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IN THE NEEDS FOR AND BARRIERS TO SEXUAL
AND REPRODUCTIVE HEALTH CARE AMONG
YOUNG PEOPLE AND WOMEN
WITH DISABILITIES



Research in the Needs for and Barriers to Sexual and
Reproductive Health Care among Young People
and Women with Disabilities



RESEARCH IN THE NEEDS FOR AND BARRIERS TO SEXUAL AND REPRODUCTIVE HEALTH CARE
AMONG YOUNG PEOPLE AND WOMEN WITH DISABILITIES

RESEARCH REPORT

Head of the Research:

Ms Nino Tsuleiskiri - Director, Association HERA XXI

Research Coordinator:

Ms Salome Iobadze - Project Coordinator, Association HERA XXI

Research Team:

Ms Nino Kokosadze - Director, Anova Ltd.

Ms Kristine Lortkipanidze - Research Consultant, Anova Ltd.

Ms Mariam Kvitsiani - Research Consultant, Anova Ltd.

Ms Maia Robakidze - Research Analyst, Anova Ltd.

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TABLE OF CONTENTS

Introduction	5
Definition of Terms.....	5
Limitations of the Research	6
1. Actuality of the Research Topic	7
2. Methodology	9
3. Key Research Findings and Recommendations	13
3.1 Key Research Findings.....	13
3.2 Recommendations.....	19
4. Research Results.....	21
Chapter 1 - Analysis of the Programmes, Services and Legislative Framework for Sexual and Reproductive Health and Rights (SRHR) of Persons with Disabilities	21
1.1. Review of the Legislative Framework for Sexual and Reproductive Health and Rights (SRHR).....	21
1.2. Review of the Sexual and Reproductive Health (SRH) Services for Persons with Disabilities and of the Projects and Programmes related to the Sexual and Reproductive Health (SRH) of Persons with Disabilities.....	24
Chapter 2 - Analysis of Sexual and Reproductive Health (SRH) Needs of Women and Young People with Disabilities and Barriers to Sexual and Reproductive Health Care.....	36
2.1. Perception of and Attitudes toward Persons with Disabilities	36
2.2. Sexual and Reproductive Health (SRH).....	39
2.2.1. Perception of the terms	39
2.2.2. Stigmas Related to Sexuality and Reproductive Health of Persons with Disabilities... 40	
2.2.3. Perception of Sexuality of Young People and Women with Disabilities.....	46
2.3. Sexual and Reproductive Health and Rights (SRHR).....	46
2.3.1. Prevalence of Violations of Sexual and Reproductive Rights of Persons with Disabilities.....	49
2.3.2. Sexual and Reproductive Rights and Needs of Persons with Disabilities in total institutions.....	49
2.3.3. Barriers to the Realization of the Right to Family Life	55
2.4. Violence.....	58
2.4.1. Types of Violence	61
2.4.1.1. Sexual Violence.....	61
2.4.1.2. Gender-based Discrimination.....	64
2.4.1.3. Domestic Violence and Physical Violence	65
2.4.1.4. Bullying in School.....	67
2.4.1.5. Prevalence of Sexual Abuse against Persons with Disabilities	68
2.4.2. Fight against Violence.....	70

2.5. Sexual and Reproductive Health (SRH) Needs of Young People and Women with Disabilities	71
2.6. Education	74
2.6.1. Problems Associated with the Lack of Knowledge among Target Groups.....	74
2.6.2. Availability of the Information on Sexual and Reproductive Health (SRH)	77
2.6.3. Existing sources of information.....	78
2.6.4. Recommendations on information and education.....	85
2.7. Sexual and Reproductive Health (SRH) Services	88
2.7.1. Availability of Sexual and Reproductive Health (SRH) Services and Information for Target Groups	88
2.7.2. Barriers to Receiving Health Care Services.....	89
2.7.2.1. Accessibility	89
2.7.2.2. Infrastructure and Adaptation to Different Types of Disabilities.....	90
2.7.2.3. Affordability	93
2.7.3. Qualifications and Attitudes of Healthcare Professionals	94
2.7.3.1. Knowledge and Qualification	94
2.7.3.2. Ethics, Confidentiality, Rules of Communication with Patients.....	95
2.7.3.3. Attitudes	97
2.7.4. Expert Recommendations.....	98
2.8. Parental Involvement in the Lives of Persons with Disabilities	99
2.8.1. Acceptance of Sexual Life of Adolescents with Disabilities	100
2.8.2. Recommendations of Parents of Children and Adolescents with Disabilities	102
Appendix.....	103
1. Focus Group Discussions - A Guide.....	103
Focus Group Discussions with the participation of the Parents and/or Guardians of Children and Adolescents with Disabilities.....	103
Focus Group Discussions with the participation of Women with Disabilities	105
2. In-Depth Interviews - A Guide.....	110
In-depth Interviews with Policy Makers, Representatives of NGOs and Service Providers	110
In-depth Interviews with professionals working on the issues related to and needs for Sexual and Reproductive Health (SRH) among Persons with Disabilities.....	112

Introduction

The document reviews legal documents on sexual and reproductive health and rights (SRHR) of women and adolescents with disabilities, as well as projects, programmes, and services implemented in Georgia over the past three years to protect sexual and reproductive health and rights (SRHR) of women and young people with disabilities. In addition, it analyses the needs for and barriers to the protection and realization of the rights of women and young people with disabilities with respect to their sexual and reproductive health (SRH), i.e. the difficulties and the challenges they face.

Sexual and reproductive health and rights (SRHR) and wellbeing associated with it is considered a fundamental human right and recognized and secured locally and internationally – under the Constitution of Georgia, the International Declaration of Human Rights and the UN Convention on Human Rights. Sexual and reproductive rights are linked to fundamental rights such as: the right to health; access to health services; the right to privacy; prohibition of discrimination; the right to self-determination; the right not to be tortured or treated in an inhuman or degrading way and other rights.

The Association HERA XXI, through its activities, promotes issues associated with Reproductive and Sexual Health and Rights in Georgia, providing comprehensive and competent information to the population and informal education to stakeholders.

At the present stage, the Association aims to analyse the current situation in Georgia regarding the needs for and barriers to exercise sexual and reproductive rights among young people and women with disabilities, to conduct a comprehensive study of these issues and to prepare an analytical report that will be available to the general public.

The Project is being implemented with the support of the Swedish Association for Sexuality Education (RFSU).

We hope that the report will assist stakeholders in informing persons with disabilities about their sexual and reproductive rights and will facilitate evidence-based advocacy processes. It will also help adolescents and women with disabilities and their families, service providers and human rights defenders to analyse the current situation and identify ways of promoting equality and creating an equal and fair environment.

Definition of Terms

Part of the terminology used in the Research Report (diagnoses and health status of persons with disabilities) mostly reflects the information provided by the participants of the research, which is currently actively used in the medical circles (doctors, specialty doctors) and are established terms in medical diagnosis forms.

However, it should be noted that, as a result of ratification and adoption of the Convention on the Rights of Persons with Disabilities and its bylaws, diagnoses of persons with disabilities should be considered in the social context and existing medical terminology should be replaced. This serves the purpose of reducing stigma, on the one hand, and ensuring respect for the UN Convention on the Rights of the Child and adopting modern approaches to the issues of persons with disabilities, on the other hand.

Limitations of the Research

The present research is conducted using a qualitative method, which does not allow for generalization of the results but helps to identify the main issues, challenges and trends. Furthermore, the information provided by the respondents surveyed within the frames of the research is based on their experience and does not allow for generalization or for identifying the prevalence of the experience in Georgia.

The research was conducted in 3 regions - Tbilisi, Kakheti and Imereti - which is also considered to be the main limitation. Further research should be conducted in the situation existing in other regions, which were not covered by the given research.

In addition, the full range of persons with disabilities could not be fully covered by the research, therefore, the needs for and barriers to sexual and reproductive health care among persons with different diagnoses are not included in the Research Report.

We hope that, given the urgency of the issues, further research will be conducted and all the questions raised in this research will be answered.

1. ACTUALITY OF THE RESEARCH TOPIC

The right to sexual and reproductive health (SRH) and wellbeing is one of the fundamental human rights and is recognized by the Constitution of Georgia and the laws, as well as by international and regional human rights treaties ratified by Georgia.

In terms of rights, sexual and reproductive health and rights (SRHR) were defined in the final document of the 1994 International Conference on Population and Development (ICPD) held in Cairo, Egypt (Cairo Conference Programme of Action), and reaffirmed at the 1995 Fourth World Conference on Women held in Beijing (Beijing Conference Platform for Action). Both the Cairo Conference Programme of Action and the Beijing Conference Platform for Action clearly show that sexual and reproductive health and rights (SRHR) are an integral part of human rights, as is the right to life, the right to health care, including the right to access health care, the prohibition of discrimination, the right to privacy, the right to self-determination, the right not to be subjected to torture and other cruel, inhuman and degrading treatments or punishments, and others.

Although the sexual and reproductive health and right (SRHR) of women and young people with disabilities as well as their equality is protected by several legal documents (e.g., the Universal Declaration of Human Rights, etc.), the mechanisms for their enforcement remain quite weak. Based on the results of the present research, it is obvious that there are almost no sexual and reproductive health (SRH) programmes or services available for this group of people in Georgia (the issues will be discussed in details in the following subsections). This group is vulnerable to sexual and reproductive rights violations. Furthermore, they still suffer from stigma in terms of sexual and reproductive health (SRH).

Persons with disabilities, as a vulnerable group, face multiple needs, including the need for sexual and reproductive health (SRH), which has been largely underestimated to date. Due to the scarcity of research and the lack of a proper information base, especially with respect to sexual and reproductive health and rights (SRHR) of persons with disabilities, the advocacy as well as the development of an environment tailored to their needs has so far failed and is still on an early stage.

Today, projects tailored to the needs of the group of women and young people with disabilities are quite rare; and even rarer are the programmes or services addressing their needs for sexual and reproductive health (SRH). In fact, such services and programmes are not implemented in Georgia. Existing sexual and reproductive health (SRH) services and programmes are of general character and are not adapted to consider the needs of persons with disabilities, including the needs of women and young people with disabilities. However, the issue is so urgent that it needs to be addressed. Awareness of sexual and reproductive health and rights (SRHR) is at least one of the mechanisms of preventing sexual violence, not to mention other benefits that protection of these rights bring, such as reducing stigma, adapting the vulnerable group to the existing environment, improving their lifestyle, and others.

Informing society about the general rights and needs of persons with disabilities in Georgia is the prerogative of non-governmental sector. NGOs, with the funding they receive or capacities they possess, mostly implement small-scale projects, which fail to minimize the problems that abound. Besides, the programmes implemented by NGOs are mainly focused on the general and fundamental needs and rights of persons with disabilities, and issues related to the sexual and reproductive health and Rights (SRHR) of persons with disabilities remain neglected.

The research in the needs for and barriers to sexual and reproductive health care among young people and women with disabilities conducted by the Association HERA XXI with the support of the Swedish Association for Sexuality Education (RFSU) aimed to identify sexual and reproductive

health (SRH) needs of persons with disabilities, on the one hand, and raising public awareness of their needs, on the other hand.

We hope that the present research will clearly demonstrate the actuality and importance of the issue for the target group, and, at the same time, will form the basis for a more in-depth and large-scale study of the issue.

2. METHODOLOGY

Research Goal

The main goal of the research is to identify challenges young people and women with disabilities face in realizing their right to sexual and reproductive health (SRH), their needs for and barriers to access sexual and reproductive health (SRH) services, and to analyse the attitudes and life experiences of people with disabilities with regard to their sexuality.

Research Objectives

The first main task of the research was **to analyse the existing situation in the country with regard to sexual and reproductive rights of women and adolescents with disabilities** by studying services, projects, programmes and legal documents, which would allow to detect steps taken by the State, and the degree of involvement of the State, governmental and non-governmental organizations and civil society in addressing the issues raised in the research.

The second main task of the research was **to study the needs for and the barriers to sexual and reproductive health care and realization of related rights as perceived by the members of the target group**, which was important to accurately identify the realities, challenges and needs seen by people with disabilities today, with regard to their needs for sexual and reproductive health (SRH), realization of related rights, which in its turn implies studying and analysing the issues such as:

- Awareness of young people and women with disabilities of the issues associated with sexual and reproductive health and rights (SRHR);
- Attitude of young people and women with disabilities towards issues associated with sexual and reproductive health (SRH);
- Sexuality and life experiences of young people and women with disabilities.

Research Methodology

The Research methodology was developed by a team of researchers representing the Association HERA XXI and the research and consulting company “ANOVA”. The research was planned in two directions:

1. **Secondary Data Analysis** - which implied collection of information on the reproductive and sexual issues of young people and women with disabilities in Georgia over the past 5 years, through programmes and projects implemented throughout Georgia by both governmental and non-governmental sectors.
2. **Qualitative research - using in-depth interviews and focus group discussions**, which allowed for collecting primary information about the needs for sexual and reproductive health (SRH) among women and young people with disabilities, by directly interviewing representatives of the target group.

In the first stage of the research - **collection of Secondary information** - both international and Georgian legal documents on sexual and reproductive health and rights (SRHR) were analysed. Key findings of the analysis are presented in this research report.

In addition, the team of researchers collected information on services, projects and programmes implemented in recent years, and targeting persons with disabilities (women and young people) and related to the issues of sexual and reproductive health (SRH).

In the second stage of the research – **qualitative research** – primary information from women and young people with disabilities was collected. The techniques used with the target groups were:

1. In-depth Interviews
2. Focus Group Discussions

In-depth Interviews

This research method was used with experts in the field of sexual and reproductive health and rights (SRHR) and related needs, healthcare providers and representatives of governmental and non-governmental sector. Overall 24 in-depth interviews were conducted. Detailed information about persons participating in the in-depth interviews is given in Table #1.

Table #1. Participants of in-depth interviews

#	Sector	Organization/Position	Region
1	NGO	NGO „Mariani”, founders: NGO “Child, Family, Society”, Tbilisi №202 School for Blind and Visually Impaired Children, Vice Principal	Tbilisi
2	NGO	“Social Therapy House”, CEO	Tbilisi
3	NGO	“Platform for New Opportunities”, representatives, experts	Tbilisi
4	NGO	“Partnership for Human Rights”, a representative	Tbilisi
5	NGO	NGO “Hand in Hand”, CEO	Tbilisi
6	NGO	NGO “Lampari - Support for Parents of Children with Disabilities”, CEO	Kakheti
7	Policy Maker	The Department of Gender Equality and the Department of the Rights of Persons with Disabilities, Public Defender’s Office (PDO)	Tbilisi
8	Policy Maker	School Psychologist working with Children with Disabilities, Special Protection Group member, Public Defender’s Office (PDO)	Tbilisi
9	Policy Maker	Ministry of Education, Department of National Curriculum	Tbilisi
10	Policy Maker	Ministry of Labour, Health and Social Affairs, Health Policy Unit	Tbilisi
11	Policy Maker	Ministry of Education and Science of Georgia. Inclusive Education Development Division	Tbilisi
12	Policy Maker	Social Service Agency, Health Policy Unit Programmes, a representative	Tbilisi
13	Policy Maker	Deputy Chairman of Human Rights and Civil Integration Committee of the Parliament of Georgia	Tbilisi
14	Healthcare Provider	United Nations Population Fund (UNFPA), Sexual and Reproductive Health (SRH) Programme Analyst	Tbilisi
15	Healthcare Provider	“First Step Georgia”, Charitable Union “Gremi”, paediatrician	Tbilisi
16	Healthcare Provider	Kutaisi Mental Health Centre, Director	Imereti
17	Healthcare Provider	Kutaisi Iv. Skhirtladze Interregional Psycho-neurological Dispensary, Psychiatrist	Imereti
18	Healthcare Provider	The Children’s Rehabilitation Centre, Psychologist/Psychotherapist	Imereti
19	Healthcare Provider	“INER Georgia – Serving Couples and Lives”, Director/Natural Family Planning (NFP) Expert	Imereti
20	Healthcare Provider	Mental Health Centre, Social Worker	Kakheti
21	Healthcare Provider	Gremi community, Senior Educator	Kakheti
22	Healthcare Provider	“Gagua Clinic” and Clinic of In vitro Fertilization and Reproductive Health “In Vitro”, Reproductologist	Tbilisi
23	Healthcare Provider	Mental Health Centre of Tbilisi Referral Hospital, Director	Tbilisi
24	Healthcare Provider	Children’s Rehabilitation Centre #2, Director and Neurologist	Imereti

Focus Group Discussions

Focus Group Discussions were conducted with the participation of young people and women with disabilities and parents of persons with disabilities. Persons participating in the discussions had different disabilities; and the participants were grouped as follows:

1. 3 Focus Group Discussions with the participation of young people with disabilities, aged 16-25;
2. 3 Focus Group Discussions with the participation of women with disabilities, aged 25-45;
3. 3 Focus Group Discussions with the participation of parents of adolescents (aged 10-18) with disabilities.

Detailed information about the Focus Group participants is given in Table #2.

Table #2. Participants of focus group discussions

		Disability Categories										
Region	Focus group	Hearing impairment	Visual impairment, including blindness	Down syndrome	Cerebral Palsy, wheel-chair-dependent	Intellectual disability	Mobility impairment	Spine Disorder	Epilepsy	Diabetes	Tumours of the brain and spinal cord	Emotional and behavioural disorders
Tbilisi	Women	3	1				3					
Kakheti	Women		1					2	1	1		
Imereti	Women		1		4				1		1	1
Tbilisi	Men	4	1			2						
Kakheti	Men			1	1	1			1	1		
Imereti	Men	4	2	2	7	5	3	2	3		1	3
Total		11	6	3	12	8	6	4	6	2	2	4

Note: Data about the health condition of the participants indicated in the table is based on the information provided by the participants.

Target Group

The diversity of research participants was mainly due to the research topic. Their selection was determined based on the tasks of the study aimed at obtaining complete information.

The research involved **representatives of the governmental sector** responsible for the protection of sexual and reproductive health and rights (SRHR) and development and implementation of relevant services; as well as **representatives of the non-governmental sector**, who had direct contact with the issues of sexual and reproductive health (SRH) of persons with disabilities - were well aware of their needs and had implemented certain programmes and projects in this direction.

People who were also interviewed to collect necessary information included **healthcare providers, medical doctors, and persons directly involved in the provision of services** and having daily contacts with women and young people with disabilities and thus aware of sexual needs of the target group.

Persons with physical and mental disabilities, involved in the research, provided information concerning the issues such as: protection of their rights, access to the services and their needs.

Research Instrument

A guide for Focus Group Discussions and a guide for In-depth Interviews specially developed by the research and consulting company “ANOVA” and the support of the Association HERA XXI to serve the goals and purposes of the research were used in the form of research instruments. A total of 4 different research instruments were used, taking into account the target groups and the research tasks.

The research instruments used are given in the Appendix 1.

Reasons covered by the Research

The research was conducted in three regions of Georgia - Tbilisi, Imereti and Kakheti. Focus groups and in-depth interviews were conducted in each region. The selection and distribution of study participants depended on the specificities of the region - ongoing programmes in the region and the availability of the target group.

Research Period

The research lasted for 3 months, from July to September 2019. Data were collected in July and August, and working on the Research Report with the involvement of the research team and experts was completed in January 2020.

3. KEY RESEARCH FINDINGS AND RECOMMENDATIONS

3.1. Key Research Findings

Legislative base supporting sexual and reproductive health (SRH) of women and young people with disabilities

- Analysis of the International and Local Legislative Base confirms that sexual and reproductive health (SRH) of persons with disabilities is considered one of the vital rights and is regulated by the Universal Declaration of Human Rights. In addition, the Constitution of Georgia recognizes the priority of ensuring inviolability of the rights of persons with disabilities as they are considered an integral part of the society. Article 11 of the Constitution of Georgia states that all persons are equal before the law and have equal rights regardless of their ethnicity, sex, race, and other distinguishing characteristics. Naturally, the Constitution of Georgia guarantees the rights of persons with disabilities.
- The United Nations Convention on the Rights of Persons with Disabilities has been ratified in Georgia, which is also considered one of the main bases for the protection of the rights of persons with disabilities.
- In addition, there are government decrees and normative acts adopted on the basis of anti-discrimination law and others, which confirm the universality of the rights of persons with disabilities and the State guarantees protection of their rights through such decrees and normative acts.

Programmes and services supporting sexual and reproductive health (SRH) of women and young people with disabilities

- The analysis of the secondary data shows that today there is a lack of dedicated services and programmes promoting sexual and reproductive health (SRH) for women and young people with disabilities. The beneficiaries of the projects implemented at the State level include people with disabilities, however, access to the services for the members of the vulnerable group is restricted due to several reasons, including:
- Medical personnel do lack specific knowledge and relevant competencies needed for provision of adequate services for people with disabilities;
- faulty infrastructure and not properly adapted environment is one of the main barriers for people with disabilities to receive the required health care services;
- Non-governmental sector carries out awareness-raising activities (mostly trainings) on the current state of and necessary issues for people with disabilities, mainly with the help of grants and international donors, but each project is local and fails to fully cover women and young people with disabilities. Besides, the topics of trainings organized by NGOs are rarely dedicated or related to sexual and reproductive health (SRH), and only a few organizations manage to gather a target audience for trainings on the issues related to sexual and reproductive health (SRH).
- The State selects clinics responsible for service delivery, according to pre-designed criteria, however, these criteria do not specify that they should be available to persons with disabilities. Therefore, the list also includes clinics where the infrastructure is not adapted to the needs and capabilities of people with disabilities.

Perception of sexuality of young people and women with disabilities, and attitudes displayed by the society towards the sexuality of persons with disabilities

- Some of the women with disabilities involved in qualitative research **feel negative about the term “persons with a disabilities”**. Participants of the Focus Group discussions, especially those living in Tbilisi, believed that there was no such thing as ‘disability’ and that they were able to do anything. In some cases, they considered themselves even stronger as they had to overcome more barriers because of both public attitudes and existing environment or conditions.
- However, it is noteworthy that, according to some experts and activists, the slogan “there is no such thing as limited abilities” is a positive discrimination against people with disabilities and results in ignoring the problem.
- According to the research, **the attitude of the public towards people with disabilities is often negative**. The young people and women with disabilities who participated in the research talked about a number of **stigmas and stereotypes** that they feel on the part of society. However, it was also stated that the trend had been improving in recent years, owing to the interest of the state and NGOs in the issues concerning the persons with disabilities and the implementation of appropriate activities.
- Compared to the above-mentioned, changes in the attitudes towards issues concerning sexual and reproductive health (SRH) appear to have been less noticeable. **Sexuality is still tabooed today**, and moreover, not only the ordinary people but also specialists are of the opinion that compared to other problems persons with disabilities face, the issue of sexual and reproductive health (SRH) is less important. Consequently, they see less need to care about the realization of their sexual and reproductive rights.
- **The importance of sexual and reproductive health (SRH) issues is less understood by women with disabilities themselves** (especially in the regions), who believe that considering the existing social situation and the failure to protect, for example, their right to employment, which would help them gain independence, they think it is too early to talk about their sexual and reproductive rights and less important given the current situation.
- The research revealed a number of stigmas and stereotypes associated with the sexuality of women with disabilities. The most common of these is **the asexuality of girls with disabilities** - according to respondents, it is often considered a shame to have any kind of sexual desire, and girls are even deprived of the opportunity to care for their appearance, beautify themselves, and express interest in the opposite sex.
- The women with disabilities who took part in the research also talked about the **stigmatized attitudes of their partners or families**: they do not look at them as permanent partners, they do not consider starting a family with women with disabilities, and also that **a person with a disability will have a child with disabilities or will not be able to take care of their child independently**. The research found that the stigma of disabilities can extend to the family members of the persons with disabilities, creating a barrier for them to get married. Consequently, there are cases when families prevent a disabled from making an appearance before the public.
- Because of the general stereotypes and stigmas associated with a disability status or sexual and reproductive health (SRH) of people with disabilities, **families often try to resist the disability status being established in case of their girl with a disability**.

- However, it should be noted that stereotypes are also gender-biased and in many cases having a partner or getting married is considered more natural for men with a disabilities than for women with similar health conditions.
- As for the perception of sexuality by women with disabilities themselves, some of them noted that they generally had an interest in sex life, however, lack of information, on the one hand, and public attitudes and gender stereotypes, on the other hand, form a barrier for them to having a partner.

Sexual and Reproductive Rights

- Although under the legislation the rights of persons with disabilities do not differ from those of persons with typical development, their enjoyment of their rights is often restricted by social attitudes or environment and other conditions.
- **Lack of sex education/sexuality education is considered to be an important barrier to the realization of sexual and reproductive rights** of persons with disabilities.
- The research identified a number of cases of violation of sexual and reproductive rights of persons with disabilities: lack of information on both sexual and reproductive rights and sexual and reproductive health (SRH) in general, suppression of sexuality using medications, bullying in schools, unfriendly and not properly adapted environment, including in health facilities, lack of sexual and reproductive health (SRH) services in general or restricted access to the services (adaptation, affordability, attitudes displayed by medical staff), gender-based and other types of stereotypes and stigmas related to sexual and reproductive health (SRH) of persons with disabilities, breach of confidentiality while visiting health facilities, lack of independence in adulthood, various forms of violence (sexual, domestic violence, both physical and psychological)
- According to the qualitative research, **the most vulnerable sub-groups in terms of violations of sexual and reproductive rights are persons with psychosocial and intellectual disabilities** living in total institutions: severe social conditions and hardship, negligent attitude towards patients with somatic problems, especially those who are bedridden or with restricted mobility, misappropriation of their social benefit cards/extortion, infrastructural problems, lack of personal space, lack of hygiene items.
- According to the research, one of the most pressing issues in total institutions (including psychiatric clinics) **concerns women with disabilities and childbearing**. On the one hand, women are not allowed to stay in total institutions/psychiatric hospitals together with their children, on the other hand, they have no access to the means to protect themselves from pregnancy, which is why the **prevention of unwanted pregnancies is achieved through restricting the sexual life of women with disabilities. Cases of forced abortion have also been reported. These are the cases of violation of the rights to private life, liberty, security and privacy of women living in the institution.** According to experts, **the sexual life of women living in total institutions, in general, is considered only in terms of the problem** and not as a basic human right.
- According to the qualitative research, **the right to family life is also violated** in the case of women with disabilities, in general. The main barriers to starting a family are: lack of support services, problems of socialization, resistance on the part of families, lack of financial and physical independence, and prevalence of stigmas in the society.

- The women with disabilities participating in the research pointed out that being overly dependent on their families does not allow them to have healthy sexual relationships, to meet a partner, which makes it impossible for them to think about getting married or starting a family.
- Cases of violence should be considered in the context of ensuring sexual and reproductive rights. According to the experts participating in the research, gender-based stereotypes about women, their function, and their role, which are so prevalent in the society, create a direct ground for violence against women in general and women with disabilities in particular, who belong to a doubly vulnerable group.
- **The most common form of violence against women with disabilities is sexual violence.** It should also be noted that sexual violence against women with disabilities is often perpetrated by their own family members or other close relatives, including against underage women. However, gender-based discrimination is also common: girls and women with disabilities are not perceived as full members of society by their own family members, they do not recognize their rights and desires, and girls with disabilities **are mostly raised to become “domestic workers”**. According to experts, the situation in this regard is critical in the regions where a large proportion of such discriminatory cases occur.
- According to research, an important part of sexual and reproductive rights is **the sexual consent of women with a disabilities**. According to the expert involved in the research, it is still to be established how to investigate cases of violence against women with mental health problems.
- In addition, the issue of lack of competencies with regard to investigating cases of violence against persons with disabilities has been revealed. According to the research participants, **law enforcement officials do not have sufficient competences to properly interview people with disabilities - victims of violence, which virtually forms the basis for all subsequent procedures.**
- Cases of violation of the right to life, liberty, security and privacy of adolescents and women with disabilities should also be mentioned. The study revealed that in some cases, girls with disabilities were not allowed to leave their homes by their family members. One of the experts involved in the research recalled a case in which a young woman was tied to her bed by her father in the bedroom so that she could not go out and interact with men.
- According to the qualitative research, among other violent acts, **physical violence against children with disabilities**, mainly committed by their family members, is also common. It is important to note that harassment and corporal punishment of persons with disabilities are often considered by family members to be a “method of upbringing”. Their “method” includes hitting a child, emotional abuse, shouting at them, and so on. In addition to domestic violence, adolescents with disabilities often become victims of direct or indirect bullying from their peers or even school teachers.
- According to the research, **adolescents with disabilities are sometimes subject to discrimination by their teachers**. An example of indirect discrimination by teachers is when a teacher, due to insufficient knowledge and experience in dealing with children with disabilities, fails to fully engage him/her in the learning process, for example, does not give him/her the opportunity to answer a question for the reason that the adolescent does not demonstrate or show initiative, by say, raising his/her hand. According to experts involved in the study, such behaviour of the teacher may hinder the development of the adolescent.

Needs for sexual and reproductive health (SRH) of young people and women with disabilities

- The research revealed the following needs for sexual and reproductive health (SRH):
 - Availability of hygiene-related information and access to hygiene items
 - Availability of the information related to safe sexual contact and access to means of protection
 - Managing excessive sexual desire and masturbation among adolescents with disabilities
 - Socialization of young people and women with disabilities
 - Sexuality education in general
- According to the research, today the awareness of issues related to sexual and reproductive health and rights (SRHR) among young people and women with disabilities, is considerably low, which is primarily due to the taboo on issues related to sexuality in the general public. There is also lack of information and literature in Georgian language on sexuality and sexual and reproductive health (SRH) is generally scarce; there is little information about the sexual characteristics of target groups of persons with different needs, information is not adapted for people with different disabilities, such as those with intellectual disabilities, hearing impairments or the visually impaired.
- The women with disabilities who participated in the research admitted that they had received no sexuality education at school, and for various reasons they found it difficult to discuss related topic with specialists or doctors. In many cases, they even find it is difficult to discuss issues related to sexual and reproductive health (SRH) with their parents. Some of the respondents noted that their parents or other family members themselves had different barriers: they did not have enough information, or they avoided talking to their children about issues related to sexuality. According to the participants of the research, the information parents mostly provide girls with is related to the menstrual cycle, although even in this case, there are frequent examples of parents only talking to their girls about the menstrual cycle after the start of the cycle in an attempt to comfort them.
- According to the research, in the absence of systemic education, **the main source of information about the issues related to sexual and reproductive health (SRH) for adolescents and young people is the Internet**, which, on the one hand, is less accessible to everyone, and, on the other hand, it frequently provides users with incorrect and distorted information.
- Issues that women with disabilities lack information about include: the age of puberty and associated hormonal changes, contraception and protection, sexually transmitted infections (STIs) (especially papillomavirus) and screening against them, pregnancy, childbearing, safe abortion, sexual dysfunction and treatment of sexual disorders.
- Different attitudes were expressed by parents regarding the issues of sexual health of their children. Some of them said they saw little need for it – that their children were too young to understand such issues, or the information was redundant. However, some parents were quite open to talking about sexual issues and noted that they themselves had looked for the information in order to be able to help their children and provide them with accurate and relevant information. The research **revealed a trend of the parents of children with intellectual disabilities expressing more readiness for and interest in receiving information about sexual and reproductive health (SRH), who face more problems while managing excessive sexual desire in their children at the age of puberty.**

- The experts participating in the research recommend that it is necessary to **raise awareness of sexual and reproductive health (SRH) among general public, parents and specialists providing various services for and in contact with persons with disabilities**, which foremost means: 1) providing accurate information to parents; 2) trainings for healthcare providers; and 3) trainings for teachers.
- Providing information to persons with disabilities: trainings according to special needs, which includes issues related to both hygiene and self-protection. It is also important to adapt the literature on sexual and reproductive health (SRH) and adjust it to the specific needs of persons with disabilities.

