Erasmus+

PREGEQUAL
Pregnancy in Women with Disability

PREGEQUAL

PREGNANCY IN WOMEN WITH DISABILITY:

The Right to information, Knowledge and Quality on Prevention and Accompaniment

PROJECT| 2018-01-PT01-KA202-047358

2018|2020

apcc Associação de Paralisia Cerebral de Coimbra

ESTUAR

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INFAD INFANCIA Y ADOLESCENCIA MAYORES Y DISCAPACIDAD

Centro de Direito da Família

PREGEQUAL
Pregnancy in Women with Disability

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This project has been carried out with the support of the European Commission. The content of this project does not necessarily represent the position of the European Commission or does it involve any responsibility on the part. The opinions expressed in this publication are those of the participants of partnerships.

FAMILIES AND THE IMPORTANTE SUPPORT REPRODUCTIVE CHOISE AND MATERNITY OF WOMEN WITH DISABILITY

TRAINING MANUAL

PREGEQUAL
Pregnancy in Women with Disability

TECHNICAL SHEET

TITLE

TRAINING MANUAL

FAMILIES AND THE IMPORTANTE SUPPORT REPRODUCTIVE CHOISE AND MATERNITY OF WOMEN WITH DISABILITY

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PART II INTRODUCTION

1.1. CONTEXTUALIZATION ON THE PROJECTS AND ITS THEME

1.1.1. PREGEQUAL PROJECT

WHY THIS PROJECT?

- Reproductive, Pregnancy and Maternal Health is a priority for WHO, Unicef, United Nations and for all EU member-states.
- To ensure a safe pregnancy and a healthy baby it is argued that care and communication from healthcare professionals should focus more on women's abilities than their disabilities and that care and communication should be about empowering women.
- Despite the fact that women are the majority among the population of the disabled, issues as important to women as their sexual and reproductive health are still pending issues.
- In order to inform women with disabilities, health professionals should first be informed on disabilities issues of every woman and how these handicaps could affect the normal development of pregnancy.

WHAT IS PREG-EQUAL PROJECT?

- Acronym of: Pregnancy in Women with Disability: the Right to Information, Knowledge and Quality on Prevention and Accompaniment
- Duration: 24 months: 05th of November 2018 / 04th of November 2020
- 5 Partners in 4 EU Countries: Portugal - Romania Italy - Spain
- The Preg-Equal Project, through the different training and sensitization pathways that it will perform, addresses the fundamental right of the women with disability to constitute their own family and their right to make conscious choices on sexual, reproductive and maternal issues. In some of the partner countries, an open debate on this subject still encounters numerous cultural barriers.

OBJECTIVES

Improve the knowledge women with disability have on reproductive choices, voluntary interruption of pregnancy (VIP) and maternal health

Improve the psychological support women with disability get in front of reproductive choices, empowering their family members/partners

Improve the quality of the health services for women with disability by training the pre-natal and maternal health professionals

Conduct a research in each partner country on the access and the quality of prenatal and maternity services for women with disability

Create a community of practice between the project partners and their networks

1·1·2· DISABILITY

https://www.mente.co.uk/2019/02/15/when-a-mental-health-condition-becomes

HOW MANY PEOPLE IN THE WORLD ARE DISABLED?

- More than one billion people have been estimated to have some form of disability, a total of 15% of the world's population, with a prevalence of 10% estimated among women of childbearing age. The proportion of individuals with disabilities is rising.
- Disability can be physical, mental, sensory, or involve a learning disability, it may be recent or long-term, progressive or stable.

WHAT IS THE SITUATION OF WOMEN WITH DISABILITIES LIKE?

- Gender differences remain palpable, despite the fact that women are the majority among the population of the disabled.
- Women with disabilities who want to be mothers suffer the greatest discrimination because of:
    - The current society thinks that women with disabilities do not meet the current social stereotypes of "good" mother.
    - They can also find difficulties in their environment since there is a general tendency to think that if a woman has difficulties to take care of herself, she cannot do it for her child.
- In most of cases, families are the first to resist in understanding the ability of women with disabilities to be wives and mothers, an opinion that is currently widespread in our society.

IS IT ONLY A PROBLEM OF ACCESSIBILITY?

- Women with disabilities experience not only difficulties in access but:
    - also in receiving effective information and dissemination,
    - involvement in decision making and
    - support to build respect a trusting relationships with health care providers.

HOW DISABILITY IS REGULATED IN THE EU?

- The European Union policy for disabled people guarantees governmental responsibility for all disabled people in all of EU's member states.
- This policy operates in the framework of the subsidiary principle: if possible, one should improve at the national level, though in principle the EU will refrain from setting hefty laws in this area.
- The main EU policy to take into consideration is the European Disability Strategy 2010-2020 that distinguishes 8 priority fields of actions:

1. **ACCESSIBILITY** – customization of services and goods to disabled people;
2. **PARTICIPATION** – making sure that the disabled are using all benefits and rights which belong to them from EU citizenship;
3. **EQUALITY** – promoting equal opportunities and the fight against discrimination,
4. **EMPLOYMENT** – increasing the share of disabled people who work in the labour market;
5. **EDUCATION, TRAINING** –ensuring equal access to education, which leads to full participation in society and the overall increased quality of life;
6. **SOCIAL PROTECTION** – fight against poverty, exclusion, and promotion of dignified living conditions;
7. **HEALTH CARE** - equal access to medical services;
8. **EXTERNAL ACTIONS** – promoting the rights of the disabled establishing international programs

1·2· OMS, UNICEF RECOMMENDATIONS ON CHILD AND MATERNITY HEALTH

1·2·1· WHO RECOMMENDATIONS ON MATERNAL HEALTH

https://www.who.int/eportuguese/publications/pt/

- This document is meant to respond to the following questions:
    - What health interventions should be delivered during pregnancy, childbirth and the postnatal period?
    - What health behaviours should the women practise (or not practise) during these periods to care for herself and her baby?

