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Sexuality of women with mobility impairments

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Abstract

Sexuality is a complex and personal aspect of a woman's life and it is not determined by mobility abilities or disabilities. Women with mobility impairments, like anyone else, have diverse interests and orientations when it comes to their sexuality, and undoubtedly have needs for intimacy and relationships. However, there can be unique challenges that these women may face. These challenges can include physical barriers, lack of accessibility, and societal attitudes. Some women with mobility impairments may require adaptive equipment or techniques to engage in sexual activities comfortably and safely. It is important to acknowledge and respect their desires and preferences and ensure that their sexual rights and autonomy are upheld. Support and open communication are essential for women with mobility impairments to have fulfilling and satisfying sexual lives. This includes discussing desires, boundaries, and any necessary accommodations with partners and healthcare professionals. Additionally, educating society about the importance of inclusivity, accessibility, and respectful attitudes towards women with disabilities is crucial. By promoting research, education, and inclusive sexual healthcare services, healthcare providers can empower these women to explore and embrace their sexuality, leading to enhanced quality of life and overall well-being.

Keywords: Sexuality; Sexual health; Women; Mobility impairments; Physical disabilities; Healthcare professionals

1. Introduction

Globally, one in five women live with a disability [1] while women in the United States suffering from mobility impairments number more than 12 million, or 8 percent of the civilian, non-institutionalized population [2]. The World Health Organization (WHO) defines an 'impairment' as a problem in structure or bodily function; an 'activity limitation' as a difficulty encountered by an individual during the execution of a task or action; and 'participation restriction' as a problem experienced by an individual in various situations throughout life [3].

A woman's sexuality is a deeply personal aspect of her identity and it is not determined by her mobility abilities or disabilities [4]. However, the sexuality of women with mobility impairments is a diverse and complex topic. It is essential to recognize that women with mobility impairments have the same range of sexual desires, interests, experiences and orientations as anyone else [5, 6]. Nevertheless, societal attitudes and misconceptions about disability can often create barriers and challenges that may affect their experiences and perceptions of their own sexuality.

A recent study investigated people with disabilities and reported that those in wheelchairs were less likely to practice sexual intercourse compared to people with vision disabilities [7], possibly because those who are in wheelchairs may not physically attract partners. Similar surveys cannot answer the issue of causality, but they can demonstrate the need for healthcare professionals to focus on the sexual health of women with mobility disabilities. Healthcare providers should keep up to date with the latest research and optimal practices on the sexual health of people with mobility disabilities and offer tailored counseling in order to support each woman's unique needs. It is essential to recognize and

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respect the diversity of human sexuality and not make assumptions or stereotypes based on someone's disability. Mobility impairment does not diminish a woman's capacity for intimacy, love or sexual expression [8].

This review aims to shed light on the nuanced topic of the sexuality of women with mobility impairments and present updated data. It delves into the multifaceted aspects that influence their sexual experiences, challenges faced, and potential interventions to promote a healthy and fulfilling sexual life. The article acknowledges the importance of addressing this neglected area of research and emphasizes the need for inclusive and comprehensive sexual healthcare for women with mobility impairments.

2. Dimensions of sexuality in women with mobility impairments

Sexuality is a fundamental aspect of human existence, encompassing biological, psychological, and social dimensions [9, 10]. However, the sexuality of women with mobility impairments has often been overlooked or stigmatized, resulting in limited research and inadequate support systems [11]. To bridge this knowledge gap and promote a more inclusive understanding of their sexual experiences we demonstrate below some key aspects.

2.1. The Bio-psychosocial Model of Sexuality

The bio-psychosocial model refers to the interplay among biological, psychological, and sociocultural factors that influence the sexual function of women [12].

Biological factors, such as physical limitations and alterations in sensation, can have an impact on sexual function [13]. Mobility disorders can affect the range of motion needed for certain sexual activities, while sensory alterations may impair the ability to feel physical pleasure. The challenges of mobility or sensory alterations may involve creative adjustments to sexual life.

