Telling Our Own Stories

WOMEN WITH DISABILITIES' LIVED EXPERIENCES
IN ACCESSING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

BACKGROUND AND RATIONALE

A national Inquiry process is a strategy adopted by National Human Rights Institutions (NHRIs) in addressing systemic violation of human rights. It is based not only on evidence from individual cases and accounts, but also includes examination of laws, policies, and programs (or lack of them) which have given rise to violations in question.[1]

The Commission on Human Rights, as an NHRI and as Gender Ombud under the Magna Carta of Women (RA 9710) has previously undertaken a national Inquiry process in 2016. The 2016 National Inquiry on Reproductive Health found persistent barriers in the implementation of the country's Responsible Parenthood and Reproductive Health Law (RA 10354). These barriers included the uneven implementation and support by local government units, absence or lack of information, religious and cultural barriers, breakdown of service delivery networks, insensitivity of some service providers, unsustainable human resource development, and the many barriers encountered by women and girls facing multiple and intersecting forms of discrimination. Women and girls with disabilities are among those who face myriad barriers in accessing reproductive health information, service, and commodities.

[1] Asia Pacific Forum. National Human Rights Institutions and National Inquiries.

A Focus on Women with Disability

Post 2016 National Inquiry on RH, the Commission together with UNFPA focused on strengthening programs for women with disabilities (WWDs). This focus on the sector stemmed from the Inquiry findings which highlighted the barriers faced by women with disabilities in accessing RH information, services, and commodities. The identified barriers during the 2016 Inquiry included the inaccessibility of RH information, services, and commodities for women with disability, the stigma and discriminatory practices against women with disability and their sexuality, as well as practices that exclude women with disability on crucial decisions regarding their sexual and reproductive health and rights. Discriminatory practices and stigma from institutions and health service providers towards WWDs were also documented.

Addressing the issues raised in part, disability peer action groups were capacitated on reproductive health and rights and learning sessions among WWDs were conducted by the Commission and UNFPA in 2017. A module was also developed on Access to Reproductive Justice for women with disabilities. Through working with women with disabilities and creating spaces for empowerment, the partnership of CHR and UNFPA resulted in better understanding of the challenges faced by women and girls with disabilities and strengthened advocacy among WWDs through the peer action groups learning session.

Continuing the effort of focusing on women with disabilities, the Commission undertook a National Inquiry on the Access to Reproductive Health and Rights of WWDs from April to November 2019.

Reproductive Health and Women with Disabilities

Internationally, the protection of the rights of persons with disability has gained ground through the adoption of the UN Convention on the Rights of Persons with Disability (UNCRPD). The said Convention explicitly oblige states to ensure reproductive health and rights of persons with disability. Article 25 mandates states to provide PWDs with same "range, quality and standard of free or affordable health care and programmes provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes." While Article 23 (1) requires states to provide "effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that persons with disabilities, including children, retain their fertility on an equal basis with others."[1]

Further strengthening international framework and responses to the sexual and reproductive health rights (SRHR) of women with disabilities is the adoption of the sustainable development goals (SDGs). The SDGs is a potent tool in advancing the rights of women with disabilities, with its call to 'leave no one behind' and the targets under Goal 5 (gender equality) particularly focusing on 'addressing the lack of access to sexual and reproductive health and rights' among women and girls with disability.[2]

Two international issuance further bolster SRHR; the first pertains to the 29 August 2018 joint statement of the UN CEDAW Committee and the Committee on the UNCRPD titled "Guaranteeing sexual reproductive health and rights for all women, in particular women with disabilities." The declaration stressed a human rights-based approach to sexual and reproductive health, one that 'acknowledges that women's decisions on their own bodies are personal and private, and places the autonomy of the woman at the center of policy and law-making related to sexual and reproductive health services, including abortion.' Another important statement was also jointly issued by the Committee on the UNCRPD and the Global Alliance of National Human Rights Institutions (GANHRI) committing to work together towards strengthened monitoring and data collection on persons with disability, including women with disability.