SHOULD THE WOMEN CHANGE THE HABITS WHEN BEING PREGNANT?

- Counselling about healthy eating and keeping physically active during pregnancy is recommended for pregnant women to stay healthy and to prevent excessive weight gain during pregnancy
- A healthy diet during pregnancy contains adequate energy, protein, vitamins and minerals, obtained through the consumption of a variety of foods, including green and orange vegetables, meat, fish, beans, nuts, whole grains and fruit.
- Nutrition education on increasing daily energy and protein intake is recommended for pregnant women to reduce the risk of low-birth-weight neonates and the risk of stillbirths and small-for-gestational age neonates.
- It is recommended the reduction of caffeine consumption and the control of the consumption of tobacco and other substances to improve the conditions of the mother and the baby during pregnancy, and ensure a full term delivery and facilitate the birth.

For further information, check the following link:

http://apps.who.int/iris/bitstream/10665/259268/1/WHO-MCA-17.10-eng.pdf?ua=1

1.2.2. WHO RECOMMENDATIONS ON NEWBORN HEALTH

https://www.who.int/eportuguese/publications/pt/

- This document is meant to respond to the questions:
  - What health interventions should be the newborn and young infants less than 2 months of age receive and when should s/he receive it?
  - What health behaviours should a mother/caregiver practise (or not practise)?

- If the baby was born without complications, s/he should be kept in skin-to-skin contact with her mother during the first hour after birth to prevent hypothermia and promote breastfeeding
- All newborns, including low-birth-weight babies who are able to breastfeed, should be put to the breast as soon as possible after birth when they are clinically stable, and the mother and baby are ready.
- All babies should be exclusively breastfed from birth until 6 months of age. Mothers should be counselled and provided support for exclusive breastfeeding at each postnatal contact.
- The following signs should be assessed and the family should be encouraged to seek health care early if they identify any of the following danger signs is present:

  (1) stopped feeding well, (2) history of convulsions, (3) fast breathing, (4) severe chest in-drawing, (5) no spontaneous movement, (6) temperature >37.5 ºC, (7) temperature(7) temperature <37.5 ºC (8) any jaundice in first 24 hours of life, or yellow palms and soles at any age.

  (2) For further information, check the following link:

http://apps.who.int/iris/bitstream/10665/259269/1/WHO-MCA-17.07-eng.pdf?ua=1

Other recommendations from WHO

- In postnatal care, both the newborn and the mother should receive medical attention 24 hours after birth. Moreover, mothers should be advised on nutrition and supplementation and receive psychosocial support.
- Exercise is very important. The activities that you do should be "low-impact activities" like walking or swimming can help to keep your energy up, prevent excess weight gain, and help you sleep

Sleep, sleep, and sleep! Since your body is working hard to accommodate your growing baby, you will probably feel more tired than usual, especially in the first few months of pregnancy. Trying to maintain a regular sleep schedule will help you feel less sluggish and more ready to start the day. As baby grows, finding a comfortable sleep position may get harder. Try lying on your side with your knees bent. A pillow between your legs can also help.

1·2·3· WHAT IS UNICEF?

https://www.unicef.pt/

- United Nations International Children's Emergency Fund
- Together with other United Nations partners, UNICEF has made of maternal, newborn and child health a priority in the health sector.
- UNICEF programming around maternal and newborn health seeks to reduce inequities of care, strengthen health systems, incorporate resilience and risk-informed planning
- UNICEF to reduce mortality, due to pregnancy and infant mortality is carrying out many actions.
- They carry out vaccination campaigns to stop endemic diseases, improve emergency obstetric care, lay the foundations for good prenatal care and prevent the transmission of HIV from mother to child.

PART III HEALTH AND LAW

2.1. DISABILITY AND HEALTH LAW

- The UN convention on the rights of persons with disabilities - Convention on the Rights of Persons with Disabilities (CRPD)
- The Convention on the Rights of Persons with Disabilities (CRPD) was developed by the United Nations. Australia ratified this treaty in 2008 and has also ratified its Optional Protocol. The purpose of the CRPD is to promote, protect and ensure the full and equal enjoyment of all hu-man rights and fundamental freedoms for all people with disability, and to promote respect for their inherent dignity.
- The CRPD does not define 'disability' or 'persons with disability' but in Article 1 it is made clear that the class of persons to whom it applies includes persons with long-term impairments. This certainly includes people with mental health conditions.
- The Optional Protocol to the CRPD allows an individual to make a complaint to the United Nations Committee on the Rights of Persons with Disabilities if they believe one or more of their rights set out in the CRPD have been violated, where there is no reasonably available domestic remedy for that violation.
- The CRPD comprises 50 articles, 20 of which articulate specific human rights as they relate to the needs and concerns of persons with disability. Among these rights are some that have particular significance to the specific forms of human rights violation disproportionately experienced by persons with mental health conditions. These include the right to equal recognition before the law (Article 12), which recognises and protects the right of persons with disability to exercise legal capacity, protecting the integrity of the person (Article 17) which seeks to protect persons with disability from unwanted, non-consensual interference with their person, and living independently and being

