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Letter to the Editor

Re: Non-disabled and disabled women sexual health comparison

Sir,

We read the article by Pitkēviča et al published in your esteemed journal with great interest.[1] We appreciate the authors for bringing out a sensitive concern about the sexual health of disabled women and comparing it with non-disabled women.

It was a cross-sectional study, and the authors concluded that non-disabled women were more satisfied with their sex life, had a regular sex life, had more frequent sexual relations, and were more interested in maintaining sexual relationships in comparison with disabled women. Additionally, the authors shed light upon the bitter truth that the prevalence of sexual abuse is higher in the subset of disabled women and these women are at a greater risk of depression.

The authors stressed the fact that the provision of sexual and reproductive health services to disabled women poses a special challenge as these women do not seek medical help when in need. We opine that the disabled subset of women deserves a compassionate and unprejudiced attitude from health care professionals towards their sexual well-being.

According to WHO, sexual health is defined as - 'a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled'.[2] Free of discrimination and violence is the key here, wherein we suggest that disabled women need to be protected with special legal and social protection which is easily accessible to them.

We resonate with the authors that disabled women have less information about sexual health than their non-disabled counterparts. We believe that these women should receive emotional support and quality sexual health education so that they can be a part of the mainstream.

For practicing obstetricians and gynecologists, unavailability of communication resources, uncertainty about decision making capacities, or limited insurance reimbursement for extra time and care are the major barriers to the provision of care to disabled women.[3] Difficulties in a gynecological examination, lack of physical space and facilities, lack of formal provider and staff training are other factors.[4]

Transfer to an examination table, providers lacking knowledge in patient-specific disabilities and the attitude that the participant has to be the one to bring up sexuality/reproduction are the major perceived barriers to gynecological care for women who use wheelchairs.[5]

We suggest a multidisciplinary approach to these women involving a gynecologist, psychiatrist, social activist, people from the general health education department who can deal with the sexual health of disabled women holistically. As a gynecologist, we should understand that disabled and non-disabled women experience similar sexual desires and these women need to be given the confidence that they can lead a normal sexual life. Also, we suggest that registries should be maintained so that not a single disabled woman is missed and these women receive timely breast and cervical cancer screening and contraceptive health services.

Since the above study was conducted in a non-government hospital, we believe that there is still a great number of unreported cases of disabled women desiring medical support for their sexual health. Therefore, we suggest that a multi-centric survey should be conducted to bring the real statistics for actual comparison between disabled and non-disabled women. The authors also feel that developing nations like India will have a greater magnitude of the problem as the accessibility and compassion towards such disabled women is quite low.

Manvi Verma*, Kavita Khoiwal, Jaya Chaturvedi

Department of Obstetrics and Gynaecology, All India Institute of Medical Sciences, Rishikesh, Uttarakhand, India

***Correspondence to**
Dr. Manvi Verma,
Email: manvi278@gmail.com

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