

# Empowerment and Equity

## Sexual and Reproductive Health and Rights (SRHR) of Persons with Disabilities





# Empowerment and Equity

## SRHR for Persons with Disabilities in Bangladesh

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*Striving for Diversity, Equity & Inclusion for Sustainable Development*

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*‘জ্ঞান বিনিময় হোক উন্মুক্ত, বিকাশ হোক বাধাহীন!’*

*'Knowledge Sharing Should Be Open, Development Without Barriers!'*

- আমাদের তথ্য সংকলন এই প্রচারণারই অংশ
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এটি ডাউনলোড করা যাবে নিচের ওয়েবসাইট থেকে (You can download it from the following website)

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অ্যাম্প্লিফাইচেইঞ্জ -এর অর্থায়নে বাস্তবায়িত প্রকল্পের কার্যক্রমের অংশ হিসেবে প্রকাশিত  
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## Preface

In a world increasingly aware of the importance of inclusivity, the intersection of Sexual and Reproductive Health and Rights (SRHR) with disability remains a critical yet often overlooked area. This Handbook aims to shed light on the SRHR needs of persons with disabilities in Bangladesh, a context characterized by rich cultural tapestries and significant social challenges. Our goal is not only to inform but also to catalyze change towards a more inclusive and equitable society.

The genesis of this Handbook lies in the recognition of a profound gap: while considerable strides have been made in advancing SRHR globally and within Bangladesh, persons with disabilities frequently find themselves on the peripheries of these gains. Barriers—be they physical, informational, attitudinal, or systemic—persist, hindering access to vital health services and rights. This exclusion does not just undermine the wellbeing and dignity of persons with disabilities but also represents a glaring injustice in our collective pursuit of health equity.

This work is borne out of a collaborative effort. It draws upon the insights of healthcare professionals, legal experts, activists, and, most importantly, persons with disabilities themselves. Their experiences and voices are the bedrock upon which our discussions are built, ensuring that the strategies and recommendations outlined herein are not only grounded in reality but also resonate with the needs and aspirations of those directly affected.

Our intention is to provide a comprehensive guide that navigates the complexities of SRHR for persons with disabilities in Bangladesh. By intertwining legal frameworks, cultural considerations, and practical health information, we aim to offer a resource that is both enlightening and actionable. This Handbook is designed for a broad audience, including policymakers, healthcare providers, educators, advocates, and persons with disabilities and their families. It is our hope that it will serve as a tool for advocacy, a source of knowledge, and a catalyst for building a more inclusive society where everyone, regardless of ability, has access to the full spectrum of sexual and reproductive health rights.

As we embark on this journey together through the pages of this Handbook, we invite you to engage with an open heart and a critical mind. Let us challenge our preconceptions, confront the inequalities that persist, and commit ourselves to the collective task of ensuring that SRHR is a reality for all, leaving no one behind.

In solidarity and with hope,

Jibon William Gomes  
Author, Collator and Editor of the Handbook  
Founder, Turning Point Foundation

## Acknowledgements

This Handbook, "Empowerment and Equity: SRHR of Persons with Disabilities," stands as a testament to the collaborative spirit and dedication of a wide array of individuals and organizations committed to advancing the rights and wellbeing of persons with disabilities. At the outset, we extend our deepest gratitude to AmplifyChange for their generous support and unwavering belief in our mission. Their funding not only made this project possible but also reinforced the importance of inclusive sexual and reproductive health and rights.

We are profoundly grateful to the Organization of Persons with Disabilities (OPDs) for their invaluable insights and contributions. The expertise and lived experiences shared by OPD members have been instrumental in shaping the content and direction of this Handbook, ensuring its relevance and impact. Their participation exemplifies the power of community-driven efforts in promoting equity and empowerment.

We also recognize the immense value of the wide range of books and internet resources that have informed the development of this Handbook. These sources have enriched our understanding and provided a solid foundation for our discussions on SRHR for persons with disabilities.

In addition, we acknowledge with gratitude the support of our previous donors, including the Abilis Foundation, Commonwealth Foundation, Disability Rights Fund (DRF), Disability Rights Advocacy Fund (DRAF), KIT, ShareNet International, UNDP, and others. Their contributions have been crucial in laying the groundwork for initiatives such as this, enabling us to continue our work towards a more inclusive society.

Our heartfelt thanks go to the experts, board, and staff of Turning Point Foundation, whose dedication and hard work have been pivotal in bringing this Handbook to fruition. Their expertise, commitment, and tireless efforts have been indispensable in ensuring that this resource is both comprehensive and accessible.

Finally, we express our appreciation to everyone who has supported this project in various capacities. Your encouragement, feedback, and engagement have been invaluable. Together, we are making strides toward a world where every individual, regardless of disability, has access to the sexual and reproductive health and rights they deserve.

Thank you all for your support, dedication, and commitment to creating a more inclusive and equitable world.



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## Executive Summary

This handbook represents a comprehensive effort to address the Sexual and Reproductive Health and Rights (SRHR) of persons with disabilities in Bangladesh, recognizing the multifaceted challenges and barriers they face in accessing equitable health and rights services. It underscores the commitment to promoting inclusivity, empowerment, and equal opportunities for all individuals, irrespective of their disabilities. This document synthesizes key insights, strategies, and recommendations to foster an inclusive and equitable approach to SRHR, ensuring that persons with disabilities are not left behind in the pursuit of health and well-being.



**Objectives:** The primary objectives of this handbook are to:

- Illuminate the current landscape of SRHR for persons with disabilities in Bangladesh.
- Provide actionable strategies for policymakers, service providers, and the community to enhance access and quality of SRHR services.
- Advocate for a rights-based approach to SRHR, emphasizing the importance of empowerment and informed decision-making.
- Foster collaboration among stakeholders to ensure that the SRHR needs of persons with disabilities are met comprehensively.

**Key Themes and Strategies:** The handbook is structured around key themes that cover the legal and policy framework, cultural and social context, health system accessibility, specific SRHR needs of various subgroups within the disability community, and the roles and responsibilities of stakeholders. Important strategies highlighted include:

- Enacting and enforcing inclusive policies.
- Ensuring service accessibility and provider training.
- Empowering individuals through education and support networks.
- Encouraging stakeholder collaboration for a unified approach to SRHR.

### Key Insights

- **Inclusivity and Accessibility:** The handbook underscores the critical need for SRHR services to be inclusive and accessible to persons with disabilities, highlighting the barriers they face due to physical, communicational, and attitudinal obstacles.
- **Legal and Policy Framework:** An examination of the existing legal and policy landscape in Bangladesh reveals both advancements and gaps in the protection and fulfillment of SRHR for persons with disabilities.
- **Cultural and Social Context:** Societal attitudes and cultural norms significantly impact the SRHR experiences of persons with disabilities,



necessitating targeted awareness-raising and community engagement efforts.

- **Special Focus Groups:** Dedicated chapters address the specific SRHR needs of women and girls, as well as adolescents with disabilities, emphasizing the importance of tailored approaches to support these vulnerable groups.
- **Stakeholder Roles:** The handbook delineates the roles and responsibilities of various stakeholders, including policymakers, healthcare providers, NGOs, CSOs, and the disability community, in advancing SRHR inclusivity.

### Stakeholder Roles

The handbook delineates the roles of various stakeholders, including policymakers, healthcare providers, NGOs, civil society organizations, organizations of persons with disabilities, and individuals themselves. It calls for a collective action framework where each stakeholder contributes to creating an inclusive environment that supports the SRHR of persons with disabilities.

### Recommendations

- **Policy and Service Improvements:** Advocate for and implement policy changes that prioritize the SRHR needs of persons with disabilities, alongside service enhancements to improve accessibility and quality of care.
- **Education and Empowerment:** Promote comprehensive sexual education and empowerment initiatives for persons with disabilities to enable informed decision-making about their sexual and reproductive health.
- **Community-Based Approaches:** Utilize community-based strategies to increase SRHR awareness, reduce stigma, and build supportive environments for persons with disabilities.
- **Strengthened Partnerships:** Foster collaboration among government agencies, NGOs, healthcare providers, and the disability community to create a coordinated and effective approach to SRHR services for persons with disabilities.

### Conclusion and Call to Action

The handbook concludes with a strong call to action, urging all stakeholders to commit to the vision of a society where persons with disabilities can access and enjoy their sexual and reproductive health and rights fully. It emphasizes the need for a concerted effort to address the systemic barriers and to work collaboratively towards empowering persons with disabilities to lead healthy, dignified, and fulfilled lives.

### For Further Engagement

The handbook invites further engagement, research, and dialogue to continue evolving the strategies and interventions needed to ensure that the SRHR of persons with disabilities in Bangladesh is not just a policy goal but a lived reality. It serves as both a resource and a rallying cry for change, advocating for a future where inclusivity, respect, and equality underpin the sexual and reproductive health and rights landscape for everyone.