included in the community (Article 19) which recognises the right of persons with disability to live in the community with support and prohibits institutionalisation. The right to Health (Article 25) and the right to Habilitation and Rehabiliation (Article 26) also contain elements that have specific significance for persons with mental health conditions in that they both stipulate that health care and rehabilitation must be provided on a voluntary basis, and seek to protect persons from involuntary treatment. Additionally, the right to Habilitation and Rehabilitation recognises and protects the rights of per-sons with disability to receive rehabilitation in the community in a manner which supports inclusion rather than segregation from community life.

- International Covenant on Economic, Social and Cultural Rights (ICESCR) and International Covenant on Civil and Political Rights (ICCPR)
- The International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) are the two main international treaties that expand in detail on the principles in the Universal Declaration of Human Rights and set them out in a legally binding agreement between countries. Both are treaties developed by the United Nations. Together with the Universal Declaration of Human Rights, these treaties are sometimes referred to as the 'International Bill of Rights.' The Second Optional Protocol to the ICCPR enables individuals to make a complaint to a United Nations committee if they believe one or more of their rights set out in the ICCPR have been violated, in circumstances where there is no reasonably available domestic remedy for this violation. Article 12 of the ICESCR recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
- Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT)
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- Convention on the Rights of the Child (CRC)

WHO ARE THE PREGNANT WOMEN WITH DISABILITY THAT WE CONSIDER?

We consider only pregnant women over 18 years old:

- We don't consider pregnant women under that age because, even if they have disability, they are a very specific public of neo natal health care;
- We don't consider pregnant women under that age because, even if they have disability, they are covered by the typical legal representation of minors;
- We don't consider pregnant women under that age because the number of live births of adolescent mothers has been decreasing in Portugal;

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

- It advocates respect for difference and acceptance of people with disabilities as part of human diversity and humanity; and **non-discrimination**;
- It establishes that States should take all appropriate measures, including legislation, **to modify or repeal existing laws, norms, customs and practices that constitute discrimination against persons with disabilities;**
- It stipulates that States parties shall take all appropriate and effective measures to **eliminate discrimination** against persons with disabilities in all matters relating to marriage**, family, parenthood and personal relationships**, on conditions of equality with the others, in order to ensure:

a) the recognition of the **right** of all persons with disabilities who are of legal age to contract matrimony and **to form a family** based on the free and full consent of the future spouses;

b) the recognition of the rights of persons with disabilities to decide freely and responsibly on the number of children and the spacing of their births, as well as access to information appropriate to the age, reproductive and family planning education and the provision of the necessary resources to permit them to exercise these rights;

THE RIGHT TO HAVE A FAMILY

Art. 68.º/2, 3

- Motherhood and fatherhood are eminent social values;
- **Women have the right to a special protection during pregnancy and after childbirth.**

Art. 71.º

- **Citizens with physical or mental disabilities have full rights…**
- The State undertakes to carry out a national policy of prevention and treatment, rehabilitation and integration of citizens with disabilities and awareness of the duties of respect and solidarity towards them.

PATIENT RIGHTS

1. **The patient has the right to be treated with respect for human dignity.**
2. **The patient has the right to be respected on her cultural, philosophical and religious convictions.**

3. The patient is entitled to receive appropriate care to her health, within the framework of preventive care, curative, and rehabilitation.
4. The patient is entitled to the provision of long-term care.
5. **The patient has the right to be informed about existing services, skills and levels of care.**
6. The patient has the right to obtain a second opinion about her health situation.
7. The patient has the right to be informed about her health situation.
8. **The patient is entitled to give or refuse her consent before any medical act or participation in research or clinical training.**
9. **The patient has the right to confidentiality of all clinical information and identifying elements.**
10. **The patient has a right of access to data recorded in her clinical process.**
11. **The patient has the right to privacy in the provision of any medical act.**
12. **The patient is entitled, by herself or by who represents, to submit suggestions and complaints.**

DUTIES OF THE PATIENT

1. The patient has the duty to provide her state of health. This means seeking to ensure the most comprehensive restoration and also participate in the promotion of her own health and on the health of the community in which she lives.
2. The patient has the duty to provide health professionals all the information necessary to obtain a correct diagnosis and proper treatment.
3. The patient has the duty to respect the rights of other patients.
4. The patient has a duty to collaborate with health care professionals, in compliance with the indications that are recommended and, for itself, freely accepted.
5. The patient has the duty to respect the rules of operation of health services.
6. The patient has the duty to use health services in an appropriate manner and to collaborate actively in reducing unnecessary spending.