Psychological factors encompass body image, self-esteem, and the influence of societal perceptions. A woman's body image and self-esteem are complex psychological determinants that can have a profound impact on the perceived sexuality of disabled females [14]. Body image in the media often conforms to unrealistic standards of attractiveness, which can potentially result in feelings of inadequacy [15, 16]. Psychological counseling and self-acceptance techniques may foster an overall sense of well-being and promote a heal attitude regarding the body and sexuality. Another important psychological factor is the influence of social perceptions. Social stigma and misperceptions can often cause people to experience feelings of shame and fear of being rejected, thus preventing the individual's sexual exploration [17]. Awareness raising and training to challenge these beliefs could enable women to gain self-confidence and accept their sexual identity.

Social factors, including cultural norms, accessibility, and social support, also play a significant role [18]. In some cultures, there may be long-held assumptions that tend to marginalize and further discriminate against the sexuality of persons with disabilities. The advocacy for more encompassing cultural narratives can contribute to removing these impediments. Additionally, accessibility refers to the provision of accessible facilities, adaptive equipment and services for sexual health that can influence women to participate with comfort and safety in sexual activities [19]. Lastly, social support is vital for the individual's sexual health, including women with mobility impairments. Friends, family members, partners and healthcare professionals can offer emotional reassurance, support and counseling, thus alleviating the sense of social isolation and enabling positive sexual experiences [20].

2.2. Sexual Identity and Self-Perception

Women with mobility impairments often face challenges in developing a positive sexual identity and self-perception due to societal attitudes and internalized ableism [21, 22]. This section outlines the impact of disability on the development of sexual self-concept and emphasizes the importance of fostering a positive self-image and creating an inclusive environment that supports the exploration of a woman's sexual identity.

More specifically, some people mistakenly assume that women with mobility impairments are asexual or lack sexual desires. This assumption is incorrect and can contribute to the erasure and invalidation of their sexuality [23]. Women with mobility impairments, like all individuals, can have diverse sexual orientations, including heterosexual, homosexual, bisexual, or any other orientation, as disability does not affect sexual orientation. Additionally, some women may perceive their sexual preferences and expectations as being minimally affected by their disability, while others may experience certain challenges or have unique desires or experiences [24].

The exploration of sexual identity of women with mobility impairments can be supported by sexual health educational programs. Expert advice and open discussions in a peer support group may enhance a woman's ability to explore her sexual journey in greater depth and encourage her to establish a healthy and integrated sexual self-concept [24].

2.3. Sexual Function and Pleasure

Mobility impairments may affect sexual function and pleasure through limitations in movement, altered sensation and potential co-morbidities [25, 26]. This section explores the impact on sexual response, which includes desire, arousal, orgasm and resolution as well as the potential for pain or discomfort. It highlights also the need for tailored interventions, such as assistive devices, adaptive positions and communication strategies, to enhance sexual function and promote pleasure.

Mobility limitations can influence the ability to participate in sexual activities, which may change the woman's way of experiencing desire and arousal. Altered sensation and motor control may also impair arousal and orgasm [27, 28]. Physical pain, weakness, tiredness or dysphoria may be the result of certain disabilities that may influence the woman's ability to engage in sexual activities and experience pleasure [27]. Additionally, psychological aspects play an important role in achieving orgasm. Therefore, open communication with both partners and healthcare professionals may be helpful in identifying techniques to improve sexual arousal. Partners could share their preferences and boundaries, communicate their personal needs, exploring new ways of intimacy. It is essential to establish clear communication and mutual consent to secure an enjoyable and respectful sexual experience [29]. In collaboration with healthcare professionals who have expertise in disability and sexual health, the approach might include medication adjustments or use of analgesics and the provision of adaptive techniques, accommodations, or assistive devices in order to participate in sexual activities comfortably and safely.

