



HAUT-COMMISSARIAT AUX DROITS DE L'HOMME • OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS

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Questionnaire: Sexual and reproductive health and rights of girls with disabilities

Context

For her next report to the General Assembly, 72nd session, the Special Rapporteur on the rights of persons with disabilities, Ms. Catalina Devandas Aguilar, intends to focus on the sexual and reproductive health and rights of girls with disabilities.

The Special Rapporteur is currently carrying out the research work and invites Governments, National Human Rights Institutions, independent monitoring mechanisms, civil society organizations and networks, including organizations of persons with disabilities, and other relevant stakeholders, to contribute by submitting replies to the questionnaire below.

Due to limited capacity for translation, we kindly request that you submit your answers, if possible, in English or Spanish and, no later than 20 May 2017. Please keep your responses concise.

We would be grateful if your submissions, in accessible formats (Word), could be sent electronically to sr.disability@ohchr.org.

For further information, please contact Ms. Alina Grigoras, Associate Human Rights Officer (e-mail: agrigoras@ohchr.org, tel.: +41 22 917 92 89).

I. Questionnaire

Answered by both the DPI Women's Network Japan

<http://dwnj.chobi.net/english.html>

and the DPI Japan National Assembly of Disabled Peoples' International (DPI-Japan) <http://dpi-japan.org/en/>

1. Please provide any information and statistics (including surveys, censuses, administrative data, literature, legal and policy documents, reports, and studies) related to the exercise of sexual and reproductive health and rights of girls with disabilities, with particular focus in the following areas:

While government policy plans have begun to mention that women with disabilities face compounded difficulties, specific measures and policies have yet to be drawn up. In addition, there is an extreme paucity of gender-based data in statistics on persons with disabilities, and this lack of gender statistics, which are indispensable for policy making, is a serious problem. As a state party to the Convention on the Rights of Persons with Disabilities, Japan is urged to take appropriate measures by highlighting this issue. As

such, we would like to report on current conditions as found and investigated by NGOs.

- Harmful stereotypes, norms, values, taboos, attitudes and behaviours related to the sexual and reproductive health and rights of girls with disabilities;

There are few official studies of or attention on the multiple difficulties experienced by women with disabilities.

The DPI Women's Network Japan, an organic network linking women with disabilities in Japan that initially established in 1986 aiming to encourage autonomy of women with disabilities and to advocate for the repeal of the Eugenic Protection Act, has conducted a survey on Difficulties in Life for Women with Disabilities in 2011 the survey in which 87 women with disabilities cooperated with the survey and 262 voices were collected.

Voices from the survey repeatedly show that general assumption and attitude of people including family members and medical doctors for girls and women with disabilities ignore their sexual and reproductive rights:

“As I became pregnant, my doctors along with my mother recommended abortion because they thought I was going to have a disabled baby and doubted whether I would be able to raise him/her. (40's. Visually disabled and with intractable disease)

(These information above is taken from DPI Women's Network Japan (2016)“Nothing about us Without Us! Ongoing multiple discrimination toward women with disabilities”(colour leaflet))

- Sex education (in formal and non-formal settings) and access to sexual and reproductive health information;

According the survey by Kojima and Hosobuchi, for sexuality education practice for children of intellectual disabilities in 802 special schools turned out the result as follows.

At high school level, 58.9% of schools have curriculum and practice for sex education, 32.1% have no curriculum but practice for sex education, 8.9% have no curriculum nor practice for sex education.

(Yoshiro Kojima and Tomio Hosobuchi, 2011 “The present conditions and issues of sexuality education practice for children with intellectual disabilities in schools for special needs education”

University bulletin for education department, Saitama University
No.10 p105-110 (<http://ci.nii.ac.jp/naid/120002887177>)

There was a famous court case in 2003 regarding a sex education course made by the Tokyo Nanao special school for its pupils with learning disabilities. The course was criticized as extreme at a Tokyo assembly meeting.