In Bangladesh, enhancing SRHR knowledge and services involves breaking down barriers and changing social norms. It requires the collaboration of government bodies, NGOs, and community organizations to provide accessible information and support. Addressing these needs can lead to better health outcomes and more empowered individuals and communities.

The importance of SRHR lies in its foundational role in achieving gender equality, reducing poverty, and promoting overall health and well-being. It is a crucial component of human rights and development, directly impacting individuals' ability to lead healthy, fulfilling lives. Without comprehensive SRHR, individuals face increased risks of sexually transmitted infections (STIs), unintended pregnancies, and gender-based violence, significantly impacting their health, education, and economic opportunities.

## Four main areas of SRHR

### Sexual Health

Sexual health is a crucial aspect of overall well-being, defined by the World Health Organization as a state of physical, emotional, mental, and social well-being in relation to sexuality. It goes beyond the absence of disease or dysfunction and encompasses the ability to enjoy and control sexual and reproductive behaviour in a safe, satisfying, and informed manner. Key components include the rights to have pleasurable sexual experiences, consent freely to sexual relationships, and access comprehensive sexual education and care. Ensuring sexual health involves addressing issues like sexually transmitted infections (STIs), unwanted pregnancies, and ensuring that sexual experiences are positive and respectful.

### Sexual Rights

Sexual rights protect individuals' rights to express their sexuality and enjoy sexual health with respect for their rights and dignity. These rights include the freedom from coercion, discrimination, and violence in sexual relationships; the right to sexual education; the right to privacy; and the right to choose one's partner. Sexual rights also cover the recognition and respect of sexual diversity, ensuring that everyone, regardless of sexual orientation, gender identity, or expression, has their sexual rights upheld. Advocacy for sexual rights often focuses on pleasure and emotional sexual expression as fundamental aspects of human existence.

### Reproductive Health

Reproductive health is an integral part of overall health and well-being throughout life. It implies that people can have a responsible, satisfying, and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. This includes access to safe and effective birth control methods, services for pregnancy and childbirth, and the provision of health care that enables women to go safely through pregnancy and childbirth. Reproductive health also addresses the prevention and treatment of diseases related to the reproductive system, ensuring that reproduction is accomplished in a state of complete physical, mental, and social well-being.

### Reproductive Rights

Reproductive rights encompass the recognition of basic rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children. These rights are based on the right to be informed and to have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, as well as other methods of their choice for regulation of fertility, which are not against the law, and the right of access to appropriate health care services that enable women to go safely through pregnancy and childbirth. Reproductive rights also involve the right to make decisions concerning reproduction free of discrimination, coercion, and violence.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) adopts a broad and evolving concept of disability that emphasizes social and environmental factors contributing to disability, rather than merely focusing on the individual's physical or mental impairments. Article 1 of the UNCRPD states:

"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."

This definition acknowledges that disability arises from the interaction between individuals with impairments and attitudinal and environmental barriers that prevent their full and effective participation in society. The UNCRPD's approach is inclusive, recognizing the diversity of persons with disabilities and their roles in society.

## Overview of Disabilities

Disability is a broad term that encompasses impairments, activity limitations, and participation restrictions that an individual may experience. Disabilities can be physical, mental, intellectual, or sensory, and they can vary in severity. They may be congenital, or arise due to illness, injury, or aging. According to the World Health Organization, over a billion people worldwide live with some form of disability, making up about 15% of the global population.

Over a billion people, about 15% of the world's population, experience some form of disability<sup>1</sup> and 80% of them live in developing countries<sup>2</sup>. According to the estimate of 15%,

around 24 million person with disabilities in Bangladesh out of its total population of 160 million. However, in the absence of a national disability census, confusion remains about the prevalence of disability. No comprehensive survey has been done yet on disability.

The government of Bangladesh tried to count how many people with disabilities live in the country from 2013 to 2016. They found about 1.5 million people, which is less than 1% of all the people in Bangladesh. But different groups have different numbers. For example, one group said they first thought there were about 1.8 million people with disabilities, and then they said it was about 1.5 million by the end of November 2015. Another report said that of the 1.8 million they first thought might have disabilities, about 1 million were men.

The statistics office in Bangladesh also has two different numbers from their studies. One says 1.4% of people in the country have disabilities, and another says it's more like 9%. An education survey

The Persons with Disabilities Rights and Protection Act of 2013 in Bangladesh categorizes disabilities into twelve groups:

- 1) Autism or Autism Spectrum Disorder
- 2) Physical disabilities
- 3) Mental illnesses that lead to disability
- 4) Visual impairments
- 5) Speech impairments
- 6) Intellectual disabilities
- 7) Hearing impairments
- 8) Deaf-blindness
- 9) Cerebral palsy
- 10) Down syndrome
- 11) Multiple disabilities
- 12) Other types of disabilities

This wide-ranging recognition allows for a diverse set of individuals to receive the support and acknowledgement they need.

<sup>1</sup> World Report on Disability, 2011, World Health Organization (WHO) & World Bank Group

<sup>2</sup> Action on Disability and Development (ADD) International

from 2014 says it's about 1.3%.

So, it's pretty confusing because all these numbers don't match up. It looks like they still haven't done one big study to get the right number, and probably many people with disabilities haven't been included in these counts.

Women and girls with disabilities are particularly the most vulnerable to social discrimination and negligence due to their gender and disability. They are deprived of basic human rights, education, health, livelihood, and access to justice and at a high risk of sexual abuse.

The youth population is more than 33% of the total population within the 18-35 age group. They are facing huge challenges and are not getting guidance and motivation for their future development. Their employment is a crucial issue, where unemployment among people with disabilities is very high.

Another most vulnerable group is children with disabilities. They are prone to be victims of deprivation, abuse, and violation. Even the existing disability-related laws do not stress additional attention and protection of children with disabilities, except for education.

The proportion of the population 60 years and older is about 7% i.e. around 10 million people<sup>3</sup>. By 2050, the 60+ population will account for 20% of the total population - a four-fold increase from the present time. Around 46% of older people live with single and multiple forms of disability.

## **The Intersectionality of SRHR and Disabilities**

The concept of intersectionality is crucial in understanding how various forms of identity, including disability, interact with each other and with systemic structures, influencing individuals' experiences and access to rights, including SRHR. Persons with disabilities may encounter additional layers of discrimination and stigma, making their access to SRHR more complex.

The intersectionality of SRHR and disabilities is a critical area of concern. Persons with disabilities often face multiple barriers in accessing sexual and reproductive health information and services. These barriers include physical accessibility challenges, communication barriers for those with sensory disabilities, stigma and discrimination, and a general lack of tailored information and services that consider their specific needs.

Moreover, societal misconceptions and stigma surrounding disability can lead to the exclusion of persons with disabilities from sexual and reproductive health education, further exacerbating their vulnerability to sexual exploitation, abuse, and unwanted pregnancies. Women with disabilities, in particular, are at a heightened risk of gender-based violence, yet they frequently encounter obstacles in accessing support services and justice.

For individuals with disabilities, SRHR encompasses not only the general scope of sexual and reproductive health and rights but also addresses specific needs and challenges. These include accessible healthcare facilities, tailored health education that considers different types of disabilities, and the dismantling of

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<sup>3</sup> Population Census 2011



societal stigma and assumptions about the sexuality and reproductive desires of persons with disabilities.

In Bangladesh, the intersectionality of SRHR and disabilities highlights the need for a nuanced approach that considers the unique experiences of persons with disabilities. This includes recognizing the barriers they face in accessing SRHR services and information and the importance of integrating disability rights into SRHR policies and programs.

Recognizing the intersectionality of SRHR and disabilities is essential for developing inclusive policies and programs that address the unique needs of persons with disabilities. This involves ensuring physical accessibility, providing information in multiple formats, training healthcare providers on disability inclusion, and advocating for the rights of persons with disabilities to make informed decisions about their sexual and reproductive health.

In conclusion, understanding and addressing the intersectionality of SRHR and disabilities is fundamental to achieving health equity and ensuring that everyone, including persons with disabilities, has access to the sexual and reproductive health services and rights they deserve. This chapter sets the stage for a comprehensive exploration of how SRHR for persons with disabilities in Bangladesh can be realized, ensuring dignity, equality, and health for all.

### Critical aspects of the intersectionality of SRHR and disability

**Diverse Needs:** Recognizes that persons with disabilities have diverse sexual and reproductive health needs that are often overlooked in mainstream SRHR policies and programs.

**Barriers to Access:** Highlights the multiple barriers individuals with disabilities face in accessing SRHR information and services, including physical, communicational, attitudinal, and systemic barriers.

