

REPRODUCTIVE HEALTH OF VISUALLY IMPAIRED WOMEN

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Abstract

Results of numerous studies emphasize insufficient system efficacy in the realization of reproductive rights of women with disabilities. These women usually claim that the services related to this area are often unreachable and inaccessible, that they lack the information on reproductive health in the necessary form, that they encounter stereotypes and prejudices related to their sexuality and their realization in the role of a partner in a relationship and marriage. Visually impaired women are especially sensitive to this topic. Therefore, it often happens that they ignore certain health problems, contact the gynecologist too late, which can lead to late diagnosis. One of the impressions is also that the level of their knowledge about reproductive health increases with the number of their interactions and informal education through mass media.

The aim of this paper is to depict the existing international and national normative frame which regulates the reproductive health of women with disabilities and to emphasize the problems related to the reproductive health of visually impaired women. It will also provide recommendations for amendments of the national normative frame.

Key words: reproductive health, women with disabilities, visually impaired women.

РЕПРОДУКТИВНО ЗДРАВЉЕ ЖЕНА СА ОШТЕЋЕЊЕМ ВИДА

Апстракт

Резултати бројних студија указују на недовољну ефикасност система у остваривању права на бригу о репродуктивном здрављу жена са инвалидитетом. Оне најчешће наводе да су им услуге из овог подручја често недоступне, неприступачне, да им недостају информације о репродуктивном здрављу у одређеном формату, да су присутни стереотипи и предрасуде када је у питању њихова сексуалност и оствари-

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вање у улози партнера у вези и браку. Жене са оштећењем вида су посебно осетљиве на ову тему, тако да се дешава да одређени здравствени проблем игноришу, касно се јаве гинекологу, што доводи до тога да се дијагноза болести често не постави на време. Стиче се и утисак да ниво њиховог знања о репродуктивном здрављу расте са порастом њихових интеракција и неформалном едукацијом путем мас-медија. Циљеви овог рада су: указати на постојећи међународни и национални нормативни оквир који уређује репродуктивно здравље жена са инвалидитетом и скренути пажњу на проблеме у вези са репродуктивним здрављем жена са оштећењем вида. Препоручићемо и одређене допуне нормативног оквира на националном нивоу.

Кључне речи: репродуктивно здравље, жене са инвалидитетом, жене са оштећењем вида.

INTRODUCTION

World Health Organization (hereinafter: WHO) defines reproductive health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (WHO, 2020). Reproductive health involves knowledge in the domains of family planning, reproductive system protection, prevention, diagnostics and treatment, termination of pregnancies, prevention of sexual abuse, and care about the victims (The Institute of Public Health of Serbia). It also implies that people have the possibility for responsible, satisfactory and safe sexual life and the freedom to decide on this aspect of life (Radulović et al., 2004).

However, information on reproductive health is not always available to women with disabilities (hereinafter: WWD) (Badu et al., 2019). When it comes to available forms which are adapted to persons with visual impairment, there is only one primary health care center (hereinafter: PHCC) in Vojvodina which provides a form with reproductive health data written in enlarged letters on the noticeboard of the women health department, whilst other PHCCs do not provide such information. Information in Braille is also lacking (Beker, Baćanović, 2018).

Women with visual impairment (hereinafter: WVI) state that they are confronted with physical and communication barriers, bad health care conditions, overprotection from family members, problems in sexual relations and becoming a mother. This can lead to a feeling known as double vulnerability: both as a woman and as a woman with disability (hereinafter: WWD) (Nicolau, Schraiber & Ayres, 2013). Some members of the so-called typical population think that blind women are not able to follow the trends in appearance, clothing and make-up, that they do not pay enough attention to this aspect, and cannot take care of themselves or become a wife or a mother (Oliveria et al., 2018). In all phases of growing up, WVI need information

and knowledge related to body changes and the necessary care, and especially information related to reproductive health and risk from sexually transmissible diseases (Aval et al., 2019).

For many WWD, having in mind specific conditions of growing up and dependence on the help and support of others, satisfying the need for partnership, sexuality and especially parenthood, becomes unattainable or happens under control of professionals or family members, who undertake the role of a carer. The Convention on the Rights of Persons with Disabilities (hereinafter: CRPD) emphasizes that these persons can and should build partnerships, marriages, families (Lakija & Urbanac, 2007). With regard to protecting women from discrimination, United Nations reacted in 1979, by adopting the *Convention on elimination of all forms of discrimination against women (CEDAW)* (Official gazette SFRJ, no. 11/81). It prescribes the obligation of the contracting states to undertake all appropriate measures for eliminating the discrimination of women, in order to provide *equal rights*, and, thus, also the right to health, including the reproductive right (Article 11 of the CEDAW).