2.4. Intimacy, Relationships, and Social Support

Building and maintaining intimate relationships can be challenging for women with mobility impairments. This section examines the impact of disability on dating, relationship formation, and sexual communication. It emphasizes the importance of accessible environments, open communication, and supportive relationships to foster intimacy and emotional well-being [30, 31].

Society often perpetuates stereotypes that portray women with disabilities as undesirable or incapable of having fulfilling relationships and sexual experiences. These harmful stereotypes can lead to isolation, discrimination, and a lack of education and resources related to sexual health and relationships. Social misconceptions about disability can lead to partners' concerns about public perceptions of the relationship [31]. Education campaigns that enhance empowerment, challenge stigmatization and provide practical instructions on the dynamics of appointments and relationships for people with disabilities are therefore required. Such campaigns have the potential to help dismantle misconceptions and foster positive approaches to social relationships [30].

Building accessible environments is essential to encourage close relationships. All public places and transport should be accessibility-oriented for disabled people, to ensure that every individual can enjoy social events, activities and dating without facing barriers; thereby promoting a sense of belonging and overcoming technical constraints [30, 32].

Open communication between partners will help relieve stress and promote two-way understanding, which encourages more satisfying relationships. Supportive relationships can provide a secure environment for addressing worries and fears, sharing pleasures and obtaining reassurance. Intimacy, trust and empathy are important elements that contribute to women's emotional well-being [30].

3. Barriers to Sexual Healthcare

Women with mobility impairments often face barriers in accessing sexual healthcare services, including healthcare provider biases, lack of training and adaptive equipment, and physical inaccessibility [32]. This section discusses the importance of overcoming these barriers by enhancing healthcare provider education, improving accessibility, and creating inclusive sexual healthcare services.

Healthcare provider biases may impede the overall quality of healthcare provided to women with mobility impairments. Reflecting on women's capabilities, preferences or needs in a negative way may result in inferior healthcare practices. It is of utmost importance healthcare professionals' preconceptions to be identified and help them gain a better insight into the specific needs of women with mobility impairments through disability-inclusive sexual health education [19, 33]. In this context, it is important for healthcare providers to understand the physical and psychological dimensions of

mobility impairment, consider the consequences for sexual activity and develop comprehensive approaches to provide respectful and integrated health care [28].

Additionally, many healthcare facilities are not equipped to cater for women with mobility impairments. This lack of accessibility may discourage some women from using primary health services such as Pap smear tests, check-ups, screening or sexual health counseling. By providing accessible healthcare facilities and ensuring adaptive equipment, this can greatly enhance women's ability to access the care they need [29]. Cooperation with experts in the sector of accessibility for women with mobility impairments can lead to redesigning services to be more oriented towards the inclusion of disabled people.

Bridging these barriers is crucial for improving the overall health and well-being of mobility disabled women. Having access to sexual health services is a fundamental right that cannot be neglected because of prejudice or structural constraints. Thus, as healthcare providers address these issues, they contribute to enabling women to gain control of their sexual life.

4. Sexual abuse against women with mobility impairments

Sexual abuse against women with mobility impairments is a deeply distressing issue that needs to be addressed with urgency and sensitivity. Women with mobility impairments are often at a higher risk of experiencing various forms of abuse, including sexual abuse, due to factors such as dependence to others for care, communication barriers and social misconceptions and prejudices [34]. Like anyone else, women with mobility impairments have the right to engage in consensual sexual activities [35]. Clear communication and consent are crucial in all sexual interactions and it is important that the autonomy and choices of women with mobility impairments is respected.

