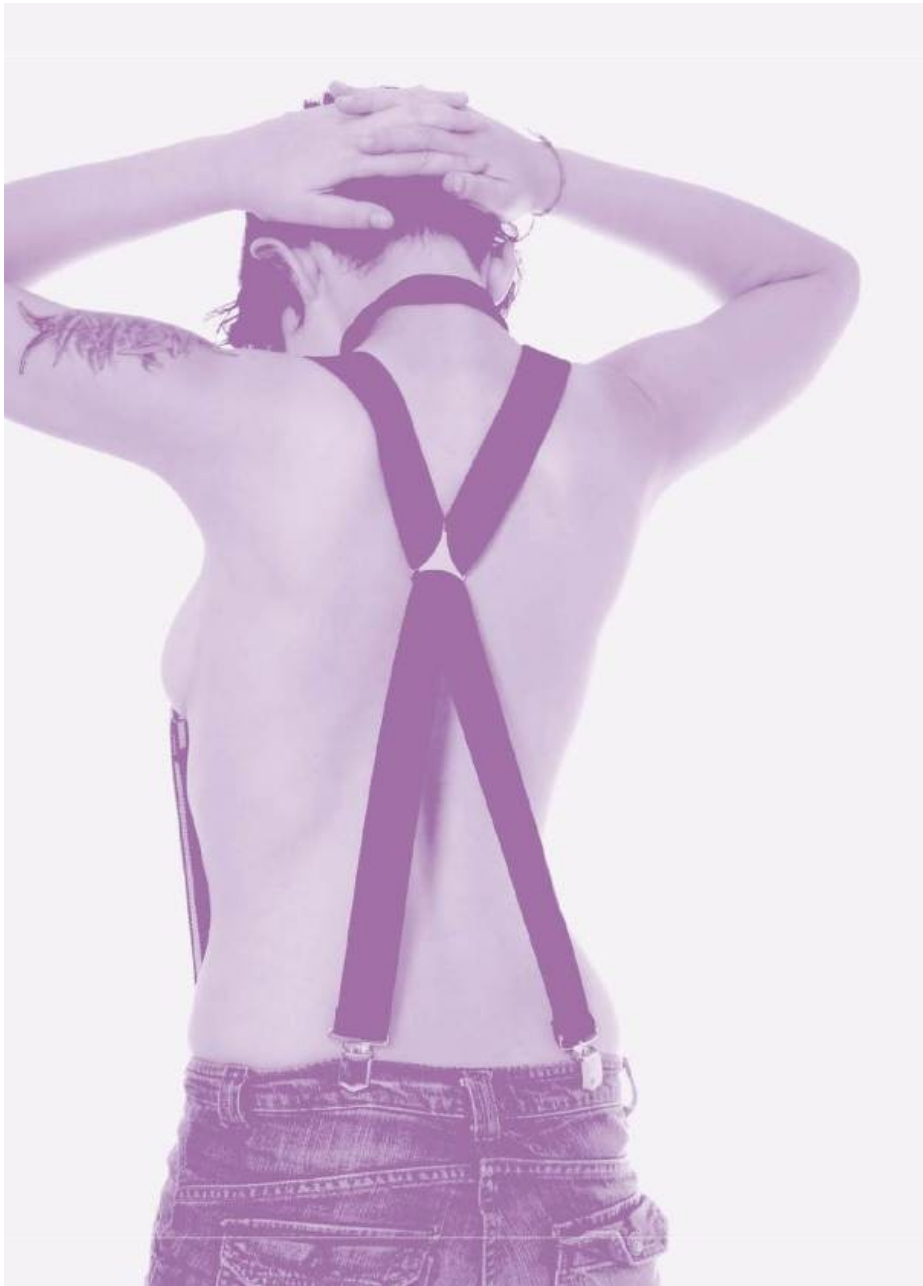


# Women With Disabilities and the Human Right to Health

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Women  
With  
Disabilities  
Australia  
(WWDA)



# Real health experiences of women with disabilities

*“It [sterilisation] has resulted in loss of my identity as a woman, as a sexual being.”*

*“Women’s refuges won’t take us because we have disabilities.”*

*“Pregnancy and parenting is seen as controversial: “If you can’t look after yourself, having a baby is irresponsible!”*

*“There’s a perception that because you have a disability you do not require a pap smear or a breast examination.”*

# Women with disabilities in Australia

There are more than 2 million of us in Australia.

Compared to other women, we are:

- less likely to be in paid work;
- in the lowest income bracket;
- spend more on medical & health related expenses;
- less likely to receive appropriate health services;
- more likely to experience violence, sexual assault, abuse & neglect;
- more likely to face medical interventions to control our fertility;
- over represented in public housing and more likely to be institutionalised.



Women  
With  
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The vision of Women With Disabilities Australia (WWDA) is to improve the lives and life chances of women with disabilities.