REPRODUCTIVE RIGHT OF WOMEN WITH DISABILITIES

Reproductive rights and freedoms represent a corpus of human rights and freedoms in the sphere of human reproduction. More specifically, “reproductive rights and freedoms provide individuals with the opportunity to exercise their own desires and personal decisions regarding reproductive practices, which implies the right to choose, that is to say, freedom to decide whether, when and how many children they will have, as well as the right to maintain the highest possible standard of sexual and reproductive health” (Bilinović 2015: 359). The reproductive right of women is determined by a considerable number of factors related to a person’s general health, socio-economic factors, family and the environment. Amongst the predictors of good reproductive health protection, the following are listed: a woman’s cultural background, family’s material status, life satisfaction, orderliness and rest, existence of risk factors, valuation of health, attitude towards personal responsibility related to health, trust in physicians (Miljković et al., 2010).

According to some assessments, WWD make one fifth of the female world population (WHO and World Bank, 2011). Due to numerous forms of discrimination related to sex and disability, they are faced with many barriers in maintaining reproductive health (Women Enabled International, 2019; Bundesministerium für Familie, Senioren, Frauen und Jugend, 2004). According to some opinions, WWD are unfit for the role of mothers, are asexual or have excessive sexual needs (European Disability Forum, 2019; World Bank, 2004), they are childish, overprotected and someone else has to take care of them (Oliveira et al., 2013), and they are unable to live with partners (European Disability Forum, 2019). They are treated as sexless and period-less persons (Märzhäuser, 2010).

Barriers that WWD face in the realization of reproductive rights are not necessarily the consequence of disability, but often reflect the lack of social attention and support, legal protection and understanding in general (WHO, UNPF, 2009). Basic forms and manifestations of the denial of rights from the reproductive health area, are: barriers in the access to information on reproductive health, goods and services; substitute decision-making and denial of personal autonomy; discriminatory health care in the area of sexual and reproductive rights; discrimination and stigma related to pregnancy and motherhood (Women Enabled International, 2019). Institutional and architectural barriers are also described, such as the lack of adapted accesses to health care premises, inaccessible toilets, elevators, lack of hydraulic gynecologic tables. There are, also, social, economic and other factors arising from social deprivation and discrimination of WWD (Beker, Baćanović, 2018).

Positive Examples of Policies and Activities Undertaken in the Area of Reproductive Health of Women with Disabilities

When it comes to policies, programs and laws regulating reproductive health of WWDs, most of them are focused, at best, on the prevention of pregnancy, but ignore the fact that a considerable number of women aspire to become a mother and to have children. At worst, they impose forced sterilization, and, in the case of pregnancy, forced abortion (WHO, UNFP, 2009; Center for Reproductive Rights, 2002). Forced contraception and genital mutilation of women are also some of the examples of denying many women and adolescents their rights (European Disability Forum, 2019).

The aforementioned WHO definition of reproductive health relates to reproductive processes and functions in all life cycles, which is a very wide understanding of health and illness, and does not take into consideration only medical aspects, but also life periods – puberty, pregnancy, menopause (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2004). At the 1994 International Conference on Population and Development, the United Nations Population Fund (hereinafter: UNPF), adopted the *Action Program* and invited the national governments to review, at all levels, the needs and rights of persons with disabilities (hereinafter: PWD) and eliminate their discrimination in the spheres of reproductive health, setting households and families. According to the Program, *the needs* related to, among other things, reproductive health, including family planning and sexual health, HIV/AIDS, information, education and communication, should be recognized at all levels (United Nations Population Fund, 1994, Paragraph 6.30).