Sexual and reproductive health (SRH) services

- According to the research, today there are virtually no services related to sexual and reproductive health (SRH) tailored to the needs of persons with disabilities. Besides, persons with disabilities have limited access to the services which are offered to any person, within the frames of the universal health insurance, due to certain factors: they have little information about the service, the clinics/ health facilities and their infrastructure are not appropriately adapted or accessible and affordable for persons with disabilities and so on.
- Besides the barriers such as lack of accessibility and affordability of the services, some additional factors preventing the access of persons with disability to the services have been revealed to be **lack of qualification of the health care provides as well as their attitudes**:
 - According to the qualitative research, there is a serious lack of specialist working with persons with disabilities and providing sexual and reproductive health (SRH) services for them: specialists with sufficient qualification to provide sexual and reproductive health (SRH) services for women with disabilities; specialists/sexologists working with children and adolescents, who are able to work with children and adolescents with disabilities considering their special needs for sexual and reproductive health (SRH). The lack of appropriately qualified medical staff is particularly evident in the sphere of management of sexual behaviour in individuals with psychosocial disorders, as well as autistic adolescents. Specialists and experts in the field admit that there are no educational programmes or literature related to this field in the country.
 - There is also a shortage of specialists, such as sexologists. This problem is especially acute in the regions.
 - The research also found evidence of violations of national medical guidelines and protocols by medical staff, such as when a doctor prescribes psychotropic drugs that may cause menopause, without informing the patient about it.
 - The problem of proper communication between persons with disabilities and medical staff. On the one hand, the experts participating in the research noted that **medical personnel do not have the relevant knowledge to communicate with patients with psychosocial or intellectual disabilities about their health problems**. On the other hand, people with physical disabilities noted that medical service providers often find it difficult to communicate with, for example, wheelchair users, even though the person is not intellectually disabled and does not have difficulty understanding their message.
 - **Confidentiality issues** during a visit to a medical facility - persons with disabilities often do not have the opportunity to visit a medical facility without their attendants,

medical service providers do not hesitate to provide information in the presence of the attendant and do not ask the attendants to wait outside to be able to talk with the patient face to face.

- Parents of persons with disabilities who took part in the research also spoke about unethical behaviour on the part of medical service providers, recalling some cases when **doctors advised them to leave a child with a mental or other health disorders.**

3.2. Recommendations

1. According to the research, one of the most pressing issues related to sexual and reproductive health (SRH) of persons with disabilities is the general lack of sexuality education. Raising awareness of sexual and reproductive health (SRH) issues, including of the specifics of sexual and reproductive health (SRH) issues for people with disabilities among the target groups is recommended in the first place. In particular, it is important to provide sexuality education for the following target groups:

- Adolescents and women with disabilities
- Parents of persons with disabilities
- Teachers
- health care providers and specialists working with persons with disabilities

In addition, it is important that this information is adapted for persons with disabilities with different needs, as well as for persons with sensory impairments and persons with psychosocial and intellectual disabilities.

2. Besides education, it is important to ensure increased access to sexual and reproductive health (SRH) services for target groups, including creating services that are adolescent-friendly and young people-friendly and tailored to their needs, as well as access to the health facilities and the proper infrastructure inside the buildings.
3. According to the experts participating in the research, not only insufficient financial resources are allocated for sexual and reproductive health (SRH) services for persons with disabilities today, but the scares financial resources allocated in some cases are spent on non-priority or less effective activities or measures. Based on the abovementioned, it is recommended for the State to develop approaches and strategies based on the needs of different categories of persons with disabilities. In addition it is important for the donor and non-governmental organizations to work in coordination with the State in order to invest the funds in pre-determined directions.
4. The research is intended to serve as a basis for conducting more in-depth and comprehensive research in the issues of sexual and reproductive health (SRH) concerning young people and women with disabilities. As we have already mentioned, the issue is quite extensive and is considered in the context of the State policies, as well as in the context of activities conducted by NGOs and the private sectors. Accordingly, it is desirable to assess the responsibilities and capabilities of each sector in order to overcome the difficulties in ensuring proper sexual and reproductive health (SRH) services for women and young people with disabilities.

In addition the findings of the present research show that further in-depth research is needed to study the issues such as:

- Sexual and reproductive health (SRH) of women and young people with disabilities in psychiatric clinics and other total institutions;

- The problem of sexual violence against persons with disabilities;
- Ensure readiness of the Health System for the provision of quality and appropriate services to persons with disabilities;
- Qualification of health personnel and medical staff in general – the needs and skills of medical staff required to provide quality services to persons with disabilities should be studied.

4. RESEARCH RESULTS

Chapter 1 - Analysis of the Programmes, Services and Legislative Framework for Sexual and Reproductive Health and Rights (SRHR) of Persons with Disabilities

1.1. Review of the Legislative Framework for Sexual and Reproductive Health and Rights (SRHR)

It should be noted that, in general, the Georgian legislation requires improvement to include the needs of persons with disabilities, their rights and freedoms, and active work is required to be done in this direction on the part of the legislative body. However, significant steps have been taken in the direction of protecting the rights of persons with disabilities over the past 10 years, and, as a result, Georgia has adopted various normative acts, resolutions or laws aimed at protecting the rights of persons with disabilities, including their sexual and reproductive rights.

A clear example of this is the United Nations Convention on the Rights of Persons with Disabilities, ratified by the Government of Georgia in 2014,¹ which provides for the fulfilment of the obligations of the State under the Convention.

The United Nations Convention on the Rights of Persons with Disabilities is the main instrument ensuring the protection of the rights of the persons with disabilities. Once ratified, the Conventions prevails upon normative act adopted by the State (Constitution of Georgia, Article 4).

The Convention emphasizes that more women than men with disabilities suffer from oppression and discrimination, and calls on the states to create an equal environment for the protection of their rights.

Article 25 of the UN Convention ensures:

- Access to health care;
- Access for persons with disabilities to health services that are gender-sensitive.

This unequivocally obliges states to create a relevant environment and make programmes related to sexual and reproductive health (SRH) accessible to the persons with disabilities.

Another clear example of the state's commitment to protecting the sexual and reproductive rights of persons with disabilities is the 2007 Convention on the Protection of Children against Sexual Exploitation and Sexual Violence adopted by the Council of Europe. Under the Convention, violence against children with disabilities shall be deemed as sexual abuse, however, in general, the Convention considers the sexual and reproductive rights of persons with disabilities in terms of general rights without separating them from other rights (Partnership for Human Rights, 2017, p. 27).

According to the Deputy Chairman of the Committee on Human Rights and Civil Integration of the Parliament of Georgia, "Our legislative framework is not effective in protecting the rights of persons with disabilities. We have taken steps forward, and the example of these steps is that Article 11, Chapter II of the Constitution of Georgia recognizes the rights of persons with disabilities and reflects the relevant wording given in the Constitution. We have also passed an anti-discrimination law, one of the most important target groups of which is persons with disabilities. We have to take very effective steps in this direction".

1 The United Nations Convention on the Rights of Persons with Disabilities; <https://matsne.gov.ge/ka/document/view/2334289?publication=0>

The Constitution of Georgia guarantees equality before the law and equal rights for all regardless of their ethnic origin, sex, race and other characteristics. Naturally, the Constitution of Georgia guarantees the protection of the rights, including the rights related to sexual and reproductive health (SRH), for persons with disabilities, in particular:

- The right to life and physical integrity
- The right to development
- The right to privacy
- Freedom of information
- The right to education
- The right to health care
- The right to health for mothers and children

According to Article 5 of the Constitution of Georgia, Georgia cares for social justice and equality. This article is a kind of guarantee for people with disabilities to receive access to the environment, education, medical services and employment from the state. Moreover, Article 11 of the Constitution states that the state creates special conditions for the rights and realization of persons with disabilities. This provision explicitly aims at the creation of the necessary conditions for the realization of reproductive and sexual rights.

It should be noted that one of the steps taken by the state to protect the rights of persons with disabilities is the “Law on the Elimination of All Forms of Discrimination” adopted in 2014.² The main purpose of the Law is to ensure the equality of rights defined under the legislation of Georgia of any natural person or legal entity. However, the Law is general and does not detail individual rights, including sexual and reproductive rights.

Another step forward for the protection of sexual and reproductive rights of citizens, including persons with disabilities, is the 2016 Resolution of the Parliament of Georgia on “the Concept of Demographic Security of Georgia”,³ which has been developed taking into account the universally recognized principles and norms of international law. Article 1.3 of this Resolution refers to the universal access to reproductive health care services, information and education.

In addition, Article 2.2 of the same Resolution aims to ensure universal access to quality health care services and effective and fair response to the healthcare needs of people.

Clearly, both of these provisions cover persons with disabilities and their access to health care.

It is important to note that according to Article 53 (1) of the Criminal Code of Georgia⁴, acts of sexual violence, discrimination, prosecution of persons with disabilities shall constitute an aggravating circumstance and be considered as punishable by Law. In addition, under Article 142 of the Code, restriction of the rights of persons with disabilities is punishable by Law.

The legislative changes made to outpatient services should be mentioned herein. According to the 2013 Order of the Minister of Labour, Health and Social Affairs of Georgia “On Classification of Medical Interventions and Determining Minimum Requirements for Outpatient Service Providers”⁵, the service provider is obliged to create an environment adapted for persons with

2 Law on the Elimination of All Forms of Discrimination; <https://matsne.gov.ge/document/view/2339687?publication=1>

3 The Concept of Demographic Security of Georgia; <https://matsne.gov.ge/ka/document/view/3331420?publication=0>

4 The Criminal Code of Georgia; <https://matsne.gov.ge/ka/document/view/16426?publication=210>

5 Order of the Minister of Labor, Health, and Social Affairs of Georgia (2014) <https://matsne.gov.ge/ka/document/view/1946785?publication=0>

disabilities; however, the document mainly provides for the construction of ramps and it does not mention other additional needs of persons with disabilities for receiving adequate sexual and reproductive health (SRH) services (for example, adapted gynaecological cabinets, etc.).

It is obvious that in recent years the Georgian government has been actively considering creating effective systems to protect the rights and freedoms of persons with disabilities. This is evidenced by the January 2014 Resolution of the Government of Georgia on the Action Plan 2014-2016⁶, which focuses on ensuring equal opportunities for persons with disabilities. The Action Plan was aimed at improving the efficiency of managing healthcare for persons with disabilities, ensuring access to services, and raising awareness of sexual and reproductive health (SRH). The Action Plan considered active cooperation between donor organizations, the non-governmental sector and the private sector.

Another resolution which should be considered is the one adopted by the Parliament of Georgia on “National Human Rights Strategy of Georgia (2014-2020)”⁷. Subsection 15 of the Resolution is entirely dedicated to the issues concerning persons with disabilities and aims to ensure access to equal rights for persons with disabilities and application of the principle of ‘reasonable adjustment’. The main goal of the subsection is to ensure full involvement of persons with disabilities in public life. The document does not emphasize the protection of sexual and reproductive rights, although it is natural that this right is considered part of the general rights set forth in the Strategy Objectives.

Another legal document in support of the sexual and reproductive rights of women with disabilities is the Council of Europe Convention on preventing and combating violence against women and domestic violence.⁸ Purposes of the Convention include protection of women against violence and facilitating the elimination of all forms of discrimination against women. Naturally, this document also refers to women with disabilities.

According to the Deputy Chairman of the Committee on Human Rights and Civil Integration of the Parliament of Georgia, “access to healthcare infrastructure itself should be enhanced, which seems to be adapted, but, in many cases, this adaptation is superficial and women with different disabilities cannot access the facilities independently to receive the services that health care sector offer to women with typical development”.

On the other hand, the Parliament of Georgia states that the legal framework for the protection of the rights of persons with disabilities is being refined. Currently, they are working on ratifying the optional protocol of the UN Convention on the Rights of Persons with Disabilities, which “provides individual advocacy for people with disabilities as well as for the organizations representing them. This is the highest standard document. It also significantly contributes to the implementation of accountability (R. Ionatamishvili). Therefore, we should expect effective action by the legislative organ in the future to protect the sexual and reproductive rights of women and young people with disabilities.

6 Resolution on the Approval of the Government Action Plan for 2014-2016 Ensuring Equal Opportunities for Persons with Disabilities.

7 National Human Rights Strategy of Georgia (2014-2020) <https://matsne.gov.ge/ka/document/view/2348314?publication=0>

8 The Council of Europe Convention on preventing and combating violence against women and domestic violence, <https://matsne.gov.ge/ka/document/view/3789678?publication=0>

1.2. Review of the Sexual and Reproductive Health (SRH) Services for Persons with Disabilities and of the Projects and Programmes related to the Sexual and Reproductive Health (SRH) of Persons with Disabilities

In general, programmes supporting women and young people with disabilities in Georgia are implemented at both public and private levels. The State is trying to pursue a universal policy and provide services and projects to all citizens of Georgia.

Despite the scarcity of programmes tailored to the needs of persons with disabilities, there are government-initiated programmes that cover Georgian citizens, in general, including people with disabilities, and there are some additional benefits for the target group of persons with disabilities.

One of the most common programmes is the State Universal Health Care Programme, approved by Resolution 36 of February 21, 2013, which offers persons with disabilities a variety of outpatient and inpatient medical services, including sexual and reproductive health (SRH) services (mainly provided by gynaecologists, general practitioners and therapists) and appropriate medical examinations. The Universal Health Care Programme is mainly focused on providing affordable services to people with disabilities.

Resolution 693 of the Government of Georgia, “On the Approval of State Health Care Programmes for 2019”, outlines health care programmes to be implemented in 2019. The beneficiaries of these programmes are citizens of Georgia, including persons with disabilities. Table # 3 shows the programmes that are being implemented within the framework of this Resolution. Social Service Agency is responsible for implementing the programmes.

Table #3. 2019 State Health Care Programmes

Programme / Component (Services)	
1	TB management
2	Outpatient services (including financing of treatment of inmates of detention and prison facilities for TB on an outpatient basis (GEL 12,500 per month))
3	Inpatient services
4	Procurement of medicines, other consumables and assistive products for TB management for penitentiary institutions
5	HIV/AIDS management
6	Outpatient services
7	Inpatient services
8	Maternal and Child Health
9	Antenatal care
10	Early detection of genetic disorders
11	Neonatal and paediatric screening for Hypothyroidism, Phenylketonuria (PKU), Hyperphenylalaninemia, and Mucoviscidosis
12	Medical treatment for suspected syphilis
13	Treatment for drug abuse or addiction
14	Inpatient detoxification and primary rehabilitation for mental and behavioural disorders caused by opioids, psychoactive substances, and other stimulants
15	Implementation of replacement therapy and provision of replacement pharmaceutical product supplies (transportation, escort services) to Tbilisi and the regions
16	Psychosocial rehabilitation (PSR) (since July 1, 2017)
17	Provision of short-term and long-term detoxification with replacement pharmaceutical products in penitentiary institutions №2 and №8

18	Efficiency Assessment Component
19	Inpatient services for mental and behavioural disorders caused by alcohol consumption
20	Mental Health
21	Community outpatient psychiatric services
22	Outpatient services - psychosocial rehabilitation
23	Outpatient services - children's mental health
24	Outpatient Services - Mental health crisis intervention
25	Outpatient Services - Community-based mobile team services
26	Inpatient psychiatric services for adults with mental disorders
27	Inpatient psychiatric services for children with mental disorders
28	Providing shelters for disabled people with mental disorders
29	Diabetes Management
30	Provision of services for children with diabetes mellitus
31	Specialized outpatient care
32	Oncohematological services for children
33	Outpatient and inpatient treatment of children and adolescents under 18 with oncohematological diseases
34	Dialysis and kidney transplantation
35	Provision of haemodialysis
36	Provision of peritoneal dialysis
37	Kidney transplantation
38	Palliative care for patients with incurable diseases
39	Outpatient palliative care for patients with incurable diseases
40	Inpatient palliative care for patients with incurable diseases
41	Treatment of patients with rare diseases and requiring permanent replacement therapy
42	Outpatient services for children and adolescents under 18 with rare diseases
43	Inpatient services for children and adolescents under 18 with rare diseases and requiring permanent replacement therapy
44	Outpatient and inpatient services for children and adults with haemophilia
45	Emergency medical assistance and transportation
46	Emergency medical assistance (operational in the occupied territories)
47	Rural doctors
48	Primary health care services in rural areas (including the purchase of medicines and medical supplies, a doctor's bag and medical documentation printing services required for outpatient services)
49	Provision of appropriate outpatient and inpatient services by specially funded health facilities
50	Promoting and developing the outpatient network of Shida Kartli villages
51	Ensuring additional measures to facilitate the smooth functioning of a number of specially funded health facilities
52	Referral services
53	Provision of medical care for the population affected by natural disasters, crises, emergencies and affected citizens in conflict regions and by other incidents defined by the Government of Georgia
54	Medical insurance for family members of former senior political officials
55	Medical examination of recruits of Defence Forces
56	Outpatient examination of recruits of Defence Forces
57	Additional examination of recruits of Defence Forces
58	Hepatitis C management
59	Components of diagnostic procedures

According to the Ministry of Health, these programmes are mainly implemented through providers, i.e. clinics selected by the State through tenders. The State selects providers according to a set of predetermined criteria, although these criteria do not include the one specifying that they should be available to persons with disabilities. Accordingly, the list includes clinics where the infrastructure is not adapted to the needs and capabilities of persons with disabilities.

According to the Ministry of Health, these services are currently provided by clinics in at least one regional centre in all regions. Since the start of the implementation of the programme to the current date, 26,169 persons with disabilities have benefited from these services throughout the country (Tables #4.1 and #4.2).

According to the available statistics, persons with disabilities mostly visit clinics to be examined and treated for a range of health conditions, other than sexual and reproductive health (SRH), and there only a few who visit clinics to receive consultations on issues related to sexual and reproductive health (SRH). The majority of the cases of providing health care services to persons with disabilities are recorded in Tbilisi, Imereti, Kakheti and Kvemo Kartli regions.

Table #4.1 Number of beneficiaries (persons with disabilities) of State health care programmes implemented in 2019

Component	Number of beneficiaries
Mental Health	16,199
Maternal and Child Health	468
HIV/AIDS management	315
Diabetes Management	1,962
Treatment for drug abuse or addiction	802
Dialysis and kidney transplantation	1,873
Palliative care for patients with incurable diseases	383
Treatment of patients with rare diseases and requiring permanent replacement therapy	589
Referral services	2,447
Oncohematological services for children	69
Total:	26,169

Component	Tbilisi	Adjara	Guria	Imereti	Kakheti	Mtskhe-ta-Mtianeti	Racha-Lechkhumi	Samegrelo-Zemo Svaneti	Santskhe-javakheti	Kvemo Kartli	Shida Kartli	Total
Outpatient Services - Community-based Outpatient Services	7,027	959	930	1,986	1,267	262		838	140	1,564	795	15,768
Outpatient services - psychosocial rehabilitation	26			11	26							53
Inpatient psychiatric services for children with mental disorders	35											35
Outpatient services - children's mental health	35											35
Outpatient Services - Mental health crisis intervention	18	6		18						5		47
Kidney transplantation	10											10
Provision of haemodialysis	1,046	291	42	442	158			95	72	222	110	2,478
Provision of peritoneal dialysis	44	3										47
Outpatient palliative care for patients with incurable diseases	57			60	5			17			2	141
Outpatient and inpatient services for children and adults with haemophilia and other inherited blood disorders	196											196
Provision of medical care for the population affected by natural disasters, crises, emergencies and affected citizens in conflict regions and by other incidents defined by the Government of Georgia	2,632	21	12	54	2	1		13	1	14	24	2,774
Provision of services for children with diabetes mellitus	1,044											1,044
Specialized outpatient care	804			62	16			3		44		929
Outpatient services for children and adolescents under 18 with rare diseases	80											80
Inpatient services for children and adolescents under 18 with rare diseases and requiring permanent replacement therapy	393											393
Outpatient and inpatient treatment of children and adolescents under 18 with oncohematological diseases	69											69
Outpatient services (including financing of treatment of inmates of detention and prison facilities for TB on an outpatient basis (GEL 12,500 per month))	210	419	29	298	40	16	12	170	29	102	63	1,388

Inpatient services	90	9		14				14	11			138
Provision of outpatient services for people living with HIV/AIDS	307	51		38				41				437
Antenatal care	145	83	14	61	40	2	1	19	9	33	23	430
Early detection of genetic disorders	25											25
Neonatal and paediatric screening for Hypothyroidism, Phenylketonuria (PKU), Hyperphenylalaninemia, and Mucoviscidosis	48											48
Inpatient detoxification and primary rehabilitation for mental and behavioural disorders caused by opioids, psychoactive substances, and other stimulants	62	3		6								71
Implementation of replacement therapy and provision of replacement pharmaceutical product supplies (transportation, escort services) to Tbilisi and the regions	721											721
Providing shelters for disabled people with mental disorders				78								78
Inpatient palliative care for patients with incurable diseases	195	42		19							11	267
Inpatient services for mental and behavioural disorders caused by alcohol consumption	19	2		4								25
Outpatient Services - Community-based mobile team services	281	24	57	57	61			71	28	125		704
psychosocial rehabilitation (PSR) (since July 1, 2017)	7											7
Provision of short-term and long-term detoxification with replacement pharmaceutical products in penitentiary institutions №2 and №8	22											22
Inpatient Services - Inpatient Psychiatric Services for Adults	989	304		805				111		378		2,587
Medical treatment for suspected syphilis	1											1

In 2016-2019, the non-governmental sector was actively engaged in managing the issues of sexual and reproductive health (SRH) of persons with disabilities. The projects completed in previous years and the ones which are currently underway were and are mainly implemented by this sector. Programmes focused on persons with disabilities and implemented by international organizations or the public or private sectors are rare.

Fundamental research has been carried out by the NGO “Partnership for Human Rights” with the support of MAC Georgia. The main purpose of the research was to review the legal basis and practice related to the topic and to develop recommendations based on the findings. According to the findings of the research:

- The needs of adolescents and young people for sexual and reproductive health (SRH) include an individual environment, adapted learning conditions and an approach that is almost non-existent in Georgia today;
- There is a low level of awareness of this issue among general public and among school personnel and teachers;
- Parents of adolescents face a significant challenge; some of them are willing to accept, learn, and share issues related sexual and reproductive health (SRH) to adolescents with disabilities; while some refuse to talk to their children about the topic.

An analysis of projects implemented in recent years shows that persons with disabilities are still struggling for the physical environment being adapted to their needs, and the protection of their sexual and reproductive rights is not high on their agenda.

Table # 5 shows the programmes and projects implemented in the last few years, the main beneficiaries of which were persons with disabilities. Most of the projects are aimed at raising awareness of the needs of persons with disabilities.

An analysis of the projects reveals that in recent years, there have been few projects related to sexual and reproductive health (SRH) and they hardly manage to manage the needs of women and young people with disabilities.

The project and programmes are mostly implemented by the non-governmental sector; and the main goal of the projects is to raise awareness among the target group comprised of both persons with physical disabilities and persons with mental disorders. It should be noted that the main focus of existing programmes (see Table 5) are on general rights, and only a couple of them is focused on sexual and reproductive health (SRH). It should also be noted that a large part of the beneficiaries of the programmes are persons with disabilities in general, and only a few projects have been implemented with a focus on young people and women with disabilities.

The desk research does not allow to determine the level of accessibility of each programme for young people and women with disabilities, although for the most part, the programmes cover a limited number of beneficiaries, which indicates that not everyone is physically able to participate in them.

Table #5. Projects implemented in Georgia in 2016-2019 to address the issues of sexual and reproductive health (SRH) of persons with disabilities

#	Organization	Regulating Agency	Sector	Period	Programme/Project name	Financial support	coverage	Goal	Target group	Source
1	Medina 2015		NGO	2016	Arranging and Adapting a Day Care Centre for Persons with Disabilities in Pankisi	Open Society Foundation	Akhmeta Region	The project aims to organize and adapt a day care centre for the disabled in Pankisi; Promote their socialization and opportunities; ensure functioning of the day centre in the long run; introduce voucher funding; increase the range and quality of services.	Persons with disabilities	https://cutt.ly/ey-DAA2X
2	Partnership for Human Rights	Partnership for Human Rights	NGO	2016	Increasing the Effectiveness of the Anti-discrimination Mechanism for Adults and Children with disabilities in Georgia	Open Society Foundation	Georgia	The aim of the project is to promote the effective enforcement of the Law of Georgia on the Elimination of All Forms of Discrimination in view of elimination of discrimination against adults and children with disabilities	Persons with disabilities	https://cutt.ly/ey-DAA2X
3	Association Women and Reality	Women's Fund in Georgia	NGO	2017	Women with Disabilities for Changes	Women's Fund in Georgia	Tbilisi, Telavi, Gori	The project aims to empower women with disabilities to advocate for their Sexual and Reproductive Health and Rights (SRHR).	Women/Girls with disabilities	https://cutt.ly/ry-DAFK8
4	Women for the Development of the Region	Women's Fund in Georgia	NGO	2017	Knowledge Projects Us Education Strengthens Us	Women's Fund in Georgia	Ozurgeti, village of Dvabzu	The project aims to improve Reproductive Health in women belonging to vulnerable groups and increase awareness among girls.	Women/Girls belonging to vulnerable groups	https://cutt.ly/ry-DAFK8
5	Movement Accessible Environment for Everyone	Open Society Georgia Foundation	NGO	2018	Advocacy for Legislative and State Policy Amendments to Provide Access to Inclusive Health and Rehabilitation Services	Open Society Georgia Foundation	Georgia	Analysis of current policies and programmes for persons with disabilities, monitoring physical environment, infrastructure and the access to health facilities; develop appropriate recommendations for Parliament and government structures.	Persons with disabilities	https://cutt.ly/Gy-DADDp

#	Organization	Regulating Agency	Sector	Period	Project name	Financial support	coverage	Goal	Target group	Source
6	For Rights and Education	Women's Fund in Georgia	NGO	2018	Kutaisi Advisory Council on Gender Equality Training Series on Women's Rights, LGBT Community Representatives and Women with Disabilities	Women's Fund in Georgia	Kutaisi	Providing the members of Kutaisi Advisory Council on Gender Equality with training opportunity on issues related to women's rights and the rights of persons with disabilities and LGBT persons, to raise their awareness of legal and regulatory norms, of the obligations under the Association Agreement and the competencies of the local self-governments required for reflecting their attitudes and promoting legislative initiatives as part of their parliamentary activities.	Members of the Advisory Council on Gender Equality at the Kutaisi City Council	https://cutt.ly/ry-DAFK8
7	Applicant: Woman and the World (Marina Bzhalava)	Women's Fund in Georgia	NGO	2018-2019	Women's Coalition for the Rights of Women and Girls with Disabilities	Women's Fund in Georgia	Kvemo Kartli, Bolnisi	Promoting decent living standards for women with disabilities and their integration processes and making a positive impact on the formation of public opinion on women with disabilities. Raising awareness of the society and the media of current issues (gender, rights and needs of women and girls with disabilities), and strengthening women's coalition activities.	Women with disabilities	https://cutt.ly/ry-DAFK8
8	Ana Seuli Ana Bakanidze	Women's Fund in Georgia	NGO	2018-2019	Feminist Audio Books for Blind Women	Women's Fund in Georgia	Tbilisi	The aim of the project is to create audio versions of feminist literature, audio books, for blind young women interested in the issues associated with feminism. These materials will be uploaded to the Internet and distributed to libraries or to organizations for the blind free of charge.	Blind and Visually Impaired Women	https://cutt.ly/ry-DAFK8

#	Organization	Regulating Agency	Sector	Period	Programme/Project name	Financial support	coverage	Goal	Target group	Source
9	Open Society Foundation and Georgian Bar Association	Joint project of Open Society Foundation and Georgian Bar Association	NGO	Since May 2018 – to date	Free legal service - project for persons with disabilities and patients requiring palliative care	Open Society Foundation and Georgian Bar Association	Georgia	Free legal services and protection of the interests of the victims with disabilities in the courts of different instances, in all cases related to violations of the right to health and violation of property or non-property rights, conditioned by the health condition of the beneficiary.	Persons with disabilities	https://cutt.ly/ey-DAA2X
10	McLain Association for Children – Mac Georgia	McLain Association	NGO	Since 2018 – to date	Open	Open Society Foundation	Georgia	Create an e-resource (application) that will gather information about the conditions leading to disabilities and their management, about the services available for persons with disabilities and their parents	Persons with disabilities and their parents/guardians	https://cutt.ly/myDA-DeC
11	Women's Fund in Georgia	Women's Fund in Georgia	NGO	2019	Missing Voices of Women - The Needs of Single Mothers of Children with Disabilities in Tbilisi and Regions	Women's Fund in Georgia	Tbilisi, Telavi, Gori, Bolnisi, Kutaisi, Zugdidi, Batumi	The aim of the project is to study the experiences of single mothers of children with disabilities living in Tbilisi and the regions and to launch a social campaign based on the results of the study.	Single mothers of children with disabilities	https://cutt.ly/ry-DAFk8
12	Initiative group - Women for a Better Future for Women	Women's Fund in Georgia	NGO	2019	Equal Opportunities and Accessible Environment for all Women	Women's Fund in Georgia	Telavi, Akhmeta	The main goal of the project was to raise the awareness of their rights among women with disabilities living in Telavi and Akhmeta municipalities. It also aimed to explore the needs and challenges for future advocacy of the women's rights.	Women with disabilities	https://cutt.ly/ry-DAFk8

#	Organization	Regulating Agency	Sector	Period	Programme/Project name	Financial support	coverage	Goal	Target group	Source
13	Equal Opportunities for Equality	Women's Fund in Georgia	NGO	2019	Women for a Better Future	Women's Fund in Georgia	Dmanisi, Gardabani, Tetritskaro and Tsalka	The project serves the purpose of engaging young women with disabilities aged 14 to 35 in Kvemo Kartli municipalities (namely: Dmanisi, Gardabani, Tetritskaro and Tsalka), as well as parents of children with disabilities, including women from national minorities, to protect their rights and interests; involving them in the ongoing processes in the country and raising public awareness.	Parents of 14-35 year-old young women with disabilities and parents of children with disabilities	https://cutt.ly/ry-DAFk8
14	Evidence-Based Practice Centre		NGO	2018-2019	Promoting the development of community mobile services for persons with mental health disorders in Georgia, 2018-2019	Open Society Foundation	Tbilisi	The aim is to develop a new training module on the basis of the assertive programme and to submit it to the Ministry of Health for accreditation.	Mobile teams working with people with mental disorders	https://cutt.ly/ey-DAA2X
15	Georgian Down Syndrome Association		NGO	2019	Preparing Children and Adolescents with Down Syndrome for Puberty and Healthy Adult Life	Tbilisi City Hall		Publication of the guide "Preparing Children and Adolescents with Down Syndrome for Puberty and Healthy Adult Life."	Parents of persons with disabilities and specialists working with persons with disabilities	https://cutt.ly/5y-DAAjw
16	UNDP	Established on the initiative of the Gender Equality Council of the Parliament of Georgia with the support of UNDP	International	2018	Gender Equality in Georgia: Barriers and Recommendations	UNDP and the Government of Sweden	Georgia	Analysis in legislation and policy for the purpose of implementing evidence-based gender policy	Women	https://cutt.ly/wy-DAPM0
17	Partnership for Human Rights	MAC Georgia	NGO	2019	Protecting Girls with Disabilities from Sexual Violence	MAC Georgia	Georgia	Protecting girls with disabilities from sexual violence		https://cutt.ly/Dy-DAPxj

Table #6. Publications and research implemented in Georgia in 2017-2019 concerning the issues of sexual and reproductive health (SRH) of persons with disabilities

#	Organization	Regulating Agency	Sector	Period	Programme/Project name	Financial support	coverage	Goal	Target group	Source
1	Nino Lobjanidze and Nino Chochia	Institute for Development of Freedom of Information (IDFI)	NGO	May, 2018	Separate aspects of the health rights of persons with disabilities in Georgia	The competition was organized by IDFI with the financial support of the International Visegrad Fund and the Ministry of Foreign Affairs of the Kingdom of the Netherlands.		The paper was developed for the competition "Data for Change". The paper, based on existing practice, identifies individual problems that hinder the full realization of the right to health for persons with disabilities. Based on the public information, the effectiveness and usefulness of the services offered by the state and local self-government bodies to persons with disabilities are reviewed	Persons with disabilities	https://idfi.ge/ge
2	Ana Kata-madze	Institute for Development of Freedom of Information (IDFI)	NGO	May, 2018	Sexual and Reproductive Health and Rights (SRHR) of Women with Disabilities	The competition was organized by IDFI with the financial support of the International Visegrad Fund and the Ministry of Foreign Affairs of the Kingdom of the Netherlands.		The purpose of the paper is to assess the state policy on the Sexual and Reproductive Health and Rights (SRHR) of women with disabilities and to identify main challenges that exist in this direction. The article is based on the analysis of information and data obtained through desk research.	Women with disabilities	https://cutt.ly/ByDAOlh
3	UN Women	UN Women - Georgia	NGO	2017	Publication of the National Survey on Violence against Women in Georgia 2017 - Experience Gained	EU-funded project "Overcoming Violence against Women"	Georgia	The purpose of the publication is to document and analyse the research. It describes all stages of the research and offers readers, including researchers, authorities and development partners, practical advice and recommendations for national research on violence against women.	Women	https://cutt.ly/LyDA1Yx

After reviewing existing programmes and services, a qualitative research was conducted to study the views of women and young people with disabilities regarding their needs for and barriers to sexual and reproductive health care.