*(Apr 9, 2009) Japan Press Weekly "Court says metropolitan board of education illegally punished special school principal"
www.japan-press.co.jp/2009/2618/wellbeing_1.html*

Background information:

Japan has mostly segregated education, not inclusive education, and there are issues of the non-existence of gender statistics of schoolchildren in special classes in ordinary schools in addition to the fact that there have been no surveys of children with disabilities in ordinary classes. Looking at the special schools, out of a total of 19,576 graduates of special high schools, the trend is for there to be more males (35% of graduates were females and 65% were males).

(Basic Survey on Schools for March 2014.)

(The information above is taken from the Japan NGO Network (JNNC) 2016 NGO Joint Report (Japan) to CEDAW)

- Access to child and youth friendly quality sexual and reproductive health services;

Public comprehensive support centers for pregnant women who have problems in social aspects has just launched from 2015.

However, there is hardly public service for young people both with and without disabilities to provide precise and adequate information for sex and reproductive health.

Young people tend to receive information via comics, fashion magazines, and the Internet, which are sometimes unrealistic (no care for contraception) and gender-biased.

- Prevention, care and treatment of sexually transmitted infections;

Local health centers provide free anonymous checkups of sexually transmittable diseases for general population.

Medical institutions provide medical care for sexually transmitted infections. Teenagers sometimes hesitate to go to such institutions as they want to keep secrets to their parents.

There is no program tailored for people with disabilities.

Not only sexually transmitted diseases, it seems that disabled girls and women are in lower rate of checkups for gender-specific diseases such breast cancers and uterine cancers compared to

women in general by the lack of accessibilities. (So far there is no official data, gender-specific data collection for people with disabilities is necessary)

- Violence against girls with disabilities impacting their enjoyment of sexual and reproductive health rights; and

There are serious issues in the health sector. There is a predisposition on the part of society to regard women with disabilities as neither a sexual nor a reproductive being and as people, who, as women, are in some sense inferior. Women with disabilities also experience insensitive treatment and discrimination on a daily basis, such as in bathroom assistance from persons of the opposite gender and mixed-gender rooms during hospitalization. Medical, health and welfare organizations related to pregnancy, birth and child rearing are almost totally unprepared for the use of facilities by women with disabilities. These women are often placed in an even more difficult situation by the refusal to give treatment or by negative attitudes. With regard to the system of provision of health and medical services, the gathering and provision of information and the establishment of systems for consultation, sufficient measures have not been taken from the viewpoint of a reasonable accommodation for women with disabilities. Barriers also exist in terms of examination equipment and facilities' environments.

(The information above is taken from the Japan NGO Network (JNNC) 2016 NGO Joint Report (Japan) to CEDAW)

Many women and girls with disabilities have to accept male caregivers for their bathing and toilet assistance. They face a high risk of sexual violence. Voices from the DPI Women's Network Japan's survey illustrate that girls' and women's risk of being sexually assaulted is underestimated and/or unnoticed by their relatives and other people:

“I was sexually molested by my mom's boyfriend. While he was assisting me in bathing, he touched my breasts and other parts of my body. It was horrible. I told my mom but she did not believe me. That was even worse. “ (30's. Physically disabled)

· I was sexually molested at elementary school. You need to communicate to get help. I was not able to call out for help because of my hearing disability. The same person molested me again when I was a junior high school student.
(20's. Hearing disabled)

The DPI Women's Network Japan investigated official documents such as the Domestic Violence Prevention Program in all

municipalities in Japan to discover whether or not they include policies regarding women with disabilities in 2011.

(The information above is taken from DPI Women's Network Japan (2016) colour leaflet))

Official survey statistics on sexual violence against women with disabilities do not exist. However, according to responses to a questionnaire survey conducted by DPI Women's Network in 2011, the dominant response was that those surveyed suffered sexual abuse, with 35% stating that they had experienced sexual violence. The responses indicate that the offenders were their bosses at work, teachers or staffs at school, service providers at welfare facilities or healthcare settings, caregivers and family members at home. There are some cases where, for women who have intellectual disabilities, it is difficult for them to have their testimony accepted. Some offenders may take advantage of certain characteristics of women with disabilities, such as the inability to escape, counter sexual abuse or identify offenders by voice or physical appearance. Thus, women with disabilities, while being denied the right to sex and reproduction, are also exploited for sex.