WHO ATTENDS THE PREGNANT WOMEN WITH DISABILITY?

THE FAMILY DOCTOR

- Regardless of the stage of gestation process (planning, suspicion of pregnancy, pregnancy confirmed, months of pregnancy, childbirth approach, post natal), the family doctor will always be the first contact between the patient and the Health System.
- This will be assisted by a professional nursing, which also will assist the woman.
- The woman can be forwarded to specific services of a Hospital or Maternity, in particular because it is not possible to perform certain tests at the Local Health Center.

SHARING OF INFORMATION

PREGNANT HEALTH BOOK

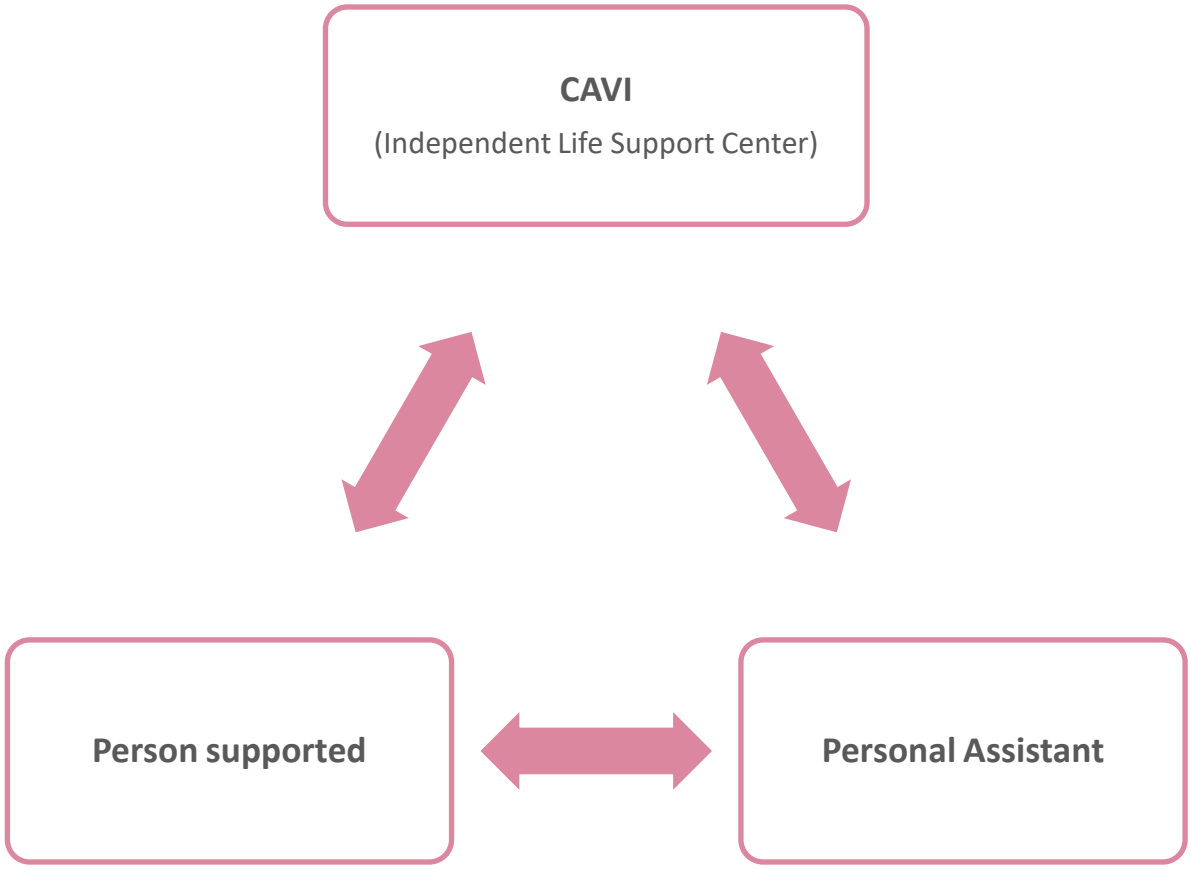
- Is a small green book;
- Must be delivered to all pregnant women in the first clinical episode and be updated by health professionals in all the following episodes;
- Must contain all relevant personal information of the pregnant, like family history and personal history;
- Should contain all information relating to gestational monitoring until the birth of the child, including consultations and examinations made;
- Must be presented at the local health centre, hospital or maternity;
- His presentation is essential at the birth time.
-

AND IF THE PREGNANT WOMAN CANNOT EXPLAIN OR UNDERSTAND WHAT SHE NEED?

- Between spouses:
  - obligation to mutual help and aid
  - take together the **responsibilities inherent in the life of the family** that they founded

INDEPENDENT LIVING SUPPORT MODEL (MAVI)

- Personal assistance for people with disabilities:
  - As a rule, no more than 40 hours per week;
  - Hygiene activities; power supply; health and personal care; domestic assistance; movements; citizenship participation; **mediation of communication**; employment context; frequency of vocational training; frequency of higher education and research; culture, leisure and sport;
  - **By someone who is not a familiar of the person supported, although he participates in the process of choosing his personal assistant.**



ACCOMPANIED ADULTS

Are people **older than 18 years** and who are unable, for reasons of health, **disability** or by behavior, to exercise fully, personally and consciously their rights or fulfill their duties.