Continuing Challenges and Barriers to RH of WWDs

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1 UN Convention on the Rights of Persons with Disability

2 UN Women. Making SDGs Count for Women and girls with disabilities. http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2017/making-sdgs-count-for-women-with-disabilities.pdf?la=en&vs=2823

Despite the above-mentioned international and domestic legal frameworks for reproductive health and rights and the rights of persons with disability, systemic and structural barriers continue to hinder enjoyment of these rights. Globally, women and girls with disabilities 'face multiple barriers to realizing their rights: environmental, physical and informational accessibility issues, including lack of resources and inadequate access to services, as well as widespread discrimination, stereotyping and social stigma.'[3] These barriers were discussed in part during the Philippines' review under UNCRPD (2018), and CEDAW (2016). They were also documented by CSOs working with women with disabilities.

The recently conducted review of the Philippines by the Committee on UNCRPD reiterated continuing challenges and gaps with respect to access to reproductive health services of persons with disabilities. It observed continuing lack of data on persons with disabilities and of the need for government programming that takes into account the intersecting forms of discrimination that women with disabilities experience, including in access to information and services on responsible parenthood and reproductive health (RPRH) and gender-based violence. The Committee also expressed concern about the "limited sexual reproductive health education, services, and rights available to women and girls with disabilities" and on the "prejudice and discrimination of families, service providers and the wider public that prevent women and girls from accessing health care."[4]

Even prior to the UNCRPD's concluding observations in 2018, the UN CEDAW Committee and research from and with WWDs already surfaced intersecting and different forms of discrimination, othering, and exclusions. In 2016, the CEDAW Committee noted with concern how judicial and legal procedures are not sufficiently accessible to persons with disabilities,[5] how programs and institutions fail to institutionalize accessibility for women with all forms of disabilities,[6] and how the State failed to develop operational guidelines for 'high-quality, age-appropriate education on sexual and reproductive health and rights for all girls and boys, including those with disabilities'[7]

Research conducted with WWDs in the Philippines further support the observation that WWDs, because of the 'intersectionality of prejudice and discrimination,' are more likely to 'experience violations of their sexual and reproductive rights, compared to women without disability.'[8] For instance, interviews conducted with women with disabilities during a participatory action group research reveal numerous barriers to sexual and reproductive health; to wit:

> *Findings from interviews with women with disabilities highlighted numerous barriers to sexual and reproductive health including limited availability of accessible services; women's limited awareness about sexual and reproductive health and when and how to access appropriate information and services; negative attitudes of service providers and communities in relation to disability and sexual and reproductive health; and experiences of violence and abuse. Women with disabilities also wanted more information about sexual and reproductive health and greater access to services.*[9]

These observations are consistent with the findings of the 2016 RH Inquiry of the Commission, supporting the need to further document the lived experiences of WWDs through a National Inquiry specifically focusing on the reproductive health and rights of WWDs. With funding support from the United Nations Population Fund (UNFPA), the Commission undertook a National Inquiry from March to October 2019.

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3 Ibid.
4 UN CRPD Committee. Concluding observations on the initial report of the Philippines' (16 October 2018) CRPD/C/PHL/CO/1
5 UN CEDAW Committee. Concluding observations on the combined seventh and eighth periodic reports of the Philippines. (25 July 2016). CEDAW/C/PHL/CO/7-8. para 14
6 Ibid., para 16
7 Ibid., para 16
8 Alexandra Devine, Raquel Ignacio, Krystle Prenter, Lauren Temminghoff, Liz Gill-Atkinson, Jerome Zayas, Ma Jesusa Marco & Cathy Vaughan (2017) "Freedom to go where I want": improving access to sexual and reproductive health for women with disabilities in the Philippines, Reproductive Health Matters, 25:50, 55-65, DOI: 10.1080/09688080.2017.1319732
9 Ibid.

OBJECTIVES

The National Inquiry on Reproductive Health and Reproductive Rights, through written submissions, fact finding missions, and public hearings, sought to:

1. Document individual and/or systemic barriers to WWDs access to sexual and reproductive health information, services, and commodities.

2. Document the barriers and problems experienced by service providers in providing reproductive health information, services, and commodities to women with disabilities;

3. Provide an analysis and to report on access to reproductive health by WWDs in the light of the State's obligations under CEDAW, the UN CRPD, and the provisions of the MCW the RPRH Law;

4. Provide concrete recommendations to the State and the concerned agencies to address individual and systemic/structural barriers to women's access to reproductive health services

STRATEGIES AND METHODOLOGY

Led by the CHRP's Center for Gender Equality and Women's Human Rights (CGEHWR) and its respective Regional Offices, the National Inquiry was conducted in March to November 2019. The Inquiry employed data gathering methods as follows:

1. Call for submissions from individuals and/or organizations of their experience with respect to denial of/discrimination in/barriers to access of reproductive health services for WWDs;

2. Survey of policies and/or programs for persons with disability particularly focusing on WWDs and their access to reproductive health services among National Government Agencies (NGAs) and Persons with Disabilities Affairs Office (PDAO);

3. Conduct of fact-finding missions and public hearings in select regions in the country namely: Region X (Cagayan de Oro, Malaybalay), Cordillera Administrative Region (Baguio City, La Trinidad), CARAGA Administrative Region (Butuan City, and nearby cities and municipality), Region VII (Cebu City, Cordova), and National Capital Region (Manila, Pateros);

4. Validation of Inquiry results with WWDs, women's organizations, and relevant NGAs.

The Inquiry was designed to allow women to tell the CHRP their stories. This is made possible through the conduct of fact-finding missions prior to the Public Hearing. In these fact-finding missions, women with disabilities are grouped for the conduct of a focus group discussion. There is one group for women with mobility impairment, one for blind and women with visual impairment,

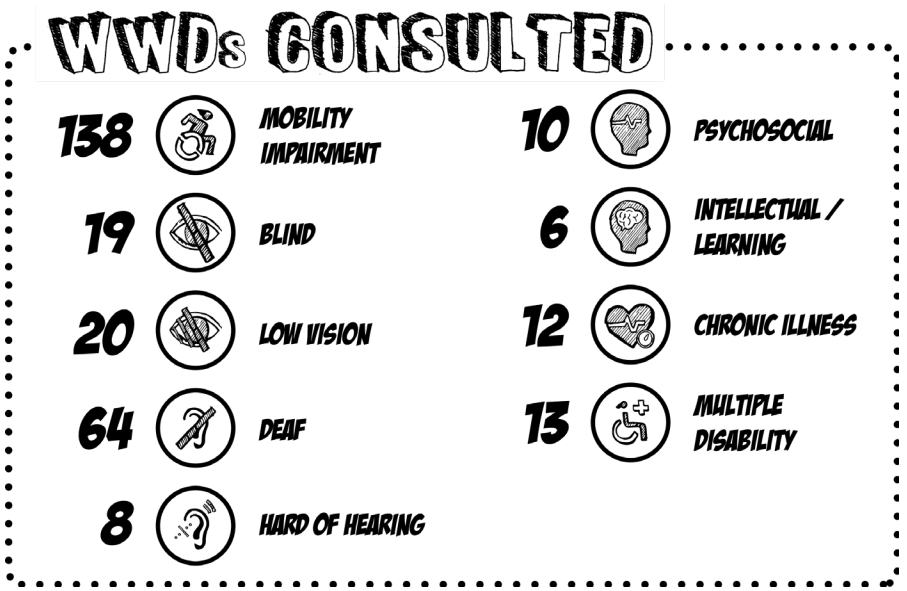
and another for deaf and hard of hearing. The design allows women to speak out and discuss disability specific issues even as separate KIIs are being conducted with duty bearers. On the other hand, the one day public hearing in each of the Inquiry areas allow women with disability to tell their stories in public and in the presence of duty bearers. Public hearings are presided by the Commissioners Karen Gomez-Dumpit, Commissioner Leah Tanodra-Armamento, and Commissioner Gwendollyn Pimentel-Gana. Through these, stories and issues of women with disabilities are documented, together with programs, responses and challenges by the government duty bearers.

Participants

The National Inquiry has consulted a total of 601 individuals in both fact-finding and public hearings. Of this number, 298 are WWDs and 303 are government representatives (both from the national and the local levels).

"Diversity of women with disabilities includes all types of impairments which is understood as physical, psychosocial, intellectual or sensory conditions which may or may not come with functional limitations." The range of this diversity is quite broad. Hence, the CHRP strived as much as possible to make the composition of the participants diverse and inclusive. The Inquiry was able to engage the following number of WWDs: 138 with mobility impairment, 39 with visual impairment, 72 with hearing impairment, 10 with psychosocial disability, six (6) with cognitive disability, 12 with chronic illness, and 13 with multiple disabilities WWDs.

Two days were allotted for the conduct of fact-finding missions in targeted locales. During fact-finding missions, focus group discussions (FGDs) were conducted among WWDs and key informant interviews (KIIs) were done with the government representatives from the LGUs' key offices, and NGAs regional offices (i.e., DOH, Philippine National Police, as well as provincial's and cities' hospitals and public schools). Public hearings were also held to gather testimonies from WWDs, government representatives (including those from the PDAO), women's organizations, and persons with disabilities organizations (see list of organizations in appendix).