Subsequent subsections review the results and findings of qualitative research on the needs for and barriers to sexual and reproductive health care among women and young people with disabilities.

Chapter 2

Analysis of Sexual and Reproductive Health (SRH) Needs of Women and Young People with Disabilities and Barriers to Sexual and Reproductive Health Care

2.1. Perception of and Attitudes toward Persons with Disabilities

Most of the experts from the public sector, the non-governmental sector and the health sector involved in the research use the UN Convention on the Rights of Persons with Disabilities to define “disability”, according to which, persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments. However, research has also suggested that disability is determined by what the society and the State fail to provide and by limited resources it offers to persons.

„According to the 2006 UN Convention on the Rights of Persons with Disabilities, these are the persons who have long-term physical, mental, intellectual and/or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in all aspects of civil, political, economic, social, and cultural life, on an equal basis with others”.
[Representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“People, in general, are judged not by their health conditions but by what universally accessible services they are unable to access, due to inadequate resources. This is the context that should be considered with relation to these people; every human should have full access to their rights, but our society, in general, and facilities or a number of different types of services may not be in a condition to be acceptable by these people, to help them live a full-fledged and healthy life, and our effort is towards making these services more available for them”. **[Representative of the Children’s Rehabilitation Centre, Kutaisi]**

The women and young people with disabilities who participated in the research had different attitudes towards the term, however, **all of them primarily spoke about the negative attitudes displayed by the members of the society.** According to the participants, they often heard negative and offensive terms used by members of the public towards people with disabilities: poor, disabled. According to the respondents, the image the society often has of a person with a disability is the one who constantly needs someone else’s help and can do nothing themselves. According to the women with disabilities participating in the research, openly expressing sympathy, compassion, and pity toward persons with disabilities and the desire to help in everything is discriminatory and annoying.

„If you ask me, when they notice that you have a physical disability, which you cannot hide, for example restricted mobility or visual impairment, their inevitable reaction is to feel pity for you. I have experienced it and not once, and thanks God I can explain to them that it’s not good. When they see that you have a disability they immediately start thinking that you cannot do things. “Shall I help you to sign the document?” – They offer. Even in some public institutions they would ask you: “Would you like me to sign instead of you?” “Let me help you in this...” **[A woman with a disability, Imereti]**

Different age groups of women with disabilities showed different attitudes towards the term “a person with a disability”. Women representing older age group pointed out that they understood their own needs well enough and did not have any negative attitude towards the term. Whereas **adolescents and young people participating in the research admitted that the term was less acceptable for them. Participants in the group, especially those from Tbilisi,**

believed that there was no such thing as ‘disability’ and that they were able to do anything. In some cases, they considered themselves even stronger as they had to overcome more barriers because of both public attitudes and existing environment or conditions.

“Now I feel myself as a person with typical development”

It has also been suggested that the term is too complex and lengthy, and that its meaning is not clear to some members of the society. According to the research participants, the term is often replaced by words with shorter but negative and/or derogatory connotations, such as: “an invalid”, “deaf-mute”, “blind”, which in turn contributes to stigmatization and exclusion from society.

In a number of cases, it was noted that public attitudes toward the term had barely changed, but respondents themselves had changed their attitudes, with some women being helped by trainings on the related topics and issues.

“A person with a disability... I failed to internalize this term and besides, I have had attended so many trainings on this topic, that I realize that disability is not something internal, but an environment and some external circumstances which limit us”. [A woman with a disability, Imereti]

“I’ve been having this problem all my life. As a child, I used to have a few problems. But now, if I hear people telling me: “Oh, poor you!” - I don’t think that I feel unfortunate just because I cannot see and I don’t think that I need any help. Now I feel myself as a person with typical development”. [A woman with a disability, Kakheti]

“We know better how to survive and adapt to any situation and we are more resilient compared to people with typical development”. [A woman with a disability, Imereti]

“Some people may have never heard of the term “a person with a disability” they still call us “deaf-mute”. [A woman with a disability, Tbilisi]

“Disability is when the conditions don’t allow you to do what you really want to do, but if there is a strong desire, you can achieve any goal”. [A young person with a disability, Imereti]

“There are no disabilities for me. We have everything we need. I cannot hear at all, but the service of interpreting is good and I understand everything”. [A young person with a disability, Tbilisi]

“I am used to hear people calling me a person with a disability. I do not think that I am one but I got used to it as I frequently hear this word”. [A young person with a disability, Tbilisi]

Parents’ perception of persons with disabilities is that they belong to the group of people who cannot do some things independently. Like women with disabilities, what parents of the persons with disabilities find the most embarrassing is the attitude displayed on the part of the society.

Focus groups **revealed some cases of discriminatory attitudes of the society towards persons with disabilities.** Parents of persons with disabilities noted that part of the society still considers disability as a “shame on the family”, which is why the family should keep family members with disabilities at home. One of the parents participating in the focus groups recalled her experience when she had become subject to criticism on the part of her friend when she was

actively trying to gather information about her child's epilepsy.

Parents of children and adolescents with disabilities also talked about a discriminatory treatment on the part of medical workers, for example, when a doctor referred to a parent of a child with disabilities with the word "miserable".

"Oh! You miserable" Imagine what might a mother feel when someone calls them so! It was a doctor calling me miserable! I turned and told her: "You are miserable, not me!" **[A parent of a person with a disability, Kakheti]**

"One of my friends literally railed on me scolding and admonishing me for my attempts to collect information from anyone who could have heard of epilepsy, when my child started having epileptic seizures; I was actively trying to gather information about epilepsy, about good doctors, where to go, what to do; I was constantly in quest of information. And she told me that I shouldn't have told the world about my child's health condition. And you might not believe me, but started hating that person". **[A parent of a person with a disability, Tbilisi]**

"My boy is no longer a child, he is a big boy now. People shouldn't feel pity for mothers. I am all right. I look after my child; he has everything he wants". **[A parent of a person with a disability, Imereti]**

"A person who is not able to do everything independently, I think, or who is not able to do this or that, for example, move independently, eat, have a bath, etc. whatever". **[A parent of a person with a disability, Tbilisi]**

"Yes, but now there are far fewer people there, who display such an attitude. People have learnt about these children and the children who look different are now more accepted by the society". **[A parent of a person with a disability, Imereti]**

Despite the fact that stigmas related to persons with disabilities still exist, it was noted that the trend had been changing for the better lately. According to experts, the interest of the State and non-governmental organizations in these issues has a big role in the positive changes - funds have been allocated, media outlets have been involved, which will ultimately result in changes to existing attitudes of public at large. According to respondents, the positive trend is especially evident among young people. A few respondents (Groups from Tbilisi) noted that positive changes were evidenced by some different projects as well.

"Compared to previous years, some steps have been taken forward. For example, in relation to our community, in relation to the deaf community. There are a lot of projects, integration, but discriminatory attitudes still prevail. For me, sometimes it is discriminatory, when people try to comfort me I understand that they do so out of goodwill but it sometimes gets annoying". **[A woman with a disability, Tbilisi]**

2.2. Sexual and Reproductive Health (SRH)

2.2.1. Perception of the terms

Reproductive Health

While discussing Reproductive Health, majority of adults (25+) with disabilities as well as parents of children with disabilities, who participated in the research, talked about issues related to having children, childbearing, saying that the term covers all the issues related to the function of reproduction, but they could not specify the issues women's reproductive health include.

Young people under 25 with disabilities demonstrated very low level of awareness of the term - Reproductive Health. Majority of respondents, especially in the regions, noted that they had not heard of reproductive health and did not know what the term meant. A few respondents said that reproduction might be related to human reproductive function. And there were a few respondents who thought that "reproduction" was associated with something artificial.

"It means having children, childbearing, and any disease related to the process". [A parent of a person with a disability, Imereti]

"I am not sure, but Reproductive Health might be related to something concerning children, and children's health and that child's health is directly connected with the women's health who gave birth to that child, and I think Reproductive Health is related to this". [A young person with a disability, Imereti]

"I have no idea, to tell you the truth and if you specify I might understand". [A woman with a disability, Kakheti]

"Reproduction is related to something artificial, I think. But I have never thought about it, to tell you the truth and I have never come across this term". [A woman with a disability, Kakheti]

Sexual Health

Some of the women with disabilities and parents of children and adolescents with disabilities participating in the research linked the term "sexual health" to protection against communicable diseases and personal hygiene. Some expressed their opinion that "sexual health" might be related to sexual relationships, relationships with intimate partner and providing people with information related to sexual issues.

Young people under 25 with disabilities avoided expressing their opinions on sexual health. They said that it was related to love they had never experienced. A few respondents said that reproductive health was related to females and sexual health - to both sexes.

"I do not understand the term, because I have never been in love with anyone. I think it is associated with love; private life. I think it's not the right time for me to talk about this topic, because I don't understand it". [A young person with a disability, Tbilisi]

"It might be associated with a sexual life, first of all". [A woman with a disability, Imereti]

"What I think is that reproductive health is related to females and sexual health - to both sexes". [A young person with a disability, Imereti]

Experts' Comments

Reproductive Health: The World Health Organization defines health as a complete physical, mental and social well-being and not just the absence of diseases or disabilities; reproductive health refers to reproductive processes, functions and systems, at all stages of life. Thus, reproductive health implies that people should have a responsible, satisfying, and safe sexual life, and that they have the right and ability to reproduce and should enjoy the freedom to decide whether or not to have children, when to have them, and about spacing children. This implies the right of women and men to be informed and to have access to safe, effective, affordable and acceptable methods of birth control, to make an informed choice, and the right to access appropriate health care that allows women to safely conceive and give birth to their children and provides couples with the best opportunity to have healthy children.

Majority of experts participating in the research believed that reproductive health meant any issues related to childbearing, including the healthy functioning of the reproductive organs, pregnancy, information on contraception, and issues related to childbirth.

Sexual health, according to the definition of the WHO, is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

According to experts, sexual health refers to issues related to a person's sexual life, which are not necessarily related to reproduction. Majority of the experts participating in the research pointed out that sexual health could include sexual identity, psycho-emotional status related to sexual issues, sexually transmitted diseases, the ability to perform a sexual act in general, and a person's sexual rights.

However, it is interesting to note that according to experts, these two issues overlap so much that it is difficult to differentiate between them and draw a sharp line. However, a large number of experts talk about a broadly shared perspective - including among professionals - **to combine all issues related to reproductive and sexual health in the term "reproductive health", due to the inconvenience caused by the term "sexual" in the society**. On the other hand, they also noted that because of the low level of awareness of sexual issues and the lack of sexuality education, it is necessary to establish this term and pay more attention to its content.

"Reproductive health primarily concerns the issue of reproduction. However, as far as I know, in Georgia, even if they plan to introduce sexuality education, they prefer using the term "reproductive health or rights" instead. There are often problems associated with the term 'sexual'". [A representative of the Special Protection Group, Public Defender's Office (PDO), Tbilisi]:

2.2.2. Stigmas Related to Sexuality and Reproductive Health of Persons with Disabilities

According to experts participating in the research, in contrast to the positive change in the general attitude towards persons with disabilities, there are less noticeable changes in sexual and reproductive issues. **Sexuality is still taboo today, which, according to respondents, is related to the cultural values and traditions embedded in the society**. According to experts participating in the research, unlike a positive change in the general attitude towards persons with disabilities, the change in the attitudes towards issues related to reproductive and sexual health is less noticeable. Sexuality still remains tabooed, which, according to respondents is related to cultural values and traditions embedded in the life of the society. In addition, according to some experts, not only ordinary people but also specialists are often of the opinion that given

the presence of other problems related to persons with disabilities, the issue of their sexual and reproductive health (SRH) is less important, and therefore, **they see less need to care about the realization of their sexual and reproductive rights.**

Experts participating in qualitative research, as well as young people and women with disabilities themselves, talked about a number of stereotypes and stigmas associated with the sexuality and reproductive abilities of women with disabilities, which often become a barrier to starting a family or living a full sexual life for women with disabilities.

“We know that stigma is a very big problem in our society. I have personally heard the phrases from representatives of non-governmental organizations, such as - What do they want reproductive health for, or childbirth and family planning, do they have a sex life at all? What do they need it at all? In other words, the society thinks that a person with a disability does not need anything, especially reproductive health”. [A representative of the Sexual and Reproductive Health (SRH) Programme, United Nations Population Fund (UNFPA), Tbilisi]

One of the most common stereotypes about the sexuality of girls with disabilities is their asexuality. According to one of the experts in the research, society often considers them to be “innocent” creatures, who cannot have sex. This stereotype is especially strong in the case of women using wheelchairs. However, respondents also talked about the stereotypical attitudes of the society towards the persons with hearing loss - one of the young women with hearing loss, who participated in the research (whose parents are also persons with hearing loss) said that she had often heard members of the public expressing their surprise at how her parents had started a family, how they could communicate, etc.

It is so common in the society that women with disabilities cannot have sex, that even **such a desire is considered a disgrace.** Moreover, some **families often forbid girls with disabilities to take care of their appearance, to “beautify themselves”,** as their parents find it unacceptable that their child with a disability might have an interest in a person of the opposite sex.

“The problem number one we have with young people with disabilities in our country is that their sexuality is not considered at all; the issues that they may have sex and the need for sex life are out of question. In principle, it is a taboo”. [A representative of the Mental Health Centre, Telavi]

“[A young woman with hearing loss] comes from a family of persons with disabilities; her mother, father, all the members of her family except her sister, are persons with hearing loss. And the reactions of people were as follows: How had they got married? Do they have any relationships? Are they able to have a sexual life?” [A woman with a disability, Tbilisi]

“Once I talked to a man older than me and when I told him about my personal problem, he said that it was a shame and I shouldn’t tell anyone about my desire to get married. He interpreted my words to mean that I wanted to get married” [A woman with a disability, Kakheti]

Another stereotype, which is similarly important for women with disabilities, **concerns the perception of women with disabilities as a partner:**

- Women with disabilities participating in the research noted that society fails to perceive them as women, someone may like or fall in love with or have a desire to start a family with. That is one of the reasons why **young women are not allowed to go outside or they are offered to go to monasteries.**

“No healthy and normal man from a decent family will want to marry her. Should she look for someone like her and marry him?”

- According to women participating in the research, men can display interest towards women with disabilities, but they hardly consider them as permanent partners and they do not consider marrying them. Some women believe that they are often rejected by men because **they are perceived as weaker and less independent compared to other women**, and they will have some difficulties performing their duties at home, i.e. doing house chores. They think that men want to find women who are stronger than they are, but a woman with a disability does not fit this prototype.
- According to the respondents, that only **a man with a disability can be a partner of a woman with a disability** and a person with typical development will not be interested in starting relationship with a person with a disability. Besides, women participating in the research noted, that **men with typical development are ashamed of introducing their partners with disabilities to their friends**, family members. Even if a man is free from stereotypical attitudes and does not try to hide his relationship with a partner with a disability from the society, he is held up as an object of ridicule from the part of society and is often criticized by his family members as well.

“It’s not only the matter of the fear but the expression of the existence of certain complexes. They feel a kind of being belittled in the eyes of their friends, for example, because of having a partner with a disability; and the man should love the women very much to be able to overcome this discomfort. I have experienced it: first he didn’t even want me to meet his friends, when he just liked me, but when he fell in love with me, he managed to overcome this complex and did not pay much attention to what others though; then, when he proposed, his family appeared to be against his decision to an extent that the developments were nightmarish, losing consciousness and so on... He was under immense pressure from the part of his friends, family members and relatives”. [A woman with a disability, Tbilisi]

We are never thought of as permanent partners or wives. Majority of men who start thinking of starting any relationship with us, I mean 95% at least, also think that this will be a temporary relationship and then... Just because nobody thinks of you as a permanent partner”. [A woman with a disability, Tbilisi]

“I don’t want my daughter to get married, I am not young and I may die soon; and besides, who will want to marry her, someone with a similar problem, maybe. I don’t want her to marry a person with a disability. If I were younger... I was already not very young when Mary was born; I don’t have anyone; my husband died. The only person I have is Mary, she’ll be 15 soon. No healthy and normal man from a decent family will want to marry her. Should she look for someone like her and marry him? If she asks me, I don’t want her to get married. If I were younger, I would have allowed her to give birth to a child and I would have looked after that child”. [A parent of a person with a disability, Kutaisi]

Participants of the research also talked about gender stereotypes, but according to their perceptions, these stereotypes apply equally to both girls with typical development and girls with disabilities. The most common of these stereotypes is related to the virginity of a young woman. According to the respondents, **non-virgin girls are considered dishonest for a large part of the society**. Interestingly, it is not only acceptable for men with disabilities to have a partner, but family members also help them find a partner, there have been cases of using sex-workers’

services. According to adolescents and women with disabilities participating in the research, restrictions on marriage do not extend to men with disabilities. This view is supported by experts, who have noted that there is no accurate statistics, although the analysis of trends shows that more men with disabilities are married to a person with typical development than women with disabilities.

“It’s a stereotype, because when a girl is not virgin, they think she must be a whore, but men can have sexual relationships with women and that is considered normal”. [A woman with a disability, Tbilisi]

“I have heard of too many cases and I can tell you about one of them: a girl and a boy were in love and they had sexual relationship before their marriage and the boy’s friends start telling him that she was dishonest, and he didn’t have to marry her as she consented to have a sexual relationship with him before their marriage; and there are a lot of such stereotypes”. [An adolescent with a disability, Tbilisi]

“I had an abortion. I killed my baby, because they do not protect women’s rights here, especially the rights of women with disabilities”

Qualitative research also identified stereotypes related to the reproductive abilities of women with disabilities. The experts participating in the research talked about the opinion, which was quite common, that **people with disabilities will definitely have children with disabilities**; Which is based on the view that disabilities, especially mental disorders, hearing, vision disorders are hereditary. A representative of the NGO “Partnership for Human Rights” noted that the stigma associated with the reproductive abilities of a person with a disability is so prevalent in society that women with disabilities themselves often decide to give up and think that they really do not have the right to have a child or that it cannot be a priority for them to have a child.

The research found that this stereotype is shared by parents of people with disabilities in a number of cases. **Mothers do not want their children with disabilities to have children of their own.** In their view, a disability might be manifest in later generations if not in the next generation. Additional barriers for parents of girls with disabilities are fears that pregnancy and/or childbirth could further impair the mother’s health condition.

“I will probably have a child with the similar disability and that’s why I don’t want it”

Perception of disability as a “contagious disease” may force women with disabilities to terminate their pregnancies. A woman with hearing loss cited her experience of being 21 year old when she became pregnant, and her boyfriend and his family insisted on her having an abortion. According to the respondent, since she was very young and did not have any hope of her family’s support, she was obliged to have an abortion.

“It’s a stigma that people with disabilities will have children with disabilities and that one should be careful not to get pregnant if she has sexual relationships with a person with a disability, or if she is a person with disability. And it’s quite common”. [A representative of the NGO “First Step” Tbilisi]

“Stigma is a big challenge, when they think that they do not have the right or they are not allowed. This is the result of faulty judgment and false moral values to think that disabilities are hereditary. This is a big problem, I think, when they do not allow people to have their

sexual life and use their reproductive potential and, besides, as for the stigma, that they give up and think that they really do not have the right to have a child or that it cannot be a priority for them to have a child". **[A representative of the NGO "Partnership for Human Rights", Tbilisi]**

"It's an example of a stereotype that if a person with a disability has a child, the child will inherit the same disability. They think it is a contagious disease embedded in the genes. It makes no difference whether it is caused as a result of a doctor's negligence or a virus, they still think that a person with a disability will give birth to a child with the same disability". **[A woman with a disability, Imereti]**

"They are afraid of having a child with a disability. That is like an obsession. That is what happened to me. I got pregnant and they insisted on me having an abortion; I was against it, but at the end they managed to persuade me. I was only 21. I knew my family wouldn't support me and I was obliged to have an abortion. He even told me that he was sure that the child was not his and so on. I think, if I weren't a person with a disability, it wouldn't have happened, because he said that he would probably have a child with the similar disability and that's why he didn't want it". **[A woman with a disability, Tbilisi]**

"I made a mistake. We had been together for 2 years. I had a partner and my family didn't know about it. Because if they had learned about it, they would either have expelled me from home or insisted on me marrying that man and I knew that the man didn't want to marry me. I had an abortion two weeks after I learned that I was pregnant; I killed my baby, because they do not protect women's rights here, especially the rights of women with disabilities. Now I regret. My child would have been four years old now". **[A woman with a disability, Tbilisi]**

"They sent a message that they didn't want her to marry their son as her family member was a person with a disability"

The research found that the stigma of hereditary **disabilities also became a barrier to getting married for other members in the family** where there is a person with a disability. Therefore, there are some cases when families try to keep their family members with disabilities at home. Participants of the research give examples of cases when a family member with a disability served as a barrier for other family members to getting married.

"I can tell you what happened to a girl, her story is linked with the topic; one of her family members had severe mental disorder and, unfortunately, that girl later appeared to be suffering from some mental health conditions herself. She met a man she liked and she told her family members that she liked that man. She had to face serious opposition from her friends and family members, who kept telling her not to marry that man, and even not to fall in love with him, as that would lead to problems and, anyway, he would never marry her... And that was what happened... When the boy's family learned about her family member having mental disorder, they objected to their marriage; they sent a message that they didn't want her to marry their son as her family member was a person with a disability ". **[A representative of the Mental Health Centre, Telavi]**

"Nobody wants to marry a girl with such problems. I know a girl who is really pretty like an angel, but she has a sister who is a hunchback. Nobody took her to wife". **[A parent of a person with a disability, Kutaisi]**

There is a widespread belief that women with disabilities are particularly feeble and dependent

on others and need to be looked after; therefore **their marriage is an additional burden for any family**, as they cannot raise a child and will constantly depend on others to help them. This is the reason why family members and close people of women with disabilities are so frequently against their marriage. However, young women with disabilities, who participated in the research, disagreed with the stereotype that a woman with a disability could not give birth to or care for a child and recalled the examples of women with disabilities who had healthy children and were able to take care of them independently.

“As for women with physical disabilities, despite the fact that I mentally healthy, all the people around me had such an attitude and my mother used to tell me that I shouldn’t get married, That it would be too heavy burden for me. She meant looking after family would be a burden, she had never thought of helping me. But now she helps my sister in almost everything”. [A woman with a disability, Tbilisi]

“...That she will not be able to look after her family as women with typical development do; this is a stereotype and we want to break this stereotype. There are cases when people with disabilities look after their biological children even better than some of the persons with typical development”. [An adolescent with a disability, Imereti]

“I knew a couple, both of them are persons with disabilities; but they got married and they have very good children, and as far as I know, they have never had any problem with raising their children. I have known the woman for a long time and she is very strong, she controls her children – they have a boy and a son – though control is not an appropriate word... but, she knows where they go and what they do. And the children help their mother to look after their father and vice versa”. [An adolescent with a disability, Imereti]

Because of the general stereotypes and stigmas associated with a disability status or sexual and reproductive health (SRH) of people with disabilities, **families often try to resist the disability status being established in case of their girl with a disability**. According to experts participating in the research, if a girl has a slightly expressed disability, the family tries to hide her disability, because they fear that their disability status will be a barrier to finding a partner and starting a family. According to one of the experts, such cases are especially common among the families of girls with visual impairments.

Parents of people with disabilities, especially in the regions, said that it was common for families to keep the information about their children secret and that parents of people with disabilities tried to get some services anonymously, such as consulting a specialist but not bringing their children.

“There is a trend that some families prefer to keep the problem secret and do not seek a disability status for their child, because they want their daughters to get married... for example, the family of a girl with a visual impairment might keep her disability secret and do not disclose the fact that she needs special lenses, she might need a disability status for that but her family do not want her to have this status”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“Especially when a girl has not a very serious disability, parents will not seek a disability status for her, because it will be difficult for her to get married in the future”. [A parent of a person with a disability, Kakheti]

“Parents of children with developmental disabilities visit specialists, they want them to work with their children, to treat their behavioural disorders privately, but they do not bring their children to the medical centre”. [A parent of a person with a disability, Kakheti]

2.2.3. Perception of Sexuality of Young People and Women with Disabilities

According to experts participating in the research, the stereotypes about the sexuality of people with disabilities, as well as the lack of information about the related issues, often have a negative impact on their perceptions and they develop doubts about their sexual and reproductive rights or abilities.

In majority of cases, women with disabilities participating in the research noted that they did not have sexual life, which made it difficult for them to talk about their sexuality. The young women with disabilities participating in the focus groups in Tbilisi noted that they were generally interested in sexual life, however, **a lack of information, on the one hand, and public attitudes and gender stereotypes, on the other hand, formed huge barriers to having a partner.**

“I would like to know something in advance; and, maybe, that’s because of my age, as I am 24 already, I want to start a family, I want to have a partner, but I am afraid a little, as I do not know how, I have no information about it”. [A young woman with a disability, Tbilisi]

“I’m 23... If I lived in Europe, I would have a partner, but as I live in Georgia I have to restrain myself”. [A young woman with a disability, Tbilisi]

A trend revealed among younger women was that they hoped they would not have to overcome barriers to either start a family or have a partner. One of the young women participating in the research noted, that she had heard of some persons with disabilities who have a full-fledged sexual life, have a partner or are married.

“There are many people with disabilities, who have families of their own, have partners and live a normal life”. [A young woman with a disability, Tbilisi]

Only a few married persons with disabilities described their sexual lives positively, as “stable” “nice”, “one shouldn’t live without it”.

2.3. Sexual and Reproductive Health and Rights (SRHR)

According to health care professionals participating in the research, the sexual and reproductive rights of persons with disabilities are the same as those of people with typical development, but due to certain limitations, they need some support for their rights to be protected, including ensuring access to information and services.

Experts participating in the research expressed the opinion that **at the level of legislative documents, realization of sexual and reproductive rights is ensured for all people, including for persons with disabilities. However, in case of persons with disabilities, certain factors hinder the realization of their rights;** one of the most important barriers being the **intolerant attitude of the society and the stigmas and stereotypes related to sexuality.**

“In general, all people should have equal rights and this is officially ensured in documents. Another matter is how they actually enjoy these rights, how informed they are about their rights, where they can get information about them, how to get this type of service, how to control their own life. In the end, they are on an equal footing with regard to the rights, they just need some assistance”. [A representative of the Children’s Rehabilitation Centre, Kutaisi]

“It is regulated; their rights are not restricted on the paper. They are not sterilized, they are not forced to apply contraceptives. Free contact, so to speak, is not prohibited. Their rights are ensured at the legislative level, because these laws should be harmonized with international laws; however these laws are not adapted to existing culture, traditions and lifestyle. That’s what I see in our reality”. [A representative of “Social Therapy House”, Tbilisi]

The lack of sexuality education is considered to be an important barrier to the realization of sexual and reproductive rights of persons with disabilities.