**Inclusion and Equity:** Stresses the importance of inclusive and equitable SRHR services that are tailored to the unique needs of persons with disabilities.

**Rights-Based Approach:** Emphasizes a rights-based approach to SRHR, ensuring that persons with disabilities have the same rights to sexual and reproductive health as others, including the right to make informed decisions about their bodies and relationships.

**Empowerment and Participation:** Advocates for the empowerment of persons with disabilities through participation in SRHR education and decision-making processes, promoting autonomy and self-determination.

**Stigma and Discrimination:** Addresses the stigma and discrimination faced by persons with disabilities in the context of sexuality and reproduction, which can further marginalize them from accessing SRHR services.

**Gender Dimensions:** Acknowledges the gendered aspects of SRHR and disabilities, with women and girls with disabilities facing compounded challenges due to their gender and disability status.

**Research and Data Collection:** Advocates for more research and data collection on the intersectionality of SRHR and disabilities to inform policies, programs, and practices that are responsive to the needs of this population.

**Policy Integration:** Encourages the integration of disability considerations into national and international SRHR policies and frameworks to ensure that persons with disabilities are not left behind in SRHR initiatives.



Other international frameworks, such as the *Sustainable Development Goals (SDGs)*, particularly Goal 3 (Good Health and Wellbeing) and Goal 5 (Gender Equality), provide a broader context within which the rights to health and gender equality, including SRHR for persons with disabilities, are emphasized.

### Gaps Between Policy and Implementation

Despite the progressive legal and policy framework in place, there remains a significant gap between policy and implementation. Challenges include:

- **Lack of Awareness and Enforcement:** There is often a lack of awareness among healthcare providers, policymakers, and the public about the specific needs and rights of persons with disabilities concerning SRHR. This gap in knowledge leads to inadequate enforcement of existing laws and policies.
- **Accessibility Issues:** Physical barriers in healthcare facilities, lack of sign language interpreters, and insufficient information in accessible formats prevent persons with disabilities from fully accessing SRHR services.
- **Stigma and Discrimination:** Societal attitudes and stigma towards disability can further marginalize persons with disabilities, affecting their ability to access and utilize SRHR services.
- **Limited Training for Healthcare Providers:** Healthcare providers often lack the training to address the unique SRHR needs of persons with disabilities, leading to inadequate or insensitive care.

Addressing these gaps requires a multi-faceted approach involving the enhancement of awareness, training, and infrastructure, as well as the active involvement of persons with disabilities in policy development and monitoring. Strengthening partnerships between the government, civil society, healthcare providers, and the disability community is crucial for ensuring that the rights and needs of persons with disabilities are met, thereby moving closer to the goal of universal access to sexual and reproductive health and rights.

While Bangladesh has made significant strides in establishing a legal and policy framework that supports the SRHR of persons with disabilities, bridging the gap between policy and practice remains a key challenge. Addressing these gaps requires concerted effort, resources, and commitment from all stakeholders to ensure that no one is left behind in the pursuit of health equity and rights for all.

### Legal and policy framework

**Rights and Protection of Persons with Disabilities Act, 2013:** Ensures rights and integration of persons with disabilities into mainstream society, including access to health services.

**National Women Development Policy, 2011:** Promotes women's health rights, including reproductive health.

**National Health Policy, 2011:** Aims to provide directives for extending health services to all, emphasizing the inclusion of vulnerable groups.

**Reproductive Health Services Policy and Standards, 2014:** Establishes guidelines for providing comprehensive reproductive health services.

**Family Planning 2020 Commitment:** Bangladesh committed to improving access to family planning and reproductive health services for all, highlighting the need for

## Chapter 3

### Cultural and Social Context

#### Societal Attitudes Towards Disability and Sexuality in Bangladesh

In Bangladesh, as in many other countries, disability and sexuality are often enveloped in layers of silence, stigma, and misunderstanding. Societal attitudes towards disability and sexuality can significantly impact individuals' access to information and services related to sexual and reproductive health and rights (SRHR). Societal attitudes towards disability can vary widely, but many are rooted in traditional beliefs that view disabilities as a consequence of misfortune, divine will, or familial karma. Traditionally, disability is often viewed through a lens of pity, charity, or as a medical problem to be fixed, rather than a matter of rights and societal inclusion. This perspective can lead to the marginalization of persons with disabilities, making it difficult for them to assert their rights, including SRHR. These perceptions can lead to the marginalization and exclusion of persons with disabilities from various aspects of community life, including education, employment, and socialization, thereby compounding the challenges they face in accessing sexual and reproductive health and rights (SRHR).



Similarly, discussions around sexuality are generally considered taboo in the conservative societal fabric of Bangladesh. Discussions around sexual health and rights are typically avoided in public and even within families, leading to a lack of awareness and misconceptions. When the topics of disability and sexuality intersect, the challenges are compounded, leaving persons with disabilities particularly vulnerable to misinformation, exclusion, and abuse. This cultural reticence extends to the realm of disability, where individuals with disabilities are often desexualized and perceived as being asexual or incapable of having sexual and reproductive health needs and rights. Such misconceptions can significantly hinder the ability of persons with disabilities to seek and receive appropriate SRHR information and services.

#### Cultural Barriers to Accessing SRHR Information and Services

Cultural barriers significantly hinder access to SRHR information and services for persons with disabilities in Bangladesh. These barriers include:

- **Stigma and Shame:** The stigma attached to both disability and sexuality can prevent individuals from seeking necessary health services or information.



Families may also feel shame, fearing societal judgment, which can lead to further isolation of persons with disabilities.

- **Gender Norms and Expectations:** Traditional gender roles and expectations can particularly disadvantage women with disabilities, who may be viewed as unfit for marriage or motherhood, thereby denying them their reproductive rights and access to relevant health services.
- **Lack of Privacy and Autonomy:** Persons with disabilities may have limited opportunities for private consultations with healthcare providers due to physical dependency on others. This lack of privacy can deter them from discussing or seeking help for their sexual and reproductive health needs.
- **Communication Barriers:** For individuals with hearing, visual, or intellectual disabilities, the lack of SRHR information in accessible formats (such as sign language, Braille, or easy-to-understand language) poses a significant obstacle.

### Strategies for Community Engagement and Awareness-Raising

To overcome these cultural and societal barriers, a multi-pronged approach to community engagement and awareness-raising is essential. Strategies may include:

- **Educational Programs:** Implementing comprehensive, inclusive SRHR education programs within schools and communities can help break the silence around disability and sexuality. These programs should be designed to be accessible to individuals with various types of disabilities and should aim to challenge and change harmful stereotypes and norms.
- **Community Dialogues:** Facilitating open dialogues within communities, involving leaders, families, and persons with disabilities, can promote a better understanding of the SRHR needs of individuals with disabilities. These discussions can serve as a platform for challenging misconceptions and advocating for inclusive practices.
- **Training for Healthcare Providers:** Providing training to healthcare providers on disability inclusion and sensitivity can help ensure that SRHR services are accessible and respectful of the rights and dignity of persons with disabilities.
- **Inclusive Communication:** Developing and disseminating SRHR information in various accessible formats can address communication barriers and ensure that individuals with disabilities have the information they need to make informed decisions.
- **Engagement of Persons with Disabilities:** Actively involving persons with disabilities in the design, implementation, and evaluation of SRHR programs and policies can ensure that these initiatives are truly inclusive and responsive to their needs.

Addressing the cultural and social context is crucial for improving access to SRHR for persons with disabilities in Bangladesh. By fostering a more inclusive and understanding society, we can ensure that all individuals, regardless of disability, have the opportunity to lead healthy and fulfilling sexual and reproductive lives.





Solutions to these communication barriers include:

- **Implementing Sign Language Services:** Training and deploying sign language interpreters in healthcare settings can greatly improve communication for individuals with hearing impairments.
- **Producing Materials in Accessible Formats:** Developing health information materials in accessible formats, such as Braille, large print, and audio, can ensure that persons with visual impairments have access to the information they need.
- **Utilizing Technology:** Embracing technology, such as text-to-speech software and video relay services, can enhance communication for persons with disabilities.

### **Training Needs for Healthcare Providers on Disability Sensitivity and Inclusivity**

To improve the accessibility of SRHR services for persons with disabilities, it is crucial to address the training needs of healthcare providers. Many healthcare professionals lack specific training on how to communicate with and provide care for persons with disabilities effectively. This gap in knowledge can lead to unintentional discrimination and inadequate care.

Training programs for healthcare providers should focus on:

- **Disability Awareness:** Educating healthcare providers about different types of disabilities and the challenges individuals may face in accessing healthcare.
- **Communication Skills:** Training on how to communicate effectively and respectfully with persons with disabilities, including the use of assistive technologies and alternative communication methods.
- **Inclusive Practices:** Teaching healthcare providers to adopt inclusive practices in their service delivery, ensuring that persons with disabilities are treated with dignity and respect.
- **Adaptive Healthcare Practices:** Training on how to adapt standard healthcare practices to accommodate the specific needs of persons with disabilities, including adjustments to physical examinations and the use of assistive devices.