Vulnerability of women with mobility impairments to sexual abuse may be attributed to limited body movements, daily requirement of assistance with routine activities or dependence to others for basic needs [36]. Interpersonal power dynamics is undoubtedly affected and perpetrators usually exploit power imbalances by taking advantage of a disabled woman's vulnerability. Such individuals can be family members, caregivers or others in positions of authority [37]. Some women with mobility impairments may have additional difficulty in communicating. For instance, speech impairment may coexist with mobility impairment, making it rather difficult to report abuse or seek help [38]. Furthermore, social stigma and stereotypes linked to disability may further isolate victims and discourage them from reporting abuse. Considering the above, laws and regulations in each country are critical. Many countries have laws that specifically address and criminalize sexual abuse against individuals with disabilities [39]. However, enforcement can be challenging.

Addressing sexual abuse against women with mobility impairments requires a multi-faceted approach. At first, raising awareness about the vulnerability of this group and educating caregivers, healthcare providers and the general public about signs of abuse is crucial along with providing accessible support services. These may include counseling and legal assistance, tailored to the needs of each disabled woman. Additionally, empowering women with mobility impairments to assert their rights and search for help when needed, is essential. This includes facilitating access to assistive communication devices and support networks. Finally, training and education for caregivers and professionals in the disability and healthcare sectors should include advanced knowledge of how to recognize, address and report abuse against women with mobility impairments with the aim to put perpetrators under the law [38, 39].

It is important to remember that each case is unique and it is essential to approach this issue with empathy, respect for the woman's autonomy and a commitment to ensuring her safety and well-being. Organizations are advocacy groups focused on disability rights and gender equality that can play a significant role in addressing this issue and advocating for policy changes that protect the rights of women with mobility impairments [38, 39].

Lastly, the legislation should protect the rights of women with mobility impairments, through prohibiting sexual harassment and abuse. Laws regarding this topic should be in place and effectively enforced and state explicit measures associated with sexual harassment and abuse [39, 40]. This may include facilities for reporting harassment and mechanisms for the protection of victims. Any such mechanisms should be adapted to meet various communication needs and mobility constraints. Provisions to ensure the privacy and confidentiality of women with mobility impairments who report cases of harassment or abuse should be included in the legislative framework. We consider this particularly important in situations in which caregivers or support workers may intervene. Laws should be periodically evaluated to ensure that they retain their effectiveness and responsiveness to the changing needs and challenges faced by mobility disabled women [40].

5. Promoting Inclusive Sexual Health

This section highlights potential interventions and recommendations in order to promote inclusive sexual health for women with mobility impairments. It emphasizes the importance of comprehensive sexual education, empowerment through self-advocacy, and the involvement of multidisciplinary healthcare teams. Additionally, it encourages further research to better understand the unique experiences and needs of this population. Lastly, emphasis is placed on protecting legally the rights and well-being of women with mobility impairments from sexual harassment, abuse and discrimination.

Healthcare professionals should provide comprehensive sexual education that focuses on a broad range of topics related to anatomy, sexual function, contraception and prevention of sexually transmitted diseases [34, 41]. A variety of different positioning techniques and devices for women with mobility impairments can be described in classes or relevant educational programs [42]. Furthermore, the empowerment of mobility disabled women to defend their sexual life can be accomplished through workshops and online resources that provide self-advocacy guidance. Discussions about their preferences, needs and concerns in peer support groups guided by experts that will encourage them to communicate openly, will promote understanding and facilitate relationship development [43].

The involvement of multidisciplinary healthcare teams that include gynecologists, midwives, physiotherapists, occupational therapists, psychologists, and sociologists among others, can ensure that all aspects of women with mobility impairments, especially women in reproductive age, are taken into account [20]. The collaboration of different healthcare providers can assure that the holistic needs of women with mobility impairments will be addressed to a great extent.

It is critical to encourage and support research that addresses the challenges and needs of women with mobility impairments in the field of sexual health. This research can be useful in identifying barriers to care, effective interventions and sectors where improvements are required. The ultimate goal would be to improve support for this special population and thus promote a more inclusive society in which all can enjoy a healthy and satisfying sexual life, irrespective of mobility abilities [44].

