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Original Research Paper

SEXUAL AND REPRODUCTIVE HEALTH OF GIRLS AND WOMEN WITH DISABILITIES

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Abstract

The environment, different family structure, social crises and other unfavorable economic circumstances significantly influence the life dynamics, behavior, stress and sources of frustration among persons with disabilities. Attempts to help them are often untimely, not systematic and not effective. The offered solutions for their sexual and reproductive health (SRH) are sporadic, without adequate state support or connection of the relevant line ministries, especially when it comes to the female population. The issue of cooperation between family, school and institutions is old, but with the change of living context, it acquires new meanings and definitions and requires a new approach, both in the study and in practical solution of the problem.
The most important problems in the field of SRH are the predominantly conservative birth control, the risky sexual behavior of adolescents and young girls and women, as well as the insufficient level of commitment to the preservation of SRH of the entire population, especially vulnerable categories, such as the socially oppressed and marginalized categories. Therefore, in this area, it is necessary to pay special attention to particularly sensitive groups of the population, such as Roma girls and women, those with disabilities, with infection from the human immunodeficiency virus, but also those who live on the threshold of poverty, especially from rural areas.

Keywords*: sexual and reproductive health, girls and women with disabilities*

Introduction

Sexuality is usually understood as part of a person's privacy and is still a taboo topic that is not given enough attention, neither within families nor in educational institutions. Confronting young people with intimate needs and desires causes confusion, embarrassment and discomfort, which also occurs in adults when they have to guide them in their sexual development and answer the multitude of questions. The information that young people usually get from the internet, the media or from friends can be wrong or incomplete. An additional problem is that very often they seek this information after they have already entered into sexual relations, so they are not spared from the risks arising from their sexual activity. The false belief that young people "know everything" is the reason for the endangered SRH (Simonovska et al. 2014).

Sexuality is an integral part of the life of every person, including persons with disabilities. However, there are numerous prejudices and wrong beliefs on this topic, where it is often considered that these people are asexual or simply not able to have a sex life. However, everyone has the right to find ways to express their sexuality and this applies equally to people with disabilities.

Sexual pleasure is not just an act of joining the sexual organs, but an intimate, emotional, spiritual and physical relationship between human beings, which involves different types of behavior. This view is especially important for people with disabilities, who must make certain preparations for various sexual activities (Petrov and Lazova-Zdravkovska, 2014).

Sexual health requires a positive and respectful approach to sexuality and sexual relations, as well as the possibility of pleasant and safe sexual experiences without coercion, discrimination and violence. In order to achieve and maintain sexual health, it is necessary to respect, protect and fulfill the sexual rights of all people (Šircelj, 2007).

The ability of people to have a desirable and safe sexual life and reproduction and full freedom of decision constitutes reproductive health. When men and women are informed about and have access to safe, effective and affordable methods of birth control, freedom of choice is said to be achieved.

The freedom to make decisions also means the right to access health services that enable girls and women in general to have a safe pregnancy and childbirth, and give couples the best chance of having a healthy child. The definition of reproductive health in the broadest sense not only considers information and availability of contraceptive methods as elementary prerequisites, but also takes into account the freedom to choose a woman or a man, as basic ethical principles. (Šircelj, 2007).

1. Sexual education

"Sexual education is defined as an age-appropriate approach to information about sex and relationships, by providing scientifically accurate, realistic and non-judgmental information. Sexual education offers opportunities to explore one's own values and attitudes and to build decision-making, communication and risk-reduction skills in relation to many aspects of sexuality' (UNESCO, 2009; 2).
"Comprehensive sexual education aims to provide young people with the knowledge, skills, attitudes and values needed to make decisions about and enjoyment of their sexuality – physically and emotionally, individually and in relationships. Provides a holistic view of sexuality in the context of emotional and social development. It recognizes that information alone is not enough. Young people should have the opportunity to acquire basic life skills and develop positive attitudes and values' (IPPF, 2010:6).

Unfortunately, despite the importance of sexuality in people's lives, in the scientific and professional literature, insufficient attention is still paid to the sexuality of people with intellectual disabilities (Glumbić, 2005). Historically, the sexuality of these people has mainly been perceived in a negative way. There was an opinion that people with disabilities in mental development are not interested in establishing intimate relationships (Sullivan, Caterino, 2008). In addition, they were thought to lack awareness of their own sexuality. The problems with the sexual behavior of these persons were ignored or, on the other hand, their sexual urges were actively suppressed, sometimes with the use of ethically problematic techniques (Glumbić 2005).