In two of the Inquiry areas, Cagayan de Oro and Butuan City, some representatives at the fact-finding mission and at the public hearing also came from nearby provinces, cities, and municipalities. In Cagayan de Oro, speakers from Malaybalay, Bukidnon, and Iligan City were present. During the Butuan City fact-finding and public hearing, there were participants from Agusan Del Norte, Surigao del Sur, and Dinagat Islands. This made the actual scope of the Inquiry wider than the five identified areas.

INQUIRY RESULTS

The 2019 National Inquiry on the Reproductive Health of Women with Disabilities (a) documented individual and/or systemic barriers to WWDs access to sexual and reproductive health information, services, and commodities; and (b) documented the barriers and problems experienced by service providers in providing reproductive health information, services, and commodities to women with disabilities.

The entire process aimed to gather data on the lived experiences of women with disabilities through calls for submission, public hearings and fact-finding missions, survey with government, and a validation session.

During the fact-finding missions and public hearings, the Commission covered five areas: Cagayan de Oro, Baguio City, Cebu City, Butuan City, and the National Capital Region. The fact-finding missions and the public hearings gathered lived experiences of women with mobility impairment, deaf women, women hard-of-hearing, women with low vision, women who are blind, and in a few instances—women with psychosocial, intellectual disability, women with chronic illness, and women with multiple disability.

After five months, the Commission's National Inquiry has engaged and consulted a total of 601 individuals. Of this number, 298 were women with disabilities. Broken down into the different disabilities, we have engaged: 138 with mobility impairment, 19 blind, 20 low vision, 64 deaf, 8 hard-of-hearing, 10 psychosocial, 6 intellectual/learning disability, 12 chronic illness, and 13 multiple disabilities. These numbers show how almost half of the women who participated had mobility impairment, and with very low participation from those with psychosocial, hard-of-hearing, and those with intellectual/learning disability.

The fact-finding missions and public hearings gave us rich data on the lived experiences of women with disabilities and the multiple barriers that they

experience in the enjoyment of their reproductive health and rights.

More specifically, the Inquiry documented the following:

The persistence of barriers that limit the access of women with disabilities to RH services, commodities, and information including VAW remedies. This included policy, communication, mobility, and attitudinal/social barriers. The latter included prejudice against sexual and reproductive capacities and rights of WWDs and the lack of disability sensitivity of health service providers and discriminatory attitude against WWDs;

WWDs also suffer overlapping barriers brought about by their intersecting vulnerabilities as persons with disabilities and as Filipino women in marginalized sectors. Particularly, the Inquiry documented a lack or limited awareness of RPRH, RH rights, and VAW remedies—especially for those who

are deaf, and those with psychosocial and intellectual/learning disability. It also documented how men and family members exercise control over WWDs' sexuality and reproductive health. It has particularly highlighted women with disabilities' right to love, to have a family, and to have children; for more often than not, we heard stories of how women with disabilities have been prevented

from doing so—an affront to their autonomy and self-determination.

WWDs also suffer the same economic, socio-cultural, and political barriers to RH access experienced by many Filipino women, especially those in poverty and in geographically inaccessible and disadvantaged areas (GIDA) or other situations of vulnerability.

In terms of government responses to women with disabilities and the barriers experienced by health service providers, the Inquiry documented an obvious lack of disability-inclusiveness in the implementation of the responsible parenthood and reproductive health law (RPRH Law). There is a marked absence of specific policies and programs directed towards the reproductive health of women with disabilities, absence of data, and very limited good practices. There is also a limited and uneven capacity of health service providers to handle women with disabilities.

With these findings, the Commission calls on the State to hear, and to immediately respond to, the stories of women with disabilities. And for the State to realize its obligation to protect, promote, and fulfill the sexual and reproductive health and rights of women with disabilities as guaranteed in the CEDAW, UNRCPD, MCW, and the RPRH law. The Commission will also be forwarding the results of the Inquiry to government agencies, which will also inform our independent treaty reporting. The final report of the Inquiry is titled "Telling our own stories: National Inquiry of the RH of women with disabilities." As in the title, it is the women with disabilities whose stories we share, and whose lived experience calls into account the State and its treaty obligations.