However, according to a representative of the NGO “Platform for New Opportunities” (PNO), providing these persons with information alone will not ensure their rights unless relevant services are made available. Persons with disabilities will have information about their rights in this case, but will not be able to realize them due to existing conditions – such as lack of confidentiality when visiting a doctor, physical access to services, etc.

The effort of ensuring protection of sexual and reproductive rights for persons with disabilities is linked to other services, and restricted access to these services makes it difficult for them to enjoy their rights.

- Promoting independent living – a personal assistant, adapted physical environment, facilitating employment
- Support for victims of violence, family reintegration services

“I agree with one of the activists saying that services should be available; adequate standards of life should be ensured; and things I’ve mentioned, such as a personal assistant or doctor who should ensure confidentiality; gynaecologists or sexologists should ask the person accompanying a person with a disability to wait outside; otherwise the information about how to protect myself from diseases will be useless. Because in this case the message is that I won’t be able to do anything, even though I have rights, and whether they tell me or not, my family won’t accept it unless I get married. I can’t leave my house, I can’t date anyone; where should I meet one? If I visit a gynaecologist, everyone will learn about it; if I go to the chemist’s to buy for example contraceptives, everyone will know... I, most likely, will not be able to go there... physically... for example, if a person with hearing impairment doesn’t know how to read or write, others might not understand the sign language”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“But in the case of persons with disabilities, when they do not have access to services, and so on. When there are no means to promote independent living, such as a personal assistant, accessible physical environment, adequate shelters for victims of domestic violence, when they can stay in those shelters for only 6 months, with no opportunities for employment, where should they go next? When we can’t offer them these services and many other services such as family reintegration service, which implies working with the family if a disabled person is rejected because of his or her choice about his/her sexual behaviour, working with the family to let him/her stay and live with them. There can and should be different services, but there are none and because of that these rights can’t be actually enjoyed by persons with disabilities; they exist as opportunities but not quite real ones for both women and men with disabilities”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

Access to information proved to be important for women with disabilities, especially for those living in Tbilisi. Women with disabilities participating in the focus groups, especially women with

hearing problems (in Tbilisi), noted that information about their rights was not available to them. These rights for them intuitively implied: access to the information about medical examinations and treatments, freedom of decision-making when planning a family, having a child, or choosing a partner.

Only a few of respondents (living in Tbilisi) noted, that they were invited to a number of meetings or trainings, mainly organized at the initiative of the representatives of their communities or by different NGOs, on issues concerning the rights of persons with disabilities, including their sexual and reproductive rights.

“The training on issues concerning sexual and reproductive rights was very interesting; I learned a lot of new things. As for the rights, there is no one who restricts my rights, but my desire to get there is restricted, because I know the environment there won’t be friendly, not tailored to my needs”. [A woman with a disability, Tbilisi]

The attitude of the women with disabilities, who participated in the research, was quite sceptical about their rights. According to them, even in the areas where they are invited to attend meetings on the topics related to the rights of persons with disabilities, the infrastructure is not adapted, which is why only information on their rights is meaningless in an environment where there is no support service, health services are less accessible and their ability to move freely is limited even in the facilities where they are invited to talk about their rights.

In addition, women with disabilities noted that, given their social status and the fact that even their right to employment was not ensured, which would help them gain independence, talking about their sexual and reproductive rights seemed less important to them, on the background of existing situation.

“The most urgent issue, for example, though it might not be related to your topic, is the violation of our right to employment, in the first place! Wherever we go, no matter how smart we are, we expect our candidatures to be politely rejected, they always try to get rid of us, and our rights are violated in this respect, first of all”. [A woman with a disability, Kakheti]

In addition, a trend was revealed that some women with disabilities, especially living in the regions, believe that there is no need to talk about sexual rights today, as sexual life affects only two people, and other organizations should not interfere in.

“The topic itself is completely unacceptable for me. I know I have sexual rights and there has been no one to restrict my rights in this regard and why should I shout that I have this right? This is natural. The term and the topic sounds for me so unnatural. This is my answer”. [A woman with a disability, Kakheti]

“It has always been violated, is being violated and will be violated, and it is a matter of a culture of relationship between two people. Even if the whole world and all organizations directed their effort to ensuring that women’s rights are not violated, they would be violated anyway, because this is a matter of a culture of personal relationships between men and women”. [A woman with a disability, Kakheti]

2.3.1. Prevalence of Violations of Sexual and Reproductive Rights of Persons with Disabilities

According to experts, violations sexual and reproductive rights of persons with disabilities are generally common, and persons with mental and intellectual disabilities, as well as persons with mobility limitations are considered as the most vulnerable groups in this regard. Besides, the situation is even worse in terms of protecting the rights of people who live in total institutions - boarding houses and psychiatric clinics.

“Speaking generally, the rights of persons with all kinds of disabilities are not protected, this is even truer with regard to the rights of persons with mobility limitations and of persons with mental and intellectual disabilities, especially of those living in the institutions such as mental health facilities“. [A representative of the NGO “Mariani”, Tbilisi]

The research revealed a number of examples of violations of sexual and reproductive rights:

- Lack of information on both sexual and reproductive rights and sexual and reproductive health (SRH) in general
- Control of sexuality using medications
- Bullying in schools
- Not adapted environment, including in healthcare facilities
- Lack of sexual and reproductive health (SRH) services, in general, and limited access to sexual and reproductive health (SRH) services (adaptation, affordability, medical staff attitudes)
- Gender-based and other types of stereotypes and stigmas related to sexual and reproductive health (SRH) of persons with disabilities
- Limited access to medical services
- Barriers to starting a family or having a child
- Lack of confidentiality during visits to doctors
- Lack of independence in adulthood, in general
- Different forms of violence (sexual, domestic violence, both physical and psychological)

2.3.2. Sexual and Reproductive Rights and Needs of Persons with Disabilities in total institutions

The most vulnerable groups in terms of violations of sexual and reproductive rights are those with mental and intellectual disabilities living in total institutions.

Representatives of various non-governmental organizations participating in the research spoke about the problems of protection of the rights of women with disabilities in total institutions. According to them, in such institutions, where a number of persons with disabilities live together, it is difficult to consider the individual needs of these persons and protect their rights. In many cases, the sexual and reproductive health (SRH) of persons with disabilities is not considered or supported at all.

Total institutions include:

- Boarding houses and shelters for persons with disabilities
- Psychiatric clinics where persons with mental health problems are not only treated but also have to live
- In some cases, community housing, with more than 24 people living together

“Who cares about their reproductive health, when they have to struggle to survive”

*“People with intellectual disabilities are particularly vulnerable to human rights violations. People with mental disorders living in residential institutions for persons with disabilities are also particularly vulnerable, at least because they are confined to an institution, and are under State care and there is simply a violent environment in those institutions. Systemic violence prevails in those institutions. There are no services tailored to the individual needs, and this is the violation of human freedom. This includes psychiatric clinics, where people do not live due to their illness, when they are ill or in need of treatment, but I do mean that people cannot leave the place for months and even years, because they have nowhere to go, because their families do not want them back, when the facility becomes their permanent dwelling place. This includes formal institutions such as boarding houses, but so-called community housing should be mentioned here as well, places where more than 24 people live in a confined space; I think this is unnatural, an abnormal environment hindering the efforts to meet the needs of individual persons properly, to protect their rights. **[A representative of the NGO “Hand in Hand”, Tbilisi]***

According to some experts participating in the research, material and social hardship and violence, which prevail in total institutions, often override such matters as sexual and reproductive health (SRH), and, in this respect, freedom is not exercised at all, as other basic rights are violated, which make the need for solution of these issues seem as not a priority. One of the experts spoke about **the particularly difficult situation in Dusheti, Dzegvi and Martkopi boarding houses, as well as in Gldani and Kavtaradze psychiatric institutions in Tbilisi.**

- Neglect displayed towards patients with somatic problems, particularly those who are bedridden – they can be left unattended for hours
- Cases of physical violence, i.e. beating up bedridden patients and person with restricted mobility
- Misappropriation of their social benefit cards/extortion

*“Do you know how these people live? At the Martkopi boarding house, you may see a beaten up person passing by or carrying food because they are afraid of being robbed, they destroy their social benefit cards so that nobody could take them away from them; everyone knows what the situation is like there, extreme violence, food shortages and thefts, because the State doesn’t care and, here, me and you are talking about reproductive health! Who cares about their reproductive health, when they have to struggle to survive! Some of them have Facebook accounts and they write to us asking to help them. But all these is in vain, we cannot help them. Even if you visited them they wouldn’t allow you to stay there, because there are so many violations that one should go directly to the prosecutor’s office. There is an absolutely different world there, unbelievably different from ours”. **[A representative of the NGO “Partnership for Human Rights”, Tbilisi]***

Infrastructure is a major problem in boarding houses and psychiatric institutions. According to experts, they identify a great number of infrastructural problems, when conducting monitoring of the facilities; these problems include:

- Beds are placed too close to each other, which can facilitate to the creation of the environment of violence
- Toilets and bathing facilities are not adapted to the needs of wheelchair-dependent persons
- Privacy is not protected anywhere - 4 or sometimes 8 people live in a single room together, toilets and bathing facilities are not provided with locks on the inside, there is no space where the inmates/beneficiaries can spend some time being alone, which makes it impossible for them to have an sexual intercourse with a partner or otherwise satisfy their sexual desires.

“For example, the number and concentration of patients in rooms does not meet any standard, the distance between the beds there should be more than a meter when actually the distance is 1 Or 2 centimetres. Practically these people are lying on a single bed. This can facilitate acts of violence, of coercion, which is very difficult to identify”. [A representative of the NGO “Hand in Hand”, Tbilisi]

“Let’s take the example of psychiatric clinics, if a wheelchair-dependent person needs to visit the facility, he/she will face a huge problem there, as the toilets there are not adapted to the needs of persons with such a disability and they are offered a kind of buckets instead. They failed to adapt the toilets in the so called shelter either”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“Not only is sex prohibited in these institutions, but other types of behaviour, masturbation, for example, or other types of actions are virtually impossible, because there is no private space”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

**“We noticed that she did not have a menstrual pad
and was lying on a bowl”**

Violations of adequate conditions include restricted access to personal hygiene items. According to experts participating in the research, **total institutions often do not meet the minimum requirement for personal hygiene**. In addition to the fact that hygiene items are almost unavailable (such as menstrual pads), sanitary rules are violated in other respects as well – the underwear of inmates/beneficiaries are washed together. It is also noteworthy that the lack of personal hygiene items is often associated with violence, for example, during the menstrual cycle, women may lie on a bowl for the duration of the cycle due to lack of a menstrual pads.

“We noticed that she did not have a menstrual pad and was lying on a bowl. We have a photo of the person as an evidence. How can she care about any convention? She was supposed to be lying in this position for several days. And it was not at all a special bowl, or something like this, that might create not a huge discomfort for the person lying on it; it was an ordinary bowl and she was given it instead of a menstrual pad, because of the lack of hygiene items in the facility. What should I have told her”. [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

According to the research, one of the most pressing issues in total institutions (including psychiatric clinics) **concerns the childbearing among the women with disabilities**. According to the

participants of the research, under the policy of the boarding houses and psychiatric institutions, women are not allowed to stay in total institutions/psychiatric hospitals together with their children. On the other hand, according to experts participating in the research, **the inmates/beneficiaries have no access to the means to protect themselves from pregnancy, which is why the prevention of unwanted pregnancies is achieved through restricting the sexual life of women with disabilities.** According to experts, **the sexual life of women living in total institutions, in general, is considered only in terms of the problem** and not as a basic human right.

Prevention of pregnancies in the total institutions is achieved through:

- **medications and sterilization of women with disabilities**
- Strict segregation of male and female inmates/beneficiaries with disabilities, i.e. they are forbidden to talk to each other or to go out for a walk together, they are being permanently persuaded that they are siblings to each other, and so on.

“They are forbidden to talk to each other, to communicate verbally or to go out for a walk with a representative of the opposite sex – it is strictly forbidden too”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“You are siblings to each other, this is what they are told. Prevention is ensured through this kind of methods and not, say, providing them with contraceptives. Sexual relationships are forbidden. If it does happen somehow, it will result in illegal abortion which is a criminal offense but these cases remain unreported”. [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

“Boarding houses are small size buildings, resembling a community housing, and when women with disabilities move there, they are not allowed to take their children with them. It is therefore their logic that they should never have sex, because they may have a child as a result and then suffer from the psychological trauma of being separated from their children. I also have such information, but I cannot name the source that they do not have sex, some drugs are given. I also have information about an institution – I cannot name the institution – giving the inmates/beneficiaries special medication to suppress their desire of having sexual relationships”. [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

“In general, the issue of sexual relations is considered a problem – something that should not be happening. Additional problems related to sexual relations include: pregnancies, sexually transmitted infections (STIs) and the difficulty to identify whether it was a result of an act of sexual violence or sexual exploitation or based on the mutual consent. Therefore, the easiest way to prevent all these problems is to forbid sexual relations. My colleague talks about the situation in these facilities, noting that there are separate units for men and women, which is one thing, but they have special schedule and take female inmates/beneficiaries for walk when there are no male inmates/beneficiaries outside and vice versa, which is quite another thing. That is done to prevent any kind of unplanned contact between the representatives of opposite sexes and if does happen, they are shouted at and scolded”. [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

Screening programmes are not available for people with disabilities living in psychiatric clinics and boarding houses. The barrier to accessing screening programmes include a lack of financial or human resources for the persons with disabilities living in these institutions. Institutions do not have enough material resources, they do not have dedicated staff to take

women with disabilities to any clinic for screening. Therefore, in the opinion of experts, it is important to introduce screening programmes within each institution.

According to the respondents, the staff suspects a woman's pregnancy only when it becomes visually noticeable on their bellies, which indicates a rather advanced stage of pregnancy. It is noteworthy that in other cases, women with disabilities living in the institutions are less likely to be taken to gynaecologists, which is again due to lack of staff or scarce material resources. However, this in turn leads to other violations: **the number of illegal abortions is increasing.**

Experts participating in the research also noted that in case of medical treatment of persons with mental disorders, the effects of the medication on the foetus during pregnancies is ignored and they do not warn patients, in general, about the impact of medication on a woman's sexual or reproductive health.

"In these facilities, the level of awareness of issues related to reproductive health is even low among the personnel. For example, within the frames of monitoring, we asked the personnel of one of such facilities whether the beneficiaries had been screened for human papillomavirus (HPV); their replies indicated that they did not know what it was, as they said that they did the test only after they notice that a woman's belly had been grown and when they suspect that the woman can be pregnant". [A representative of the NGO "Platform for New Opportunities" (PNO), Tbilisi]

Neuroleptic agents i.e. the drugs given to the persons with mental disorders can have a very negative influence on the development of the foetus. In short, when the staff is not aware of the influence, then there will be no timely reports to the administration on the need for the screening. Given the lack of staff, it is technically impossible to simply take 300 or 200 beneficiaries to the relevant clinic at a time. What might be the number of personnel required to perform this procedure? There is a severe shortage of the personnel there and another problem is financing their transportation. So, it would be better if the service was available within the facilities; I mean, providing the beneficiaries with the scheduled screening services within the facility". [A representative of the NGO "Platform for New Opportunities" (PNO), Tbilisi]

Representatives of non-governmental organizations participating in the research noted that in case a woman with a disability gives birth to a child, the institution does not allow the mother to stay in the facility together with the child, which usually ends with mother-child separation.

- The boarding houses do not have the right to allow female beneficiaries to stay in the facility together with their children; therefore even the children born to mothers who are legally married can be separated from their mothers
- There are certain barriers to leaving the facilities and visiting children
- There are certain barriers to visiting the inmates of the facilities, as well; for example a friend who wants to visit an inmate of the facility has to obtain a special permit beforehand.

"Only giving birth to a child cannot be considered the reproductive right, I think. We are biological and social beings, it cannot end like this, and it is not a one-time act, get pregnant, give birth and the end... This was the case with them; they gave birth to their children and that was all; that means that they cannot take care of their children and, somehow, it is a violation of their reproductive right". [A representative of the NGO "Hand in Hand", Tbilisi]

“Boarding houses for persons with disabilities can have their own rules and they are not places intended for accommodating children, so the both female and male beneficiaries are automatically deprived of their right to family life. Even the children born to mothers who are legally married are separated from their mothers. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

The facilities do not allow women to stay there together with their children. So it follows that either the mother has to leave the facility to be together with her child, which is often a problem, as too many women have nowhere to live and nowhere to work; or she is separated from her child. It means that they are deprived of parental rights; they might have the right to visit their children periodically, but they probably will not have the chance to be close to their children, they might only be allowed to see them from a certain distance. They are persons with disabilities, some of them might have no chance to go out. I have heard that even guests have to overcome certain difficulties when visiting an inmate; they have to warn the administration beforehand. In case I want to visit my friend in psychiatric clinic, for example, where people actually live there, I will need a special permit, etc”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

Representatives of various non-governmental organizations participating in the research noted that they are often contacted by people with disabilities living in total institutions asking for help. However, experts say that not much is being done to help them today, and that they too have little opportunity to assist and support these people:

- Official bodies reply that the total institutions are provided with sufficient supplies of food and personal hygiene items
- The fact that some inmates of these facilities do not have any identity documents often hinders the process of bringing cases to court.

Experts participating in the research noted that they do not see enough interest of donors in this regard. And even the scarce resources that are allocated, according to the experts, are inefficiently distributed and are spent on organizing high-budget conferences or meetings, instead of being spent on helping these people.

“Great number of messages have been sent. We sent them letters and they reply that everything is fine. For example, we write to them that they have no food, they reply that they have food. One of the inmates calls me in the morning telling me that they are hungry, I write to him, they reply they are not. They tell us that they have enough food, pads, a gynaecologist visits the patients and something like that”. [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

“If there were enough funds, I would take all the cases to court. But as I’ve told you, do not see enough interest of donors in this regard”. [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

“I have to admit that donors really prefer to fund a multi-thousand-participant meeting at a luxury hotel that lasts for several hours, while those few thousands would help 100 women to take to the streets for a month and, for example, participate in a rally demanding reproductive rights. The available funds are distributed unreasonably, the issue is not meant to be discussed at a chic meeting. It is an unpopular topic, but for those who work with them it is quite a topical issue, we talk about satisfying some UN standards, when actually there is extreme poverty out there. A patient may die of sepsis caused by pressure ulcers in an extreme poverty and the Government of Georgia may prepare a 1,200-dollar report to

be submitted to the UN. The available funds are unfairly distributed. Disparity reigns". [A representative of the NGO "Partnership for Human Rights", Tbilisi]

"We inform the Prosecutor's office and they just do nothing and that's the end of all the cases. We had a meeting with the Public Defender last week, who informed us that there is nothing they can do. And there is nothing we can do".

"When the internal resources are exhausted and no one is doing anything, then we go to Strasbourg, but now I can't go to Strasbourg, I don't even have the identity of the person to attach to the appeal. They are in a very difficult situation. "

"...The Prime Minister should ask what the budget is spent on".

[A representative of the NGO "Partnership for Human Rights", Tbilisi]

2.3.3. Barriers to the Realization of the Right to Family Life

Experts participating in the research noted that there was no accurate information or statistics on persons with disabilities and therefore there was no information on the rate of marriage among persons with disabilities, however, especially since in the case of women, sexual issues are tabooed, the public does not discuss and speak out loud about the issues associated with the marriage of people with disabilities.

According to experts, there are several barriers to starting a family for persons with disabilities:

- **A lack of support services** - There are no family planning services, reproductive health services or support programmes for mothers with disabilities
- **Problems of socialization** - Experts generally consider it important to involve persons with disabilities living in institutions or with their families in social activities, organizing social events, meetings, clubs where informal relationships will be encouraged and they will be able to get in touch with the outside world and get to know one another. According to research, today a large proportion of people with disabilities are simply locked in a space where they are not physically able to meet anyone.
- **Resistance on the part of the families of persons with disabilities** - the families do not give their members with disabilities a private space. Person with disabilities are constantly accompanied by a guardian/parent. When it comes to marrying a person with a disability, this is often perceived as a problem and a risk by the family - 1) the family anticipates additional financial burden, 2) they have negative expectations regarding a person with a disability having a child due to various factors, 3) they think they cannot take care of their child independently.
- **A lack of financial and physical independence** - the persons with disabilities depend on their families or institutions in both physical movement and materially.
- **Prevalence of stereotypes in the society** - they are constantly receiving messages from those around them that they will not be able to start a family, they will not be able to have a child or they will not be able to take care of their child later, the child will be disabled, and so on.

"The reasons are the same - material, as the children born in these institutions become an additional "burden". There are no finances allocated for their support, no pensions and the managers of the institution have to take care of those children, no matter whether they are

with typical development or with disabilities”. **[A representative of the NGO “First Step Georgia”, Tbilisi]:**

*“They receive messages from their friends or neighbours that it will be better for them if they give up thinking about it, as they won’t be able to start a family, because their disabilities are hereditary, that they will have problems related to their reproductive abilities, they won’t be able to give birth to a child, and in case they have a child, their children will have some health problems and there are a plenty of such messages, so their sexual life is restricted from the very beginning. They are in fact raised to believe that they are not allowed to exercise their right to family life”. **[A representative of the Mental Health Centre, Telavi]***

*“As for their sexual health, first of all persons with disabilities are extremely vulnerable, they often become subject to abuse, especially if there are unscrupulous people around them; they have to face a lot of difficulties, as their parents often think that some issues concerning their children with disabilities should be tabooed, that they do not have their reproductive rights and they shouldn’t have children of their own. Though we have a young woman with visual impairment, who is supported by her family and she had her second child and her children are absolutely healthy. If their families don’t support their member with a disability, they have to face a lot of difficulties. A visit to a doctor is a nightmare for them because they fail to communicate with them and they need someone else’s assistance to communicate with doctors, this makes it for them even more difficult to express themselves or talk about their concerns and some intimate issues”. **[A representative of the Children’s Rehabilitation Centre, Kutaisi]***

*“Families often interfere with these decisions and girls with disabilities are especially vulnerable in this regard. This especially concerns persons with visual impairment, they can be considered as one of the most vulnerable groups. The quality of independence for persons with visual impairment is extremely low in Georgia, as they depend on their family members wherever they have to go, go out with someone and so on. If she is going on a date, she has to inform her family members about it, where she is going, with whom, etc. They are constantly accompanied by their siblings, parents, and grandparents and then they try to influence her decisions telling her that they don’t like him, that she doesn’t need him; thus they interfere with her decisions”. **[A representative of the NGO “Mariani”, Tbilisi]***

*“The most important thing for women with disabilities is that they shouldn’t be homebound. When it comes to sexual and reproductive life, we know from the stories of women with typical development, freedom starts when women are allowed to live independently physically, when she is allowed to go out independently, go abroad, to other cities and towns, that is how an exposure to the outer world happens, when there is a chance of meeting someone and so on. But when a girl is constantly under control of her family, when they cannot go out, due to physical environment, for example, if a wheelchair-dependent person lives on the third floor, even in the city of Tbilisi, and there is no elevator in the building, he/she will not be able to physically go out and meet somebody; the only chance for him/her to meet someone is to choose from persons visiting him/her. There are some deeply moving stories of boys who are paralyzed i.e. bedridden and who, in addition, have some intellectual problems; and when erection starts at the sexual maturity age, parents are confused, they do not know what to do, how to help them, should they call emergency medical services or not, they don’t know if the medical personnel know what to do and how, not to harm them and so on. These stories are moving and parents need help in the cases like this”. **[A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]***

Difficulties are associated not only with the period before the childbirth, but also with the subsequent period. The question arises as to whether a person with a disability or her family can provide for the welfare of the child. Experts recall cases of social agency interfering and moving the children into adoptive families or foster families. In a number of cases, there may be an overwhelming interference or gross violation of human rights committed in the name of the welfare of the child.

“It was against her will, but it was done by the Social Services Agency because there was no prospect of anyone taking care of the child, there was a danger to the child’s life and therefore the child was moved into adoptive family, it was better for the child”. [A representative of the Mental Health Centre, Telavi]

“There was a case: two beneficiaries fell in love with each other and they decided to start a family. By the way a social worker, who is generally supposed to be the number one supporter of the beneficiaries and the one whose job is to protect the rights of these people, was the first to protest against their being together. She started talking about restricting their sexual relationships, about health issues... If she had been given the chance she would have actually prevented their being together. She told me so directly. Next this system, Social Protection system took two children away from this couple; the children who were born after they started living together. Their first child was moved into a foster family and when their second child was born, the agency insisted on the foster family to take her as well”. [A representative of the NGO “Hand in Hand”, Tbilisi]

“It was a very sensitive moment. Martkopi Boarding House spared no effort to let the parents raise their own child, the child was moved into foster family and we struggled a lot. They have three couples there. Some 20 or 30 people in Tbilisi have their children with them. They know that decisive word belongs to parents, and as a rule they refuse their children to be taken away from them”. [A representative of the “Social Therapy House”, Tbilisi]

“There are so many healthy parents who cannot take care of their children. People who have such problems shouldn’t have children. Of course, it is their choice, but it is unacceptable for me”. [A parent of a person with a disability, Tbilisi]

The women with disabilities participating in the research pointed out that being overly dependent on their families does not allow them to have healthy sexual relationships, to meet a partner, which makes it impossible for them to think about getting married or starting a family. They started paying private visits to doctors and thinking about their own sexual health, in general, only after they began to live independently thus reducing the impact of their families on their lives. It is noteworthy that only the women living in Tbilisi talked about living away from their families.

“I was 31 years old when I started living independently. I declared that no one would ever interfere with my life”. [A woman with a disability, Tbilisi]

“I was 27 when I started living independently and I think one should be mature enough to make such a decision. Though it is individual, so at the age of 27 I decided that my life was my life and nobody had the right to interfere. When I explained it to my mother, despite the fact that she was no longer young, she understood everything and did not protest against my decision. I was a little surprised. I have been living away from my family for four years now and have been living independently and working for 3 years”. [A woman with a disability, Tbilisi]

According to experts, abortions are common among persons with disabilities, including forced abortions or abortions, which are decided by guardians, as well as cases of placing children up for adoption.

“They were against, but as all of them were persons with disabilities, the decision was made by their guardians; so considering a lot of factors, say, that the guardian could not take care of the child because he/she was an elderly person, they had no one to take care of their children, they had no income at all; the decision was made for these women to have abortion. During the last two years there were 3 cases, when women gave birth to children and their children were placed up for adoption”. [A representative of the Mental Health Centre, Telavi]

„But we have problems with regard to abortions as well. Before a woman comes to a clinic to have an abortion, she is under influence of her family, her family members urge them to have abortion, as it is the case of overdependence on the family. If her family members tell her that they won't be able to support her child, that they hardly make both ends meet and an additional member in the family will add to their hardship and so on... the woman is obliged to have abortion. This is a frequent case with women with disabilities, especially those with intellectual and psychosocial disabilities; because... in short, the less their disabilities are obvious or noticeable, the more partners they have and there is higher likelihood of them being victims of exploitation; in addition, these women might have less say in their families, because if they have only sensory problems that means that there is some respect towards them in the family, as they are perceived as an individual. But if they had ever displayed any kind of abnormal behaviours, for example, psychosis or walking naked in a public space, their reputation and image as well as their self-esteem becomes lower to an extent that they are deprived of the right to have a say. That might be because if their families have good reputation, they perceive themselves as burdens. That is why they are obliged to have abortion or give their children away for adoption”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

2.4. Violence

Most experts do not have accurate statistical information on violence against women, especially scarce is the information about violence against women with disabilities, although they generally said that there are many cases of violence against women in today's society.

According to the experts participating in the research, **gender-based stereotypes about women, their function, and their role, which are so prevalent in the society, create a direct ground for violence against women in general and women with disabilities in particular, who belong to a doubly vulnerable group.** Violence can be experienced everywhere, primarily in the family, which in its turn encounters negative attitudes from society due to the fact that a member of the family is a person with a disability.

Persons with disabilities also talk about violence against women and the negative consequences of stereotypes, and believe that status may not be an important factor in this case, as it is caused by society's perception of women in general.

The qualitative research showed that women with disabilities are even more vulnerable to violence than women with typical development. According to the experts participating in the research, the lack of accurate information about violence is due to several factors:

- On the one hand, persons with disabilities themselves are not aware of their rights, which is why there are cases when they do not even consider themselves victims of violence.
- There are cases when the abuser forces the victim not to disclose the information, using different methods (psychological pressure, threats, “they won’t believe you anyway”)
- On the other hand, such issues are taboo in society and no one talks about them, therefore most cases remain unrecorded.
- In addition, when violence occurs in institutions or families and the victim has no other guardian and neither does the state offer an alternative shelter, the solution to their own physical survival is often to stay in a violent environment.

“I’d rather be raped than be left without a roof over my head”

It is also important to note that when it comes to persons with disabilities, forms of violence are more diverse, and it is easier to commit an act of violence and hide the crime. This is due, on the one hand, to the condition of the person with a disability and, on the other hand, to the lack of competence of specialists and officials.

“There is one more factor, which is rather strong, that is when the act of violence is committed by a person who is also the one who takes care of the victim and the woman is afraid of being left without anyone to take care of her and if the woman reports the case to the police, she might not be sure whether she will be provided by the service she needs and/or a shelter; so she decides not to report the case. This is a huge problem as so many women with disabilities depend on the persons who at the same time use violence against these women”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“There are frequent cases when abusers take advantage of the fact that a person with a disability suffers from restricted mobility. Often, they are intimidated and told that if they do not agree to have sexual intercourse with the abuser, then they will either kill their mother or father, and thus they become victims through intimidation and blackmail”. [A representative of the Mental Health Center, Kutaisi]

“A girl with a hearing impairment was systematically abused by her relative; she warned the abuser that she would tell her parents, but the abuser threatened by killing her and beating her; he kept intimidating the girl. The situation is the same, as far as I know; the girl is still under pressure”. [A young person with a disability, Tbilisi]

“You know what? We can’t disclose these facts, though we know about them, unless someone becomes an eyewitness, victims prefer not to say anything, as they depend on these people, they are their family members and the victims have nowhere to escape and no one else to take care of them, so they prefer to keep silent”. [A parent of a person with a disability, Kakheti]

“As a matter of fact, the victims sometimes ask me not to report on the cases “If they arrest him I will be left without anyone who can take care of me. I’d rather be raped than be left without a roof over my head”. This is a real tragedy!” [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

“I have information concerning the findings of research in this field, results of research at the global level, which says that... I might not remember exact figures but... girls with

disabilities are some 8-10 % more vulnerable to sexual assaults than girls with typical development. The topic is tabooed to an extent that no one can say that these facts don't occur, I just think that the cases are often hidden and not reported". [A representative of the NGO "Mariani", Tbilisi]

According to experts, **incidents of violence are particularly common in institutions such as psychiatric clinics and boarding houses for persons with disabilities and the situation in these institution with this regard needs more attention.** According to them, it is difficult for unauthorized persons to enter the psychiatric clinics, which, according to the clinic, serves the purpose of protecting patients, however, human rights defenders and lawyers find it difficult to access them, making it difficult to control the environment and the rights of persons with disabilities in these institutions.