The Action Program recognizes: *basic right of all couples and individuals to freely and responsibly decide on the number, place, time to have children, information and resources to realize that, right to maintain the highest attainable standard of reproductive health and right to decide on delivery, without discrimination and force* (United Nations Population Fund, 1994, Paragraph 7.3). When it comes to the programming of repro-

ductive health services, all factors that make PWD additionally vulnerable should be taken into consideration: health in all life cycles; mental and psychological needs in the context of reproductive and sexual health; accepting a disability acquired in the later phases of life; urgent health care and recovery; residential care (WHO, UNPF, 2009). It is recommended that, together with national governments, international organizations also act in this area (WHO, UNPF, 2009). The attitude of the United Nations which arises from the Program is clear: the realization of reproductive rights should be provided with all resources, with special emphasis on WWD, in all life cycles. However, it should be emphasized that such programs are *soft-law*, i.e. a kind of recommendations. Conventions, on the other hand, are obligatory for all contracting states, which have the responsibility to implement the Convention provisions through concrete acts and measures.

In support of the conclusions of the Action program, the United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities in 2006, which was ratified in Serbia in 2009 (Official Gazette RS, no. 42/2009). Article 6 of the Convention emphasizes WWD, accenting their double vulnerability, and obliges the contracting states to undertake measures to provide them with full and equal realization and enjoying of all human rights and basic freedoms, guaranteed by CRPD.

CRPD and the CEDAW regulate the issues of equal realization of rights and fight against discrimination of women, i.e. WWDs, in general. They mostly require the contracting states to adopt concrete acts and undertake measures in the realization of these state obligations and guarantees.

Thus, the Austrian Ministry of Health and Women (Bundesministerium für Gesundheit und Frauen) enacted the Action Plan for Women's Health in 2017, encompassing 17 objectives and 40 measures, which are further developed in detail. The Plan is structured in a way that it encompasses all life cycles of women, in line with the aforementioned UN Action Program. Table 1 lists several objectives which are relevant for WWD reproductive health.

For the purpose of improving WWD status, Austria undertook some initiatives at the federal level, as, for example, adopting the *National Action Plan for Disability 2012-2020* (Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz, 2012 (2019), since further measures were necessary to offer the same opportunities to WWDs and others (Bundesministerium für Gesundheit und Frauen, 2017). The Action plan sets the following objectives: to take into consideration gender perspectives in all plans and politics related to disability; to encompass the right to self-determination in all life spheres of WWD (in the sphere of sexuality, as well); to empower WWD in personal rights and access to health institutions (especially gynecologic); to adequately inform WWD and/or their representatives on the need to

visit physicians, at the same time protecting their private and intimate sphere (Bundesministerium für Arbeit, Soziales, Gesundheit und Konsumentenschutz, 2012; 2019).

Table 1

No. of objective	Objective	Measures implementing the objective
4	Sensibilization in institutions for the issues specific for women	1) Train women in residential institutions on their rights and equality for the purpose of increasing their consciousness of the possibility of self-determination and autonomy in deciding 2) Improve competences of counselling, especially related to life situation of WWD
7	Promote positive self-image, for healthy life	1) Provide and practice the development of programs for building self-confidence, sensibilization and informing, related to image of themselves and their bodies 2) Adopt legal regulation supporting the building of positive self-image
9	Promoting and protecting women sexual health	1) Provide an “information offensive” which includes women’s sexual health; Provide broad coverage of counselling services; Develop <i>Online</i> -portals 2) Set interministerial dialog and inclusion of important policy creators related to long-term requests in this area; Make free resources for protection and safe sex available 3) Provide support for implementation and evaluation of regulation on “sexual education” 4) Develop quality criteria for institutions in the area of sexual education 5) Provide crisis intervention, care and control, “safe homes” 6) Develop school systems of support related to gender equality
11	Strengthening women’s mental health	1) Set the request for women’s mental health as the mandatory part of all health and social programs 2) Provide psychiatric and psychological care as the equal part of medical treatment
13	Promoting reproductive health	1) Support women in self-determination of own sexuality (for example, easy access to protection resources); Enable possibility of pregnancy termination 2) Introduce holistic care in pregnancy and delivery 3) Implement guidelines for cesarean section, according to international models 4) Insist on the service of psychological care while searching for solutions in prenatal diagnostics and treatment by assisted reproduction measures

Available at: <https://fgoe.org/sites/fgoe.org/files/inline-files/Aktionsplan-Frauengesundheit.pdf>

*National Response to the Right to Reproductive Health of Women
with Disabilities*

The Republic of Serbia does not have mandatory provisions which specifically regulate measures to support the realization of equal rights of WWD in the field of reproductive health. Some systemic acts, however, provide a general frame for the possibility of further regulation of guaranteed rights.