To support the sexuality and well-being of women with mobility impairments, moreover, it is vital to promote inclusivity, accessibility, and respect for their autonomy. This includes providing thorough sexual education, addressing ableism and stereotypes, and ensuring that healthcare professionals are knowledgeable about disability-related sexual health concerns. Lastly, creating inclusive spaces and platforms for discussions about disability and sexuality can help challenge misconceptions and promote understanding and acceptance [19].

6. Conclusion

The sexuality of women with mobility impairments is a complex and multifaceted topic that requires attention from researchers, healthcare providers, and society at large. By acknowledging and addressing the unique challenges faced by this sensitive population, healthcare providers can work towards creating a more inclusive and supportive environment that fosters positive sexual experiences, enhances overall well-being, and promotes sexual empowerment for all women, regardless of their mobility abilities.

In conclusion, it is imperative that healthcare providers of sexual and reproductive health recognize the importance of sexuality in the lives of women with mobility impairments and strive to make them overcome the barriers they face. By promoting research, education, and inclusive sexual healthcare services, healthcare providers can empower women to explore and embrace their sexuality, leading to enhanced quality of life and overall well-being.

Compliance with ethical standards

Disclosure of conflict of interest

The authors declare no conflict of interest.

References

- [1] Browne S. Making the SDGS count for women and girls with disabilities [Internet]. United States of America: United Nations; 2017 [cited 2023 Oct 11 Available from

<https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/10/Making-SDGs-count-for-women-with-disabilities.pdf>

- [2] Census Bureau. American Community Survey: Sex by age by ambulatory difficulty [Internet]. United States of America: United States Government; 2022 [cited 2023 Oct 11]. Available from <https://data.census.gov/table/ACSDT1Y2022.B18105?q=b18105>
- [3] Disabled World. Definitions of disability [Internet]. New York: Independent Health and Disability News and Information Source; 2009 [updated 2021 Aug 8, cited 2023 Oct 11]. Available from <https://disabled-world.com/definitions/disability-definitions.php>
- [4] Guldin A. Self-Claiming Sexuality: Mobility Impaired People and American Culture. *Sex Disabil.* 2000; 18: 233-238.
- [5] Nery-Hurwit MB, Kalpakjian CZ, Kreschmer JM, Quint EH, Ernst S. Development of a Conceptual Framework of Sexual Well-being for Women with Physical Disability. *Womens Health Issues.* 2022; 32(4):376-387.
- [6] Moin V, Duvdevany I, Mazor D. Sexual Identity, Body Image and Life Satisfaction Among Women With and Without Physical Disability. *Sex Disabil.* 2009; 27:83–95.