By addressing the availability of SRHR services, improving physical accessibility, overcoming communication barriers, and enhancing the training of healthcare providers, Bangladesh can make significant progress toward ensuring that persons with disabilities have equitable access to sexual and reproductive health and rights. This requires a concerted effort from the government, healthcare institutions, civil society, and the disability community to create a healthcare system that truly accommodates the needs of all its citizens.

## Chapter 5

### Specific SRHR Needs of Persons with Disabilities

#### Comprehensive Sexual Education Tailored for Persons with Different Types of Disabilities

Access to comprehensive sexual education is crucial for persons with disabilities to make informed decisions about their sexual and reproductive health. However, traditional sexual education programs often overlook the specific needs of individuals with disabilities. Tailored programs should address the full spectrum of sexual and reproductive health topics while being accessible and inclusive. This includes using accessible formats like Braille, sign language, and audio descriptions, and ensuring content is understandable and relevant for those with intellectual disabilities. Educators should also address topics such as consent, body autonomy, and healthy relationships, emphasizing the rights of persons with disabilities.



#### Family Planning and Contraceptive Use

Persons with disabilities have the same rights to family planning and contraceptive use as non-disabled individuals. However, misconceptions and stereotypes often lead to their needs being overlooked or ignored in healthcare settings. Healthcare providers must recognize the autonomy of persons with disabilities to make decisions about their reproductive lives and provide them with the necessary information and services to make informed choices. This includes offering a range of contraceptive options and counseling on their use, side effects, and how they may interact with any medications or the specific conditions related to their disabilities. Information about contraceptive options should be available in accessible formats, and services should be physically accessible.

#### Safe Motherhood and Maternity Services

Safe motherhood and access to quality maternity services are critical for women with disabilities. These services must be physically accessible and provide care that is sensitive to the needs of pregnant women with disabilities. Healthcare providers should have training in the specific challenges that might arise during pregnancy, labor, and delivery for women with disabilities and be prepared to address these challenges competently and respectfully. Additionally, postnatal care should be inclusive, ensuring new mothers with disabilities receive support for breastfeeding, infant care, and coping with the potential challenges of

motherhood with a disability. Additionally, support should be available for parents with disabilities, including accessible information on parenting.

### **Prevention and Management of Sexually Transmitted Infections (STIs), Including HIV/AIDS**

Persons with disabilities are at equal risk of STIs and HIV/AIDS as the general population, yet they face barriers in accessing information and services for prevention and management. SRHR programs must include targeted efforts to provide persons with disabilities with accessible information on STI and HIV prevention, testing, treatment, and care services. This can be achieved through tailored educational materials, training healthcare providers on non-discriminatory practices, and ensuring that testing and treatment facilities are physically accessible and equipped to serve individuals with various disabilities.

### **Gender-based Violence and Abuse Prevention and Response**

Persons with disabilities are at an increased risk of gender-based violence and abuse, including sexual abuse. Women and girls with disabilities are particularly at high risk. Efforts to prevent and respond to gender-based violence must include specific strategies to protect and support persons with disabilities. It is crucial to develop and implement prevention programs that are accessible to individuals with different types of disabilities. These programs should educate about rights, consent, and healthy relationships. Additionally, support services for survivors of violence, including counselling and legal assistance, must be

physically accessible and equipped to address the specific needs of persons with disabilities. Training for law enforcement, healthcare providers, and social service workers is vital to ensure an appropriate, sensitive response to violence and abuse against persons with disabilities. Empowering persons with disabilities through education and advocacy is also crucial in enabling them to recognize abuse and seek help.

Addressing the specific SRHR needs of persons with disabilities requires a multifaceted approach that encompasses education, healthcare services, and protection from violence and abuse. By adopting inclusive practices and policies, Bangladesh can ensure that persons with disabilities have equal access to the sexual and reproductive health services and rights they are entitled to, fostering a society where everyone, regardless of disability, can lead healthy and fulfilling lives.

#### **Specific SRHR needs**

**Accessible SRHR Education:** Tailored materials in formats like Braille, sign language, and simplified language.

**Comprehensive Healthcare:** Inclusive services that address the unique physical and psychological needs of persons with disabilities.

**Consent and Autonomy:** Education and support to ensure understanding and exercise of consent in sexual and reproductive decisions.

**Prevention and Treatment:** Access to prevention, treatment, and management of sexually transmitted infections (STIs) and other reproductive health issues.

**Family Planning:** Accessible and informed choices in family planning and contraceptives.

**Maternal Care:** Specialized support for pregnancy, childbirth, and postnatal care for women with disabilities.





and community health workers can play a crucial role in bridging the gap between these individuals and SRHR services.

- **Comprehensive Care:** Ensure that SRHR services for women and girls with disabilities are comprehensive and holistic, addressing not only their sexual and reproductive health needs but also providing support for those who have experienced sexual violence. This includes access to emergency contraception, safe abortion services, mental health support, and legal assistance.
- **Training for Healthcare Providers:** Train healthcare providers on the specific needs of women and girls with disabilities, focusing on communication, consent, and respectful care. Healthcare providers should also be trained to recognize and respond to signs of sexual violence and provide appropriate support and referrals.
- **Community Education and Awareness:** Raise awareness in communities about the rights and needs of women and girls with disabilities, focusing on reducing stigma and promoting gender equality. Education campaigns can also help to inform women and girls with disabilities about their SRHR and available services.
- **Inclusive Policy Development:** Advocate for and develop policies that specifically address the SRHR needs of women and girls with disabilities. These policies should be developed in consultation with women and girls with disabilities to ensure their experiences and needs are accurately represented.

### **Addressing the Needs Across All Types of Disabilities**

Efforts to improve SRHR for women and girls with disabilities must be inclusive of all types of disabilities, including physical, sensory, intellectual, and psychological disabilities. Services and information should be accessible and tailored to meet the diverse needs of individuals, recognizing that each type of disability may require different accommodations or approaches. Training for healthcare providers should include specific modules on how to effectively communicate and provide care to women and girls with various disabilities.

### **Socio-economic Backgrounds and the Ultra-poor**

Economic barriers significantly impact the ability of women and girls with disabilities, particularly those from ultra-poor backgrounds, to access SRHR services. Financial assistance programs, sliding scale fees for services, and transportation support can help alleviate some of these barriers. Community-based interventions should also focus on reaching out to the ultra-poor, ensuring they are aware of and can access available SRHR services and support.

### **Women and Girls Living with Severe Disabilities**

Those living with severe disabilities may require specialized care and support. Healthcare facilities should be equipped with the necessary tools and staff trained to address the complex health needs of these individuals. Care coordination among specialists, primary care providers, and support services is crucial to ensure comprehensive care covering all aspects of SRHR, including preventive care, family planning, and maternal health services.

## Reaching Those in Remote Areas

Women and girls with disabilities living in remote areas face significant challenges in accessing SRHR services due to geographical isolation and limited healthcare infrastructure. Mobile health clinics, telehealth services, and community health worker programs can be effective strategies to extend SRHR services to these populations. Ensuring that remote healthcare providers are trained in disability inclusivity and have access to resources and referral systems is also essential.

## Victims of Sexual Exploitation, Abuse, Harassment, and Rape Violence

Women and girls with disabilities are at a higher risk of sexual violence and exploitation. It is critical to establish and promote safe, accessible, and confidential reporting mechanisms for survivors. Services for survivors should be comprehensive, including medical care, psychological support, legal assistance, and social reintegration programs. Training for law enforcement, healthcare providers, and social service workers should emphasize the rights and needs of survivors with disabilities, ensuring they are treated with dignity and respect.

## Implementing a Holistic Approach

- **Policy Advocacy:** Advocate for policies that specifically address the SRHR needs of women and girls with disabilities, including protections against violence and exploitation.
- **Inclusive Education:** Include SRHR education in school curriculums that is accessible and relevant to girls with disabilities, covering topics such as consent, body autonomy, and healthy relationships.
- **Community Engagement:** Engage communities in discussions about disability, gender, and SRHR to challenge stereotypes, reduce stigma, and promote inclusivity.
- **Partnerships:** Collaborate with organizations specializing in disability rights, women's rights, and SRHR to develop and implement comprehensive programs.



## Moving Forward

Ensuring the SRHR of women and girls with disabilities in Bangladesh requires a concerted effort from the government, healthcare providers, civil society organizations, and communities. By recognizing the unique challenges faced by this group and implementing targeted strategies to address these challenges, Bangladesh can move closer to achieving SRHR for all, regardless of disability. This chapter underscores the importance of a focused and inclusive approach to SRHR, highlighting the need for specialized services and support for women and girls with disabilities.