Law on prevention of discrimination of persons with disabilities (Official Gazette RS. No. 33/2006 and 13/2016) regulates, in general, the ban of discrimination, not specifically tackling women, but regulating the ban of discrimination due to disability, related to using health services (Article 17). This provision regulates that every discrimination of PWD during delivery of health services is considered a severe case of discrimination due to disability.

Strategy for improving the status of persons with disability in the Republic of Serbia (Official Gazette RS. No. 1/2007), as one of the specific objectives (no. 10), emphasizes developing and ensuring equal possibility for WWD for equal and active participation in the community life. The measures planned for realization of this objective are: 1. Develop and ensure the access to necessary and appropriate services; 2. Increase the consciousness of society and PWD of the relations between gender and disability; 3. Provide information on the position of WWD, their social roles and vulnerability related to family violence; 4. Provide information on women human rights (reproductive right) to WWD; 5. Undertake measures for prevention of violence, abuse and exploitation of WWD; 6. Develop and implement programs of psycho-social and legal support to WWD, who suffered violence, abuse and misuse; 7. Provide support to organizations and institutions dealing with prevention of violence towards PWD; 8. Undertake measures and activities for the purpose of increasing knowledge and skills level of WWD for equal and active participation in social life.

These acts are general and twofold: they relate to all PWD (and therefore, in one aspect, to women, as well), and they are not concrete legal provisions obliging to specific act or refraining from act, which would be followed by sanctioning. The mentioned acts need concretization through by-law regulations, programs and plans. The concretization of the prescribed rights through specific instrument has already been undertaken for CRPD, related to persons with mental and intellectual disabilities. The Instrument was developed by WHO in 2018 (WHO, 2018), which endeavored to work on the improvement of the selected standards, together with the national governments.

Most of the comparative legal systems have not gone much further than the national legal system. However, the Austrian Ministry of Health and Women has, for example, undertaken specific steps. These steps could be a

good indicator for Serbia, that the existing regulation represents adequate strategic frame, which should be further elaborated through specific measures, budget and other resources.

PROBLEMS RELATED TO REPRODUCTIVE HEALTH OF WOMEN WITH VISUAL IMPAIRMENT

It is estimated that, in 2010, there were cca. 286 million of persons with visual impairment and 39 million with total blindness, with a considerable increase expected in future (Pascolini & Marriotti, 2012), having in mind that the main causes of visual impairment, cataract, refraction anomalies, glaucoma and diabetes retinopathy, are increasing. According to the data of the International Agency for the Prevention of Blindness, cca. two thirds of all blind and visually impaired persons are women (International Agency for the Prevention of Blindness, 2018), while, according to the assessments of WHO, this number goes to 64% (WHO, Department of Gender, 2002).

Results of some studies emphasize that the knowledge of young people with visual impairment and availability of information on reproductive health and sexually transmittable diseases are quite low (Nicolau, Schraiber & Ayres, 2013), that young WVI are not qualified enough with regard to reproductive health, contraception, prevention of reproductive tract infections, menstrual hygiene (Joshi & Joshi, 2019). In some communities, conversations related to reproductive and sexual rights are still considered taboo. Most young people with visual impairment in African countries have a low level of knowledge on reproductive health and sexual rights, and do not know where to search for medical, legal or social advice. Blind girls, in particular, do not have the knowledge on reproductive health, they very often have low self-respect, problems in mobility, using free time and building carriers. The study *Effect of health educational program for females blinded adolescent students regarding reproductive health* conducted in Cairo on the sample of 71 female persons 10-18 years of age, determined that most information and knowledge on reproductive health were related by mothers and friends. The authors of the study came to the conclusion that more than two thirds of information sources were friends and that they had a prominent role in informing. Topics that deserved special attention in the study were: reproductive health, puberty, sexually transmitted diseases, family planning, period and menstrual hygiene (Abd-El Sattar Ali & Abd-El Aal, 2015). In some countries, WVI can have knowledge and information on reproductive health, but this does not necessarily mean autonomy in deciding or using specific health service related to reproductive system (Badu et al., 2019). The results show that the diagnosis of sexually transmittable diseases comes too late in WVI, which can be related to difficulties in accessing health services, structural barriers, religious commitments, low education level, lack of trust