When it comes to sexual education and education in the educational system, it is very neglected. There is no specific age-appropriate curriculum that will offer relevant knowledge about the positive aspects of sexuality and about sexual and reproductive health. The insight into the existing teaching subjects shows that the information given in different subjects is scarce, insufficient, stereotyped and with negative attitudes towards love and sexuality (HERA, 2010). Teachers, on the other hand, also under the influence of personal prejudices and stereotypes, and mostly due to the lack of systematic education during the acquisition of professional competences, do not feel ready to teach and openly discuss all aspects of sexuality, nor do they recognize the aspects of the sexual privacy of students (only 5.6% of teachers stated that they can talk about

contraception and menstruation, only 2.8% can talk about sex and gender, and the same percentage of 2.8% of teachers can talk about sexual orientation) (HERA, 2010).

Data from the literature show that apart from the increased level of knowledge, sexual education also contributes to (Simonovska, 2014):

- Delaying the initiation of sexual activity or reducing the number of sexual partners;
- Increasing the use of contraception and condoms among sexually active adolescents;
- More responsible sexual behavior later in life;
- Improving their sexual and reproductive health, and overall health;
- Increasing the ability to make informed decisions and reducing prejudices and
- Developing positive attitudes and values about sexuality.

It can be concluded that the benefits of sexual education are not only benefits for individuals, but also for the whole society. All this leads to the advancement of human rights, which in turn contributes to the achievement of well-being for all, both for individuals and for society (HERA, 2010).

One of the common misconceptions about the sexuality of people with disabilities is that it does not exist, or that if it does exist, it is a problem that needs to be controlled. Thus, young women and girls with disabilities are generally considered asexual or hypersexual, and societal conventions of beauty contribute to their perception of themselves as unattractive and worthless. These attitudes, especially prevalent when it comes to people with intellectual and psychosocial disabilities, foster a vicious cycle of low expectations and exclusion that have profound and long-lasting effects on their lives.

In the case of adolescents, the general assumption is that they do not have the capacity to make autonomous decisions, which represents another barrier for young women with disabilities to access the information and services necessary to prevent sexually transmitted diseases, unwanted pregnancies, as well as many forms of sexual violence. However, many studies, including this one conducted for the purposes of the thesis, establish a picture that is very different from these general assumptions: young girls and women with disabilities actually have the same sexuality, relationship and identity needs as their non-disabled peers. Their patterns of sexual behavior and relationship aspirations are also in no way different. Therefore, the question must be asked, whether existing institutions and existing legal frameworks, which seem satisfactory when it comes to responding to the needs of caregivers, are also effective when dealing with the issues of women and girls with disabilities that they are supposed to protect. Some studies have concluded that they are not only inadequate, but often exacerbate many of the risks they are supposed to mitigate.

Sexual and reproductive health and rights include the ability to make decisions about sexuality and reproduction, as well as access to facilities and institutions where these services are provided.

However, laws in many countries—including many signatories to the UN Convention on the Rights of Persons with Disabilities—allow judges, health professionals, social workers, family members and guardians to make life-changing decisions on behalf of girls. and young women with disabilities. For example, a decision to force sterilization may be made ex officio by a judge, parent or guardian, under the pretext that it is to protect against sexual violence and improve the quality of life. In some cases, laws may designate people with disabilities as incapable of consenting to sexual intercourse. In the event that she becomes pregnant, a woman with a disability is likely to face enormous pressure not to continue the pregnancy or give birth to a baby, especially if she lives in an institution because she will be considered unfit for parenthood.

The combination of factors that lead to these institutional abuses and discriminatory practices is complex and is the result of widespread social myths and misconceptions about disability.

The reasons for this failure lie in the wrong paradigm in which these widespread practices are justified. Based on misconceptions and stereotypes about the sexuality of people with disabilities, this paradigm calls for segregation and institutionalization as the best way to protect, while establishing patronage schemes that turn women and girls with disabilities into infantile and incapable of independent living.

The long history of this paradigm leads to institutions and guardianship systems where women and girls with disabilities are exposed to violence and abuse. Tackling deep-rooted inequality for women and girls

with disabilities and their marginalization throughout history will benefit not only them by giving them more chances to lead fulfilling lives, but also society as a whole.