## Strategies for Addressing SRHR Needs of Adolescents with Disabilities

To effectively address the SRHR needs of adolescents with disabilities, several strategies can be employed:

- Inclusive Policy Development:** Policies related to SRHR should explicitly include provisions for adolescents with disabilities, ensuring their access to education and healthcare services is guaranteed and prioritized.
- Community-Based Approaches:** Engage communities in creating supportive environments for adolescents with disabilities. This involves raising awareness about disability rights and SRHR, reducing stigma, and promoting inclusivity.
- Accessible SRHR Education:** Develop and provide SRHR education programs that are accessible to adolescents with various types of disabilities. This can include using sign language, braille, and simplified language in educational materials.
- Training for Healthcare Providers and Educators:** Professionals working with adolescents should receive specific training on the intersection of disability and SRHR. This includes understanding the diverse needs of adolescents with disabilities and adopting inclusive and respectful approaches to care and education.
- Peer Support Networks:** Facilitate the creation of peer support networks for adolescents with disabilities, providing a platform for sharing experiences, offering mutual support, and disseminating SRHR information in an accessible and relatable manner.
- Outreach and Services:** Implement targeted outreach programs to reach adolescents with disabilities who are ultra-poor, live in remote areas, or have severe disabilities. This may include mobile health services, online resources, and community health initiatives designed to bring SRHR services closer to those in need.
- Inclusive Healthcare Services:** Ensure that healthcare facilities are physically accessible and that staff are trained to provide inclusive and respectful care to adolescents with disabilities. Services should be sensitive to the needs of those who have experienced sexual violence.
- Empowerment and Advocacy:** Empower adolescents with disabilities through peer support groups and advocacy training, enabling them to advocate for their SRHR needs and rights.



- **Protection and Legal Support:** Ensure that adolescents with disabilities have access to legal support and protection services, particularly those who have experienced sexual violence. This includes making reporting mechanisms accessible and providing comprehensive care and support for survivors.

### Top tips to Address SRHR of Adolescents with Disabilities

- **Ensure Accessibility:** Tailor SRHR education and services to be physically accessible and understandable for adolescents with disabilities. This includes facilities that are disability-friendly and learning materials in formats like Braille, large print, sign language, and easy-to-understand language.
- **Promote Inclusivity:** Design SRHR programs that are inclusive, considering the varied experiences and needs of adolescents with disabilities. Avoid a one-size-fits-all approach and recognize the diversity within the disability community.
- **Strengthen Legal Frameworks:** Advocate for and enforce laws and policies that protect and promote the SRHR of adolescents with disabilities. Ensure these laws are implemented effectively and inclusively.
- **Comprehensive Education:** Provide comprehensive sexuality education that covers a wide range of topics, from anatomy and reproductive health to consent and healthy relationships, tailored to be accessible for all adolescents, including those with disabilities.
- **Encourage Participation:** Involve adolescents with disabilities in the development, implementation, and evaluation of SRHR programs and policies. Their firsthand experiences can provide valuable insights for creating more effective services.
- **Train Healthcare Providers:** Educate and train healthcare providers on the specific SRHR needs of adolescents with disabilities. Focus on improving communication skills, empathy, and understanding to provide better support and care.
- **Combat Stigma and Discrimination:** Address societal stigma and discrimination through awareness campaigns that challenge misconceptions about disability and sexuality. Promote a positive narrative around the capabilities and rights of adolescents with disabilities.
- **Foster Safe Spaces:** Create safe, confidential, and supportive environments where adolescents with disabilities can seek SRHR information and services without fear of judgment or violation of privacy.
- **Parental and Caregiver Support:** Educate parents and caregivers about the SRHR needs of adolescents with disabilities, providing them with the knowledge and tools to support their children's health and well-being.
- **Monitor and Evaluate:** Regularly monitor and evaluate SRHR programs for effectiveness and inclusivity. Use feedback from adolescents with disabilities to continually improve and adapt services to meet their needs better.

### Moving Forward with Inclusion and Safety

Providing adolescents with disabilities in Bangladesh access to comprehensive SRHR services requires collaboration across sectors and levels of society. By understanding the unique challenges faced by this group and implementing targeted, inclusive strategies, Bangladesh can ensure that all adolescents, regardless of disability, have the knowledge and resources they need to make informed decisions about their sexual and reproductive health. This chapter emphasizes the importance of tailored educational programs, accessible healthcare services, and supportive policies to create a safe and inclusive environment for adolescents with disabilities to explore and understand their SRHR needs.



## Chapter 8

### Rights-Based Approach to SRHR for Persons with Disabilities

#### Empowering Persons with Disabilities to Make Informed Decisions About Their Sexual and Reproductive Health

Empowerment is at the heart of a rights-based approach to sexual and reproductive health and rights (SRHR) for persons with disabilities. This involves providing individuals with disabilities the information, support, and opportunities they need to make autonomous decisions about their sexual and reproductive health. Education plays a crucial role in empowerment, ensuring that persons with disabilities have access to comprehensive, accessible sexual education that addresses their specific needs and respects their rights to make informed choices about relationships, family planning, and healthcare.



Empowerment involves creating supportive environments where persons with disabilities feel valued and heard. This can be achieved through peer support groups, inclusive health promotion campaigns, and ensuring that persons with disabilities have a voice in policies and programs that affect their SRHR. Empowerment fosters self-determination, which is critical for challenging stereotypes and advocating for individual needs and rights.

Empowerment also means actively involving persons with disabilities in the development and implementation of SRHR programs and policies. By recognizing them as experts in their own experiences, we can ensure that services and interventions are truly inclusive and responsive to their needs.

#### Ensuring Informed Consent and Confidentiality in Healthcare Settings

Informed consent is a foundational principle of ethical healthcare, emphasizing the right of individuals to receive clear, accessible information about their care options and to make voluntary decisions based on this information. For persons with disabilities, ensuring informed consent requires healthcare providers to use appropriate communication methods and to provide information in formats that are accessible to all patients, regardless of their type of disability.

Confidentiality is equally important in healthcare settings, as it protects the privacy of individuals and fosters trust between patients and healthcare providers. Ensuring confidentiality for persons with disabilities may involve adapting facilities and procedures to allow for private consultations and

discussions, even in cases where individuals may require assistance from caregivers or interpreters.

### Advocating for Equal Rights and Non-discrimination

Advocacy for equal rights and non-discrimination is vital to a rights-based approach to SRHR for persons with disabilities. Despite existing laws and policies, persons with disabilities often face systemic barriers and discrimination in accessing SRHR services. Advocacy efforts should focus on the implementation and enforcement of laws that protect the rights of persons with disabilities, promoting inclusive policies and practices within healthcare and societal institutions. This includes challenging discriminatory attitudes and practices, raising public awareness about the rights and capabilities of persons with disabilities, and working towards the elimination of legal, physical, and social barriers to SRHR services.

Advocacy is not only the responsibility of persons with disabilities and their representative organizations but also a duty for all stakeholders, including government bodies, healthcare providers, civil society organizations, and the broader community. Together, we can work towards a society where disability is not a barrier to exercising one's sexual and reproductive rights and where all individuals, regardless of their abilities, are treated with dignity and respect.

A rights-based approach to SRHR for persons with disabilities in Bangladesh demands concerted efforts from all sectors of society. It requires the commitment of the government, civil society, healthcare providers, and the disability community to work together to ensure that the sexual and reproductive health and rights of persons with disabilities are recognized, respected, and fulfilled. Through empowerment, ensuring informed consent and confidentiality, and advocating for equal rights and non-discrimination, Bangladesh can make significant strides towards achieving SRHR for all, regardless of disability. This approach not only benefits individuals with disabilities but also contributes to the overall health, equity, and development of the society.

A rights-based approach to SRHR recognizes the inherent dignity of every individual and seeks to empower persons with disabilities to lead healthy, fulfilling lives. By prioritizing informed consent, confidentiality, equality, and non-discrimination, we can ensure that the sexual and reproductive health and rights of persons with disabilities are fully protected and realized.

### RBA to SRHR

**Equality and Non-discrimination:** Ensuring equal access to SRHR services for persons with disabilities without discrimination.

**Informed Consent:** Promoting informed decision-making in SRHR, respecting individuals' choices and autonomy.

**Privacy and Confidentiality:** Safeguarding personal information and respecting privacy in all SRHR interactions.

**Participation:** Involving persons with disabilities in developing SRHR policies and programs affecting them.

**Accessibility:** Making SRHR information, services, and education accessible and understandable.

**Comprehensive Education:** Offering inclusive SRHR education that meets the diverse needs of persons with disabilities.

