, WHO. *International Technical Guidance on Sexuality Education (revised edition)* 2018.

²¹UNFPA, *Ending Unintended Pregnancies among Chinese Youth by 2030 (Policy Brief)*.

²²章静、方刚残障女性的性:多重禁忌下的伤害中国性科学 2018 27(1)

Zhang Jing, Fan Gang. Sexuality of Women with Disabilities: Hurts Under Multiple Discriminations. *Chinese Journal of Human Sexuality* 2018 27(1)

²³涂晓雯、胡塔静、楼超华、廉启国父母对残障青少年性教育的态度和看法国际生殖健康 / 计划生育杂志 2018 年 9 月第 37 卷第 5 期.

Tu Xiaowen, Hu Tajing, Lou Chaohua, Lian Qiguo. Perception and Attitudes of Parents towards Sex Education for Disabled. *Children Journal of International Reproductive. Health/Family Plan*, September 2018, Vol.37, No.5

²⁴The Anti-Domestic Violence Law of the People's Republic of China, 2016.

²⁵冯嫣、董晓旭、林莉莉 多媒体授课的避孕指导在杭州市残疾育龄妇女中的应用效果观察《护理与康复》2015 年 5 月第 14 卷第 5 期.

Feng Yan, Dong Xiaoxi, Lin Lili, Observation on the Effect of Contraceptive Guidance Provided by Multimedia for Women with Disabilities at Childbearing Age in Hangzhou, *Nursing and Rehabilitation Journal*, 2015, 14 (5).

²⁶ UNFPA, aecid, WE DECIDE, Women Enabled International, *WOMEN AND YOUNG PERSONS WITH DISABILITIES Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights*. July 2018

²⁷郝蕊 残障妇女健康、康复基本状况分析 残疾人研究 2013 年 第 2 期

Hao Rui, A Research on the Disabled Women's Basic Status of Health and Recovery Disability Research 2013 (2)

²⁸United Nations Children's Fund (UNICEF). 2013. *Children and Young People with Disabilities: Fact Sheet*. New York: UNICEF. Available at:

https://www.unicef.org/disabilities/files/Factsheet_A5_Web_REVISIED.pdf

Humanity & Inclusion contacts

Alessandra Aresu, PhD
Inclusive Health Policy Lead
Mail: a.aresu@hi.org

Cyril Pouloupoulos
Country Director, China Program
Mail: c.pouloupoulos@hi.org

UNFPA China

1-161, Tayuan Diplomatic Office Building,
14 LiangmaheNanlu, Beijing 100600, China
Tel: 86 10 6532 0506
Fax: 86 10 6532 2510
Website: <http://china.unfpa.org/>
QR code for UNFPA Weibo account

UNFPA

Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's potential is fulfilled



联合国人口基金驻华代表处
扫一扫二维码，关注我们