- [7] Tenaw Z, Gari T, Gebretsadik A. Sexual lives of reproductive-aged people with disabilities in Central Sidama National Regional State, Ethiopia: a mixed-methods study. *BMC Public Health.* 2023; 23(1):1550.
- [8] Iezzoni LI, Mitra M. Transcending the counter-normative: Sexual and reproductive health and persons with disability. *Disabil Health J.* 2017; 10(3):369-370.
- [9] Marini I, Stebnicki MA. *The Psychological and Social Impact of Illness and Disability.* 7th ed. Springer Publishing Company; 2017.
- [10] Brief Sexuality-Related Communication: Recommendations for a Public Health Approach [Internet]. Geneva: World Health Organization; 2015 [cited 2023 Oct 11]. Available from https://www.ncbi.nlm.nih.gov/books/NBK311023/pdf/Bookshelf_NBK311023.pdf
- [11] Ganle JK, Baatiema L, Quansah R, Danso-Appiah A. Barriers facing persons with disability in accessing sexual and reproductive health services in sub-Saharan Africa: A systematic review. *PLoS One.* 2020; 15(10):e0238585.
- [12] Thomas HN, Thurston RC. A biopsychosocial approach to women's sexual function and dysfunction at midlife: A narrative review. *Maturitas.* 2016; 87:49-60.
- [13] Krassioukov A, Elliott S. Neural Control and Physiology of Sexual Function: Effect of Spinal Cord Injury. *Top Spinal Cord Inj Rehabil.* 2017; 23(1):1-10.
- [14] Taleporos G, McCabe MP. Body image and physical disability--personal perspectives. *Soc Sci Med.* 2002; 54(6):971-980.
- [15] Kreuter M, Taft C, Siösteen A, Biering-Sørensen F. Women's sexual functioning and sex life after spinal cord injury. *Spinal Cord.* 2011; 49(1):154-160.
- [16] Julia PE, Othman AS. Barriers to sexual activity: counselling spinal cord injured women in Malaysia. *Spinal Cord.* 2011; 49(7):791-794.
- [17] Carew MT, Dhingra S, Bash-Taqi R, Koroma HK, Fraser T, McLaren M, Groce N. "These attitudes are a pressure": women with disabilities' perceptions of how stigma shapes their sexual health choices [published online ahead of print, 2023 May 29]. *Cult Health Sex.* 2023; 1-15.
- [18] Hall JP, Kurth NK, Goddard KS. Assessing factors associated with social connectedness in adults with mobility disabilities. *Disabil Health J.* 2022; 15(1S):101206.
- [19] Secor-Turner M, McMorris BJ, Scal P. Improving the Sexual Health of Young People With Mobility Impairments: Challenges and Recommendations. *J Pediatr Health Care.* 2017; 31(5):578-587.
- [20] König-Bachmann M, Zenzmaier C, Schildberger B. Health professionals' views on maternity care for women with physical disabilities: a qualitative study. *BMC Health Serv Res.* 2019; 19(1):551.
- [21] Esmail S, Darry K, Walter A, Knupp H. Attitudes and perceptions towards disability and sexuality. *Disabil Rehabil.* 2010; 32(14):1148-55.
- [22] Jóhannsdóttir Á, Egilson SP, Haraldsdóttir F. Implications of internalised ableism for the health and wellbeing of disabled young people. *Sociol Health Illn.* 2022; 44(2):360-376.