According to experts, it is important to deinstitutionalize such institutions and create family-type spaces. Opening a closed system, giving people the right to go out, socialize with other people, which will be at least a guarantee that more information about incidents of violence will be disclosed.

"The risk is higher in institutionalized facilities, where there are a lot of children in a closed space and the risk of sexual violence is higher there". [A representative of the Children's Rehabilitation Centre, Kutaisi]:

"The reason is that it is easy to persuade them not to disclose the facts, in a closed space, everything is out of control there, especially in psychiatric institutions, not even a lawyer is allowed to enter the clinic, and the clinic itself restricts access to these persons for various reasons. A human rights activist said not long ago that he had access to prisons but not to psychiatric clinics, these people are practically deprived of their rights by some system. They name different reasons, as if it serves the purpose of protecting the patients there. This is a common practice in our psychiatric clinics". [A representative of the NGO "Hand in Hand", Tbilisi]

Experts generally find it difficult to see any positive change in the elimination of violence and believe that the situation has not improved, although there have still been some signs of changes in several directions:

- First of all, the number of reported cases has increased and more and more incidences of violence are being identified. Particular attention is paid to identifying the facts of violence against women and covering them in the media, which in itself is considered a positive development.
- Besides, the situation in the city has improved a lot regarding early marriages, but the situation in the regions remains the same in this regard.

"I worked in the Social Service Agency and I can say that the situation has changed for the better as there were more incidents identified, more cases were being reported, so if such act happens persons are encouraged to report on them to a social service agency or to the Police and then proceedings start and facts are identified and needed support provided". [A representative of the Children's Rehabilitation Centre, Kutaisi]:

2.4.1. Types of Violence

2.4.1.1. Sexual Violence

According to the research, **one of the most common forms of violence is sexual violence against women**. In general, talking about and emphasizing the sexuality and sexual needs of women is not encouraged in the society, and any information related to this topic, especially information related to violence against women with disabilities, is limited and unavailable, which is one of the factors contributing to violence.

According to the research participants, one of the factors contributing to violence against persons with disabilities is that women with disabilities are less able to resist, do not have the resources to live independently and do not have information about their rights. In addition, sexual violence against a person with a disability is a sensitive issue for the family, and the reaction of the family to the incident is a sense of shame, and most of them try their best to keep it secret from the public and not to disclose the fact of violence. However, it should be noted that **sexual assault against women with disabilities, including against underage girls, can often be committed by family members or other close relatives**.

It should be noted that according to the experts, **not only the vulnerable groups but also the rest of the society lacks information regarding the definition of sexual violence**, and there are frequent cases when the facts of sexual violence is qualified as such only if the rape takes place.

“The victim was a girl with a disability and there were two or three abusers. She was 14 or 15 years old at that time and her mother learned about the fact as the girl was in a very bad condition and after that fact her life changed for worse. There was no attempt to do anything, I think, because the girl’s family didn’t want anyone to know about the fact; the girl’s family didn’t report what had occurred”. **[A young person with a disability, Tbilisi]**

“Most sexual assaults are concealed, to tell you the truth, it is always difficult to report them. I know the story of a person, she will never tell anyone about it. I know and I will not tell anyone either”. **[A woman with a disability, Imereti]**

“We do not call things by their proper name. We don’t call it violence if it didn’t really lead to a rape. It’s hard to recall a specific fact now, but the topic is so tabooed that we don’t talk about these facts or discuss them”. **[A representative of the NGO “Mariani”, Tbilisi]**

Experts participating in the research pointed out that **persons with psychosocial (intellectual or mental) disabilities were a particularly vulnerable group to sexual violence** due to several factors. First of all, it is very easy for the abuser to manipulate and control them and they can easily be persuaded so that it is virtually impossible to establish a fact of violence. This is facilitated by the fact that in today’s system there are no legal norms that would provide for obtaining reliable and accurate information from a person with a disability, therefore the victim is automatically excluded from the proceedings. In addition, psychosocial disability is not a visibly identifiable sign, which makes the victim physically more attractive for the abuser. The experts stressed the importance of and the need for education and raising awareness of the need to make steps against sexual violence.

“Individuals with intellectual and psychosocial disabilities are the most vulnerable because it is very difficult to establish whether there was a consent or coercion in the event of sexual intercourse”. **[A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]**

“Women and girls with intellectual disabilities are probably the most vulnerable group in this regard, because women are physically very much like those with typical development, which potentially makes them attractive for men, and besides, they have some mental problems, which might be noticeable for abusers and thus they think that she won’t be able to report to the Police and that makes them easy targets”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

A representative of one of the NGOs participating in the research considers **the consent of a woman with a disability to engage in sexual activity** as an important part of sexual and reproductive rights of persons with disabilities. According to the respondent, to date, it has not been established how to investigate cases of violence against women with mental health problems. There are frequent cases of alleged abusers denying the act of violence and noting that the sexual intercourse took place with the consent of the woman or denying his connection to the incident at all. Law enforcers also lack theoretical knowledge on this issue, they do not have the knowledge of the techniques of investigating such cases.

“I would like to state that the issue of consent is quite obscure. There might be a woman with an intellectual disability, who desired the sexual intercourse that might later be interpreted as a sexual violence against that woman, because the consent of a woman with an intellectual disability may not be considered as a consent; therefore the issue of consent is decisive and is associated with some other reforms, for example with the reforms in the sphere of support, and it is not regulated, neither they are aware of how to investigate these cases within criminal proceedings”. [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

“In my practice I have some cases of women with intellectual and psychosocial disabilities reporting the cases of rape and alleged offenders saying that there was the consent from the part of the women. It is difficult, because it is not theoretically established, criminal law specialists do not talk to us – to the people working on issues of persons with disabilities ... The prosecutor’s office also employs people who do not have knowledge of such issues”. [A representative of the NGO “Partnership for Human Rights”, Tbilisi]

One of the forms of sexual violence is the neglect of the wishes and needs of young people with disabilities by their families, which is encouraged by the current medical system. Young people point out that a full-fledged sexual life requires visits to gynaecologists, access to the information on contraception, and regular examinations, but the services listed neglect confidentiality and therefore these persons have restricted access to the services they need for their sexual life.

“Leaving the mentality aside, there is some pressure from the side of family members and most of adolescents and even over 18 have to do everything secretly, and if you go to a doctor, a normal doctor should not give away the information about you and it should not be told to others and should be confidential. Besides that, there are many more factors, you may want to start a sexual life, but you will need some gynaecological procedures, money, finances, you need to plan which contraceptive method you want to use and there is not much information in this regard because it is tabooed. There are some who have their sexual lives, but in majority of cases it happens secretly, trying your best not to be caught or noticed and their parents think their children are “angels”, I mean doing nothing to satisfy their sexual needs”. [A young person with a disability, Tbilisi]

Cases of Sexual Violence:

“We have had several cases of violence; there are frequent cases of sexual violence against our beneficiaries – persons with disabilities; and there are cases when the abuser is the victim’s brother, or father, we had a case when the abuser was the victim’s uncle. Now we have one beneficiary, whose mother visited us not long ago, she gave birth to a child. We referred her to an in-patient hospital when she was five months pregnant and nobody knew that she was pregnant, we noticed that she was pregnant and referred her to have an ultrasound scan”. [A representative of the Mental Health Centre, Kutaisi]:

“For example, we have a case of sexual violence against one of our beneficiaries, who is suffering from severe psychological disorder, she has been diagnosed schizophrenia. She is a victim of sexual violence committed by one of her neighbours who was blackmailing her and telling her that if she had reported that they really had a sexual relationship they would have locked her up in a psychiatric clinic. Then this woman get pregnant and of course the man refused to marry her, so she became a single mother and because she was our beneficiary, her child was taken away from her. The family of the child’s father took the child away from her. A trial was held and there was the Public Defender who promised to defend her rights but, in the end her rights were violated”. [A representative of the Mental Health Centre, Kutaisi]

“My colleague has just mentioned a case. A 44-year-old woman who is a beneficiary of the Crisis Centre’s emergency shelter. First she was referred to our centre because she had three children and all with mental disabilities and she told us that she was a victim of sexual violence; her husband was a drunkard and was extremely jealous of his wife, telling her that he knew that she had a lover and then her brother-in-law decided that if others could be her lovers why she shouldn’t have a sexual relationship with him as well. The first time she was threatened with a knife, he put a knife to her throat and told her that if she told her husband about it, he would kill her and her children as well. So she had a sexual intercourse with her brother-in-law and this happened four times. Eventually her husband learned about it and accused his wife of provoking his brother and didn’t blame his brother at all. Her brother-in-law died shortly after as he was an alcoholic. Then her father-in-law told her directly that if she still had sex with other men, why she shouldn’t have sex with him as well, and he wouldn’t have to find other women as well, and that he wanted to be her partner and so she had sexual relationships with her father-in-law as well. Now, her elder daughter, who is 14 years old, has become a victim of sexual violence and a representative of the shelter asked this girl some questions and the suspected abuser is again the woman’s father-in-law. So women with disabilities often become victims of sexual violence in their own families, by their family members”. [A representative of the Mental Health Centre, Kutaisi]

“As I told you, our beneficiaries often become victims of sexual violence. It happens very often and there have been several cases when women with mental and emotional problems become sex workers. There have been such cases as well, and of course, these women cannot control their behaviour and the morality of the person who forces them into this business is quite another thing”. [A representative of the organization “INER Georgia“, Kutaisi]

“These are dysfunctional families, they could not ensure the safety of their children, which is why the child may become a victim of violence, it can happen sometimes by accident, and mostly the children become victims of sexual violence by their relatives, and I know these statistics well”. [A representative of the Children’s Rehabilitation Centre, Kutaisi]

“There was such a case in the school #202, it was also mentioned in the report of the Public

Defender: a 17-year-old girl has many disorders, she cannot speak, she has behavioural problems, her teachers noticed that she had a very negative reaction on any man, she starts screaming shows signs of anxiety and so on. Her father takes her to school and picks her up from school, she is from an ethnic Azeri family; she is mostly accompanied by her father. The teachers suspected that she could have been the victim of some type of violence in the family, even by this father or by other men. When they tried to investigate, the girl refused to communicate with either teachers or a social worker and they failed to prove whether there had been any incidents of violence. Then there was a question of persuasion, when it concerns persons with intellectual and psychosocial disorders, they will say that they have an illusion of someone abusing them. Then they will give the person some medicines that will make them even more vulnerable. Quite often the abusers are the people who take care of the persons with disabilities and the victims prefer to keep silent as if the Police arrests them they will be left without a caregiver. But they might even die in these conditions, a wheelchair-dependent persons, for example, who lives in a rural area". **[A representative of the NGO "Platform for New Opportunities" (PNO), Tbilisi]**

2.4.1.2. Gender-based Discrimination

In addition to sexual violence against women with disabilities, discrimination on the basis of gender is also common. **Girls and women with disabilities are not perceived as full members of society by their own family members, they do not recognize their rights and desires, and girls with disabilities are mostly raised to become "domestic workers"**. According to experts, the situation in this regard is critical in the regions where a large proportion of such discriminatory cases occur.

"Girls' fate is different from that of Boys, they are mostly raised to become "domestic workers", to look after their healthy sisters and brothers, etc. It is more like violation of privacy and trafficking, using them as a labour force, but the situation is quite different with boys". **[A representative of the "Social Therapy House", Tbilisi]:**

While working with different groups, a trend can be identified that boys with hearing impairment are allowed to get married, whereas girls with the similar problem - are not, and their families try to turn them into domestic workers - more like servants". **[A representative of the Children's Rehabilitation Centre, Kutaisi]**

"This is especially true in settlements inhabited by ethnic groups different from Georgians. Let us take, for example the village of Karajala, where, due to frequent marriages between close relatives, the cases of children born with hearing impairment is quite frequent. There are three girls with hearing impairment who were not even allowed to study at school. So to say their right to education was violated. The question of them getting married and having children is not even considered". **[A representative of the non-governmental Centre for Psychosocial Support, Kakheti]**

Young women participating in Tbilisi focus groups talked about unequal positions of women and men in the society, and cited as the reason, on the one hand, the outdated patriarchal mentality of the older generation, which gives men the right to do everything and restricts women's rights, and on the other hand, they emphasize the role of religion in shaping stereotypes about women's sexuality.

"Religion plays a big role in Georgia. For example, infidelity on the part of a wife is religiously condemned more than that on the part of a husband. In short every aspect contributes to it, religion, gender issues, sexual identity, etc".. **[A young person with a disability, Tbilisi]**

“Private life of women differ significantly from that of men. Men enjoy the freedom, supported by the society, to gain experiences of relationships with all types of women, and it makes no difference whether women are married, single, or whatever; but the women are not allowed to have the same experience. Especially in rural areas, because there is a small space and if you go out with someone, it becomes a “must” to marry that person, as that means that you are in love”. [A young person with a disability, Tbilisi]

“I can tell you about my own situation. I have a brother and if he is late or stays somewhere overnight, my family members will not panic but is the same happens to me they’ll be alarmed. I can’t blame it on the age as the difference between us is only a year”. [A young person with a disability, Tbilisi]

2.4.1.3. Domestic Violence and Physical Violence

According to the qualitative research, among other violent acts, **physical violence against children with disabilities, mainly committed by their family members, is also common.** It is important to note that harassment and corporal punishment of persons with disabilities are often considered by family members to be a “method of upbringing”. Their “method” includes hitting a child, emotional abuse, shouting at them, and so on.

“We have some cases of physical violence, such as beating up of a child with a disability, or emotional abuse, but we have never had a case of sexual violence in the family”. [A representative of the Children’s Rehabilitation Centre, Kutaisi]

“Any kind of violence, such as slapping across the face, which might seem to be a method of disciplining a child, is a form of violence, and there are these kind of cases and not only among the children with disabilities. When the society believes that this is a method of disciplining a child, parents of children with disabilities might also be using this method”. [A representative of the Children’s Rehabilitation Centre, Kutaisi]

“I can recall some examples of domestic violence, when parents physically abused children with intellectual disabilities (mental retardation), and of course it was followed by adequate response. I can give some examples from my professional practice, when I had to visit a day centre, there were a few cases of parents using corporal punishment or physically abusing children for various reasons, and one of the reasons was that this child was mentally retarded and failed to do what his parent told him to do and physical abuse was the response of his parent, and then a social worker and persons responsible for law enforcement were involved”. [A representative of the Rehabilitation Centre, Kutaisi]

“There was a case when a young woman was tied to her bed with a chain in the bedroom”

In addition to physical violence, **there are cases of family members locking up people with disabilities and totally restricting their freedom.** According to the focus group participants, these facts can partly be explained by the social pressure on the families of people with disabilities. Both the women with disabilities and parents of children and adolescents with disabilities participating in the research talked about attitudes of the families of persons with disabilities, the shame and stigma that they have to face in the society and why they hide their family members with disabilities, why they do not allowed them to leave the house, restrict their freedom, which in some cases take the form of violence.

“Psychological violence, in my opinion, is when a parent forbids a child to go out and interact with the outside world in fear of him/her becoming an object of scorn or ridicule. I believe that the parent is the abuser of the society”. [A woman with a disability, Imereti]

“I have neighbours who seem to be doing everything for their child with a disability, but they sent him to a village to stay away from the society; the child doesn't go to school, they deprive him of the right to education”. [A woman with a disability, Imereti]

“Parents turn into abusers themselves when they do not allow their child with a disability to go out or to communicate with a neighbour or a guest”. [A parent of a person with a disability, Kakheti]

The lack of response to the facts of violence against a family member with a disability is considered an indirect violence by parents / guardians / family members. According to the research, there are cases when a person with a disability tells a family member about the fact of violence committed against him/her, but the family member tries to convince the person that talking about it is a shame and does not respond appropriately.

Persons with disabilities also talk about so-called “positive violence” against them, which means excessive attention and care for them, which actually contributes to the restriction of their freedom and the feeling of inferiority. According to them, family members often fail to realize that a woman with a disability needs a personal space and have the same rights and needs as a women with typical development.

“People in Georgia still have an archaic view of sex, in general. Many believe that if you want sex, that's it, you're a whore. That is, an honest girl should not want sex; especially if you are a person with a disability. That's why I'm sure the family members don't really want to do you any harm, they cannot understand your needs”. [A woman with a disability, Tbilisi]

Cases of Domestic Violence:

“They sometimes are lock up in cages, totally isolated. There was a case in Rustavi when a mother locked up her daughter after graduating from high school, she was not allowed to go out at all, she spent years at home, no one even knew that she lived there, and then her mother died of cancer, and her distant relative came from abroad and wanted to take this women with an intellectual disability with her, but it turned out to be impossible because she had no documents, no ID card”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“I live in an apartments building and there is another apartments building facing ours, and there is a yard in between where children play. In short several years ago a young girl ages 26 died. I didn't even know that this girl lived in the apartments building in front of ours. I knew her brother and we used to play together and he had never mentioned that he had a sister. She might have had some mental disorder or paralysis, I am not sure, as I said, I had never seen her before, neither on a balcony, she hadn't been allowed to go out; she was locked up there in her flat, I think that was why she died so young, can you imagine spending 26 years locked up in a closed space and not being allowed to ever walk out, that was the case with this girl, my mother told me later. It appeared that my mother had known about the existence of that girl, they used to take her out only at night when nobody could see her. They did not allow her to go out on the balcony to get some air, they used to hide her... Some parents think that it will be better for their children if they lock them up, in doing so they think they are protecting their children from being mocked and bullied by others.

But, in fact, they are doing more harm to their children. Someone might mock you or even bully you but this is how you learn to live and survive and protect yourself". [A woman with a disability, Tbilisi]

"A girl lived in my neighbourhood, she was paralyzed and died when she was 26. I used to go to school or go out and play with girls and boys, but she couldn't go out independently, whenever she did she was always accompanied by her mother. Later I learned that her mother didn't use to take her out because she didn't want other to see this child. It's true that this girl was paralyzed but she was intelligent and understood what her mother was doing with her. One day she committed suicide by hanging. She opened the family album, looked at the photos of her family members, wrote a note saying why she was committing suicide and then she hung herself. She was an intelligent girl despite her problem". [A woman with a disability, Tbilisi]

"Imagine what a totally dependent woman with a disability might feel when she becomes a victim of domestic violence; when she cannot go anywhere, what forms this violence can take. There was a young woman, who was tied to her bed by her father in the bedroom so that she could not go out and interact with men. Then one of their neighbours called the Police, maybe because they heard her shouting and when the Police arrived they found this girl with scars on her legs left by the chain which was used to tie her to the bed". [A representative of the NGO "Platform for New Opportunities" (PNO), Tbilisi]

2.4.1.4. Bullying in School

Parents often face direct or indirect bullying at school. First of all, when children with disabilities are rejected by their peers or parents protest against their children having to be educated with children with disabilities. This issue was mainly discussed in Imereti, but it should be noted that with the help of the assistant teacher, both children with disabilities and their parents have solved the children's basic needs related to the learning process.

An expert also spoke about **indirect discrimination by teachers**. According to the expert, incomplete knowledge of the needs of a child with a disability and lack of experience of working with these children can lead to their neglect and hinder the development of these children.

"When I took my child to school, I heard someone saying that she didn't want her children to be educated together with these children. I don't know who said it but I heard it". [A parent of a person with a disability, Imereti]

"It was in a nursery school, parents of other children protested strongly, asking why that child was enlisted in the group together with their children. Whenever I hear something like that it kills me. There were cases when my child told me about such things". [A parent of a person with a disability, Imereti]

"My daughters are very pretty. They have problems with their legs, but they dance beautifully. Their teacher took one of them to participate in a contest but didn't take the other. I got angry and didn't want to let the first go there; the other was asking why her teacher didn't choose her. What should I have answered? Then I met that teacher and tried to explain to her that it was not the right thing to do, as the other girl wanted to participate too. I'm not going to take them to those dance classes next year". [A parent of children with disabilities, Imereti]

“My neighbour’s child told my child not to drag his leg behind him or called him “lame” when he came home, he was extremely sad. I took my child and went to visit that neighbor, the child was not at home; his mother appeared to be very sensitive and tactful. She then came to visit us and brought her child who apologized. Then I met her in the street and she apologized again. Then we explained to this child that it was not because of bullying but he could have imagined how he would have felt if it had been vice versa. It was a good lesson not for only that boy but for the whole class. It would be better if a teacher or someone else tried to manage this kind of situations”. **[A parent of a person with a disability, Imereti]**

“I went to school when my son was in the first grade and wrote a letter telling them that my son had some problems; not because I wanted them to help me but because I wanted them to allow me to be next to my child as he would have problems with going to toilet. But thanks God, his teacher is like an angel. She manages everything so well. She managed to create the atmosphere in the class where all his classmates care about him. She even managed to solve the problem with the toilet, which was the biggest problem for me. Later I learned that she did not have the right to leave 25 children in the class to accompany one to the toilet. But she managed everything so well”. **[A parent of a person with a disability, Imereti]**

I don’t really know whether it was a case of bullying or not. I live in a village of Kvemo Khodasheni and my child used to go to a school in the regional centre; she should be in the third grade but we took a year off. It is more than a year she refuses to even go past the centre. When I take her to her teacher in Telavi, she is like mad, she doesn’t even want to look at that school. I don’t know what happened there, what they told her or did with her”. **[A parent of a person with a disability, Kakheti]**

“It won’t be true if I tell you that there is no discrimination. Every second we may come across different forms of it; there may not be direct discrimination, but there may be indirect discrimination. It may be provoked by a situation, or disguised discrimination, for example, a teacher who says she does not ask a student with attention impairment or a dyslexic student a question, because he never raises his hand and may not be as prepared for a lesson as is appropriate for a traditional teacher and a traditional lesson. A teacher saying: “He has never raised his hand the whole year” is an example of discrimination, isn’t it? Teacher should have asked herself first: “Have I done everything for the inclusion of this student into different activities?” “Is asking a question and getting replies the best method of teaching?” “Have I tried to invite him to join in the activities which might be best for him?” “Have I given to him tasks tailored to his interests and abilities?” There are this type of discrimination with regard to education. Teachers might sometimes fail to guess what their message is. And it happens everywhere, in Tbilisi, in the regions. And there are cases of direct discrimination as well, for example, a teacher saying: “This child shouldn’t be here”. **[A representative of the Multidisciplinary Teams at the Inclusive Education Development Division at the Ministry of Education and Science of Georgia, Tbilisi]**

2.4.1.5. Prevalence of Sexual Abuse against Persons with Disabilities

Only young people living in the city of Tbilisi shared their personal experience of violence and reported the incidents they had experienced, which, according to them, are not regarded as violence in the society. In addition, one of the women with a disability participating in the research noted that they were quite often abused by a person who they trusted the most.

The research has revealed the prevalence of following acts of violence:

- sexual harassment by teachers
- Attempts of sexual assaults by taxi drivers – calling and sending messages, deviating from the route given by the passenger and trying to take them to other places
- accosting and sexual abuse in a street or an apartments building entrance hall

Young people and women with disabilities participating in the research noted that they sometimes felt discomfort while walking in the streets and travelling by public transport. Some of them have even developed techniques to protect themselves from potential abusers - raising their voices, showing that they are not afraid, because they believe that potential abusers are encouraged if they see that the victim is afraid of them. It is also noteworthy that in such cases, as a rule, young people and women do not talk about incidents, do not report to the Police, and in many cases do not tell about the incident to their friends or family members. According to the research participants, one of the barriers to sharing such facts is still the attitude of the society, which is trying to blame the victim in some way – “probably she was dressed provocatively”.

“I have never been a victim of sexual violence though I have experiences some cases of sexual abuse and it was because of such an experience that I gave up doing my favourite activity. I used to go to some courses and my coach liked me and he appeared to be a paedophile as he was an older adult and I stopped attending these courses because of him. He tried his best to get close to me, put his hand on my backside, sometimes he would put his hand to my breasts, once he tried to kiss me, and when I realized his intention, I decided that I couldn’t stay there. I was about 15 then. The worst thing about all these is that girls are quite often abused by a person who they trust the most. I liked this person and trusted him so much and I had been attending the courses for three years. I was not new in his class”. [A young person with a disability, Tbilisi]

“It happens to me quite often in public transport. I am never dressed provocatively, especially in public transport; nowadays, I try to avoid travelling by public transport, especially when I am alone. I remember once I had planned to meet my friend in Aghmashenebeli street, I decided to take underground from the Avlabari station and on my way I learned that I had to meet my friend in Doghomi. So I got on the bus. There was one man he touched me several times I tried not to react as there were some people around me. It seems that he felt encouraged and decided to go further so that was the end of my patience. I made pushed him and got off the bus so quickly that he didn’t manage to follow me. Such things have happened to me several times”. [A young person with a disability, Tbilisi]

“I was on my way to my friend’s house and a man accosted my; I tried my best but I couldn’t get rid of him he followed me into the entrance hall of the apartments building where my friend lives and I raised my voice telling him: “Let me alone!” Meanwhile my friend joined me and he ran away. If they notice that you are a bit scared, they feel encouraged, those sick men, and start their attack. I have learned through my experience. So I try to keep calm even if I am scared to death. I used to be less afraid of them in the past, but now I feel strained every time I ride in a taxi with a driver I don’t know. Not all of them are maniacs, I know, but still I feel extremely strained. That is why I have one taxi driver who takes me to the University or to my friends. But sometimes it happens that I have to hire a taxi”. [A young person with a disability, Tbilisi]

“I cannot call it a sexual abuse but I was learning to drive and get a driver’s license and the man who was my instructor was a 50-year-old man. When I finished having classes, he kept texting me and telling me that he liked me and wanted to start a relationship. On another

occasion I went to a disco and when I left I called a taxi and told the driver to take me to Isani, where I live. A while later I noticed that he was driving in the direction of Dighomi. I started shouting at the driver and he was scared and finally changed the direction to Isani".

[A young person with a disability, Tbilisi]

"I have heard a lot of different stories but the end is always the same, nobody reports to the Police or tell their parents of what happened to them". **[A young person with a disability, Tbilisi]**

"Once there was a mad man on the bus and that's it. It would have made no sense if I had started looking for him. But now when I have listened to the girls' stories, I, as a lawyer, think that they should have reported on these cases". **[A young person with a disability, Tbilisi]**

"Yes, there is. Because the attitude of the society is that perhaps the girl was dressed provocatively or winked at him or did something that provoked that man and they blame women. Something's wrong with those men; they are always unsatisfied". **[A young person with a disability, Tbilisi]**

2.4.2. Fight against Violence

Although in some cases identification takes place, there are difficulties with further steps. In majority of cases, it is unclear what kind of response these cases should lead to and who should interfere.

According to the experts participating in the research, the situation is complicated by the insufficient leverage that the State and society have against violence against persons with disabilities. Competence of the staff involved and especially the people who are responsible for obtaining the evidence i.e. investigators is very important. The issue of lack of competencies has been highlighted in this respect. According to the research participants, **law enforcement bodies do not have sufficient competence to properly interview persons with disabilities i.e. victims of violence, on which virtually all subsequent procedures depend.**

"The aim of the involvement of psychologists working in social agencies in this sphere was to have qualified staff to be able to work with children who have become victims of violence and specifically with persons with disabilities who have become victims of sexual violence. We had to regularly attend trainings on topics related to sexual violence, such as interviewing victims, but I cannot say that it was perfect, because victims had been first interviewed by the police, who had also being trained in this particular methodology; there is a specific methodology for reliably extracting information from children who have been sexually abused; but the children who came to us had undergone inappropriate interviews, so it was quite difficult. When a child is suspected of being a victim of violence, he/she should be interviewed by an appropriately trained person, who masters the technique of interviewing underage victims, and we had the cases when the procedure had not properly been implemented from the very beginning, and the child had been asked one and the same questions a hundred times by different people and the protocol had been violated. The children who were referred to us had already gone through a lot of things; but it was not always a case, sometimes we were invited to interview these children and we were first to interview them and I had spent nights working on these cases of children who had been victims of violence. Since the Police have been trained in interviewing adolescents and children and they should be more competent now". **[A representative of the Children's Rehabilitation Centre, Kutaisi]**

„Violence against women in general has become very topical lately and a lot of attention has been paid to it; which, of course, is a change for the better; and I always appreciate when a problem is identified as such. This is the first step, the first step made in this direction. We worked with the United Nations Population Fund in the direction of documenting the cases of female victims of gender-based violence, when they are referred to a medical facility for examination or treatment; i.e. how to describe and document the results and consequences of the act of violence committed against women. This is documented in medical histories of these women which can be used appropriately in case it becomes necessary. We also cooperated with the United Nations Population Fund in the direction of the referral procedures. A government decree on referral programmes for victims of sexual violence has been issued, providing for funding the services such as contraception or abortion. Though relevant statistics, as far as I know, is not yet available“. **[A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs, Tbilisi]**

“There is only one change and it is that victims with a hearing impairment can now call 112. And it was financed by the UN Development Programme (UNDP)“. **[A representative of the NGO “Partnership for Human Rights”, Tbilisi]**

2.5. Sexual and Reproductive Health (SRH) Needs of Young People and Women with Disabilities

According to the research, sexual and reproductive health (SRH) needs of young people and women with disabilities include, first of all, the need for relevant information. According to experts participating in the research, today, specialists working in this field (including medical staff) have less systematic information on the sexual and reproductive health (SRH) needs of young people and women with disabilities, the sexual and reproductive health (SRH) characteristics of women with various types of disabilities, and their special needs. According to the participants of the research, the sexual and reproductive needs of young people and women with disabilities are the same as the needs of women in general, however, in some cases the issue is much more complicated in the group of adolescents and women with disabilities, especially those with mental disorders, and especially if these persons are isolated and has no contact with anyone except their family members.