2. Research sample

The research was done on a sample of 68 respondents with disabilities who were not deprived of their business ability. When asked how they perceive their sexuality and what is important to them about sexuality, the respondents state that they perceive sexuality as an integral part of life. In table 1. demographic characteristics of women and girls with disabilities are given.

Table 1. Characteristics of respondents with disabilities (N=68)

Variable		(N)	(%)
Gender	Female	68	100,0
Age	18-29	14	20,6
	30-40	17	25,0
	41-55	22	32,4
	56-65	8	11,8
	+ 65	7	10,3
Place of living	Village	15	22,1
	Smaller town	18	26,5
	Bigger town	35	51,5
Household	Alone	8	11,8
	With parent(s)	31	45,6
	With a married or common-law partner	12	17,6
	With married or common-law partner and children	9	13,2
	With parent(s), partner and children	4	5,9
	Alone with child/children	2	2,9
	In an institution or accommodation (foster family, family home)	1	1,5
	With a relative/s	1	1,5

Marital status	Unmarried	38	55,9
	Married	15	22,1
	In an extramarital union on a legal basis	11	16,2
	Divorced	2	2,9
	Widow	2	2,9
Education	Unfinished elementary school	1	1,5
	Completed primary school	1	1,5
	Completed three years of high school	6	8,8
	Completed four years of high school	29	42,6
	Completed five years of high school	1	1,5
	Undergraduate (university) studies	11	16,2
	Specialist studies	10	14,7
	Postgraduate studies or doctoral studies	9	13,2
Work status	Employed	34	50,0
	Unemployed	13	19,1
	Pensioner	15	22,1
	Student	3	4,4
	Schoolgirl	1	1,5
	Unable to work	1	1,5
	Independent worker	1	1,5
Established disability/disability	Vision impairment	5	7,4
	Hearing impairment	7	10,3
	Deafness and blindness	3	4,4

	Physical disability (damage to the locomotor system, damage to the central nervous system, damage to the peripheral nervous system)	47	69,1
	Damage to other organs and organ constitutions, chromosomal diseases, congenital anomalies and rare diseases	3	4,4
	Mental disorders - mental impairments	1	1,5
	Multiple types of damage	1	2,9

3. Results

Some people perceive their sexuality citing the emotional connection with another person, mutual trust, mutual understanding, mutual attraction between partners and satisfaction, sexual inactivity, taming of sexuality.

3.1 Partner relationship

When asked if they had a partner during their life (husband, common-law partner, boyfriend, girlfriend), 53 people (78%) answered that they had, 14 people (20.6%) that they had not, while 1 person (1.5%) cannot judge.

To the question: "How (where) do they most often meet their partners", if they have one", respondents could choose more than one answer.

They state that they met them live through a friend or acquaintance (N = 20), at school/faculty (N = 7), in a cafe and restaurant (N = 5), on the Internet (N = 10), in club (N = 3), at work (N=7), in the neighborhood (N=4), in an association (N=3), in an institution (N=2), in a religious community (N=3), 2 through family members, and one respondent mentioned a chess match and rehabilitation.

To the question: "Do they currently have a partner", a total of 41 respondents (60.2%) answered that they did, while 27 (39.7%) answered that they did not.

3.2 Talks for sexuality

To the question: "Did they have a person earlier in their life with whom they could talk about sexuality", 48 people (70.6%) answered that they had, 12 people (17.6%) that they had not, while 8 (11.8%) cannot estimate. If they answered in the affirmative, that is, that they had a person with whom they could talk about sexuality, they were asked to name one or more of them. Female respondents mostly mentioned friends (36.0% of respondents, 34.0% mentioned partners (of which 6 explicitly mentioned ex-partners), family members (14% of female respondents, of which 3 explicitly mentioned mother, and 3 of them brothers/ sisters), school teachers (N =3), psychologists (N=2, of which 1 appointed a school psychologist and 1 psychotherapist), close people (N=1) and peers (N=1).