**Empowerment:** Empowering persons with disabilities to advocate for their SRHR needs and rights.



## Chapter 9

### Resources and Support Services

#### Directory of Accessible SRHR Services in Bangladesh

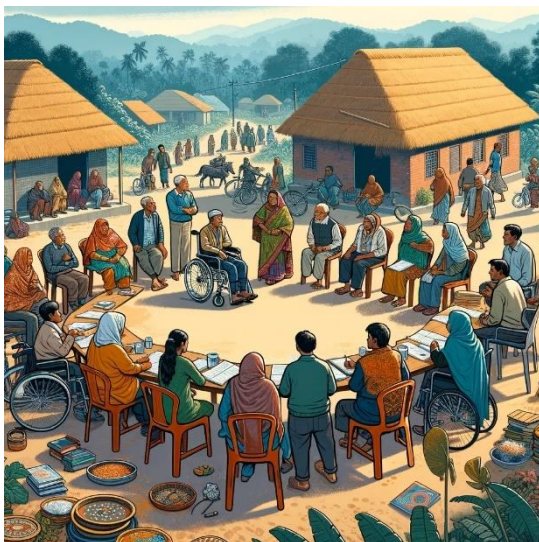
Creating a comprehensive directory of accessible sexual and reproductive health and rights (SRHR) services is essential to guide persons with disabilities in Bangladesh to the support they need. This directory should include information about healthcare facilities that are physically accessible and equipped to provide inclusive services to individuals with various disabilities. Details such as services offered, accessibility features (e.g., ramps, sign language interpretation), location, contact information, and operating hours can significantly ease the process of seeking care.



The directory would list services such as family planning, maternal healthcare, STI testing and treatment, and counselling, specifying those that provide accommodations such as sign language interpreters, information in Braille or audio format, and staff trained in disability sensitivity.

Efforts should be made to regularly update this directory to reflect changes and ensure accuracy.

#### Support and Advocacy Groups for Persons with Disabilities



Support and advocacy groups play a crucial role in empowering persons with disabilities and advocating for their rights, including SRHR. These groups offer a platform for individuals to share experiences, access information, and receive peer support. They also engage in advocacy efforts to promote policy changes and improve accessibility and inclusivity of SRHR services. Listing national and local support and advocacy groups, including their focus areas, contact information, and how to get involved, can connect persons with disabilities to vital networks of support

and collective action.



# Chapter 10

## Implementation Strategies

Implementing effective strategies to improve Sexual and Reproductive Health and Rights (SRHR) for persons with disabilities in Bangladesh requires a multi-faceted approach. This chapter outlines recommendations for policy changes, service improvements, community-based approaches, and partnerships that can significantly enhance SRHR access and quality for individuals with disabilities.

### Recommendations for Policy Changes and Service Improvements

#### Policy Changes:

- **Inclusive Policy Development:** Ensure the active participation of persons with disabilities in the creation, evaluation, and revision of policies related to SRHR to ensure their needs are adequately represented and addressed.
- **Accessibility Standards for Healthcare Facilities:** Implement and enforce standards for physical, communicational, and attitudinal accessibility in all healthcare facilities. This encompasses infrastructure modifications, availability of assistive devices, and accessible information materials.
- **Comprehensive Sexual Education:** Advocate for and implement comprehensive sexual education policies that are inclusive of persons with disabilities, covering safe sexual practices, consent, and reproductive health rights.
- **Training and Capacity Building:** Develop comprehensive training programs for healthcare providers on disability awareness, rights-based approaches to healthcare, and specific SRHR needs of persons with disabilities.
- **Monitoring and Evaluation:** Establish mechanisms for monitoring and evaluating the accessibility and quality of SRHR services for persons with disabilities. Include persons with disabilities in these processes to ensure their perspectives and experiences guide improvements.



#### Service Improvements:

- **Training Healthcare Providers:** Develop and mandate comprehensive training programs for healthcare providers on disability sensitivity, inclusive communication methods, and the specific SRHR needs of persons with disabilities.



- **Adaptation of SRHR Services:** Adapt existing SRHR services to be more inclusive by incorporating assistive technologies, creating accessible informational materials, and ensuring privacy and confidentiality in service delivery.

### Community-based Approaches to SRHR Education and Services

Community engagement is key to understanding and effectively addressing the SRHR needs of persons with disabilities. Implementing community-based approaches can help demystify taboos around disability and sexuality and build a supportive environment for discussing and addressing SRHR issues.



- **Peer Education Programs:** Leverage peer educators from the disability community to provide SRHR education, creating relatable and accessible learning opportunities for persons with disabilities.
- **Community Awareness Campaigns:** Conduct campaigns to raise awareness about the SRHR of persons with disabilities. Use diverse media channels to reach broad audiences and change societal attitudes and norms.
- **Accessible SRHR Services:** Develop community-based SRHR services that are physically and communicatively accessible. Mobile health units and telehealth services can extend reach to underserved areas.

### Partnership and Collaboration Opportunities with NGOs, Government, and International Organizations

Strengthening SRHR for persons with disabilities requires collaboration across various sectors. Partnerships and collaborations can pool resources, expertise, and influence to create more impactful interventions.

- **Collaborative Networks:** Form networks that include NGOs, government agencies, disability groups, and international organizations to share resources, expertise, and best practices. These networks can strengthen advocacy efforts and streamline service delivery.
- **Collaboration with OPDs and NGOs:** Partner with NGOs that specialize in disability rights and SRHR to develop and implement targeted programs, share best practices, and advocate for policy changes.
- **Government Engagement:** Work closely with government agencies responsible for health, disability, and education to integrate SRHR services for persons with disabilities into national health programs and strategies.

- **International Organizations:** Engage with international organizations and networks to share knowledge, gain access to funding opportunities, and incorporate global best practices into local SRHR initiatives for persons with disabilities.
- **Capacity Building Initiatives:** Collaborate on capacity-building initiatives to enhance the competencies of NGOs and government agencies in delivering inclusive SRHR services. This can include joint training programs and shared learning platforms.
- **Joint Research and Development Projects:** Engage in research and development projects with academic institutions and international organizations to generate evidence-based insights into effective SRHR interventions for persons with disabilities.
- **Funding and Resource Mobilization:** Work together to mobilize funding and resources for SRHR programs targeting persons with disabilities. Joint funding proposals can leverage the strengths and reach of multiple partners to secure support for large-scale initiatives.



Implementing these strategies requires ongoing commitment, resources, and advocacy. By prioritizing policy changes, community engagement, and partnerships, Bangladesh can make significant strides towards ensuring that persons with disabilities have full access to the SRHR services and support they deserve. This holistic approach not only benefits individuals with disabilities but also contributes to the broader goal of achieving health equity and inclusivity within society.



# Chapter 11

## Monitoring and Evaluation

Effective monitoring and evaluation are crucial for assessing progress and ensuring that the Sexual and Reproductive Health and Rights (SRHR) needs of persons with disabilities in Bangladesh are met with quality care. This chapter outlines key indicators, feedback mechanisms, and processes for regular reporting and review to continuously improve SRHR services for persons with disabilities.

### Indicators for Assessing Progress in SRHR Access and Quality of Care for Persons with Disabilities

To measure the effectiveness of SRHR services and policies for persons with disabilities, specific indicators should be developed and utilized. These may include:

- **Service Accessibility:** Proportion of SRHR facilities that are physically accessible to persons with various types of disabilities.
- **Service Utilization:** Number of persons with disabilities using SRHR services over time, disaggregated by type of disability, gender, and age.
- **Provider Competency:** Percentage of healthcare providers trained in disability-inclusive SRHR practices and communication techniques.
- **Health Outcomes:** Monitor specific health outcomes related to SRHR among persons with disabilities, such as rates of sexually transmitted infections (STIs), contraceptive use, and maternal health metrics.
- **Satisfaction Levels:** Satisfaction levels of persons with disabilities with the SRHR services received, focusing on respect, privacy, and informed consent.



These indicators should be measured regularly to track improvements, identify areas needing attention, and guide resource allocation.

### Feedback Mechanisms for Service Users

Establishing robust feedback mechanisms allows service users, particularly persons with disabilities, to voice their experiences, concerns, and suggestions for improvements. These mechanisms can include:

- **Surveys and Questionnaires:** Regularly distribute anonymous surveys or questionnaires to gather feedback on SRHR services from persons with disabilities.
- **Suggestion Boxes:** Place suggestion boxes in healthcare facilities to collect anonymous feedback and recommendations.
- **Focus Groups:** Conduct focus group discussions with persons with disabilities to explore in-depth insights into their experiences with SRHR services.
- **Hotlines and Online Platforms:** Provide hotlines or online platforms where individuals can report issues, ask questions, and provide feedback safely and confidentially.