“Persons with disabilities, who have no contact with the outer world, who have no friends, cannot communicate, have much more greater problems related to their sexuality and no one can help them deal with these problems except specialists who have been trained in this direction“. **[A representative of the Rehabilitation Centre, Kutaisi]**

It should also be noted that **parents of adolescents with disabilities have different perceptions of sexual needs of boys and girls**. Parents of adolescents with disabilities participating in the research noted that if an adolescent is a boy it is easier both to identify their needs and to satisfy their needs. For example, **participants of the research described cases when boys were helped to satisfy their sexual needs (they were taught how to masturbation, a specialist was involved, and in some cases service of sex workers were applied). But the same trend is non-existent in case of girls with disabilities** (“Should I invite a male sex worker for her or what?”). There was only one case reported when a parent of an adolescent girl with a disability allowed her daughter to have a male friend, though in these cases also she advised her daughter to have less contacts with him.

“The problem is not as big with boys as it is with girls, I think. I have a son and I don’t know how it is with girls, but I think the problem is bigger with girls... I mean the process must be more difficult with girls“. **[A parent of a child/adolescent with a disability, Kakheti]**

“My daughter doesn’t have any problem; though she talks with a man and she says she is in love with him. I don’t think that it is a serious matter and I don’t forbid her talking with that man. The only thing I tell her is that she doesn’t have to talk to him all day long. The man is older than my daughter and he works. I don’t think that they have something there. But I’m watching”. **[A parent of a child/adolescent with a disability, Kakheti]**

The research revealed the following needs for Sexual and Reproductive Health (SRH):

- **Availability of hygiene-related information and access to hygiene items**
- **Availability of the information related to safe sexual contact and access to means of protection**
- **Managing excessive sexual desire and masturbation among adolescents with disabilities**
- **Socialization of young people and women with disabilities**
- **Sexuality education in general**

Managing excessive sexual desire and masturbation among adolescents with disabilities

According to qualitative research, one of the problems associated with the age of puberty in persons with disabilities is a hormonal imbalance and control of the manifestation of sexual behaviours. The research participants described cases when an adolescent was found masturbating at school or in the classroom, using school computers to watch pornography, and so on. According to the participants of the research, due to the lack of knowledge, it is difficult for both parents and school teachers to deal with this type of behaviour, and in some cases, the student becomes a victim of bullying or rude treatment on the part of school teachers.

According to experts participating in the research, the abovementioned issue is much more problematic with adolescents with mental disorders, who, in general, cannot control their desires. In such cases, parents are obliged to admit to the existence of the problem and to ask for specialists’ help. Experts participating in the research talked about different attitudes displayed by parents:

- Part of the parents are trying to solve this problem with medication, and although the inhibition of libido with medication is less recommended for health, parents ask specialists for the intervention using medication
- However, some parents are beginning to understand sexual and reproductive health (SRH) issues and are open to receiving information, understanding and learning things, and express their willingness to help their children in any way they can.

“We had a patient with a disability who was accompanied by his parents. She had a hormonal imbalance, a mild mental disorder, and it was obvious that she had a sexual interest and a desire for sexual life, and her parents were so surprised to hear about it that they ran directly to a psychologist asking for help. They insisted that she shouldn’t have such desires. When we explained that it was a natural need, just like a need for food, and should be considered, it appeared to be absolutely unacceptable for her parents and the mother asked: “Should I invite a male sex worker for her or what?” **[A representative of the Children’s Rehabilitation Centre, Kutaisi]**

“Talking about groups, I would like to single out a group of children with autism spectrum disorder. Children with this type of disorder have excessive sexual energy and related needs. In fact, there is no such thing as a specific methodology for handling such excessive sexual energy, methods that can be used for the purpose of rehabilitation”. [A representative of the Rehabilitation Centre, Kutaisi]

There have frequently been cases of an adolescent with mental retardation found masturbating at school or in the classroom and how parents should and teachers handle with such situations, is quite another thing”. [A representative of the Multidisciplinary Teams at the Inclusive Education Development Division at the Ministry of Education and Science of Georgia, Tbilisi]

“If a student behaves himself/herself the way which is unacceptable for the teacher or unacceptable in general, teachers react harshly. Sometimes their reactions obliges you to transfer the child to another group or school”. [A representative of the Special Protection Group, Public Defender’s Office (PDO), Tbilisi]

Although, according to the participants of the research – parents of adolescents with disabilities and experts working with persons with disabilities, nowadays, information is not available and specialists need to be trained, especially respondents in the regions noted, that there are no sexologists working with adolescents, who could work with children and adolescents with disabilities, considering their specific needs, or who could provide parents of such children/ adolescents with relevant information.

“This is one of the important issues the solution of which will ultimately put a lot of things in their places. There are very few specialists working in this direction, for example, sexologists working with children, who will have such experience and will give the right direction to the children with disabilities for their proper development. The adolescents with disabilities need information on how to satisfy their excessive sexual needs, and their parents need information on how they should behave in a particular case. In other words, the problem is insufficient knowledge, which is caused by the lack of qualified specialists, and the situation in this regard is disastrous”. [A representative of the Rehabilitation Centre, Kutaisi]

“It is very important to teach children with certain disabilities to masturbate in a private space. Parents have harsh reaction when they are told that they have to teach their children how to do this. But they are persons whose only way of satisfying their sexual needs might be limited to masturbation for the duration of their whole life”. [A representative of the Multidisciplinary Teams at the Inclusive Education Development Division at the Ministry of Education and Science of Georgia, Tbilisi]

Hygiene items and means of self-protection

According to the research, women and young people with disabilities are not informed about how to maintain good hygiene in special cases. The level of awareness among parents of adolescents with disabilities is also very low. A lot of parents admit that they do not know how to look after or how to teach their children with disabilities to look after themselves. But besides the lack of information they quite frequently do not have access to hygiene items.

The research also revealed a lack of information about safe sexual contacts. According to experts and specialists in the sphere, information about safe sexual contacts and availability of means of self-protection is especially important for women with mental disorders, who have more frequent sexual contacts, are not able to properly control their sexual impulses and are more vulnerable to sexual violence compared to other groups.

“These young people need basic knowledge about how to look after their body: social workers, occupational therapists need to explain to them what menstruation is, how to take care of themselves at this time, and provide them with information on other topics related to hygiene. In short, what they need is education”. [A representative of the Mental Health Centre, Kutaisi]

There is an organization in Telavi, it is an NGO and they provide such people with hygiene items; they have groups and there are psychologists as well and they also provide support in this direction”. [A parent of a child/adolescent with a disability, Kakheti]

“But when we talk about people with mental health problems, we have to consider that because they can’t control themselves, their sexual impulses are more explicit and they face a risk of having more casual sexual contacts than people with typical development; and I think that they need some information about safe sexual contacts, for them to avoid accidental fertilization and adverse outcomes, because representatives of this group, because they do not fully understand what sexual relations are, often become victims of sexual violence, as they do not fully realize what it is and how it should be and that there can be incidences of abuse by some dishonest people. So this group needs information on this topic and on the elements of safe sexual contact”. [A representative of the organization “INER Georgia”, Kutaisi]

Socialization of young people and women with disabilities

Isolation of a large part of young people and women with disabilities from the society is a big problem. Due to the stigmas in the society, families often try not to let young people with disabilities leave their homes, their socialization is further hindered by the non-adapted infrastructure. Though, besides this, experts participating in the research believe that there should be a space where young people and women with disabilities can socialize, get the information they need, including information about issues related to sexual and reproductive health (SRH).

“We do not have so-called social spaces, social clubs for persons with disabilities, including for persons with intellectual disabilities I mean a space where they can gather and get to know each-other”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“It is not necessary to be focused on sexual contacts, but the platform should be there, which will facilitate social contacts, but there is nothing like this in our country, because services are not adequate”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

2.6. Education

2.6.1. Problems Associated with the Lack of Knowledge among Target Groups

According to the research, today **the level of awareness of issues related to sexual and reproductive health and rights (SRHR) among target groups, is considerably low.**

In addition, participants of the research believe that sexual and reproductive health (SRH) issues **are tabooed** and the level of awareness of the relate issues is low even among adolescents and young people with typical development. Though the lack of information is especially problematic among persons with disabilities. Part of the experts participating in the research associate the trend of avoiding talking about these issues in the society with Georgian traditions, whereas part of the experts believe that the trend is the result of the lack of information.

“It’s really problematic, because not only is the topic of sexuality tabooed for persons with typical development, but it is in fact non-existent for persons with disabilities”. [A representative of the Mental Health Centre, Telavi]

Young people and women with disabilities participating in the research talk about taboos associated with the topic of sexuality as well as about lack of sexuality education and awareness of the issues related to sexuality. According to the respondents, a big part of the society has explicitly negative reaction to sexuality education. The participants of the research cite the example of video lessons the author of which is often openly threatened by members of the public.

“One of the activists made some videos about sexual health, and the reaction of the public which followed was threats to rape and kill her and there were letters full of all kinds of threats; but this girl just made educational videos for people, because the State does not care about these things”. [A woman with a disability, Tbilisi]

“It is not ensured in Georgia for anyone, regardless of their status, and the level of sexuality education in Georgia is really low”. [A woman with a disability, Tbilisi]

“When one does not have a basic knowledge on sexual health... the risks are increased”

Perception of the importance of education about sexual and reproductive health (SRH)

Experts participating in the research believe that sexuality education can save adolescents from getting incorrect and distorted information, and will serve the purpose of protecting them in the future. The cases of pregnancies and childbirth at an early age highlights the necessity of raising awareness of sexual and reproductive health (SRH) among adolescents. Representatives of Healthcare sector point out that pregnancies at an early age are primarily caused by the lack of information about the means of self-protection. Health care specialists say that pregnancy at an early age is often caused by a lack of self-protection. In addition, they considered it important to provide information on self-protection from various diseases.

“There was such a case, a girl had epilepsy and she had no information on how to protect herself and prevent a pregnancy. So she had to give birth to her baby and she didn’t know that she had to tell doctors about her health condition and she was not asked anything; epilepsy during natural delivery can be very dangerous and she gave birth without a caesarean section”. [A representative of the Mental Health Centre, Telavi]

“When one does not have a basic knowledge on sexual health or sexual life, the risks are increased and the risks include: various sexually transmitted diseases, unwanted pregnancy; it’s really going to ruin your whole life if those risks come true. So by depriving adolescents of the right to education, limiting their access to the information they need, we ruin the lives of these adolescents and bring misfortune upon their families”. [A representative of the NGO “Hand in Hand”, Tbilisi]

Different attitudes towards the importance of availability of the information concerning sexual and reproductive health (SRH) have been identified in the target groups. According to part of young people and women with disabilities participating in the research (especially those living in Kakheti), information regarding sexual and reproductive health (SRH) is less important, on the one hand, due to the fact that they have never had active sexual life - “I simply don’t need this information”; and on the other hand, against the background of other social issues, sexual and reproductive health (SRH) issues are generally considered to be less important. Whereas, part of the respondents believe that if they get interested in these issues, it will not be difficult for them

to obtain the information they need. It is also important to note that some of the women with disabilities in the focus groups found it difficult to talk about sexuality.

“I simply do not need the information, mostly, but maybe I need to know only some things about it”. [A woman with a disability, Kakheti]

“As for the information, if I am interested in something I will search for the information, ask, discuss. If I need I’ll get any kind of information”. [A woman with a disability, Kakheti]

“I can tell you directly that I do not have any sexual life, so, how can I answer your questions?” [A woman with a disability, Kakheti]

“If I need to know something I will get the information, but if I don’t need it...” [A woman with a disability, Kakheti]

“It made me laugh, I apologize; there are some things in the world which you don’t have information about, because you simply don’t need to know. I would gladly help you but it would have been the same if you have asked me what miner do there down in the mine and how they drill”. [A woman with a disability, Kakheti]

“I have chronic bronchitis and due to this scoliosis I have serious complications. I systematically use a bronchodilator, which could be bought at GEL 37; I bought it today; last month it was GEL 39 and today I found that it costs GEL 44. I can’t breathe without it; I need to buy it every month, my pension is only GEL 100 and I spend GEL 44 on this single medication and I need more than one medication. I can’t buy painkillers because they are too expensive. Considering all this I find talking about reproductive health a bit ridiculous”. [A woman with a disability, Imereti]

Though, part of the women with disabilities (particularly in Tbilisi and Imereti) noted that they lacked sexuality education and expressed their desire to get related information through any means. **Respondents with a hearing impairment were most concerned about the lack of information and they noted that they found it difficult to understand the information given on the Internet.** A woman with a hearing impairment participating in the research recalled her example when discussing the importance of sexuality education and noted that because the information about self-protection had not been available for her, she got pregnant at a very early age and was obliged to have abortion.

“There are too many issues one should have an understanding of... I am lucky because I have a husband who explained to me and taught me too many things and I would appreciate it if children learn about these things at school as they will find it easy to deal with age-specific difficulties afterwards. I don’t want them to experience what I have experienced. I would like them to know how to protect themselves from unwanted pregnancies, what they should take what means they should use; they should have information about this beforehand”. [A woman with a disability, Tbilisi]

Information on this topic is not available for us – for persons with hearing loss, because we do not have an opportunity to get this information at school and parents don’t often talk about such things. So we have no information on these issues”. [A young person/ adolescent with a disability, Tbilisi]

2.6.2. Availability of the Information on Sexual and Reproductive Health (SRH)

According to experts participating in the research, persons with disabilities do not have access to any kind of issues related to sexual and reproductive health (SRH).

“Sexuality education is absolutely necessary for them, they have no information about how to protect themselves, they do not have information about communicable diseases – sexually transmitted infections; they do not have information about abortion or how to prevent unwanted pregnancies. They know absolutely nothing”. [A representative of the Mental Health Centre, Telavi]

The research reveals that women with disabilities participating in the research think that they have sufficient information, i.e. information on issues that are part of their everyday routine, such as menstruation, personal hygiene.

- Some of the respondents considered it absolutely important to get information about personal hygiene issues specific to certain physical disabilities, such as specific information for wheelchair-dependent persons.

“Probably, everyone knows what the menstrual cycle is it makes no difference whether you have a curve in the spine or not, or whether you have visual impairment or not”. [A woman with a disability, Kakheti]

“We have information about the menstrual cycle”. [A woman with a disability, Imereti]

“It is four or five years now that I had my first period and I learned how to manage my personal hygiene; even my mother had no idea how I should manage it while sitting in this wheelchair; as she had no experience. I got interested and found information myself, then I attended trainings; I attended all the trainings to learn how to look after myself. And now I have no problems with it at all and I would be glad to share the information with all the girls like me; as this information is very important for us”. [A woman with a disability, Imereti]

According to women with disabilities participating in the research, women with disabilities lack information about the following issues:

- **Puberty and hormonal changes - in most cases, respondents noted that they did not have information about it**
- **Contraceptives and protection against sexually transmitted infections and screening for sexually transmitted infections**
- **Information about sexually transmitted diseases; particularly about the human papillomavirus (HPV), as respondents were the least informed about it.**
- **Means of protection from pregnancy**
- **Pregnancy, child care, safe abortion - only a few respondent had the relevant information, stating that they attended a training and received the information there**
- **Sexual dysfunction and appropriate treatment - respondents noted that sexual dysfunction is mainly associated with men and they have less information about sexual dysfunction in women**

“Information about the human papillomavirus (HPV) is not widely available. Women with

disabilities are most at risk when infected as they have underlying health conditions. That's why I think that information should be provided to these women through different sources, for example, through regular messages and trainings for women with disabilities. In general, women in Georgia lack the culture of caring about their health". **[A woman with a disability, Tbilisi]**

"I have never heard of the human papillomavirus (HPV)". **[A young women/adolescent with a disability, Imereti]**

"Can the state following pregnancy be regarded as a sexual dysfunction? I thought it was more associated with men". **[A young person/adolescent with a disability, Tbilisi]**

"I didn't know that when women cannot get satisfaction from sexual life, they can be cured". **[A young person/adolescent with a disability, Tbilisi]**

2.6.3. Existing sources of information

According to the research, it is difficult for people with disabilities to find information on sexual and reproductive health (SRH) issues. According to experts, today there is no service that will be systematic and will provide sexuality education not only for adolescents with disabilities or persons with disabilities in general, but also for adolescents with typical development.

"It is very unsystematic at the level of the curriculum, and being so unsystematic and entrusted to individuals, it cannot be considered that any institution or the educational system cares about ensuring this right".

According to experts participating in the research, in some cases, persons with disabilities can be provided with certain information, for example, it is possible to get information from a psychologist or other specialists, if necessary. However, such information services are unsystematic and not available to a large proportion of adolescents and/or young people with disabilities. In addition, when specialists are not properly trained and there is no material tailored to the needs and interests of persons with disabilities or recommendations on providing information to persons with different types of disabilities, the information can be incorrectly provided and have adverse effect on these people.

According to experts, in the absence of systemic education, **the main source of information about the issues related to sexual and reproductive health (SRH) for adolescents and young people is the Internet**, which, on the one hand, is less accessible to everyone, and, on the other hand, it frequently provides users with incorrect and distorted information.

"I think that no one cares about the education of not only persons with disabilities, but also adolescents in this regard, there are no trainings, there are no lessons about health issues, including reproductive health; it is simply non-existent. Some topics are incorporated into different subjects; but I have never seen a manual which can instruct teachers how to teach such topics to their students. So, everything is entrusted to an individual; it might happen so that a teacher decides to skip these topics and nobody will be there to control them. As for sexuality education I think sexuality education incorporates issues of sexual health as well as the issues of reproductive health. It is very unsystematic at the level of the curriculum, and being so unsystematic and entrusted to individuals, it cannot be considered that any institution or the educational system cares about ensuring this right. Therefore, I can't say that there is anyone in our country who cares about this issue. It is absolutely neglected.

This is especially problematic with persons with disabilities". [A representative of the NGO "Hand in Hand", Tbilisi]

"There is no systemic approach, indeed; there might be some cases, for example, an adolescent who may go to a psychologist or have a tutor. There may be a teacher or a psychologist in the school, who may have additional competence and provide information to adolescents, someone may provide information based on intuition, and such information may be useful or harmful". [A representative of the Multidisciplinary Teams at the Inclusive Education Development Division at the Ministry of Education and Science of Georgia, Tbilisi]

"This is also a topical question. One can come across accurate and helpful information on the Internet, but quite often the information is inaccurate and distorted which facilitates development of incorrect attitudes towards sexual life. A good example of this is pornography, which I think is harmful for persons who have never been sexually educated and do not have basic knowledge in this regard; It may adversely affect the mode of thinking and, in addition, facilitate development of false expectations". [A representative of the Special Protection Group, Public Defender's Office (PDO), Tbilisi]

Experts participating in the research think that **families play a big role in providing adolescents with disabilities with accurate information. However, given that parents themselves have low level of knowledge in this regard and there are other barriers to discussing sexuality with children, it is important to ensure provision of sexuality education for adolescents with disabilities through some services and institutions such as day care centres for persons with disabilities or schools.**

However, according to experts participating in the research, **introduction of sexual and reproductive health (SRH) education in school faces significant challenges.** On the one hand, there is an attitude of the society - part of the parents as well as religious institutions are strongly protesting against the teaching of sexuality in school, and, on the other hand, teachers themselves often avoid talking about sexuality because of different personal opinions or attitudes.

"I think school plays a big role in the life of children and adolescents and sexuality education should be introduced to schools, at least at a certain extent. Families may play a big role, as well, though this is not yet possible in Georgia. If an adolescent or a young person participates in a programme, say, is a person with a disability and receives a service in an institution such as a day centre or is enrolled in a course, he/she should receive the information related to sexual and reproductive health (SRH) there; because it is necessary for them". [A representative of the Mental Health Centre, Telavi]

A representative of the Ministry of Education said that **the incorporation of teaching of sexuality in the educational process is planned and exists at the level of normative documents,** however, they face problems both in terms of teachers' attitudes and their competence.

Experts participating in the research noted that there is no plan for adapting sexual and reproductive issues incorporated in the school curriculum to children with special needs, and within the framework of inclusive education, the material is adjusted to the needs of children with disabilities (for example, interpreted in a simpler language). However, it is important to note that **information about the sexuality and reproductive health of persons with disabilities is generally not available** to teachers and other professionals working with persons with disabilities. According to the Coordinator of Multidisciplinary Teams at the Inclusive Education Division, even when a teacher tries to find information on his/her own, **he/she finds**

scarce information, mostly in a foreign language. Therefore, even if teachers desire, **they face difficulties in adapting sexual and reproductive issues incorporated in the school curriculum to the needs of students with disabilities and providing the information in a right manner.**

“As for the attitudes, I don’t really have any information or about the results of research in this sphere, but from empirical observations I can tell you that different factual circumstances apply, such as teachers who have the following attitude towards sexuality, in general, considering it a taboo that should only be discussed within the family, and if they think that every person reaches a certain age when it already begins in his life. There are a lot of things teachers need to understand and know, they should be trained in this area, but we should not only teach them how to explain something to a child, perhaps we should take care of their own education in this regard as well”. [A representative of the Multidisciplinary Teams at the Inclusive Education Development Division at the Ministry of Education and Science of Georgia, Tbilisi]:

“Yes, now I can tell you for sure that there is a mandatory document for all public and private schools, the National Curriculum, which covers issues related to reproductive health. At the elementary level it is more related to personal hygiene and the topic is presented only in this respect, in the 7th grade issues related to puberty is taught as part of biology while in civic education the topic is discussed more in terms of early marriage, or child marriage, as a kind of violation of human rights and as a factor hindering our socialization processes. More detailed information is given in the 8th grade as part of biology, because students study the structure of human body with all its aspects, including reproductive health, abortion, pregnancy risks, and sexually transmitted infections, means of self-protection, and so on. In other words, it can be said that a more intensive course is presented at the basic level, which is mandatory under the curriculum. Another issue is what problems arise when we actually realize this in the classroom, we have some problems with that. The ministry has not conducted a special research in this topic, but as a result of monitoring a pilot project organized by the Ministry and implemented in several schools, we could identify some barriers, teachers try to avoid talking about the topic, lack of professionalism was obvious; they either tell students to read the texts themselves and if they have questions they can refer to their teachers or avoid talking about the topic at all. But we also had some examples of good practice when teachers manage to engage students and teach them issues related to sexual and reproductive health and rights (SRHR)”. [A representative of the Department of National Curriculum, the Ministry of Education, Tbilisi]

Opinions of women/adolescents/young people with disabilities on information sources

Women/adolescents/young people participating in the research state that the main source of information nowadays is the Internet, though they think that the information available on the Internet is both scarce and incomplete and therefore prefer getting information from specialists. Besides, due to different reasons, not everyone has an access to the Internet, information is not available in the Georgian language, information is led available for persons with a visual impairment or with a hearing impairment, and the information about sexual and reproductive health (SRH) offered there is not adapted to the needs of persons with physical or mental/intellectual disabilities. For example, a women with a hearing impairment participating in the research said that she was interested in information about sexual and reproductive health (SRH) very much, but the information available on the Internet contained too many specific terms or words, which were not quite understandable for her, and she constantly had to ask her husband or sister to explain them to her.

It should be noted that young people and women with disabilities do not have any information about special webpage and they have to search Google for information and read what Google offers them.

“You can’t get information about it on the Internet; you have to go to the doctor if you want to learn about your reproductive health condition or fertility status; doctors can tell you whether you can have a baby or not”. [A woman with a disability, Imereti]

“I learned everything from the Internet, because I didn’t use to have close friends to discuss such things with them. When I was 16-17-18-19 years old I didn’t really have such a friend and I used to search for information on the Internet”. [A young person/adolescent with a disability, Tbilisi]

“The Internet offers information, I have never come across a special site”. [A young woman/adolescent with a disability, Imereti]

Women and young people with disabilities participating in the research noted that **they had not received any sexuality education at school**. According to some women, their teachers used to skip the topics related to human anatomy. Women with a hearing impairment participating in the research focused on the importance of sexuality education at school; they noted that they found it difficult to find any adapted information on the Internet and they also had difficulties in understanding the information they read on the Internet.

Adolescents and young people participating in the research also talked about lack of information about sexual and reproductive issues available for them at school. One of the young women said that her biology teacher skipped the relevant chapter given in their textbook, and told the students to read the chapter if they wished so. Respondents also recalled the cases when teachers felt embarrassed when talking about issues related to sexual health or the lesson was interrupted because of the attitude displayed by their classmates.

“They don’t even teach biology properly, and skip the chapters containing information about reproductive health”. [A woman with a disability, Tbilisi]

“No they didn’t teach us this. The message was something like this: “you don’t have to stand close to boys or you’ll get pregnant”. Adolescents should be educated properly. We understand everything better when it is explained in the sign language, than we read. We, persons with a hearing impairment have this kind of problem”. [A woman with a disability, Tbilisi]

“I think children should be informed about this at school. It’s true that there is a lot of information on the Internet today, but besides accurate information there is a lot of inaccurate information. If a good education were available on the Internet, not so many women would need abortion. It seems that all of us have theoretical knowledge but actually no one has adequate information”. [A woman with a disability, Tbilisi]

“There was a chapter in our biology textbook; we were 9th grade students then. Our teacher felt discomfort when explaining it to us. Then we – students, read that material ourselves and exchanged our opinions and ideas”. [A young person/adolescent with a disability, Tbilisi]

“It was in our textbook. When our teacher started explaining the topic, boys started laughing and the lesson was interrupted”. [A young person/adolescent with a disability, Tbilisi]

As for getting information from specialists, persons with disabilities talked about **a number of barriers to receiving information from specialists:**

- Stigmas related to sexuality and childbearing of persons with disabilities held by the society as well as in many cases by the medical staff
- Excessive parental care for children with disabilities - respondents say that parents often do not give freedom to women with disabilities in adulthood as well, so they are not physically able to consult a gynaecologist alone, and they are not willing to discuss some issues in the presence of their parents or guardians
- Parental attitudes and stereotypes - some parents believe that a woman with a disability will not be able to get married or have children, therefore they think it is not necessary to provide her with information about sexual and reproductive health (SRH).
- Attitudes of persons with disabilities - a sense of shame

“Persons with disabilities, even when they are adults, remain under the protection of their parents. There are two categories of persons with disabilities: some are completely neglected and some get excessive care. A person with a disability can be 30 years old and still treated like a 10-year-old by his/her parents”. [A woman with a disability, Imereti]

“This age can come and go without any opportunity to discuss these topics; that may be because of a sense of shame”. [A woman with a disability, Imereti]

“Parents have these stereotypes - “She won’t be able to do anything” “She will never be able to get married” - and they don’t speak with their children about these topics. Some parents try to avoid talking about these topics”. [A woman with a disability, Imereti]

Women with disabilities, as well as young people and adolescents with disabilities, as a rule, **find it difficult to discuss issues concerning sexual and reproductive health (SRH) with their parents.** Some of them noted that their parents and family members themselves face some barriers: They do not have sufficient information or try to avoid discussing issues associated with sexuality with their children.

According to the participants of the research, parents mostly provide their daughters with the information concerning menstrual cycle, although even in this case, there are frequent examples of parents only talking to their girls about the menstrual cycle after the start of the cycle in an attempt to comfort them. Adolescents participating in the research recall their experience connected with the start of menstrual cycle, which had proved to be extremely unpleasant experience because of the fact that they had not been provided with any information beforehand.

“I couldn’t talk to my mother and that is why I used to try to get information from books, since my childhood, until the Internet was introduced. I was overly engrossed in books and they wondered what I was searching in those books, sometimes they would steal these books and start scolding me, telling that it was too early for me to read that literature. But it was better for me to learn everything from those books than in the street from incompetent people”. [A woman with a disability, Tbilisi]

“My parents grew up in the period of the Soviet Union, when this topic was tabooed and sometimes I think that they are not required to have this information as they were educated in a different environment and they have this mode of thinking. Now my parents are 60 years old and cannot teach them anything. Therefore, it won’t help to go to parents telling them that they should discuss these issues with their children. School has to ensure sexuality education of children, I think”. [A young person/adolescent with a disability, Tbilisi]

“The things they discuss with us is limited to menstrual cycle. Of course, it is important but there are many other things that we should know, aren’t there?” [A young person/adolescent with a disability, Imereti]

“I had such an experience, I was 10 years old when I had my first operation, and the next day I got my first period, I knew nothing of it and I thought that it was a result of the operation, a kind of complication and I started screaming. My mother told me that it was something else and explained to me what it was. In the end I calmed down”. [A young person/adolescent with a disability, Imereti]

“We don’t always have complete information. When I got my first period I started crying, I thought I had a kind of injury and my mother congratulated me on it. I had had no information about it”. [A young person/adolescent with a disability, Tbilisi]

“I was scared and then I started crying, I didn’t know what it was”. [A young person/adolescent with a disability, Tbilisi]

“My mother had told me about it, so I had the information and it was not a surprise for me. When I got my first period I hurried to tell my mother about it. I know when it starts and how long it will last and when to expect the next period; so, I can’t describe the process in details now. In short I have the information I need”. [A young person/adolescent with a disability, Tbilisi]

Parents of children and adolescents with disabilities participating in the research talked about the barriers to discussing with their children issues concerning sexual and reproductive health (SRH). They highlighted that:

- They lack the information and, in addition, they do not know where and how to obtain age-specific literature and information about sexual and reproductive health (SRH), in general, and about peculiarities characteristic to sexual and reproductive health (SRH) of persons with disabilities
- They do not know who to ask for help
- The greatest barrier was that the issues related to sexuality were tabooed and they felt discomfort while discussing them. Interestingly, according to some parents, the taboo and sense of shame is partly related to the lack of knowledge and information. Majority of parents do not consider themselves competent enough to talk to their children about these issues.

It is also worth noting that parents of children aged 9 or 10 considered that it was too early to discuss the issues related to sexual health with their children, despite the fact that children explicitly showed some interest in these issues.

“There has been a time when she put a pillow to her belly under her dress and asked me “Mom does it suit me?” Now she is 9 years old, she has tried on a bra and she likes it and she says “Mom you have bigger and mine are smaller” and things like that. But she is still too young, you guess what I mean, I suppose”. [A parent of a child/adolescent with a disability, Kakheti]

Different attitudes were expressed by parents regarding the issues of sexual health of their children. Some of them said they saw little need for it – that their children were too young to understand such issues, or the information was redundant. However, some parents were quite open to talking about sexual issues and noted that they themselves had looked for the information in order to be able to help their children and provide them with accurate and relevant information.