in the system of data and privacy protection. In a study conducted in Brazil in 2015, it was recorded that older blind women had low level of prevention of sexually transmittable diseases and negative attitudes toward sexual relations (Araújo *et al.*, 2015). The objective of a study conducted in India was to find out the level of knowledge of WVI on health care and access to health services. The authors stated that absence of WVI on gynecology clinics increased their interest in conducting the study and finding out their way to access the information on this topic. Fifteen young women, 19-27 years of age, who visited the gynecologist for the first time, participated in the research. More than half of the women stated that mothers informed them on menstruation and menstrual hygiene, one third found out these facts from peers, and the others stated that this information was given to them by a sister, cousin or teacher. For most of them, spasms and stomach pain were the announcement of menstruation, and warm discharge and the feeling of inanition were the signs of menstruation appearance. Menstrual cycles were regular in all except one participant. Menstrual bleeding ranged from 2 to 5 days and the cycle duration was from 26 to 35 days. All were independent in taking care of their menstrual hygiene. More than half of them reported that they were taught on menstrual hygiene by their mothers and almost a third by their friends. Others reported that their sister, aunt, teacher helped them learn menstrual hygiene. None of them complained of discharge per vaginum or urinary burning or increased urinary frequency. Primary spasmodic dysmenorrhea was reported by 80% of the participants (Joshi & Joshi, 2019). Although there is no reliable data, Kelly and Kapperman think that frequency of infections caused by chlamydia and gonorrhoea, in young WVI, comes at similar percent as in the peers with typical development and that youth with visual impairment enter into sexual relations two to three years later than youth without visual impairment (Kelly & Kapperman, 2012).

Some authors state that additional support to blind and visually impaired women in health care, prevention and treatment system is seldom recognized, and that they are confronted with structural and communication barriers, unpreparedness of professionals and often complicated access to health care and activities focused on reproductive health (Goyal, 2017). Additional complications come with the prejudices that a blind woman does not fit to the contemporary ideal of a pretty woman, that she cannot arouse interest to be a sexual partner, i.e. that, generally, WVI are perceived as less desirable partners. Persons with typical development often believe that it is difficult for these women to be in the role of a partner or a mother, and that their potential to be one is accompanied by numerous problems (Oliveira *et al.*, 2018; Nicolau, Schraiber & Ayres, 2013; Joshi & Joshi, 2019). Compared to men with visual impairment, women are confronted with more difficulties in solving the problems related to sexuality (Bezerra & Pagliuca, 2010). On the other hand, sexual development of adolescents with visual impairment shows the same characteristics as the one of adolescents with typical development.

Blindness does not decrease sexual interest, and blind girls and boys also wish to explore their body and how it sexually functions (Kef & Bos, 2006). Blind girls also try to define their identity and place in society, to discover their own sexuality and to live it in spite of lacking or limited information on the topic and sometimes without good understanding of what is happening to them. Therefore, unplanned pregnancies can often be expected, and their termination, can, potentially jeopardize reproductive health (Bezerra, & Pagliuca, 2010). According to the statements of girl adolescents with visual impairment, most of them do not clearly understand advice they get from their parents. This happens due to the fact that advice is given indirectly, and actually, represents a form of warning about the consequences that can occur from unwanted pregnancy. In such situations, advice is not directly oriented to safe sexual life and care for reproductive health, but is general, diffuse and almost always derives from insufficient knowledge of parents to communicate this information to their daughters (Bezerra & Pagliuca, 2010). However, blind and visually impaired girls have the need to be in the role of a partner in emotional and sexual relations, most of them are interested in gaining knowledge about their bodies, sexual and reproductive health and wish to make autonomous decisions (Oliveira & Pagliuca, 2014).

DISCUSSION AND CONCLUSION

Although laws regulate that blind and visually impaired persons have the right to get information on reproductive health, there are still weaknesses in the implementation of activities ensuring these rights and consistent access to services and prevention programs (Araújo *et al.*, 2015). For the purpose of comprehensive and systematic development of consciousness on the need of maintaining and improvement of reproductive health, it is necessary to provide continuous health education programs and information from accurate sources. Reproductive health, menstrual hygiene, contraception, prevention of reproductive tract infections, represent relevant topics in the education process and should be gradually and systematically introduced at all education levels. It is also recommended that parents are involved in these topics, in order to develop consciousness of the need for care and improvement of reproductive health and prevention of infections and illnesses transmittable through intercourse. Sometimes, the feeling of embarrassment and lack of communication skills lead to situations where children do not want to talk openly with parents on the issues of reproductive and sexual health. Designed and well implemented programs of sexual education, prevention and risky sexual behavior can influence the quality of reproductive health in young WVI.