- The accompaniment of adults aims to ensure their well-being, their recovery, the full exercise of all their rights and monitoring their duties.
- **The accompaniment of adults is limited to the necessary.**
- The accompaniment of adults can be modified or cease when it is appropriate.
- The accompanied woman is free to exercise her personal rights, such as:

- **Have children**
- Legally recognise their children
- Adopt
- **Care and educate their children**
- Establish relationships with who wants

- Carry out the acts of normal life

UNLESS

Legal or court decision to the contrary!

- The company acts in the interest of the accompanied. The acts realized on its own interest can be cancelled.
- The company acts for free.
- The accompaniment is required:
  - By the woman herself (even if she is a minor, in the year preceding adulthood and to take effect from this)
  - With permission of the own woman (that permission can be refused if she can't give it freely and consciously or when there are grounds of consideration)
  - By Prosecutors
- The accompaniment is decided by the court and communicated to the registry office. It is reviewed, at least each 5 years.
- The accompanied adult to be is personally and directly heard and are considered all the evidence.

HOWEVER

In any time of the process it can be adopted certain provisional and urgent measures!!!

THE WOMAN IS NOT ALONE

- She can be informally assisted by her partner; if she is minor, she can be assisted by her parents.
- She can choose someone to be her personal assistant.
- She can still choose someone from her sphere of trust. The chosen person will assist the woman with the legal status of companion and its mission is to ensure woman well-being, her recovery, the full exercise of all her rights and the fulfilment of her duties.

JUDICIAL DECISION

- It is the Court that decides the person level of ability/inability;
- It is the Court that establishes what the woman can do alone;
- It is the Court that indicates the acts in which the woman has to be accompanied:
    - By the complexity, there may be need to accompany the woman on the exercise of some of **their rights.**
    - **The rights continue to be their rights, but her health condition prevents it from make some decisions by herself.**

THE WOMAN WITH DISABILITY:

- Has, like any other, the right to choose with whom she want to have children;
- Has, like any other, the right to have children;
- Has, like any other, the right to care for and educate their children;
- Has, like any other, the right to raise a family;

SINCE SHE IS ABLE TO DO THIS!

IT IS IMPORTANT THE OPINION OF THE WOMAN WITH DISABILITY?

- The woman with disability consent may not be enough to say that some act is not a crime;
- In fact, in Portugal, the consent requires a twofold criterion of effectiveness: the age of 16 years and discernment;
- This, of course, in addition to having to be free and clear, which means tailor information to the level of understanding of each woman.

NO ONE CAN DISPOSE OF THE BODY OF THE WOMAN, EVEN IF DISABLED!

- In some situations, there may be need to interrupt the pregnancy;
- Regardless of the situation, and unless this proves impossible, the pregnant woman should be heard on the reasons that may justify this interruption;
- The law and her opinion limited the action of the health professional.

ANY PREGNANT WOMAN HAS THE RIGHT TO UNDERSTAND WHAT IS HAPPENING!

- The health professional must adapt their explanations to the woman level of language understanding;
- He must repeat their arguments if she don't understand;
- He should be clear;
- He must be patient;
- He must do everything to ensure woman membership free and enlightened.

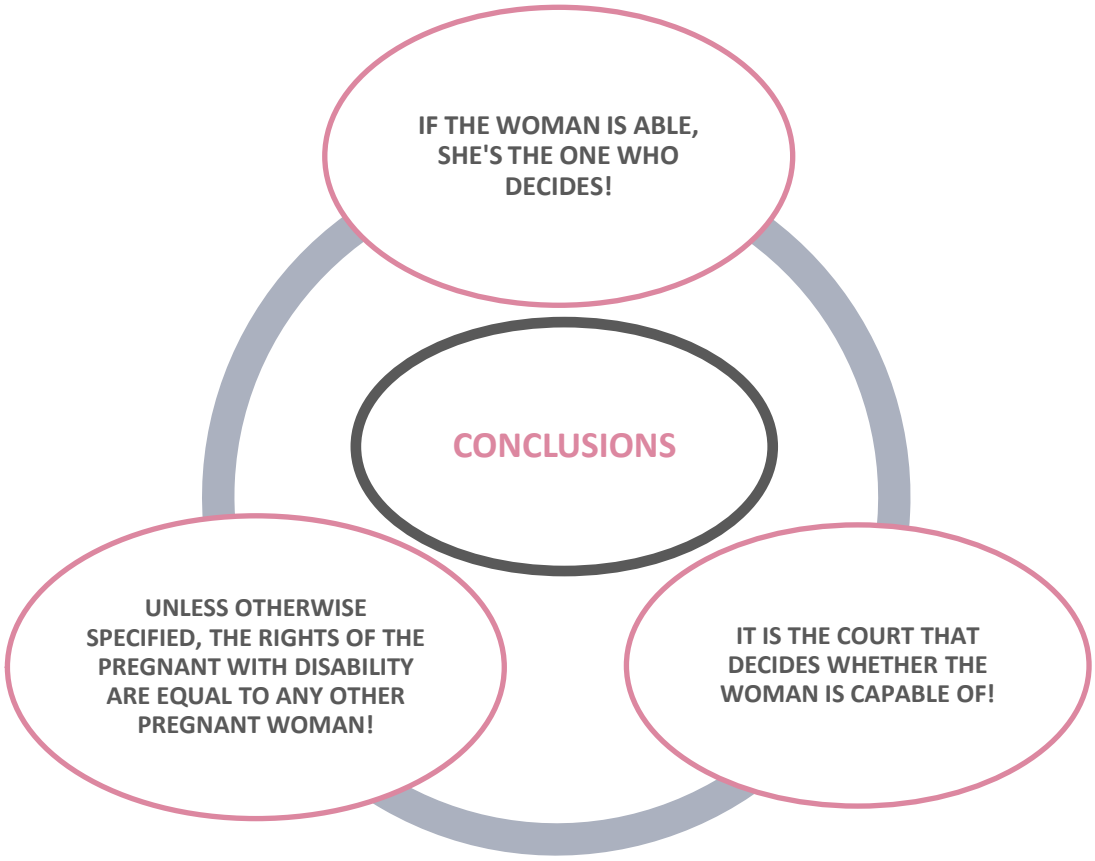
2·2· RIGHTS AS PREGNANT QUESTIONS AND ANSWERS