To the question: "Do they now have a person in their life with whom they can talk about sexuality", 49 persons with disabilities (72.0%) answered that they do, 12 persons with disabilities (17.6%) that they do not, while 7 persons (10.3%) cannot estimate. If the answer is confirmed, that the respondents have a person with whom they can talk about sexuality, they were asked to name one or more of them with whom they do this, and most of the time they mention them as the people with whom they can talk about sexuality today. friends (N=28), partners (N=26), family members (N=10, of which 4 mothers, 4 brothers/sisters) and colleagues (N=4),

To the question: "Which people would they like to talk about sexuality with", people stated that they did not need to talk about it (N=11), but also that they would like to talk to their partner (N=13, of which 3 explicitly stated when they will have it), friends (N=12), doctor (N=6), psychologist (N=5), crush (N=4), sex therapist (N=3), parents (N=2), sister (N=5) and one person each with a psychiatrist, a person similar to my condition, anyone who is interested, with a close person, a daughter, an impartial and trustworthy person and with someone who prohibits prostitution.

To the question: "Do they have a person who supports them in exercising their right to sexuality", 43 people (63.2%) answered that they do, 16 people (23.5%) that they do not, while 9 people (13.2%)) do not know, that is, they cannot estimate.

Respondents who participated in the research were asked to rate how informed they are about certain topics related to sexuality. If they judged that they were informed or familiar with a certain topic, they were asked to indicate the ways of information.

3.3 Information for certain topics linked to sexuality

The internet (N=21), reading relevant literature, books and articles (N=15), talking with friends (N=8), talking with the partner (N=4), a conversation with doctors (N=3, of which a psychiatrist and 2 gynecologists were mentioned), a psychologist (N=1), work colleagues (N=2), parents (N=2), the media (N=3), movies and radio (N=2), seminars and education (N=2), while 5 respondents mentioned only "conversation". Three interviewees mentioned all the ways of information, the same amount through experiences, while also two, indicated that they do not get information.

The respondents indicated that they receive information about physical development, sexual relations, masturbation, pregnancy, childbirth and parenting during school (37.0%), on the Internet (35.3%), while the rest (27.7%) receive the information reading literature, books, magazines and articles, through documentaries and through the media, in certain associations (N=1), from life experience and exchange of experiences through conversation with friends and family members, partners and doctors.

Respondents receive the most information about sexually transmitted diseases during schooling (N=21), through the Internet (N=15), reading literature, books, brochures, magazines and articles (N=13), through the media (N=9) and TV (N=2), through workshops and associations (N=1), and by talking to friends, parents, doctors and an acquaintance (N=4), while one respondent mentioned her own experience.

The respondents indicated that they receive information about risky sexual behavior during school (N=18), through the Internet (N=12), reading literature, books, brochures, magazines and articles (N=11), through the media (N=5) and TV (N=2), through associations and through lectures and educations (N=2), and by talking to friends (N=7), parents (N=2), doctors (N=6), while three of the respondents they cited their own experience.

The respondents were informed about the methods and means that prevent pregnancy and sexually transmitted diseases during schooling (N=21), through the Internet (N=16), reading literature, books, brochures, magazines and articles (N=1), through the media (N=5) and TV and radio (N=1), through associations (N=2) and through conversation with friends (N=3), family members (N=6), of which 2 respondents mentioned mothers, and 2 mentioned parents), doctors (N=12, of which 5 mentioned gynecologists), while one respondent mentioned, that is, stated through a conversation with experts.

On a question in which the respondents could choose several persons and sources with whom they talk and through which they receive information about sexuality, the results show that 89.7% of girls and women with disabilities, in this case the respondents, receive information on certain topics related to sexuality via the Internet, 76.5% in conversations with friends and peers, 38.2% in conversations with experts, 25.0% through lectures and forums, and 39.7% in conversations with family members.

3.4 Influence of disability to the sexuality

To the question: "Does disability (disability) affect their sexuality", 28 respondents (41.1%) answered that it had an influence, 36 (52.9%) that it had no influence, while 4 of them (6.0%) did not. could estimate. In relation to the ways in which disability affects their sexuality, the respondents state that the impairment of functional abilities results in impossibility and a feeling of unattractiveness due to the visibility of the disability, lack of self-confidence due to the disability, i.e. due to the disability, difficulty meeting potential partners, but also loss of sexual interest.

Taking into account that some of the interviewees had disability, that is, disability occurred during their lifetime, they were asked to describe how their sexuality changed after the onset of disability. Some of them state that changes in functional abilities, i.e. physical (bodily) abilities, result in limited opportunities (Inability to perform a certain activity, loss of certain functions and limitations arising as a result of a disability in a person's life, a feeling of unattractiveness due to disability, insecurity, change in sexual interests and loss of sexual interest Some of the respondents stated that disability, that is, disability does not affect their sexuality.