The research **revealed a trend of the parents of children with intellectual disabilities expressing more readiness for and interest in receiving information about sexual and reproductive health (SRH), who face more problems while managing excessive sexual desire in their children at the age of adolescence.**

“I know a lot of parents who spend 24 hours with their children, but they don’t discuss with them issues related to sexual and reproductive health (SRH); the topic is still tabooed”. [A parent of a person with a disability, Tbilisi]

“How can some parents be persuaded to prepare themselves, plan beforehand and discuss these issues with their children and inform them appropriately, when they are even ashamed of pronouncing the word “sex”? What should be done? I have no idea. I think we are in a very bad position in this regard. Number 1 problem is lack of information and knowledge”. [A parent of a person with a disability, Tbilisi]

“I think there is a very small proportion of parents who have any knowledge and understanding of these issues and can discuss them”. [A parent of a person with a disability, Tbilisi]

“To put education aside, we, parents have many complexes, which we inherited from the Soviet Union, where this topic was simply non-existent. We learned something somehow from some people, neither our parents taught us anything, nor parents of our parents taught our parents anything and so on; so it is like a bad tradition. We think that as our parents didn’t teach us, we should do the same and avoid discussing these issues with our children”. [A parent of a person with a disability, Imereti]

“If I had complete information and full understanding, it wouldn’t be tabooed, I think. But it is now, as I do not know what to tell them and how”. [A parent of a person with a disability, Kakheti]

“Whatever I might tell or try to explain to my child, it will all be in vein; she won’t understand”. [A parent of a person with a disability, Tbilisi]

“If they do not have intellectual disabilities, then it’s possible to explain to them anything. I don’t know what to talk with my child about, she can talk but even if I explained to her something, it will be all in vein, she won’t understand. When she got her first period, I told her that all girls have it and that’s all. May god save me and if she has some sexual desires I don’t know how I will explain to her how to protect herself, she won’t understand. I don’t know what will happen in the future, maybe she can even understand but I don’t know how. Neither mother nor someone else will be able to explain and make them understand; I mean children with intellectual disorders”. [A parent of a person with a disability, Imereti]

Only a few women and adolescents/young people with disabilities participating in the research noted that they have sufficient knowledge of sexual and reproductive issues, which they have obtained through different sources of information, such as the Internet and trainings. Some of the women with disabilities said that they had no problems discussing the issues related to sexual and reproductive health (SRH) with their spouses or friends. A few of them said that they had had some consultations with doctors, and that they could express their opinions openly in the society and the topic was not tabooed for them.

“I have a very close friend and we talk about everything openly, she provides me with all the information I need”. [A young person/adolescent with a disability, Tbilisi]

Trainings on the issues related to sexual and reproductive health (SRH), women and young people with disabilities participating in the focus groups have ever attended or have information about, include the following:

- A training organized by the Union of the Blind, attended by one of the focus group participants, who noted that she had received useful and important information about the issues related to sexual and reproductive health (SRH)
- A training organized for the beneficiaries of the Union of the Deaf, participants evaluation is highly positive
- Trainings organized by the Association HERA XXI

“The training was conducted by the Union of the Blind. I am a member of the Union, so they phoned me and asked if I was willing to attend such a training. It was a two-day training, I don’t remember who the organizer was. There were two trainers, famous gynaecologists; one was a man and the other was a woman, she still works at the Centres for Disease Control”. [A young person/adolescent with a disability, Tbilisi]

“The Association HERA XXI is the organization working in the direction of sexual and reproductive health (SRH), and they organized some trainings. Reproductologist Ms Maka Gegechkori was invited to lead one of the trainings. The topic was the means of contraception. We asked her questions related to various issues and she answered all of them. I don’t remember everything in details, but it was very interesting and we learned a lot of new things”. [A young person/adolescent with a disability, Tbilisi]

2.6.4. Recommendations on information and education

According to experts participating in the research, problems and barriers related to sexual and reproductive health (SRH) issues of persons with disabilities can be solved primarily through systematization of education. Representatives of different spheres participating in the research consider it important to ensure provision of information on sexual and reproductive rights, in general, as well as the promotion of specific services and programmes.

Consequently, experts talked a lot about ways to increase awareness of these issues among the members of target groups.

According to their recommendations, it is necessary:

1. To raise awareness of sexual and reproductive health (SRH) among general public, parents and specialists providing various services for and in contact with persons with disabilities, which foremost means: 1) providing accurate information to parents; 2) trainings for healthcare providers; and 3) trainings for teachers.
2. To provide information to persons with disabilities: trainings according to special needs, which includes issues related to both hygiene and self-protection
3. To adapt the literature on sexual and reproductive health (SRH) and adjust it to the specific needs of persons with disabilities
 - Which implies simplification of information for persons with intellectual disabilities, especially for patients in psychiatric clinics
 - Information about hygiene and self-care, as well as recommended sex positions, pregnancy and child care for persons with certain physical disabilities, for example, for wheelchair-dependent persons
 - Provision of braille material
 - Simplified material or assistance of specialists for persons with a hearing impairment

4. In addition, experts believe that the involvement of foreign specialists will be important, as there is a lack of competent specialists in general in Georgia
5. Increased media coverage, which will be of a systemic nature and will not be limited to the provision of only a piece or fragmentary information. For example, a weekly TV series, as well as more active use of social media.
6. Ensuring the delivery of information within the frames of formal education (schools). However, the use of non-formal education channels, such as summer camps for providing information is also considered.
7. A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs participating in the research believes that family physicians can provide help with respect of informing persons with disabilities. It has been suggested that family physicians are available in the regions and rural areas, and they are most often in contact with patients, including persons with disabilities, and will be able to provide accurate information on sexual and reproductive health (SRH) to the population after attending specific training.

“Family physicians are available in the city, in urban settlements, as well as in rural settlements. The service is fully financed by the state and if we make optimal use of this level, the level of the primary healthcare, through continuous medical healthcare programme and relevant trainings, we will ensure that they provide the service using their own competences, I think it would be a great help; in addition they can refer patients to specialists in case their competences do not allow them to provide the service required. There is a potential that we can make a good use of, within the frames of existing state financing and existing regulations. Of course, it will be good to increase access to contraceptives, we also have an action plan implying provision of contraceptives to the vulnerable population; it is included in the action plan”. **[A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs, Tbilisi]**

“It would be better if the efforts of awareness raising were not limited to who should women phone in case of domestic violence, it should be extended to such issues as if you are in this age group you have the right to be educated in the direction of sexual and reproductive health (SRH), you should take care of this or that and visit this or that specialist. Because the information cannot be spread otherwise, the media should become more active and relevant addresses should be provided”. **[A representative of the Children’s Rehabilitation Centre, Kutaisi]**

“I think in this case it will be necessary to invite foreign experts, as there are not appropriately qualified specialists in Georgia. The State budget may not be sufficient to finance such an initiative and the non-governmental sector may work in this direction and facilitate the process. However, they probably do not have much information about this needs. Someone has to work on it and provide information that the need exists and you can finance it”. **[A representative of the Special Protection Group, Public Defender’s Office (PDO), Tbilisi]**

“We have to use both formal and informal education ... For example, summer camps, where there are a lot of young people”. **[A representative of the Sexual and Reproductive Health (SRH) Programme, the United Nations Population Fund (UNFPA), Tbilisi]**

“We need awareness campaigns to be conducted in this direction, as well as developing some techniques for providing information about sexual and reproductive health (SRH) to persons with disabilities, and the information should be adapted to the needs of persons with different

levels of intellectual development, tailored to the needs of children with autism, provision of braille material for the blind, and so on. Of course, it means that the programmes should be consistent structured and adequate and the terms should be defined". [A representative of the Multidisciplinary Teams at the Inclusive Education Development Division at the Ministry of Education and Science of Georgia Tbilisi]:

Experts participating in the research consider it important to actively engage universities and non-governmental structures, together with public institutions, in the effort of providing education in this field.

"Of course, both the university and the associations are considered as non-governmental sector by the State, and they should be actively involved in the process, otherwise the Ministry itself will not be able to develop appropriate protocols and curricula. These should be taken into account". [A representative of the Sexual and Reproductive Health (SRH) Programme, the United Nations Population Fund (UNFPA), Tbilisi]

"Media campaigns can be used for this purpose. In addition outreach with these persons should be ensured through NGOs which are established by different categories of persons with disabilities. They should be involved in this effort for the purpose of enabling them to educate their members. Nowadays social media is maybe the most powerful instrument, and besides, unfortunately, these persons spend most of the time at home by their computers and social media can be used to provide them with the appropriate information. And I have to repeat that all this needs to be well organized, but, unfortunately, there is no one in the country to assume the responsibility for organizing this process". [A representative of the Sexual and Reproductive Health (SRH) Programme, the United Nations Population Fund (UNFPA), Tbilisi]

As for the adolescents and young people with disabilities, they believe that the most acceptable means of receiving information is the social media, and, at the same time, they would like the information to be more systemic and given in a language understandable for them, i.e. appropriately adapted. Participants of the research also want to receive information through video blogs.

In addition they considered that it was important to organize trainings and provide them with information; in addition they suggested inviting other members of the society to these meetings besides the persons with disabilities, to ensure their awareness of and change their attitudes and perception of the sexuality of persons with disabilities.

Given the fact that both the Internet and trainings are not available to everyone, women and young people with disabilities who participated in the research believe that it would be useful to spread information in the form of brochures.

"It would be better if the meetings were organized for parents as well". [A woman with a disability, Imereti]

"I thing trainings should be organized for both persons with disabilities and their parents/ persons who take care of them. Because when trainers, like you for instance, inform us about things we should know, I think they also need to be informed about our needs". [A woman with a disability, Imereti]

"The attitude of the society should be changed; therefore, it should be provided to a wider audience, and not be intended only for women with disabilities. When they talk about these issues, they should also consider the needs of women with disabilities". [A young woman/ adolescent with a disability, Imereti]

2.7. Sexual and Reproductive Health (SRH) Services

2.7.1. Availability of Sexual and Reproductive Health (SRH) Services and Information for Target Groups

Experts interviewed as part of the qualitative research, as well as target group members pointed out that today there are virtually no services related to Sexual and Reproductive Health (SRH) tailored to the needs of persons with disabilities.

According to women with disabilities participating in the research, they have access to the same services as women with typical development, offered within the frames of the Universal Health Care Programme; though persons with disabilities have limited access to the services due to certain factors (Lack of information about existence of such services, problems with adaptation and attitudes of health care providers, etc.).

A representative of the Health Policy Unit noted that nowadays, women, including women with disabilities have access to reproductive health services financed by the State, such as: antenatal care, maternal care, screening, genetic testing, iron supplements, micronutrient supplements, as well as management of complicated pregnancies. However, it should be noted that **these services do not consider special needs of persons with disabilities and the services are available to them in the same way as for women with typical development.** It is also important to note that the level of awareness of the services is considerably low among the target groups - **most women in the focus group do not remember screening programmes or have no information about what services they can receive in the direction of reproductive health.**

“The State offers some services related to reproductive health and these services require some improvement. In some cases there is a problem of affordability and in some cases there are some problems related to geographical availability. The most regulated are the services related to maternal and child health; also, services offered to pregnant women, such as antenatal care, maternal care, management of complicated pregnancies, genetic testing during pregnancy, and screening for new-borns, as well as high-risk pregnancy screening and diagnostic testing. The state has allocated resources for and ensures availability of multiple micronutrient (MMN) supplementation including iron and folic acid supplements”.

[A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs, Tbilisi]

Universal health care programmes available in Georgia also ensure: Hepatitis C screening, HIV screening, papilloma virus vaccination, cervical and breast cancer screening. However, even in this case, special needs of persons with disabilities are not considered and, in many cases, the target groups do not have information about these programmes.

It is also important to note that in addition to the scarcity of information, parents expressed distrust in vaccinations, which in some cases is due to the existence of negative stereotypes related to vaccines, and, on the other hand, the lack of confidence in the providers of these services.

“A 13-year-old girl was to get vaccinated against the human papilloma virus (HPV) and her parents had a strong distrust in this vaccination... She said she didn't know what it was, who the provider was, and that the security was not ensured; so she decided not to have her daughter vaccinated. Too many parents decided not to have their daughters vaccinated... they had very low confidence in this service”. **[A parent of a person with a disability, Imereti]**

“However, they fail to inform large mass of population about the availability of such services, i.e. when they are offered and how they can be accessed. Some learn about them when it is too late and some never learn about them and, consequently, cannot benefit from the services”. [A woman with a disability, Kakheti]

A representative of the Health Policy Unit noted that nowadays there are no programmes available for family planning, or sexual and reproductive health care for young people. According to the same respondent, work on these issues has begun and is included in the plans for the following years. However, even in the above mentioned case, the special requirements or needs of persons with disabilities are not studied or considered.

“There is less effort on the part of the State, for example, in the direction of family planning or reproductive and sexual health of young people, as reflected in our strategy, a relevant strategy for 2017-2020-2030 and relevant action plan, which means that family planning needs more attention, both in terms of geographical access and in terms of raising public awareness. For example, I mean raising public awareness of the means needed to prevent unwanted pregnancies and sexually transmitted diseases, to provide contraceptives to socially vulnerable groups of population, to increase access through financial assistance”. [A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs, Tbilisi]

2.7.2. Barriers to Receiving Health Care Services

2.7.2.1. Accessibility

According to experts, **territorial access to sexual and reproductive health (SRH) services for people with disabilities in the regions of Georgia is restricted** and a much more problematic issue than in Tbilisi. In addition to restricted territorial access to the providers of sexual and reproductive health (SRH) services, in some cases no transport is available for people to access the clinics.

“Access to these services is quite limited, if there is anything, it exists only in Tbilisi, the services can be in fact considered non-existent in the regions, say, in terms of the physical accessibility. Girls and women with a mobility impairment cannot access clinics which are in the regions”. [A representative of the NGO “Mariani”, Tbilisi]:

“Additional problem is the lack of transport facilities. There was a pregnant girl with a visual impairment and she lived near the town of Lagodekhi and she wasn’t even able to get to the town centre. The only transport her family had was a horse and a cart. When our social workers learned about her condition they ensured her transportation to the clinic by the car belonging to the organization. We examined her and visited her twice a month. In addition, they found a nurse in a local outpatient clinic who visited the girl to give her injections she needed for treating a sexually transmitted disease she had”. [A representative of the Children’s Rehabilitation Centre, Kutaisi]:

According to the representative of the Health Policy Unit, Emergency medical care, including reproductive health services are equally available and territorially accessible for everyone thanks to the universal health care programme. The respondent sees less problems related to the territorial access to primary health care services in the regions, though noted that certain services, such as high-tech oncology services, are only available in large cities and are therefore less accessible to residents of some towns or rural areas.

“When it comes to breast cancer screening, mammography should be done, as well as some examinations, in this case it is very difficult to deliver the service directly to the site. Probably, nothing is impossible, there are some mobile medical brigades, but it is probably a bit more difficult for the country to arrange a proper system of mobile medical brigades and it also will be unacceptable for the country to depend on it. The same is true of colorectal cancer (CRC), the planning serves the purpose of making the services more cost-effective. In case of some screening, when several types of examinations are performed simultaneously, it may be more convenient to visit a clinic than to deliver the service directly to the site”.
[A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs, Tbilisi].

2.7.2.2. Infrastructure and Adaptation to Different Types of Disabilities

According to the qualitative research, one of the significant barriers to getting services offered by health care facilities is an environment, i.e. access to a healthcare facility as well as clinic inner infrastructure, which is not adapted to the needs of persons with disabilities.

Adapting medical services to the needs of persons with disabilities is particularly important for:

- wheelchair-dependent persons
- persons with a hearing impairment
- blind or visually impaired persons

Despite the fact that, according to the Ministry of Health regulation, a clinic only receives a license if it is available to all persons, including those with disabilities, **wheelchair-dependent persons frequently find it difficult to access these clinics or to move inside the building.** Experts and women with disabilities participating in the research described a lot of elements of service providers, which were not adapted to some special needs, such as: improper design of ramps in the entrances; narrow corridors inside the buildings or narrow doors leading to doctor’s offices, no elevators or elevators which cannot accommodate a wheelchair, non-adapted toilets. It is noteworthy that such infrastructural barriers exist in Tbilisi as well as in the regions.

“Although the clinic had to be accessible to everyone to get a license, and the response of health authorities was that all the clinics in our country had been adapted because they would not have been licensed otherwise, this is not the case; despite their effort, this is not the case. Most of them are inaccessible for persons with disabilities; even the ground floors are inaccessible, stairs and ramps are in a very bad position, it is impossible to climb them”.
[A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

Health care facilities are not prepared to provide gynaecological care to wheelchair-dependent women, as they do not have adequately adapted gynaecological chairs. Likewise, clinics lack special adapted medical equipment for examination and testing patients with different disabilities. According to experts, two clinics have purchased adapted equipment, although young people and women with disabilities participating in the research have not had any information about these clinics. In addition, clinics equipped with special devices are less affordable for women with disabilities due to high prices on services offered by them.

“Health care facilities do not put much effort into adapting facilities and equipment owned by them. We studied health care facilities in the capital of Tbilisi and we found that even toilets there are not adapted. They do not have special gynaecological chairs. Screening equipment is not available for persons with disabilities”. **[A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]**

“Unfortunately, no service is adapted. The infrastructure makes it impossible for these people to access the services offered. If there is a wheelchair-dependent girl and she needs to visit a gynaecologist, she has problems with entering the doctor’s office and, besides, there is no adapted gynaecological chair, which can be lowered and help the girl get on it. There is a lack of such equipment. Though, I know a couple of clinics which have adapted and improved services in this regard and I am proud to say that one of such clinics is Jo Ann Medical Centre. Unfortunately, not every clinic can afford it”. [A representative of the NGO “First Step Georgia”, Tbilisi]:

Wheelchair-dependent respondents participating in the research told **their negative experiences of visiting clinics**, when they had to receive doctor’s consultation right in the waiting hall, with all the other visitors around. The respondents describe these experiences as embarrassing and humiliating for them. Wheelchair-dependent women participating in the research noted that because of lack of adaptation efforts their visits to gynaecologists was such a discomfort for them that they tried to postpone these visits until it was absolutely necessary.

“When there is a service and you know that you will have troubles getting it. You go there but you aren’t sure what awaits you there... you feel confused, what attitude they will display there. You need at least two people to accompany you for them to raise you help get on the chair. So you try your best to postpone this visit until it becomes absolutely necessary”. [A woman with a disability, Imereti]

Health care facilities are not adapted for the needs of persons with mobility impairments, and also for the needs of persons with hearing impairments, as medical facilities do not have a sign language interpreter.

Experts noted that the service of sign language interpreters had become available in the regions. The Social Service Agency signs contracts with sign language interpreters and they serve a particular region. A person with a disability can call a sign language interpreter any time. Though, according to a woman with a hearing impairment participating in the research, there is still a lack of sign language interpreters and sometimes they have to wait for a week to get their service, which is a big problem in case of emergency. Experts also admitted that there was a lack of sign language interpreters, especially in the regions. In a region such as Adjara or Kakheti there may be one or two sign language interpreters only.

In addition to the prolonged waiting period, **calling a sign language interpreter is also associated with a violation of confidentiality for women with hearing impairments.** One of the young women with a hearing impairment participating in the research noted that people in the community she belongs to know each other well and the sign language interpreter available in the region is a close friend of her family. This is a big discomfort for girls and, besides, they cannot be sure that the sign language interpreter will not disclose to their parents the information received during the consultation with a doctor.

“In addition, girls and women with hearing impairments face this kind of problem: sign language interpreters are available and state-financed and they can contact the Union of the Deaf which will connect them with a sign language interpreter and the interpreter will accompany them when they visit a clinic, but there is a serious lack of these interpreters... [A representative of the NGO “Mariani”, Tbilisi]

“There are only a few of them - sign language interpreters; they are available in Tbilisi as well as in the regions. But in Kakheti, for example, there may be one or two sign language interpreters only. There is one in Batumi, but the interpreter cannot serve all the persons with hearing impairments living throughout the territory of Adjara. They are available only in cities or big towns and their number per region is limited to one or two, maximum 3. There are 20 or 15 sign language interpreters in Tbilisi but it’s not sufficient. People have to wait to get their service, they are not easily available. Also, information is not easily available and if they are asked to accompany them when they visit a doctor, there can be a problem with time, because they may have to wait in a queue, accompany patients when they wait for the results of their blood or other tests, and the sign language interpreter can only have 2 or 3 hours, because they have to serve other persons with hearing impairments as well”. [A representative of the NGO “Mariani”, Tbilisi]

“I went to a gynaecologist and wanted to be examined. I told the gynecologist that I wanted to be examined and have some tests. What? What? She kept asking. Then she wrote a word on a sheet of paper and literally threw it to me. This was an overly discriminatory behaviour. He threw this sheet of paper to me and did not give me full information because I was a person with a hearing impairment. I felt humiliated. I do not have any problem with taking an interpreter with me, but they are all so busy. I would have to wait at least a week if I wanted the interpreter to accompany me to the gynaecologist. It would be great if more interpreters are trained. I messaged my husband and told me how that gynaecologist treated me; He asked me to give the mobile to the gynaecologist; he was even reluctant to pick up the phone and asked my husband what he wanted, my husband berated him well and then the gynaecologist felt ashamed”. [A woman with a disability, Tbilisi]

Research participants talked about the lack of access to clinics for persons with visual impairments. **They failed to recall a health service that would be adapted to the needs of persons with visual impairments.**

2.7.2.3. Affordability

Affordability of the services remains as one of the greatest challenges for persons with disabilities. This is especially true of the services connected with sexual and reproductive health (SRH). Because, quite often, service providers, i.e. **clinics covered by the universal health insurance are not adapted to the needs of the persons with disabilities and, consequently, these persons are not able to get high quality services.** A representative of the Health Policy Unit said in the interview that financing the services intended for persons with disabilities are not limited to financing the programmes envisaged by the universal health insurance, in case delivery and childbirth is associated with a risk due to a underlying disease or a disability, there is a programme which finances medical care and treatment for such persons. Though, there are not similar schemes or programmes with regard to other sexual and reproductive health (SRH) services.

“For example, it can be associated with some difficulties among persons with disabilities and they might be prone to complications for example a person might have only one kidney or might suffer from the end-stage renal failure and wants her reproductive function to be fully realized, i.e. she wants to get pregnant and give birth to a child, this can be a life threatening health condition and so on. The State has ensured that the women with such diseases and health conditions should be referred to a Comprehensive Emergency Obstetric and New born Care (CEmONC) facilities, which are part of multidisciplinary clinics and where all kinds of assistance is available to them and at the same time is provided within the frames of a special programme, and pregnancy and childbirth of such patients is funded, however, this is only one example”. **[A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs, Tbilisi]**

In addition, it was revealed that a number of services are not financially available for them, for example, they have to pay money for the services provided by a gynaecologist. According to the parents of children with disabilities, in fact, they even have to pay more than the parents of healthy children because they need more examinations due to their condition. Women with disabilities also pointed out that a large number of services are not provided free to them and therefore they cannot benefit from these services as they cannot afford them.

“There are no privileges for our children as compared to healthy children. In fact, we even have to pay more than the parents of healthy children because our children need more examinations due to their condition. There are no allowances in this regard”. **[A parent of a person with a disability, Imereti]**

“When we visit a doctor we hope for their help; but there is nothing like this. I wasn’t even given a form N100. They told me that I was not eligible and didn’t give one to me. I had to pay to get that form N100”. **[A woman with a disability, Imereti]**

“They prescribe something, but I cannot afford them. If I had money, I would have all the medical examinations performed; but I cannot afford it. I had my leg amputated, I have to visit a doctor at least once a year, but I can’t afford it”. **[A woman with a disability, Imereti]**

The problem of financial access to services is particularly acute in the regions. Participants of the focus group in Kakheti admitted that **instead of consulting a gynaecologist, women often refer to self-medication, for example, if they suspect they are pregnant, they take pills arbitrarily, which is justified by saving money.**

“There are many who can’t afford to go there and pay GEL 100 or so. If they suspect that they are pregnant, for example if they have a late or missed period, they prefer to by some pills that will cost than no more than GEL 5. They have the information from doctors about when and how to use those pills to terminate a pregnancy”. [A woman with a disability, Kakheti]

2.7.3. Qualifications and Attitudes of Healthcare Professionals

2.7.3.1. Knowledge and Qualification

According to the qualitative research, **there is a shortage of specialists in a number of areas in terms of sexual and reproductive health (SRH) management with persons with disabilities, especially in the management of sexual behaviour of people with mental disorders, as well as of autistic adolescents. Specialists and experts in the field say that there are no educational programmes or any literature available in the country.**

According to the information provided by the Sexual and Reproductive Health (SRH) Programme Analyst of United Nations Population Fund (UNFPA), **service providers are not adequately trained in the specificities of providing service to persons with disabilities.** She pointed out that neither the postgraduate medical training curricula nor continuing medical education (CME) programme curricula envisage training in specificities of sexual and reproductive health (SRH) of persons with disabilities.

A representative of the Health Policy Unit expressed different opinion regarding the competence of medical personnel in managing sexual and reproductive health (SRH) with persons with disabilities; according to the respondents, clinics today do not face any problem with the professionalism of medical personnel in this regard, and medical staff have considerable experience working with women with disabilities on certain types of sexual and reproductive health (SRH) issues. The respondent spoke of management of antenatal care and childbirth in women with physical disabilities (such as women with pelvic dysfunctions). On the other hand, according to the representative of the Health Policy Unit, Issues related to the reproductive health of persons with disabilities are included in the curricula of medical schools.

“I wouldn’t say that they do not know how to manage the cases. A lot of healthcare facilities have sufficient experience in this regard and these issues are also included in the educational programmes intended for the preparation of medical staff, doctors and nurses. For example, they study how to manage deliveries with women who have pelvic dysfunctions, how the method of delivery should be chosen. How to manage complicated deliveries with women who have visual impairments, to prevent further complications with the impairment. They consider health condition of a mother and whether it can lead to a health problem or risk to the life of the foetus or mother when obstetricians decide which way is best for the mother first and then for the foetus”. [A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs, Tbilisi]

“Health care providers are not adequately trained in issues related to consulting persons with disabilities, including on the issues related to their sexual and reproductive health

(SRH). In addition, unfortunately, neither the postgraduate medical training curricula nor continuing medical education (CME) programme curricula envisage training in specificities of family planning or sexual and reproductive health (SRH) of persons with disabilities". **[A representative of Analyst of the United Nations Population Fund (UNFPA), Sexual and Reproductive Health (SRH) Programme, Tbilisi]**

Experts who were interviewed talked about the shortcomings of the competences of doctors in terms of somatic health care for people with disabilities, and specifically in the areas of sexual and reproductive health (SRH). Medical staff does not have information about the need for specific medical services of persons with disabilities. According to the experts, there is a trend among doctors to directly recommend caesarean section to pregnant women with disabilities, even when there is no indication, to avoid additional complications and problems. On the other hand, according to the same experts, doctors often consider women with disabilities to be 'problematic' patients and try not to take responsibility for their treatment, which is why patients with disabilities are often referred to other doctors.

Social therapists and psychologists working in this field also point out that in terms of sexual and reproductive health (SRH), especially with regard to the needs of persons with disabilities, they also need to receive additional information and trainings.

„There are neither professionals specialized in the direction of sexuality education of persons with disabilities, taking into account their needs and managing their conditions in this regard, nor the literature is available and, in addition there are no plans to deal with this problem. We encounter these situations here, especially with children with autism spectrum disorders, 12-13 year old boys are sometimes so sexually excited that they use some non-traditional methods for satisfying their sexual desires right during lessons and we don't know how to manage these cases. When we have the appropriate knowledge and experience, of course, we will know how to manage these cases and the results will be better". **[A representative of the Rehabilitation Centre, Kutaisi]:**

There are no specialist to ask for advice. I am a developmental psychologist and I try my best to develop my professional competences. As for issues of sexual health, I need some consultation in this sphere myself. I do read, but it is not enough, there must be additional education". **[A representative of the "Social Therapy House", Tbilisi]:**

"When we conducted a study with the participation of healthcare professionals, we found out that pregnant women with disabilities, regardless of the type of their disability or their health condition, are directly advices to have a caesarean section, without considering whether it is necessary or not. While surgery might be more risky than natural childbirth". **[A representative of the NGO "Platform for New Opportunities" (PNO), Tbilisi]**

2.7.3.2. Ethics, Confidentiality, Rules of Communication with Patients

The research has identified that health care providers have problems with communicating with persons with disabilities. On the one hand, experts participating in the research pointed out that health care providers lack the knowledge of how to communicate with persons with mental or intellectual disabilities about their health problems. On the other hand, persons with physical disabilities pointed out that health care providers often find it difficult to communicate with patients with physical disorders as well, for example with wheelchair-dependent persons, despite the fact that the patients do not have any intellectual disabilities and have no problem in understanding service providers' messages.

“No they haven’t been trained. No one has been trained in issues like how to communicate with and use simplified language in their communication with persons with intellectual disabilities. Therefore, when a person with an intellectual disability visits them, they do not know how to communicate with them, what to ask, how to fill in his/her medical history, how to learn about his/her health condition and about the problems he/she has, what language to use while giving advice, etc”. [A representative of the NGO “Hand in Hand”, Tbilisi]:

“They find it extremely difficult to communicate with these people; they think they won’t be able to have proper communication with them and they need an assistant”. [A young person/adolescent with a disability, Imereti]

“Despite the fact that she is a person with a fairly high intellectual development, they talk to her companions as they do not perceive her as equal. “

Adolescents and women with disabilities participating in the research pointed out that **doctors frequently talk to their parents or companions and refer to the patients in the third person in their presence, which is quite negative and humiliating experience for the patients themselves.** Experts participating in the research talked about prevalence of violation of confidentiality on the part of doctors/health care providers; they believe that while providing consultation service or conducting an examination of the patient, it is doctors’ responsibility to ask the companions of the patient to leave the room and wait outside, to maintain patient confidentiality. An example of violations of patient confidentiality is leaving the door open when examining/consulting a patient.

“It is violation of confidentiality when an adult patient with a disability visits a doctor and the doctor doesn’t tell the patients companion to leave the room and wait outside. The patient might not be willing to let her companion learn that she is pregnant; or that she intends something or is interested in something. But the doctors suffer from the fear or complex as they do not know how to communicate with persons with disabilities”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“One of my acquaintances who has a visual impairment has told me, and not once, that despite the fact that she is there and she hears everything, and despite the fact that she is a person with a fairly high intellectual development, they talk to her companions as they do not perceive her as equal, they do not perceive her as a person who can understand when you talk to her about her health condition”. [A representative of the NGO “Hand in Hand”, Tbilisi]

“The doctor said to my friend: “she has this health condition and you should give her this medication”. I think, it happens when you visit a doctor for the first time, but when you talk to them and they guess that you can understand them, that you are the one who has a problem and not your companion, they start communicating with you”. [A woman with a disability, Imereti]

Parents of persons with disabilities participating in the research talked about unethical behaviour on the part of doctors, recalling cases when doctors advised them to leave a child with a mental or other health disorder.