Feedback collected should be reviewed regularly and used to inform service adjustments and training needs.

### Regular Reporting and Review Processes

To ensure continuous improvement, regular reporting and review processes should be implemented, involving all relevant stakeholders:

- **Annual Reports:** Develop and disseminate annual reports detailing progress, challenges, and future plans related to SRHR for persons with disabilities. These reports should be made accessible to a broad audience, including persons with disabilities.
- **Stakeholder Meetings:** Convene regular meetings with stakeholders, including healthcare providers, policymakers, persons with disabilities, and advocacy groups, to discuss the findings of monitoring and evaluation efforts and to strategize improvements.
- **Policy and Practice Updates:** Use insights gained from monitoring, evaluation, and feedback to update policies, practices, and training programs, ensuring they remain responsive to the needs of persons with disabilities.

Monitoring and evaluation processes should be inclusive, ensuring that persons with disabilities are actively involved in assessing the SRHR services they receive. This inclusive approach not only ensures that services are responsive to the needs of persons with disabilities but also empowers them as active participants in improving the SRHR system in Bangladesh. By implementing robust monitoring and evaluation practices, Bangladesh can ensure that the SRHR needs of persons with disabilities are met with the dignity, care, and respect they deserve.





### **Government and Non-Government Organizations (NGOs)**

Government and NGOs are instrumental in the development and execution of programs and initiatives aimed at improving SRHR for persons with disabilities. Their responsibilities include:

- Designing and implementing SRHR programs that are inclusive of persons with disabilities.
- Providing financial and technical support for the development of accessible SRHR services.
- Engaging in advocacy and awareness campaigns to promote the SRHR of persons with disabilities.

### **Civil Society Organizations (CSOs)**

CSOs are crucial in advocating for the rights of persons with disabilities and in holding duty-bearers accountable. Their roles encompass:

- Raising awareness about the SRHR needs of persons with disabilities.
- Conducting research and disseminating information to inform policy and practice.
- Building capacities among persons with disabilities to advocate for their rights.



### **Organizations of Persons with Disabilities (OPDs)**

OPDs represent the voices of persons with disabilities and are instrumental in ensuring that SRHR services are designed and implemented in a manner that truly meets their needs. They are responsible for:

- Advocating for the inclusion and consideration of persons with disabilities in all SRHR-related policies and programs.
- Providing peer support and disseminating SRHR information among their members.
- Participating in policy dialogues and monitoring the implementation of SRHR programs.

### **Grassroots Self-Help Groups (SHGs) of Persons with Disabilities**

**Grassroots SHGs** offer localized support and empowerment for persons with disabilities. Their roles include:

- A platform for sharing experiences and mutual support among persons with disabilities.
- Facilitating access to SRHR information and services at the community level.

- Empowering members through collective action and mutual support.
- Engaging with local healthcare providers to improve accessibility and inclusivity of services.
- Feedback on local SRHR service provision to inform advocacy and improvement efforts.

### **Local Elites and Community People**

Local elites and community members can influence societal attitudes and norms. Their involvement is vital in:

- Championing the rights of persons with disabilities and advocating for inclusive SRHR services.
- Participating in awareness campaigns to reduce stigma and discrimination associated with disability and SRHR.
- Supporting community-based initiatives that promote the SRHR of persons with disabilities.

### **Parents, Family Members, and Persons with Disabilities Themselves**

Parents and family members play a critical supportive role, whereas men and women with disabilities are the central figures in advocating for their SRHR. Together, they should:

- Seek out and disseminate information on SRHR to enhance knowledge and awareness.
- Advocate for their rights and needs in family, community, and healthcare settings.
- Engage with service providers, policymakers, and support networks to improve SRHR access and quality.

### **Men and Women with Disabilities**

Individuals with disabilities are not just beneficiaries but also active participants in advocating for their SRHR. They are responsible for:

- Advocating for their own rights and needs in forums where SRHR policies and programs are discussed.
- Sharing their experiences and challenges to inform better service provision and policy development.
- Engaging in peer education and support networks to enhance SRHR knowledge and access within the disability community.

Advancing SRHR for persons with disabilities is a collective responsibility that requires active engagement and collaboration across all sectors of society. By acknowledging and embracing their roles, stakeholders can work together towards a future where persons with disabilities in Bangladesh have full and equal access to the SRHR services and support they need to live healthy, dignified, and empowered lives.



## Chapter 13

### Conclusion and Call to Action

This handbook has traversed the complex landscape of Sexual and Reproductive Health and Rights (SRHR) for persons with disabilities in Bangladesh, elucidating the myriad challenges they face and presenting strategies for inclusive access and empowerment. From legal frameworks and policy imperatives to grassroots mobilization and individual advocacy, the journey towards equitable SRHR for persons with disabilities is multifaceted and requires concerted effort across all levels of society.



#### Summarizing Key Points

- **Comprehensive Approach:** Ensuring SRHR for persons with disabilities requires a comprehensive approach that encompasses policy reform, education, accessibility enhancements, and tailored healthcare services.
- **Intersectionality:** Recognizing the intersectionality of disability with gender, socio-economic status, and geographical location is crucial in addressing the specific SRHR needs of individuals.
- **Empowerment and Education:** Empowering persons with disabilities with knowledge and resources is fundamental to achieving autonomy over their sexual and reproductive health decisions.
- **Stakeholder Collaboration:** The effective advancement of SRHR for persons with disabilities necessitates the collaboration of a broad range of stakeholders, including government bodies, healthcare providers, NGOs, and the disabled persons' community themselves.

#### Emphasizing the Importance of an Inclusive Approach to SRHR

An inclusive approach to SRHR recognizes the rights of persons with disabilities to have full access to sexual and reproductive health services, education, and information. It acknowledges that persons with disabilities are active agents in their own lives, capable of making informed decisions about their health, relationships, and well-being. An inclusive SRHR framework not only benefits individuals with disabilities but strengthens the health system as a whole, promoting a more equitable society.

## Call for Collective Action Among Stakeholders

The journey towards fully inclusive SRHR services for persons with disabilities in Bangladesh is ongoing and requires the sustained commitment and collective action of all stakeholders. This call to action urges:

- **Policy Makers:** To ensure laws and policies are not only inclusive but actively enforced, providing the framework for equitable SRHR access.
- **Healthcare Providers:** To commit to ongoing education and adaptation of services to meet the needs of persons with disabilities, ensuring respectful, informed care.
- **NGOs and CSOs:** To amplify advocacy efforts, support policy implementation, and provide essential services and education to persons with disabilities.
- **Community Leaders and Members:** To foster an environment of inclusivity and support, breaking down societal barriers and stigmas that hinder access to SRHR.
- **Persons with Disabilities:** To actively engage in advocacy and dialogue, asserting their rights and needs in the realm of SRHR, and to support one another through shared knowledge and experiences.



## Moving Forward

Let us move forward with a shared vision and commitment to creating a Bangladesh where SRHR services are accessible, respectful, and inclusive of all, particularly persons with disabilities. Together, we can build a society that values diversity, upholds dignity, and ensures health and rights for every individual. This handbook is a call to action for us all to engage, collaborate, and innovate in our journey toward inclusive SRHR for persons with disabilities. The time to act is now.

# Appendices

## Appendix A: Glossary of Terms

- **Accessibility:** The design of products, devices, services, or environments for people with disabilities.
- **Civil Society Organizations (CSOs):** Non-governmental organizations and institutions that manifest the interests and will of citizens.
- **Comprehensive Sexual Education:** Education that aims to equip individuals with knowledge, skills, attitudes, and values to make appropriate and healthy choices in their sexual lives.
- **Disability:** A condition that may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors, affecting a person's life activities.
- **Disability-Focused Organizations:** These organizations are dedicated to addressing issues related to disabilities. Their primary emphasis is on the topic of disability itself rather than the direct involvement of persons with disabilities in their operational and decision-making processes. As a result, the active participation of persons with disabilities is often minimal, relegating them mostly to the role of recipients of benefits rather than active contributors or decision-makers. In practice, it's observed that persons with disabilities frequently occupy positions as end beneficiaries, with limited opportunities for meaningful engagement or leadership within these organizations.
- **Empowerment:** Empowerment encompasses a transformative process through which individuals, particularly those who have been marginalized or disenfranchised, gain the strength, confidence, and agency to take control of their lives. It involves acquiring the skills and knowledge necessary to influence decisions, assert rights, and navigate the social, economic, and political arenas that impact one's life. This process is multidimensional, involving personal, communal, and societal levels of growth and change. It aims not only at the individual capacity-building but also at changing unjust structures and practices that limit people's ability to act on their behalf. In the context of persons with disabilities, empowerment means ensuring they have equal opportunities to participate fully in all aspects of life, from making informed health choices to engaging in civic and employment opportunities, thereby actively shaping the communities and societies in which they live.
- **Gender-Based Violence (GBV):** Violence directed at an individual based on their gender or sex.
- **Informed Consent:** Agreement or permission accompanied by full notice about the care, treatment, or service that is the subject of the consent.
- **Intersectionality:** The interconnected nature of social categorizations such as race, class, and gender, creating overlapping and interdependent systems of discrimination or disadvantage.