3.5 Problems connected with sexuality

As problems related to the sexuality of persons with disabilities, the respondents most easily cite the unsupportive environment, which manifests itself through misunderstandings based on prejudices. The very sight of someone with a disability immediately makes people think that if they are thin in body their sexuality is not right. Some of the respondents indicate that they do not have any problems related to sexuality, apart from the prejudices of the environment. The narrative of prejudices and stereotypes deepens even more with the appearance of social networks, where they come across derogatory videos in which it is evident that the mentality of young people and people from these areas is narrow-minded, that people with disabilities are not considered human at all and that if once their sexuality is expressed, it becomes the object of ridicule or being ignored.

The interviewees, in their lack of understanding, cite the attribution of asexuality as a reason, because many people think that girls and women with disabilities are asexual, that is, they see girls and women with disabilities as persons without sexuality.

They also state that they experienced contestation of sexuality, attribution of incapacity for sexual relations, insensitivity of the formal support system to the sexuality of girls and women with disabilities. The lack of professional staff related to this problem, as well as the lack of therapists, are pointed out as problems. Also, as a problem, these people highlight the lack of privacy, that is, the impossibility of having their own space for practicing sexual relations, due to the lack of independence in living due to dependence on the help of other persons.

Among the problems are changes in functional abilities that result in limited opportunities, lack of self-confidence and self-esteem among girls and women with disabilities that manifest through feelings of shame, insecurity and fear, limited opportunities to meet potential partners and lack of education about sexuality.

3.6 Negative comments about the sexuality

To the question: "During your life, have you come across negative comments about the sexuality of girls and women with disabilities", 35 of the respondents (51.5%) answered affirmatively, 23 of them (33.8%) negatively, while 10 (14 .7%) cannot estimate. People who encountered negative comments cited the attribution of inability to engage in sexual activities, the attribution of inability to partner, the attribution

of the unattractiveness of girls and women with disabilities, the questioning of the sexuality of girls and women with disabilities, and the attribution of heredity to disability.

3.7 Experienced unpleasant experiences linked with sexuality

When asked if: "They had unpleasant experiences from the people around them regarding sexuality during their life", 21 respondents (30.9%) answered that they had, 38 (55.9%) that they had not, while 9 of the respondents (or 13.2%) cannot estimate. Respondents who answered affirmatively were asked to say what they experienced. It is important to note that some of the respondents already mentioned their experiences in the previously mentioned results and quotes related to the negative comments. Some of the girls and women participating in the research point out that they are met with the attribution of incapacity for sexual and partner relations, the attribution of undesirability and experienced abuse through emotional (ridicule) and sexual harassment.

3.8 Problems connected with realization of the right to sexuality

In contrast to the previously mentioned perspectives on the problems related to the sexuality of girls and women with disabilities in general, the respondents were asked to indicate the problems they experienced or continue to experience related to the realization of the right to sexuality. To the question: "Have you previously had problems during your life when exercising your right to sexuality", 12 respondents (17.6%) answered that they had, 52 respondents (76.4%) that they had not, while 4 of them (5, 9%) cannot estimate. As problems they had earlier in life, they state the contestation of the right to partner relations and the attribution of sexual orientation.

When asked if they currently have problems with exercising their right to sexuality, 8 respondents (11.7%) answered that they do, 50 (73.5%) that they do not, while 10 of the respondents (14.7%) stated that they were not sure. . They were then asked to describe their current problems, they stated that they felt unattractive and had a lack of self-confidence lack of privacy. Health problems, inability to meet potential partners, and environmental insensitivity to the sexual needs of girls and women with disabilities.

3.9 Sexual violence

To the question: "Have you ever experienced sexual violence", 9 respondents (13.2%) answered affirmatively, 58 respondents (85.6%) answered negatively, while 2 respondents (2.9%) did not want to answer this question. Of the girls and women included in the research, who experienced sexual violence, only one respondent reported the same. When asked if they had witnessed sexual violence against another person and if they were able to recognize it, 3 respondents (4.4%) answered that they had witnessed it, 64 respondents (94.1%) that they had not witnessed it, while 1 respondent (1 .5%) did not want to answer this question.

3.10 Discussion and conclusion

Sexual and reproductive health issues and the rights of people with disabilities in our country are rarely the subject of research. It is indisputable that the existing laws and strategic acts recognize the right to sexual life and the right to care and preserve the sexual health of girls and women, but also of persons with disabilities in general, but it is also a fact that there are various limitations in practice that can influence acceptance of inhibition of one's own sexuality or acceptance of labeling by the environment.