1)	**RIGHTS**
	Everyone has rights and duties. One of my rights is to build a family, choosing the person I want to be with and whether or not I will have children. In order to make this right effective, I must be able to count on the support of the State, namely the Health Department - I must have a family doctor assigned, I must be followed periodically by him, I must carry out all the examinations necessary for the well-being of my baby and I must be always informed of all the steps of development of my pregnancy, with a language appropriate to my level of understanding.
2)	**Does the law protect disabled women who are pregnant?**
	There are international norms and norms of Portuguese law that specifically address the situation of persons with disabilities, seeking, more and more, to obviate any type of discrimination and promote the integration of these people in society, adapting the responses to their capacity and need.
3)	**Opinion of women with disability**
	This concerns the exercise of a fundamental personal right of mine. So, my opinion is the most important opinion as long as I reveal the ability to understand that essential for decision making.
4)	**Who can help women with disability?**
	This aid can be an informal help, provided, above all, by my partner, but also by a personal assistant. It is, however, possible to choose someone I trust to accompany me in the exercise of certain rights for which I do not have the capacity. This accompanying person is appointed by the court and will always act in my interest and limiting his intervention to what is strictly necessary. When in

doubt, I can always go to the Public Prosecutor's Office, who will try to find the right person to accompany me.

5) And when my baby is born, what will happen

My health condition, except in exceptional cases and judicially defined, does not in itself determine any limitation in the exercise of my rights to care for and educate my children. Only the Court, therefore, can inhibit my exercise of parental responsibilities.



This law addresses the following issues:

- To promote individual, family and social interest in health through adequate health education of the population.
- To develop orientation programs in the field of family planning and the provision of the corresponding services.
- Everyone has the following rights before the different public health administrations: Respect for their personality, human dignity and privacy, without being discriminated because of their racial or ethnic origin, because of gender and sexual orientation, disability or any other personal or social circumstances.
- Information about the health services that a person can access and about the necessary requirements for its use. The information must be given in appropriate formats, following the rules set by the design principle for all, so that they are accessible and understandable for people with disabilities.
- The promotion, extension and improvement of systems for the early detection of disabilities and of services aimed at preventing and minimizing the appearance of new disabilities or the intensification of pre-existing ones.
- Public health actions will incorporate the gender perspective and will pay specific attention to the needs of people with disabilities.
- All health information will be provided disaggregated for its understanding according to the affected group, and will be available in a format that allows full accessibility to people with disabilities.

2.3. PUBLIC HEALTH LEGISLATION ON FAMILY PLANNING AND MATERNITY CARE

The law addresses the protection and guarantee of rights related to sexual and reproductive health in an integral mode. It introduces the definitions of the World Health Organization on sexual health and reproductive health and foresees the adoption of a set of actions and measures both in the health and in the educational field. It also establishes a new regulation of the voluntary interruption of pregnancy.

It is of vital importance in this law:

- The development of sexuality and the capacity for procreation are directly linked to the dignity of the person and to the free development of the personality and are the
- object of protection through different fundamental rights, notably those that guarantee physical and moral integrity and personal and family intimacy. The decision to have children (and when) is one of the most intimate and personal issues that people face throughout their lives, which integrates an essential area of individual self-determination. The public authorities are obliged not to interfere in such decisions, but, also, must establish the conditions for their adoption in a free and responsible manner, making available to those who need health care services, advice or information.
- Respect the right of persons with disabilities to decide freely and responsibly the number of children they want to have, to have access to information, reproduction education and family planning and to provide the necessary means to enable them to exercise those rights, as well as to maintain their fertility, on equal terms as others.

OTHER REGULATIONS

- Ley 39/1999, de 5 de noviembre, para promover la conciliación de la vida familiar y laboral de las personas trabajadoras (*Lawtopromotetheconciliationbetweenfamilylife and worklife).*
- Ley Orgánica 3/2007, de 22 de marzo, para la igualdad efectiva de mujeres y hombres. (*Lawfortheeffectiveequalitybetweenwomen and men*).
- Real Decreto 295/2009, de 6 de marzo, por el que se regulan las prestaciones económicas del sistema de la Seguridad Social por maternidad, paternidad, riesgo durante el embarazo y riesgo durante la lactancia natural.(*Regulationoneconomicbenefits for maternity, paternity, pregnancyriskandbreastfeedingrisk*).