Despite sensory limitations, blind persons state that television programs with reproductive health topics are very useful for them, that they are an education tool, regardless of the fact that they cannot see the pic-

tures on TV. On the other hand, it is possible to prepare tactile pictures and models and to realistically display reproductive organs and their functioning. Depending on the age and education level, pictures should be gradually made more comprehensive and the information and knowledge level in this area increased. Information prepared in the specific written format, could be of significant use. Apart from the adequate format of information, access to services should be provided, made easier, and adapted, so that WVI can overcome the barriers they are confronted with. All these issues are related to public-health policy and, therefore, represent an obligation of the state and local municipalities.

Young women with disabilities should be made conscious of the significance of regular annual visits to gynecologist during their visits to selected physicians, but also other professionals they are in contact with.

Multisector access is important for the use of reproductive health services and can be achieved through continuous education of all service providers in the system: health and social care professionals, educators, associations of blind and visually impaired persons.

Competent bodies relevant for this public-health issue (ministries, public health institutes, local municipalities, education institutions) should develop and continuously implement the campaign through media, education and other activities.

It is also necessary to allocate resources for the access to reproductive and sexual health services to women with different kinds of disabilities. These resources should be allocated in the budget of the National Health Insurance Fund of the Republic of Serbia, and the state budget. Various auxiliary devices that facilitate the access to services, also require certain financial resources, but, in the end, this makes health care services sustainably accessible.

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РЕПРОДУКТИВНО ЗДРАВЉЕ ЖЕНА СА ОШТЕЋЕЊЕМ ВИДА

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Резиме

У великом броју земаља још увек постоје слабости у обезбеђењу доследног приступа превентивним програмима и услугама из подручја репродуктивног здравља женама са инвалидитетом. Иако и на међународном и на националном нивоу постоји правни оквир за бољи приступ овим услугама, он углавном није довољно правно конкретизован, а самим тим је и недовољно примењен у пракси. Додатна подршка женама са оштећењем вида у систему здравствене заштите, превенцији и систему лечења ретко је препозната, те је њихово одсуство на гинеколошким клиникама у значајној мери подигло интересовање удружења слепих и слабовидих, као и теретичара, око тога како оне приступају информацијама и услугама из домена репродуктивног здравља. Познато је да се често сусрећу са структуралним и комуникативним баријерама, неспремношћу професионалаца и често компликованом приступу здравственој нези и акцијама усмереним на репродуктивно здравље. Са друге стране, сексуални развој адолесцената са оштећењем вида показује исте карактеристике развоја као код адолесцената типичног развоја. Слепе девојке, као и девојке без оштећења вида, покушавају да дефинишу свој идентитет и место у друштву, да открију сопствену сексуалност и да је доживе. У томе их често онемогућују или ограничавају недостајуће или недовољне информације о теми, па самим тим и лоше разумевање онога што им се дешава. Девојке са оштећењем вида такође имају потребу за остваривањем у партнерској улози, емоционалном и сексуалном повезаношћу, заинтересоване су да стекну знање о свом телу, сексуалном и репродуктивном здрављу.

У спроведеним студијама истакнута је потреба да се женама са оштећењем вида континуирано обезбеђују информације о приступу услугама репродуктивног здравља. Препорука је и да се током посета изабраним лекарима и другим професионалцима са којима су ове жене често у контакту указује на значај редовних годишњих посета гинекологу. Оснаживања мултисекторског приступа овом питању је такође значајно и препознато кроз непрестано подучавање свих пружалаца услуга у систему: здравствених радника, стручних радника у социјалној заштити, просветних радника, организација савеза слепих и слабовидих.

Надлежна тела релевантна за ово питање треба да се посвете питању заштите репродуктивног и сексуалног здравља жена са инвалидитетом, као и борби против дискриминације ових жена, те да осмисле и спроведе кампању кроз медије, предавања и на други начин, на ову тему. Поред тога, потребно је у јавним буџетима обезбедити средства за посебан приступ услугама заштите репродуктивног здравља женама са инвалидитетом. И, на крају, али не и мање битно, ове мере би требало прилагодити свакој групи жена са инвалидитетом, с обзиром на врсту инвалидитета, те информације и олакшани приступ услугама адаптирати на начин којим се превазилазе конкретне препреке на које оне наилазе.