(The information above is taken from the Japan NGO Network (JNNC) 2016 NGO Joint Report (Japan) to CEDAW)

Data on persons with disabilities who have experienced domestic violence has not been collected, but, of persons with disabilities who have been abused, 62.9% are women (FY2013 MHLW Report).

The survey by the association of maternal and child living support facilities in 2014 (3,465 families living in 243 sites) shows that 50.6% of mothers and children escape from DV of mothers' spouses. About 30 % of mothers have disabilities (170 for mental illness, 166 for learning disabilities, 57 for physical disabilities) and 16.6% of children have some sort of disabilities. Though these facilities are not accessible in terms of physical and communication accommodation.

- Harmful practices, such as forced sterilization and child, early and forced marriage.

Women with disabilities who had been subjected to forced sterilization

The Eugenic Protection Law, which was in force until 1996, included provisions for the sterilization of people with disabilities

without their consent, and available statistics reveal that at least 16,477 people were subjected to this provision by 1996, 68% of whom were women. (The UN Human Rights Committee issued a recommendation to the Japanese government in 1998 calling for a law to provide compensation for women with disabilities who had been subjected to forced sterilization in the Concluding Observations, CCPR/C/79/Add.102, paragraph 31). However, Japanese government failed to adopt the required legal measures, and has neither carried out national investigations nor provided compensation.

Voice: "It was around 1963, I was in my teens, when they operated sterilization (a surgery to disable reproductive functions) on me by force. That caused menstrual cramps and dullness. I got married when I was about 20 but divorced. My remarried husband also left me because I could not have a baby. "(60's. Mentally disabled)

(The information above is taken from **both** the Japan NGO Network (JNNC) 2016 NGO Joint Report (Japan) to CEDAW and the DPI Women's Network Japan (2016) colour leaflet)
http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/JPN/INT_CEDAW_NGO_JPN_22777_E.pdf

TANAKA, YOKO (June 24th 2015) The Asahi Shinbun.
Sterilized woman demands apology over policy to prevent 'inferior' babies
"A 69-year-old woman from Miyagi Prefecture submits a request for human rights relief to the Japan Federation of Bar Associations on June 23. She says she was forced to undergo sterilization surgery when she was 16."

The CEDAW committee issued a recommendation (CEDAW/C/JPN/CO/7-8) in March 2016 that Japan should conduct a study on the extent of past violations in the form of forced sterilizations of women under the Eugenic Protection Act and that it prosecute and adequately punish perpetrators, if they have been convicted. The Committee further recommends that Japan adopt specific measures aimed at providing all victims of forced sterilization with assistance to access legal remedies and that it provide them with compensation and rehabilitative services.

In parliament, several female politicians asked Mr. Shiozaki, the minister of health, labour and welfare to respond for the CEDAW recommendation, which made the ministry to hold a meeting with a woman of victims. The meetings were done several times from April 2016.

However, there are obstacles to reveal the facts. Medical records of forced sterilization seem abolished after legal record retention periods. The records of sterilization made by local governments are in danger of disappearing during the past 50 years. The government is inactive to find, keep and disclose the records of sterilization.

On 16th Feb 2017, the Japan Federation of Bar Associations issued an opinion paper that requests the government to reveal the facts and take

adequate measures to compensate victims for violations of human rights under the Eugenic Protection Act.

The government hasn't changed its position that the sterilization was allowed under the law of the time and doesn't need to provide remedies for victims.

2. Please provide information in relation to any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the exercise of sexual and reproductive health and rights of girls with disabilities, and identify lessons learned from these.

Though it is not innovative initiatives, it should be mentioned that peer-counseling activities among girls and women with disabilities are fundamental and necessary to recover from the violation of human rights and keep self-esteem.