*“I think the problem is even deeper, in our case we have been fighting it for years. It has been *lex non scripta* in Georgia, if a child is born with a visible genetic disorder, or with a Down’s syndrome, the advice is to leave the child”. [A parent of a person with a disability, Tbilisi]*

2.7.3.3. Attitudes

According to the experts participating in the research, not only lack of competence on the part of doctors but also their attitudes towards sexual and reproductive rights of persons with disabilities. According to the research participants, there are frequent cases when doctors share and openly express stereotypes embedded in the society about the sexual and reproductive health (SRH) of women with disabilities:

- They believe that women with disabilities cannot give birth to children and it is normal for them not to have a sexual life
- They believe that persons with disabilities cannot take care of children

Women with disabilities participating in the research talked about discriminatory and subjective attitudes displayed on the part of health service providers/doctors and described some cases they have experienced. One of the participants of the focus groups said that she had had a feeling of guilt when she had visited a healthcare facility to take a pregnancy test, as she could hear some nurses whispering something. According to another respondents, when she asked the doctor for a referral to a gynaecologist, the doctor answered that she didn't need a gynaecologist's service as she was an "innocent" girl.

"I wanted to be examined by a gynaecologist and went to a GP asking him for a referral to a gynaecologist; I don't know what he thought, but he told me that I didn't need a gynaecologist's service as I was an "innocent" and good girl. I don't understand what it has to do with a visit to a gynaecologist; do I have to do something wrong to get a referral to a gynaecologist?" **[A woman with a disability, Imereti]**

"I went to a gynaecologist once and that was it I have never been to one since; he told me something that made me feel ashamed; I hadn't had any bad intentions I had a question to ask and wanted to get a piece of advice; I wanted to know how I should behaved and to learn whether it was a problem or not. When I asked him the question, he replied that he had thought that I was not of that kind; that I shouldn't have asked him the question. I felt so ashamed that I haven't been to a gynaecologist since that incident". **[A woman with a disability, Imereti]**

"The level of awareness is quite low among doctors as well. Any doctor or gynaecologist think that persons with physical disabilities cannot give birth to children and it is normal for them not to have a sexual life... This is the attitude quite frequently displayed by medical staff, I have heard some of my friends who are wheelchair-dependent complaining about doctors' attitude who ask them why they need children or how they think they will give birth to children". **[A representative of the NGO "Mariani", Tbilisi]**

Respondents believe that in doctor-patient relationship one of the most important factors is that **doctors should inform patients about the treatment as well as about the peculiarities and side effects of medications**. The research revealed that some doctors, when treating patients with mental disorders, violate this rule and do not inform patients or their caregivers the information about the side effects of the medications they prescribe, or about their effect on the patient's sexual and reproductive health (SRH). One of the women in the focus group recalled that she had had a menstrual cycle disorder due to the medication prescribed by a psychiatrist, however, only after a second visit to the psychiatrist a few months later did she receive information from him that the menstrual cycle disorder was caused by the medication used during the treatment.

“When it comes to women with mental disorders, psychiatrist administer compulsory medical examinations and neuroleptic and psychotropic drugs, which cause menopause, and girls are not often warned about this. This causes a fear, because they do not know why menstruation has stopped and think they might be pregnant; if he they haven’t had unprotected sexual contacts, they start worrying about whether they will ever be able to have a child; whether they have some serious problems and they cannot often talk about it with their family members, because their attitudes and cannot go to a doctor”. [A representative of the NGO “Mariani”, Tbilisi]:

“I was treated with some neuroleptic drugs and they triggered the loss of periods that lasted for six months, I had not been warned of this side effect, I panicked and did some medical examinations, which revealed that everything was in order, but the problem remained, my mother was also worried and when we were together in the clinic where I received medications every month, she told the doctor that: as if that was not enough, we had an additional problem, that I had lost periods and she didn’t know what to do and the doctor answered calmly that it was a side effect of the drug he had administered, as if nothing was wrong”. [A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

2.7.4. Expert Recommendations

Experts participating in the qualitative research expressed their opinions regarding the improvement of sexual and reproductive health (SRH) services:

- According to experts, since the needs of persons with disabilities have not been studied yet, the needs of persons with disabilities must first be identified and systematized.
- According to the respondents, it is important to have a separate maternity wards and gynaecological offices, with an environment adapted to the needs of persons with disabilities, and staffed with appropriately trained medical personnel. The respondents also believe that a dedicated department will also help prevent the practice of perceiving patients with disabilities as a “problem” and redirecting them to different doctors.
- Introduction of special guidelines for doctors, which will include specificities of health care for persons with disabilities, as well as the rules of communication with these people.
- Some of the experts believe that the most effective way to qualify physicians and improve the quality of services for persons with disabilities is through special modules incorporated into continuing education for physicians. Some consider it important to start educating future doctors in these issues while they are still at university. In addition, according to the experts these issues should include specific health issues, as well as knowledge of sexual and reproductive rights and the skills to communicate with patients with disabilities.
- Some experts think that sexual and reproductive health (SRH) services should be included in the insurance package for persons with disabilities as an additional benefit for them.
- Experts believe that clinics should employ sign language interpreters
- The representative of the Health Policy Unit recommends that donors and non-governmental organizations should work in coordination of the State to implement investments in pre-determined directions.

“Gynaecologists themselves say that it is important to open a separate maternity department for women with disabilities, because management of their cases needs even more specialization, i.e. specially trained gynaecologists, to give them the opportunity to give birth to their children naturally, without a caesarean section, for example; because, nowadays all of them are recommended to have a caesarean section to avoid additional risks; because the doctors do not have sufficient information and knowledge of managing such cases; because they are not sure they can manage possible complications and they prefer recommending the women to have their babies delivered through caesarean section”.

[A representative of the NGO “Platform for New Opportunities” (PNO), Tbilisi]

“I have some ideas. First, I think that the guideline should be developed and approved by the Ministry of Health, and they should be mandatory for all medical staff. They may be of a recommendatory nature, but in the form of a guidelines, for the health care personnel to know what to do and how to behave in a particular case, with a particular category of patients, with the patients with mental disorders, or with those taking different psychotropic drugs, how should their pregnancies be managed; besides, they should contain recommendations regarding the physical environment and attitude of medical personnel towards patients with physical disabilities. It is very important for doctors to be trained in these issues”. **[A representative of the NGO “Mariani”, Tbilisi]:**

“I think that if we want a systemic change, we should start from the academic sector, introduce these topics into the curricula of the programmes for future doctors, train medical students, and integrate related topics into their curricula. Of course, it should not only be about reproductive health, it should be about communication skills, specificities, and the rights in general... I’m not talking about the specifics and complications of each person’s condition and that on top of the issues concerning specific disorders or complications which can accompany the health condition of each category of persons with disabilities”. **[A representative of the NGO “Hand in Hand”, Tbilisi]**

“I would recommend coordinated actions together with donors and NGOs; because any coordinated action yields much more than separate decisions with regard to implementing a State policy. The actions we can’t implement due to the scarcity of budget, can be discussed and agreed upon, and implemented in accordance with a jointly developed plan for mobilizing financial or human resources ... I sometimes think that resources are being spent inefficiently, there are overlapping programmes, and there are activities and measures that are no longer effective or efficient”. **[A representative of the Health Policy Unit of the Ministry of Labour, Health and Social Affairs]**

2.8. Parental Involvement in the Lives of Persons with Disabilities

According to experts, because it is difficult for persons with disabilities to live independent lives due to the non-adapted environment, they are often dependent on their parents, therefore parents are overly involved in the lives of persons with disabilities. This involvement mainly is expressed in the physical care of their children/adolescents, managing their personal hygiene, and so on.

“Parents’ involvement in the lives of their children can often be estimated to 75%, because their children cannot perform too many things independently; therefore, family members helping them with everyday activities find themselves overly involved in the lives of their children. We even have some beneficiaries, girls, who do not have mothers and their fathers look after them, they know a lot about the hygiene and other things”. **[A representative of the Mental Health Centre, Kutaisi]:**

According to the experts as well as parents of the children with disabilities participating in the research, there are almost no state services that would help parents and their children with disabilities in various ways, providing them with information on various issues or empowering the families or parents of persons with disabilities and providing them with the necessary resources. Parents themselves begin to act and support each other and, considering their common needs, try to create a space (a platform) which will serve and help families of persons with disabilities.

For example, there is a centre for children with autism spectrum disorders, which was founded by one of the parents, and there is a union that empowers parents and provides them with the information on how and through what procedures they can receive various benefits from the State. Parents also say that they have a space where they talk to each other about the different challenges their children face.

However, it is noteworthy that within the frames of the organizations set up by parents, including within the platforms where parents share experiences with each other and receive advice, sexual and reproductive health (SRH) issues are barely discussed. The only step forward in the sphere of sexual and reproductive health (SRH) was a guide to sexual and reproductive health (SRH) of adolescents, which was translated and published on the initiative of an organization established by parents of children with disabilities.

“Parents started establishing some unions, a good example of it is a union established by parents of children with autism spectrum disorders”. [A representative of the “Social Therapy House”, Tbilisi]:

“They have their own NGO and there are some organizations established by parents of children with disabilities and these organizations function effectively and actively involved in managing some issues”. [A representative of the Mental Health Centre, Telavi]

“We work in this direction and set up some organizations. When the government does nothing we have to do this as nobody else will do this for us”. [A parent of a person with a disability, Tbilisi]

“I am working on establishing a service right now, we want to establish a rehabilitation centre, as there is nothing like that, you know well. I was obliged to act as my child is 6 years old and he cannot speak, I tried my best and studied a lot, I became an expert in this field. I haven’t spared effort to find children like mine and, of course, it was not so easy”. [A parent of a person with a disability, Kakheti]

“The aim of our organization is to empower and help parents of children with disabilities. We tell the parents who cannot afford medications their children need to bring some documents and we help them to file these documents appropriately and get the medications, which will cost them GEL 300, for free”. [A parent of a person with a disability, Kakheti]

2.8.1. Acceptance of Sexual Life of Adolescents with Disabilities

Most parents realize that adolescence is a period when their children are interested (or will be interested) in sexual issues. However, majority of the parents of children and adolescents with disabilities participating in the research noted that they did not have sufficient knowledge and information about how to help their adolescents overcome some difficulties associated with this period.

A trend of discriminating between sons and daughters has been identified among parents of children with disabilities; in particular, parents believe that it is much more easier to help their

sons to satisfy their sexual needs through appropriate services (such as the service of sex workers); whereas in case of girls, it has often been suggested that girls should avoid sexual life, as in the case of girls, if sexual impulses were not suppressed, it could mean pushing them on the wrong life path.

Only in focus groups in Tbilisi did some parents admit that achieving sexual self-sufficiency was equally possible in case of both sexes. However, it is noteworthy that most parents also find it difficult to talk to their children about masturbation.

“There is a difference between boys and girls. I wouldn’t give a girl [a sexual freedom] but I would give a boy the freedom”. [A parent of a person with a disability, Kakheti]

“Gender matters, boys should be given freedom in this regard but girls shouldn’t”. [A parent of a person with a disability, Kakheti]

“I don’t approve it, thus we are pushing them on the wrong life path”. [A parent of a person with a disability, Kakheti]

“What should I do with my girl? Should I invite a male sex worker for her or what?” [A parent of a person with a disability, Tbilisi]

“Achieving sexual self-sufficiency is equally possible in case of both sexes”. [A parent of a person with a disability, Tbilisi]

“A good psychologist is needed, who first of all will work with parents and persuade them that their children need a private space. I, in fact, study everything together with my child; I am only 30 years old and I don’t know what to do and how”. [A parent of a person with a disability, Tbilisi]

According to participants of the research, parents of children and adolescents with disabilities a much more violent approach and, with the help of a psychiatrist, prescribe medications that lower their sexual desires, but, at the same time, negatively affect various functions that further aggravate health condition of the adolescents with disabilities.

“I saw one of Nick’s friends not long ago, who is 5 or 6 years older than him. They used to go to the same day centre together. When the signs of puberty started, and the boy started to develop sexual desires, his mother didn’t know what to do and took his child to a psychiatrist; I don’t know what the psychiatrist prescribed to that boy, some medication like Luminal. I can notice a significant deterioration of his health condition each subsequent time I see this boy. And that is the result of the decision of his mother, the society and the doctor to deprive him of the right to his sexual life. I don’t know what medication was administered in his case”. [A parent of a person with a disability, Tbilisi]

“It isn’t the best experience actually; it’s the worst, I would say; I personally would not wish that experience on my older son, I mean getting the first experience from a sex worker. But it is better than giving some medications to suppress his sexual desires. Unfortunately, the cases of giving adolescents with disabilities these medications significantly outnumber the cases of using a service of sex workers”. [A parent of a person with a disability, Tbilisi]

2.8.2. Recommendations of Parents of Children and Adolescents with Disabilities

According to parents of children with disabilities, the number one priority for them is obtaining relevant information on the following issues:

- Sexual and reproductive health (SRH), in general;
- Peculiarities of sexual and reproductive health (SRH) of persons with specific disabilities;
- Correct techniques and terminology for informing children of these issues.

“First we have to be relevantly informed to be able to teach our children; and this doesn’t only concern us - parents of children with disabilities, but it will be useful for parents of children with typical development as well”. [A parent of a person with a disability, Kakheti]

“Some novel approaches developed and offered by Health Authorities would be very helpful; there are some outdated programmes but they are no longer relevant”. [A parent of a person with a disability, Kakheti]

According to parents of children with disabilities, it would be effective to broadcast short videos on various issues on television, as well as to offer some TV programmes, where doctors would explain in details a number of issues, such as various infections, etc. Parents believe that such information will be of educational value and quite useful for them as well as for the general public.

“There should be very short videos which will help parents understand what to do and how”. [A parent of a person with a disability, Imereti]

“Information on menstrual cycle is essential, but there are some other issues that need to be considered, some TV programmes should be organized for example on most relevant issues such as human papillomavirus (HPV), for example, where doctors will be invited to talk about these issues”. [A parent of a person with a disability, Imereti]

“There should be some efforts to raise public awareness of the fact that these people can actually have their future. I feel encouraged when I watch some stories of people with disabilities getting married and so on, on social networks, but it’s so strange for our reality...” [A parent of a person with a disability, Tbilisi]

Appendix 1: Focus Group Discussions - A Guide

Focus Group Discussions with the participation of the Parents and/or Guardians of Children and Adolescents with Disabilities

Parenthood/guardianship of persons with disability. Needs of children/adolescents with disabilities

1. What comes to your mind when you hear the term “persons with disabilities”? What kind of people belong to the category? What types of disabilities are there?
2. What are the expectations related to persons with disabilities in the society? What is the attitude of the society towards persons with disabilities today?
3. Based on your experience, is the childhood or adolescence of persons with disabilities different from that of persons with typical development? What are the main challenges facing children/ adolescents with disabilities and their parents today?
4. What is it like to be a parent/guardian of a child with a disability? Has the situation (attitudes) changed in this regard compared to previous years? Please specify
5. What special needs do your children/adolescents have?

What does sexual and reproductive health (SRH) mean?

6. What comes to your mind when you hear the terms “sexual health” and “sexual life”? What do the terms mean? Please specify
7. What comes to your mind when you hear the terms “reproductive health” and “reproductive behaviour”? What do the terms mean? Please specify
8. What special needs does your child/adolescent have with regard to sexual and reproductive health (SRH)?
9. What information do you have about sexual and reproductive rights?
10. Do you know whether there are any codes/laws which regulate sexual and reproductive rights? Can you name the documents you have heard of?
11. Who is responsible for the protection of the rights to sexual and reproductive health (SRH)?
12. Based on your experience or according to the information you possess, to what extent are sexual rights of persons with disabilities protected?
13. To what extent are reproductive rights of persons with disabilities protected?

Parental involvement in the issues related to sexual and reproductive health (SRH) of children/adolescents with disabilities

14. To what extent are you involved in ensuring health and physical well-being of your child/ adolescent with a disability?
15. To what extent are you involved in managing the issues related to sexual and reproductive health (SRH) of your child/adolescent with a disability?
16. To what extent are you involved in ensuring the mental health and psycho-social well-being of your child/adolescent with a disability?

17. To what extent are parents/guardians involved in protecting children/adolescents with disabilities from violence, humiliation, abuse, and exploitation?
18. In general, what challenges do parents/guardians face in raising, assisting, and counselling children/adolescents with disabilities?
19. How do you and other parents/guardians of children/adolescents with disabilities try to overcome these challenges?

Services, programmes and structures related to reproductive health

20. According to the information you possess, are there any services or programmes related to sexual and reproductive health (SRH) available in the country? Which of the services or programmes have you heard of?
21. Are the sexual and reproductive health (SRH) services available for your children?
22. Are the sexual and reproductive health (SRH) services/programmes available for all the women with disabilities? To what extent are these services tailored to the needs of women with disabilities/ to the needs of your child? Please specify
23. To what extent are primary health care services tailored to the needs of children/adolescents with disabilities? What services have you heard of? How often do you receive these services?
24. Do you (your child or a child/adolescent under your guardianship) get any support from or have access to any services/programmes/projects related to sexual and reproductive health (SRH)? Which services are you receiving or which projects are you currently involved in? Please tell us about your experience
25. What do you know about the programme of human papillomavirus (HPV) vaccination for adolescents (antiviral vaccine/prevention of oncological diseases)? What information do you have about the services (financial/territorial availability)? Have you ever received the services?
26. If you do not receive the services/are not involved in the programmes: why are not you involved?
27. If you receive the services/are involved in the programmes: How are you involved in the programs/projects?
28. How would you evaluate the quality of the service? How does the service help your child/adolescent?

Recommendations:

29. What kind of support do you need to be informed about the issues related to sexual and reproductive health (SRH) of your child with a disability or a child/adolescent with a disability under your guardianship?
30. What are your recommendations regarding the programmes, projects and/or services working on the issues of sexual and reproductive health (SRH), in order for them to attract more participants and beneficiaries?
31. What advice would you give to parents of other children/adolescents with disabilities who have certain concerns regarding sexual and reproductive health (SRH) of their children/adolescents?

Focus Group Discussions with the participation of Women with Disabilities

What does sexual and reproductive health (SRH) mean?

1. What comes to your mind when you hear the term “persons with disabilities”? What kind of people belong to the category? What types of disabilities are there?
2. What are the expectations related to persons with disabilities in the society? What is the attitude of the society towards persons with disabilities today?
3. What comes to your mind when you hear the terms “sexual health” and “sexual life”? What do the terms mean? Please specify
4. Sexual health involves several issues. In your opinion, what issues are meant by this topic?
5. What comes to your mind when you hear the terms “reproductive health” and “reproductive behaviour”? Please specify
6. Reproductive health involves several issues. In your opinion, what issues are meant by this topic?

Sexual and reproductive rights:

7. What information do you have about sexual and reproductive rights?
8. Do you know whether there are any codes/laws which regulate sexual and reproductive rights? Can you name the documents you have heard of?
9. Who is responsible for the protection of the rights to sexual and reproductive health (SRH)?
10. Let’s discuss sexual rights and reproductive rights separately, which of the following rights have you heard of?

Sexual rights

- The right to equality, the right to equality before the law and freedom from all forms of discrimination on any ground such as sex, gender identity or sexuality
- The right to participation, regardless of sex, sexuality or gender identity (participation in public and political life, participation in efforts to change social attitudes, influence decisions that affect person’s well-being, etc.)
- Rights to life, liberty, security and bodily integrity (not to be subjected to torture or to cruel, inhuman or degrading treatment, protection from a threat to person’s life to protect the family reputation, to inflict harm on a person because of his/her sexual behaviour, protection from sexual violence, protection from being forced to have a child)
- The right to respect for private and family life (Including the right to sexual independence - to make decisions for oneself without the interference of others; confidentiality of information on sexual health services, including HIV status)
- The right to personal independence the right to recognition before the law (protection against the threat of trafficking, protection against compulsory medical treatment, also, protection against any pressure for the purpose of covering or disclosing a person’s sex, age, gender, gender identity or sexual orientation)

- The right to freedom of thought, opinion and expression; freedom of association (the right to express one's sexuality at one's own discretion, without the limitations set by any dominant cultural views; the right to determine one's own sexuality and to express oneself without fear)
- The right to health and the right to share in scientific advancement and its benefits (the right to the highest attainable standard of health, the right to demand safe sexual contact or protection against unwanted pregnancy)
- The right to education and information (the right to sexuality education)
- The right to marry and to found a family and the right to family planning, having children, the right to choose the ways of having children and spacing of children
- Right to compensation and liability (the right to judicial remedy) (have access to the information that will help in case of violation of sexual rights; have access to appropriate protection mechanisms)

Reproductive rights

- A woman's health/life should not be at risk due to pregnancy, gender or insufficient information and lack of access to health services
- No woman should be forced to become pregnant, be sterilized, or terminate a pregnancy
- No woman should be discriminated against because of her sexuality or reproductive choice
- Services related to sexuality and reproductive health should be confidential (confidentiality refers to both the place where the client receive the service and the client's personal information)
- Every woman should have access to complete information - about the benefits, risks and effectiveness of fertility regulation methods
- Women have the right to decide for themselves whether to marry or not
- Women have the right to decide whether to have children or not and when to have their children
- Women have the right to receive modern and safe medical care
- Women have the right to protection from sexual or other forms of violence
 - ✓ What does this right mean? What is meant by the right to equality?
 - ✓ To what extent is this right protected in Georgia?
 - ✓ To what extent are the sexual rights of persons with disabilities protected?
 - ✓ To what extent are the reproductive rights of persons with disabilities protected?
 - ✓ In your opinion, what is the general situation regarding violence against women (including persons with disabilities) like today?
 - ✓ Where possible, give examples from your own experience or the experiences of other women with disabilities you know
 - ✓ What are the harmful traditions in the society that infringe women's freedom and their freedom of choice?

Sexual and reproductive needs:

11. What are the issues/topics related to sexual and reproductive health (SRH) which you are well aware of?
12. What are the issues/topics related to sexual and reproductive health (SRH) which you are not quite aware of?

Sexual health

- Menstrual cycle
- Sexual life
- Hygiene and sexual intercourse
- Biological structure of the body; the age of puberty and accompanying changes
- Safe Sexual Relationships; Sexually Transmitted Diseases; Health
- Contraception

Reproductive health

- Childbearing
 - Pregnancy and child care
 - Maternal and child health
 - Contraception and family planning?
 - Fertility /infertility
 - Safe abortion (termination of pregnancy)
 - Human papillomavirus (HPV) (vaccination against the virus)
 - Breast cancer
 - cervical cancer
13. Where do you get information about these issues? What sources do you use?
 14. How involved are you in discussing sexual and reproductive health (SRH) issues?
 15. In general, what challenges do women with disabilities face with regard to processes associated with sexual and reproductive health (SRH)? (For example, relevant information is not available, attitudes displayed by the society is unacceptable, medical services are not available, etc.)
 16. How do you and other persons with disabilities in your community try to overcome these challenges?

Perception of sexuality of women with disabilities and their experience in this regard

17. What myths/stigmas exist in society regarding the sexual life of persons/women with disabilities? What is your attitude towards these myths? How do you deal with these myths?
18. How does the disability affect your sexual life? Please describe it with specific examples
19. What is your sexual life like? How would you describe it? How do you feel about it?
20. Do you have a partner? How would you describe your relationship with your partner? How easy is it for you to discuss your sexuality with your partner?
21. Is there anything you would like to learn about your sexuality? What additional information do you want to have?

Services, programmes and structures related to reproductive health

22. According to the information you possess, are there any services or programmes related to sexual and reproductive health (SRH) available in the country? Which of the services or programmes have you heard of?
23. Are the sexual and reproductive health (SRH) services available for you?
24. Are the sexual and reproductive health (SRH) services/programmes available for all the women with disabilities? To what extent are these services tailored to the needs of women with disabilities? Please specify
25. Do you get any support from or have access to any services/programmes/projects related to sexual and reproductive health (SRH)? Which services are you receiving or which projects are you currently involved in? Please tell us about your experience

26. *If you do not receive the services/are not involved in the programmes: why are not you involved?*
27. *If you receive the services/are involved in the programmes: How are you involved in the programs/projects?*
28. How would you evaluate the quality of the service? How does the service help you as a person with a disability?

Recommendations:

29. What kind of support do you need to be informed about the issues related to sexual and reproductive health (SRH)?
30. What are your recommendations regarding the programmes, projects and/or services working on the issues of sexual and reproductive health (SRH), in order for them to attract more participants and beneficiaries?
31. What advice would you give to women with disabilities who have certain concerns regarding sexual and reproductive health (SRH)?

Appendix 2: In-Depth Interviews - A Guide

In-depth Interviews with Policy Makers, Representatives of NGOs and Service Providers

Needs of young people and women with disabilities:

1. What do you mean when you use the term “reproductive health”? What does the term denote?
2. What do you mean when you use the term “sexual health”? What does the term denote?
3. What are some challenges faced by young people with disabilities in our country? What are some challenges faced by women with disabilities with regard to sexual health in our country?
4. What difficulties do young people with disabilities face with regard to sexual and reproductive health (SRH)? What is their major problem in this regard?
5. Are there ways or means of solving the problems you have mentioned in our country today?
6. Please specify what kind of problems might people have to be considered young people with disabilities? What age group do they belong? What category do they belong? What are their needs?

Legislation and Policy [skip if the respondent has no information about or experience in this issue]

7. What kind of legal policies regarding the reproductive and sexual rights of young people and women with disabilities are there in our country?
8. What does the right mean? What is meant by the right to equality?
9. To what extent is this right protected in Georgia?
10. To what extent are the sexual rights of persons with disabilities protected?
11. To what extent are the reproductive rights of persons with disabilities protected?
12. In your opinion, what is the general situation regarding violence against women (including persons with disabilities) like today?
13. Where possible, give examples from your own experience or the experiences of other women with disabilities you know
14. What are the harmful traditions in the society that infringe women’s freedom and their freedom of choice?

State services

Projects and programmes implemented by the non-governmental sector

15. In general, what services/programmes related to sexual and reproductive health (SRH) are available today? Are there services related to family planning and safe abortion among these services?
16. Can you describe any state service/package/NGO service promoting the reproductive health of persons with disabilities?
17. Are these services available?

18. Can you name an approximate number of young people and women with disabilities who have access to these services?
19. Who are the services intended for? Do the services support young people with disabilities? Do the services support women with disabilities?

Specifically, which target group are the services you mentioned intended for?

20. Is fairness ensured when selecting a target group? What types of vulnerable groups do these services support? What are the criteria for selecting members?
21. Do you think that the coverage of the services is sufficient? Are young people/adolescents and women with disabilities involved in the creation, implementation and monitoring of reproductive health services?
22. Do you think that these services take into account the cultural and age differences and gender characteristics of people with disabilities? Do you think these services are acceptable for all of the groups?
23. How effective are these services for young people and women with disabilities?

Ask further questions:

24. Coordination and Management:

- Do different ministries cooperate in the direction of providing the services related to reproductive health to persons with disabilities?
- Do the non-governmental sector and members of civil society approve of these services/ programs/projects?
- Do these services/programs/projects overlap? Are they implemented/provided simultaneously and serve different purposes or are they integrated? Please specify
- Do representatives of governmental and non-governmental sectors cooperate while providing services and implementing programmes and projects? Can you describe an example of good practice?
- How do the representatives of the state and non-state sectors work together to address the reproductive health needs of persons with disabilities? What challenges do they face while working together?

25. Is there any programme or service which you think is working well (i.e. achieves its objectives and meets expectations)?

Recommendations:

26. How should barriers to reproductive health for young people and women with disabilities be overcome? What are concrete steps that should be made in this direction?
27. What improvements do the services and programmes need for them to become more effective for persons with disabilities?

In-depth Interviews with professionals working on the issues related to and needs for Sexual and Reproductive Health (SRH) among Persons with Disabilities

Studying the needs of young people and women with disabilities

1. What do you mean when you use the term “reproductive health”? What does the term denote?
2. What do you mean when you use the term “sexual health”? What does the term denote?
3. What do you mean when you use the term “persons with disabilities”? What does the term denote? What kind of people belong to the category?
4. What are some rights that young people with disabilities enjoy today with regard to sexual and reproductive rights?
 - What does the right mean? What is meant by the right to equality?
 - To what extent is this right protected in Georgia?
 - To what extent are the sexual rights of persons with disabilities protected?
 - To what extent are the reproductive rights of persons with disabilities protected?
 - In your opinion, what is the general situation regarding violence against women (including persons with disabilities) like today?
 - Where possible, give examples from your own experience or the experiences of other women with disabilities you know
 - What are the harmful traditions in the society that infringe women’s freedom and their freedom of choice?
5. What are the needs for sexual and reproductive health (SRH) of young people and women with disabilities? What challenges do they face in this regard?
6. Are there any types of stigmas/stereotypes in the society today that hinder the reproductive and sexual health of persons with disabilities? Please specify
7. In your opinion, what challenges do young people with disabilities face with regard to sexual and reproductive health (SRH)? What is their major problem in this regard?
8. Are there ways or means of solving the problems you have mentioned in our country today?
9. In your opinion, who should be responsible for ensuring reproductive health of young people and women with disabilities?

Involvement of parents in the issues concerning young people with disabilities and their role:

10. In your opinion, to what extent should parents/families be involved in the issues related to reproductive and sexual as well as mental health of young people with disabilities?
11. To what extent are parents involved in the reproductive and sexual health issues of their children/young people with disabilities? To what extent are parents involved in the mental and psychological health issues of their children/young people with disabilities?

12. Do parents of persons with disabilities have enough knowledge and skills to be adequately involved in the issues of sexual and reproductive health (SRH) of young people with disabilities? What do they lack?
13. Do parents of young people with disabilities understand their reproductive and sexual rights? If yes, do they respect their children's right to free choice?
14. What do parents do if they do not have appropriate knowledge or experience in this regard?
15. Are there any programmes supporting parents of young people with disabilities in this regard? Have you ever heard of such programmes? Have you ever been involved in such a programme?
16. What are some sources supporting parents of young people with disabilities?

Services and programmes:

17. What official services, programmes and projects are there to help with reproductive and sexual health?
18. Are these services available for women?
19. Are these programmes and projects available for persons with disabilities?
20. Are young people with disabilities interested in these programmes? Where do they get information about such programmes? Do they participate in these programmes? If not, why? Is their participation in these programmes encouraged?
21. How effective are these services and programmes for raising awareness of sexual and reproductive health and rights (SRHR) among persons with disabilities?

Recommendations:

22. What are your recommendations regarding the improvement of the situation of young people and women with disabilities with regard to their sexual and reproductive health (SRH)? What are concrete steps that should be made in this direction?
23. What are your recommendations regarding the programmes, projects and/or services working on the issues of sexual and reproductive health (SRH), in order for them to become more effective for persons with disabilities?