PART III| DOMESTIC VIOLENCE

3·1· CONCEPT

Domestic violence encompasses behaviour used in a relationship, by one party, mainly to control the other. The people involved can be married or not, be of the same sex or not, live together, separate or date.

We can all be victims of domestic violence. Victims can be rich or poor, of any age, sex, religion, culture, ethnic group, sexual orientation, education or marital status.

The crime of domestic violence is committed by anyone who inflicts physical or psychological abuse, once or several times, on a spouse or former spouse, de facto or former de facto partner, boyfriend or ex-boyfriend or parent of a common descendant in the first degree, whether or not they live together.

It is also a crime of domestic violence to inflict physical or psychological abuse, once or several times, on a particularly defenceless person due to age, disability, illness, pregnancy or economic dependence, as long as he or she cohabits with them.

From this concept we can also distinguish between Domestic Violence:

- Domestic violence in the strict sense (physical abuse; psychological abuse; threat; coercion; insults; defamation and sexual crimes);
- Domestic violence in the broad sense that includes other crimes in domestic contact [rape of the home or disturbance of private life; debauchery of private life (pictures; telephone conversations; emails; revealing secrets and private facts; etc. rape of correspondence or telecommunications; sexual violence; child abduction; breach of maintenance obligation; murder: attempted/consumed; damage; theft and robbery).

3·2·TYPES OF VIOLENCE

https://www.noticiasaominuto.com/pais/1376260

DOMESTIC VIOLENCE ENCOMPASSES DIFFERENT TYPES OF ABUSE

Emotional violence: any behaviour of the partner that aims to make the other feel afraid or useless. It usually includes behaviors such as: threatening children; hurting pets; humiliating the other in the presence of friends, family or in public, among others;

Social violence: any behaviour that aims to control the social life of the partner, for example by preventing the partner from visiting family or friends, cutting the phone or controlling calls and phone bills, locking the other in the house;

Physical violence: any form of physical violence that an abuser inflicts on his/her partner. It can translate into behaviour such as: punching, kicking, strangling, burning, inducing or preventing your partner from getting medication or treatment;

Sexual violence: any behaviour in which the partner forces the other to engage in sexual acts that he/she does not want to. Some examples: pressuring or forcing a partner to have sex when they do not want to; pressuring, forcing or trying to get a partner to have unprotected sex; forcing the other to have sex with other people;

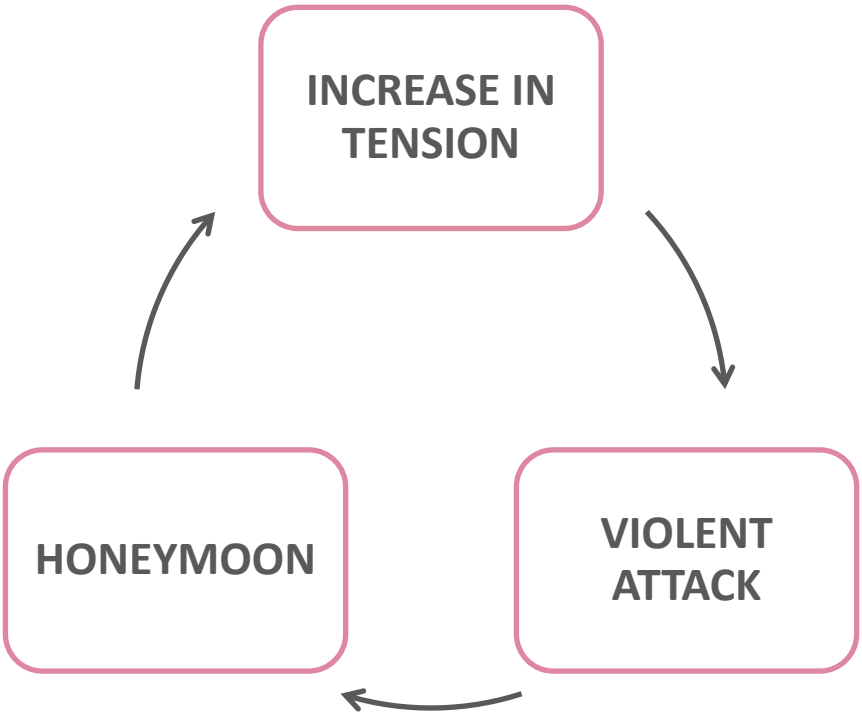
Financial violence: any behaviour that tries to control a partner's money without that partner wanting it. Some of these behaviours can be: controlling the other person's salary; refusing to give money to the other person or forcing the other person to justify any expenditure; threatening to withdraw financial support as a form of control;

Harassment: any behaviour aimed at intimidating or intimidating the other. For example: following your partner to his or her place of work or when they go out alone; constantly controlling the other person's movements, whether or not you are at home.