- [23] Cuthbert K. You have to be normal to be abnormal: An empirically grounded exploration of the intersection of asexuality and disability. *Sociology*. 2017; 51(2):241-257.
- [24] Shah S. "Disabled People Are Sexual Citizens Too": Supporting Sexual Identity, Well-being, and Safety for Disabled Young People. *Front Educ*. 2017; 2:46.
- [25] Tański W, Dudek K, Tomaszewicz A, Świątoniowska-Lonc N. Sexual Dysfunction and Quality of Life in Patients with Rheumatoid Arthritis. *Int J Environ Res Public Health*. 2022; 19(5):3088.
- [26] Wiegerink D, Roebroek M, Bender J, Stam H, Cohen-Kettenis P; Transition Research Group South West Netherlands. Sexuality of Young Adults with Cerebral Palsy: Experienced Limitations and Needs. *Sex Disabil*. 2011; 29(2):119-128.
- [27] Sharma S. Sexuality and relationship experiences of women with spinal cord injury: reflections from an Indian context. *Sex Reprod Health Matters*. 2021; 29(2):2057652.
- [28] Alexander M, Marson L. Orgasm and SCI: what do we know?. *Spinal Cord*. 2018; 56(6):538-547.
- [29] Kalpakjian CZ, Kreschmer JM, Slavin MD, Kisala PA, Quint EH, Chiaravalloti ND, Jenkins N, Bushnik T, Amtmann D, Tulskey DS, Madrid R, Parten R, Evitts M, Grawi CL. Reproductive Health in Women with Physical Disability: A Conceptual Framework for the Development of New Patient-Reported Outcome Measures. *J Womens Health (Larchmt)*. 2020; 29(11):1427-1436.
- [30] Friedman C. Intimate relationships of people with disabilities. *Inclusion*. 2019; 7(1):41-56.
- [31] Ruiz D, Kriofske Mainella A, Rosenthal DA. The pursuit of intimacy: intimate relationship development for women with physical disabilities. *Front Rehabil Sci*. 2023; 4:1070501.
- [32] Forster GK, Aarø LE, Alme MN, Hansen T, Nilsen TS, Vedaa Ø. Built Environment Accessibility and Disability as Predictors of Well-Being among Older Adults: A Norwegian Cross-Sectional Study. *Int J Environ Res Public Health*. 2023; 20(10):5898.
- [33] Porat O, Heruti R, Navon-Porat H, Hardoff D. Counseling young people with physical disabilities regarding relationships and sexuality issues: Utilization of a novel service. *Sex Disabil*. 2012; 30(3), 311–317.
- [34] Van Rooy G, Mufune P. Experiences and perceptions of HIV/AIDS and sex among people with disabilities in Windhoek, Namibia. *Sex Disabil*. 2014; 32(3):311–21.
- [35] Stapleton DH, Bossie SV, Hall AL, Lowery LO. Sexuality and Disability. In: Sheriff DS, ed. *Human Sexuality*. IntechOpen; 2022. Available from <http://dx.doi.org/10.5772/intechopen.104325>
- [36] Nosek MA, Foley CC, Hughes R, Howland CA. Vulnerabilities for Abuse Among Women with Disabilities. *Sex Disabil*. 2001; 19(3):177-189.
- [37] Frohmader C. Submission to the UN Analytical Study on Violence Against Women and Girls with Disabilities [Internet]. Australia: Women With Disabilities Australia (WWDA); 2011 [cited 2023 October 11]. Available from <https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/GirlsAndDisability/OtherEntities/WWDA.pdf>
- [38] Dockerty C, Varney J, Jay-Webster R. Disability and domestic abuse: Risk, impacts and response [Internet]. London: Public Health England; 2015 [cited 2023 October 11]. Available from https://assets.publishing.service.gov.uk/media/5a806673ed915d74e622e3c8/Disability_and_domestic_abuse_topic_overview_FINAL.pdf
- [39] Committee on the Rights of Persons with Disabilities. Convention on the Rights of Persons with Disabilities: Consideration of reports submitted by States parties under article 35 of the Convention [Internet]. United Nations; 2012 [cited 2023 October 11]. Available from <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G14/118/21/PDF/G1411821.pdf?OpenElement>
- [40] Committee on the Rights of Persons with Disabilities, Committee on the Elimination of Discrimination Against Women. Ending sexual harassment against women and girls with disabilities [Internet]. UN Women; 2020 [cited 2023 October 11]. Available from <https://www.unwomen.org/en/news/stories/2020/10/statement-joint-un-women-cedaw-and-crpdc>
- [41] Hughes RB, Beers L, Robinson-Whelen S. Health information seeking by women with physical disabilities: A qualitative analysis. *Disabil Health J*. 2022; 15(2):101268.

- [42] Center for Research on Women with Disabilities. Positioning for Women with Disabilities [Internet]. Texas: Baylor College of Medicine [cited 2023 Oct 11]. Available from <https://www.bcm.edu/research/research-centers/center-for-research-on-women-with-disabilities/a-to-z-directory/sexual-health/positioning>
- [43] Shiwakoti R, Gurung YB, Poudel RC, Neupane S, Thapa RK, Deuja S, Pathak RS. Factors affecting utilization of sexual and reproductive health services among women with disabilities- a mixed-method cross-sectional study from Ilam district, Nepal. *BMC Health Serv Res.* 2021; 21(1):1361.
- [44] World Health Organization. Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note [Internet]. Switzerland: WHO Press; 2009 [cited 2023 October 11]. Available from https://www.unfpa.org/sites/default/files/pub-pdf/srh_for_disabilities.pdf