- **Organizations of Persons with Disabilities (OPD):** An Organization of Persons with Disabilities (OPD) is a legal entity of persons with disabilities, exclusively led by themselves and fulfil organizational standards such as vision, mission, goals, objectives, governing bodies, bylaws, organogram, policies and procedures. The persons with disabilities **MUST** have ownership, participation and leadership in the OPDs.
- **Sexual and Reproductive Health and Rights (SRHR):** A concept that combines the rights to health and well-being in matters related to the reproductive system and to sexual well-being. The four main components of SRHR are:
  - **Sexual Health:** This component focuses on achieving a state of physical, emotional, mental, and social well-being in relation to sexuality. It involves the ability to have safe and pleasurable sexual experiences, free of coercion, discrimination, and violence. Sexual health encompasses the prevention and treatment of sexually transmitted infections (STIs), HIV, and other sexual health concerns.
  - **Sexual Rights:** These rights include the ability of all individuals to make free and responsible choices regarding their sexuality without coercion, discrimination, or violence. Sexual rights cover a range of issues, including the right to sexual education, the right to control one's own body, the right to choose one's partner, and the right to be free from sexual violence and discrimination.
  - **Reproductive Health:** Reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system. It implies that people can have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. This includes access to safe and effective family planning methods, services for pregnancy and childbirth, and prevention and treatment of reproductive health conditions.
  - **Reproductive Rights:** These rights include the recognition of 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 and means to do so. Reproductive rights also encompass the right to attain the highest standard of reproductive health, including access to safe and legal abortion, and the right to be free from coercion, discrimination, and violence in making reproductive decisions.

Together, these components advocate for a holistic approach to health and well-being, ensuring that individuals have access to necessary services, information, and the freedom to make informed decisions about their sexual and reproductive lives.

- **Stakeholder:** A person, group, or organization with interest or concern in an organization or a particular issue.

## Appendix B: List of Consulted Stakeholders and Experts

This list is representative and not exhaustive, intended to acknowledge the contributions of various individuals and groups to the development of this handbook.

- **Healthcare Providers:** Doctors, nurses, and specialists in reproductive health.
- **Disability Rights Advocates:** Individuals and representatives from organizations advocating for the rights of persons with disabilities.
- **Persons with Disabilities:** Individuals who have generously shared their experiences and insights.
- **NGO Representatives:** Staff and volunteers from non-governmental organizations focusing on disability rights and SRHR.
- **Government Officials:** Representatives from departments and agencies responsible for health, disability, and education.
- **Academics and Researchers:** Experts in disability studies, SRHR, and public health.
- Representatives from Organizations of Persons with Disabilities (OPDs)
- Healthcare professionals specializing in sexual and reproductive health
- Members of Civil Society Organizations (CSOs) focusing on disability rights and SRHR
- Policy makers from relevant government departments
- Academic researchers in the fields of public health, disability studies, and gender studies
- Persons with disabilities who generously shared their experiences and insights



## Appendix C: References and Further Reading

- United Nations. (2006). Convention on the Rights of Persons with Disabilities (CRPD).  
<https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- The Rights and Protection of Persons with Disabilities Act, 2013 - Bangladesh
- World Health Organization (WHO) Guidelines on Sexual and Reproductive Health and Rights of Persons with Disabilities
- Promoting sexual and reproductive health for persons with disabilities, WHO/UNFPA guidance note. 2009
- Comprehensive Sexuality Education for Young People with Disabilities: A Call to Action - UNESCO
- Bridging the Gap: Health Care for Women and Girls with Disabilities - Human Rights Watch
- Sexual and Reproductive Health and Rights, Lilian Fonds,
- Bangladesh Bureau of Statistics. (2015). \*Report on Disability Survey\*.
- কিশোর-কিশোরীদের প্রজনন স্বাস্থ্য, বাংলাদেশ পরিবার পরিকল্পনা সমিটি (এফপিএবি), ২০০৬
- কিশোর-কিশোরীদের স্বাস্থ্য পরিচর্যা, খুরশীদ জাহান বৃষ্টি, ২০১০
- কিশোর-কিশোরীদের যৌন সমস্যা, অসীম বর্ধন
- উইকিপিডিয়া
- জেড্ডার বিশ্বকোষ (১ম ও ২য় খণ্ড), সেলিনা হোসেন এবং মাসুদুজ্জামান সম্পাদিত, ২০০৬
- প্রতিবন্ধিতা ও উন্নয়ন তথ্যসংকলন, টার্নিং পয়েন্ট ফাউন্ডেশন, ২০১৭
- প্রতিবন্ধী ব্যক্তির অধিকার ও সুরক্ষা আইন, ২০১৩
- নিউরো- ডেভেলপমেন্টাল সুরক্ষা ট্রাস্ট আইন, ২০১৩
- জাতীয় স্বাস্থ্যনীতি ২০০৮





টার্নিংপয়েন্ট-এর প্রশিক্ষণসমূহ  
(Available training at TurningPoint)

**A. Training on Inclusion of Persons with Disabilities**

Code	Training title	Duration
101	Bangla Sign Language	5 days
102	Basic of Braille Literacy	5 days
103	Inclusion of People with Disabilities: Contemporary Concepts and Practices	5 days
104	Human Rights of Persons with Disabilities	5 days
105	Disability Etiquette: Appropriate Language and Behavior	3 days

**B. Training for the Development Professionals**

Code	Training title	Duration
201	Project Planning and Designing Quality Proposals	3 days
202	Documentation and Report Writing	3 days
203	Participatory Impact Monitoring and Evaluation	3 days
204	Financial Management of CBOs, DPOs and small NGOs	3 days
205	Training on Safeguarding (PSEAH)	3 days
206	Sexual and Reproductive Health and Rights (SRHR)	3 days
207	Training on Risk Management and Fraud Management	3 days
208	Training of Trainers (TOT) on Facilitation Skills and Training Designing	3 days
209	Fund Raising and Resource Mobilization	3 days
210	Communication, Advocacy and Networking	3 days
211	Registration of NGOs: Government's Rules and Regulations	3 days
212	Gender Inclusive and Sustainable Organizational Development	3 days
213	Gender and Disability Inclusive Organizational Policy Development	3 days
214	Gender and Disability Inclusive Organizational Strategic Planning	3 days
215	Early Childhood Development	3 days
216	Faith-Based WASH	3 days

**C. Training on ICT, Freelancing and Entrepreneurship Development**

Code	Training title	Duration
301	Computer Basics and Microsoft Office Applications	48 hours
302	Basics of Freelance and Outsourcing	1 day
303	Online Market Places: Keys to Success	1 day
304	Basics of Speaking and Writing English	48 hours
305	Job Application, CV and Interview Skills	1 day
306	Full Stack Web Development	60 hours
307	Search Engine Optimization (SEO)	20 hours
308	Graphics Design and Desktop Publishing	48 hours
309	Online Marketing	1 day
310	Entrepreneurship Development: Strategy, Rules and Regulations	1 day

**NB: For updated training list, please visit: [www.turningpointbd.org](http://www.turningpointbd.org)**

# Empowerment and Equity

## Sexual and Reproductive Health and Rights (SRHR) of Persons with Disabilities

Embark on a journey through this Handbook to unlock the transformative power of knowledge and advocacy for Sexual and Reproductive Health and Rights (SRHR) of persons with disabilities. Let's empower every individual to claim their rights, embrace their strength, and shape a more inclusive and equitable future together. Here discover how to:

- **Ensure SRHR Access:** Break down barriers for full accessibility for those with disabilities.
- **Advocate for Rights:** Strengthen legal support for disability inclusive SRHR policies.
- **Transform Attitudes:** Tackle societal challenges affecting SRHR experiences.
- **Upgrade Healthcare:** Make facilities and provider training more disability friendly.
- **Meet Specific Needs:** Address the unique SRHR concerns of women, girls, and adolescents with disabilities.
- **Empower Through Rights:** Focus on consent, empowerment, and non-discrimination.
- **Guide to Resources:** Navigate accessible SRHR services and supports.
- **Strategize Together:** Foster policy and community solutions for SRHR.
- **Evaluate Progress:** Use feedback for SRHR service enhancement.
- **Collaborate for Change:** Unite all stakeholders in SRHR advocacy.

This handbook is your guide to creating a more inclusive world where everyone's SRHR is recognized and respected.

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