Conclusions from a number of studies indicate that girls and women with disabilities perceive their attractiveness as limited and report that they encounter more obstacles when going out on dates with potential partners. The biggest obstacles to coming out are physical barriers in the environment that limit their ability to socialize, as well as other people's prejudices that they are not able to have sex. In addition to adaptations in the environment and the removal of architectural barriers, support in the sexual sphere can also include providing information on preparation and adequate positions during intercourse, use of safe sexual aids, safe contraception and masturbation.

According to the results of the research in this paper, communication barriers are still present as a result of insufficient

Among the numerous recommendations related to sexual health, the importance of prevention and protection from sexually transmitted diseases is especially highlighted. Girls and women with disabilities should familiarize themselves with modern methods of contraception in order to be able to choose the most appropriate form for them. The importance of informing about the increase in forms of sexual abuse and violence, problems with forced prostitution and human trafficking for sexual exploitation should also be emphasized.

When it comes to preventing violence against girls and women with disabilities, it is necessary to adopt adapted screening instruments and train the staff of health and social institutions in their use. It is also important that these personnel are trained for intersectoral cooperation, that is, they know the mechanisms of connection with other relevant professionals in the procedure for protection against violence.

The priority task of modern societies is preserving the reproductive and sexual health of young girls and women, which is the biggest challenge. In order to realize this, it is not enough to have the general strategic framework, but a bylaw is needed that will prescribe specific structural and functional standards for work on the sexual health of girls and women with disabilities in educational and health institutions, for the education of health personnel and school teachers. The application of the standards must be accompanied by adequate financial support, which indicates the necessity of a strong will of the decision-makers in the system for continuous monitoring and improvement of the sexual health of persons with disabilities.

Based on the conducted research, it can be concluded that the majority of girls and women with disabilities are involved in various sexual activities and have the opportunity to receive support regarding the realization of the right to sexuality. However, a significant number of girls and women with disabilities experience the right to sexuality to be challenged, as well as the right to sexual, intimate and partner relationships. Sexuality is an integral part of life, whether a person wants to express it or not. It is an individual right that must be respected. Persons with disabilities have the right to sexuality, which is indirectly guaranteed by the Convention on the Rights of Persons with Disabilities, which was already explained in the introductory part. Therefore, it is necessary to provide the best possible support for persons with disabilities so that they can, if they wish, exercise their right to sexuality, especially with reference to the sexual and reproductive health of girls and women.

Based on the results of this research, the following general conclusions and recommendations can be drawn:

- to sensitize society about the sexuality of girls and women with disabilities through the media
- to destigmatize the sexuality of girls and women with disabilities through the media
- to sensitize society that girls and women with disabilities are not asexual and that they are not incapable of sexual, intimate and partner relationships
- to emphasize in the public space that girls and women with disabilities have the right to sexuality
- to provide public forums and education with experts in the field of sexuality on the sexuality of girls and women with disabilities
- to provide girls and women with disabilities with materials and education on safe internet browsing and relevant information

- to pay attention to the inadequacy of the materials that are in Braille, enlarged black print and audio format, which contain important information about sexual health that should be presented to people who are visually impaired, as well as training of employees in the institution how to communicate and approach the blind person, as a person with a disability.
- to provide girls and women with disabilities with information about sexuality online in an accessible and easily understandable way
- to provide girls and women with disabilities with education about sexuality, risky sexual behavior and what to do if they become victims of sexual violence or if they witness sexual violence and how to recognize it
- to provide opportunities for girls and women with disabilities to work on themselves, on their self-confidence and self-esteem
- to provide individualized support for girls and women with disabilities who want to talk individually about sexuality through the availability of well-educated and sensitized experts
- to provide more accessible, better quality and better controlled health care for the sexual and reproductive health of girls and women with disabilities
- to provide systematic support for girls and women with disabilities so that they can exercise their right to sexuality.

At the very end, it should be pointed out that the results of this, as well as previous research, show that the sexuality of most girls and women with disabilities does not differ at all from the sexuality of most people without disabilities. It is necessary to enable girls and women with disabilities to exercise their right to sexuality and systematically work to remove the obstacles they face in exercising said right, especially those related to their sexual and reproductive health.

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