[www.wwda.org.au](http://www.wwda.org.au)

# Women With Disabilities Australia (WWDA)

- Is the national peak body for women with all types of disabilities.
- Uses a rights based framework which links gender and disability issues to civil, political, economic, social and cultural rights.
- Members have identified the right to health as a priority issue of concern.

# What is the 'Human Right to Health'?

- Is a fundamental human right.
- Is a state of complete physical, mental, & social wellbeing.
- Not merely the absence of disease or infirmity.
- Encompasses both freedoms & entitlements.
- **Freedoms include:**
  - right to control one's health and body
  - right to participate in decisions about one's health
  - right to be free from interference, such as non-consensual medical treatment.
- **Entitlements include:**
  - adequate supply of safe food, nutrition & housing
  - healthy occupational & environmental conditions
  - access to health-related education & information.

# Women with disabilities' right to health: Australia's obligations

- Key international human rights treaties ratified by Australia recognise the right to health.
- Australia has international commitment to achieve better health for women with disabilities.
- Most authoritative interpretation of the right to health is in Article 12 of the **International Covenant on Economic, Social and Cultural Rights (CESCR)**, ratified by Australia in 1975.
- Access to health care is a basic right under the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, ratified by Australia in 1983.
- The **Convention on the Rights of Persons with Disabilities (CRPD)**, ratified by Australia in 2007, clearly articulates Australia's obligations to women with disabilities' right to health.

# The denial of our right to health

## Examples include:

- forced sterilisation, menstrual suppression, coerced abortion
- alarmingly high rates of all forms of violence
- denied the right to have sexual relationships and to have a family
- serious violations of the right to adequate housing
- severe poverty & un/under employment
- high level of unmet need for services and support
- excluded or ignored in health care programs and services
- social isolation and segregation
- marginalised, excluded or ignored in decision-making processes which affect our lives

# Effective realisation of women with disabilities' right to health

States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms. (CRPD Article 6)





# Realising women with disabilities' right to health – Policy Priorities

## Accountability

- Examine and redress the violations of human rights experienced by women with disabilities – eg: compensation for women & girls who have been sterilised without their consent; Public Inquiries into abuse in institutions; removal of babies/children.

## Legislation

- Review, evaluate and revise legislation that enables the violations of women with disabilities human rights and where necessary, create legislation to protect against violations – eg: sterilisation of minors; domestic violence; removal of babies/children.

## National Health Policies

- Apply principles of gender equity and health equity to policies that address the social determinants of health.
- Prioritise women with disabilities in the new NWHP.

# **Realising women with disabilities' right to health – Policy Priorities**

## **National Women's Health Screening Programs**

- Include women with disabilities in the National Breast Cancer & National Cervical Cancer Screening Programs – eg: prioritise as a target group; collect data on their participation rates.

## **National Violence Prevention Policies & Programs**

- Prioritise women with disabilities in the National Plan to Reduce Violence Against Women and their Children – eg: research and data collection on incidence & prevalence; policies, procedures & protocols to aid in the early identification of violence.

## **National Housing Policies & Programs**

- Address lack of access to adequate, safe & secure housing, including crisis accommodation – eg: implement a national audit of crisis accommodation services to determine levels of accessibility.

# Realising women with disabilities' right to health – Policy Priorities

## Employment Policies & Programs

- Address discrimination of women with disabilities in employment – eg: collect relevant information on their workforce participation; de-link disability-related supports and services from income support programs.

## Service System Issues

- Address the discrimination, inequalities and inequity in access to health services and systems – eg: enact legislation & develop policies to require health services to be accessible, available, acceptable and of good quality.

## Participation in Health Related Decision-making

- Develop the institutional mechanisms to ensure that the participation of women with disabilities takes place in health policy & planning, including the planning, management, delivery & evaluation of health & related services.

# Realising women with disabilities' right to health – Policy Priorities

## Data Collection & Research

- Address the invisibility & marginalisation of women with disabilities in health systems & services – eg: disaggregate data by gender & disability; fund research priorities identified by WWDA.

## Training of health workers

- Ensure that health workers are trained to recognise & respond to the specific needs of women with disabilities – eg: develop guidelines on compliance with relevant human rights treaties; make accreditation of medical, nursing & allied health training contingent on disability & human rights curriculum components.

## Empowerment of women with disabilities

- Create the conditions & structures that empower women with disabilities socially, economically & politically – eg: support and strengthen the role of their organisations, groups and networks.

# Conclusion

- Australia has an international commitment to respect, protect and fulfil women with disabilities right to health.
- This isn't a "feel good option" but a mandatory requirement – Why isn't this happening?
- Australia has an obligation to take positive action to reduce structural disadvantages and to give appropriate preferential treatment to women with disabilities.
- This invariably means that additional resources will need to be made available for this purpose and that a wide range of specially tailored measures will be required.

**For further information contact:**



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