3·3·THE CYCLE OF DOMESTIC VIOLENCE

Domestic violence functions as a circular system - the so-called Cycle of Domestic Violence - which generally has three phases:

1. **Increase in tension**: the tensions accumulated in daily life, the insults and threats made by the aggressor create a sense of imminent danger in the victim;
2. **Violent attack**: the aggressor physically and psychologically mistreats the victim; these mistreatments tend to escalate in their frequency and intensity;
3. **Honeymoon**: the aggressor now involves the victim with affection and attention, apologizing for the aggressions and promising to change (he will never exercise violence again).

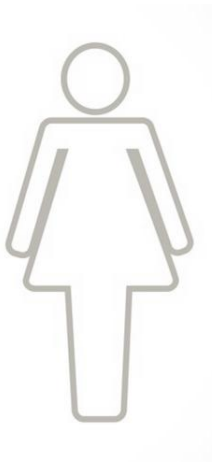


This cycle is characterised by its continuity over time, that is, by its successive repetition over months or years, with the phases of tension and appeasement becoming less and less intense and the phase of violent attack becoming more and more intense. Usually this pattern of interaction ends where it started before. In borderline situations, the culmination of these episodes may be murder.

https://apav.pt/vd/index.php/features2

3.4. DOMESTIC VIOLENCE AS A REPRODUCTION OF GENDER INEQUALITY

Violence against women is a complex and multidimensional phenomenon, which crosses social classes, ages and regions, and has relied on reactions of non-reaction and passivity on the part of women, placing them in the search for informal and/or conformist solutions, and there has been much reluctance to take this type of conflict into public space, where they have been silenced for a long time.



The reaction of each woman to her victimization situation is unique. These reactions should be seen as psychological survival mechanisms which, each one triggers in a different way to support victimisation.

Many women do not consider the mistreatment to which they are subjected, kidnapping, harm, insult, defamation or sexual coercion and rape by their spouses or partners as crimes.

In most cases, women are in situations of domestic violence because of the domination and control that their aggressors exercise over them through various mechanisms, such as: relational isolation; the exercise of physical and psychological violence; intimidation; economic domination, among others.

Domestic violence cannot be seen as a fate that women have to accept passively. The destiny over her own life belongs to her, she must decide, without having to resignedly accept the violence that does not carry it out as a person.

3.5. ERADICATION OF VIOLENCE

VICTIM

The safety and well-being of the victim are of enormous importance. There is increasing concern for her, both nationally and internationally. In 1985, the UN adopted the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power. These principles include access to justice and impartial treatment, reparation, compensation and assistance.

The recognition and protection of the rights, needs and interests of victims are of paramount importance. All strategies, including the application of legal sanctions and other measures, should take into account the safety of the victim.

AGGRESSOR

There are a variety of sites that offer treatment programs for aggressors, such as mental health institutions, prisons, social service organizations, shelters. In some countries, there is an increasing pooling of efforts between the criminal justice system and other agencies.

Some programs focus on self-awareness. Offenders learn to recognize the thoughts and feelings that lead them to acts of violence, so that they can control themselves before committing them.

JUDICIAL SYSTEM

The responses of the judicial system should avoid incurring "victimisation" of the victim and take into account the respective experience and fears. Answers include:

- Define the status and position of the victim;
- Increase the level of protection offered by the system;
- Facilitate the active participation and representation of the victim in the process.

It may also be the case that the aggressor has frequent contact with the victim and there is therefore a risk of retaliation and manipulation. The justice system can prevent further "victimisation" through the following measures:

- Promoting articulation;
- Provide information to the victim about legislation, legal support, emergency shelters and hotlines;
- Provide information on the course of the case and on the whereabouts of the aggressor (so that you can protect yourself and your own);
- Make available legal defenders;
- Providing safe emergency shelters;
- Gathering evidence trying to respect the victim's situation;
- Increase the effectiveness of the legal process by simplifying it;
- Make it clear that the community does not accept violent behavior;
- Take into account the risk that certain sentences may pose for the victim.

RESPONSE FROM PROFESSIONALS

Understanding the situation and needs of the victim of domestic violence can help professionals to provide support. This can work:

- Afraid;
- Extreme stress and trauma;
- Decreased self-esteem;
- Anxiety and depression;
- Isolation and dependence;
- Insecurity and loss of self-confidence,

- Feeling of guilt;
- Difficulty in making decisions.

Security is a priority. Professionals can help by presenting various solution alternatives, without imposing their values and decisions, nor judging their options.

Proper training is the way to develop effective responses to domestic violence. Professionals should be aware of both the reality surrounding the phenomenon and the strategies for satisfying the needs felt by the victim and the aggressor.

https://16days.thepixelproject.net/wp-content/uploads/2013/11/stop-domestic-violence.png

PART IV| HEALTHY BEHAVIOURS ON SEXUAL HEALTH AND REPRODUCTIVE CHOICES

4.1. HEALTHY BEHAVIOURS ON SEXUAL HEALTH

4.1.1. FINDING SEXUALITY

https://www.thehealthsite.com/sexual-health/whats-your-sexual-orientation-p915-325062/

After understanding how our body looks like, it's necessary to find your own sexuality. We will examine aspects related to gender identity, sexual orientation, and intimacy, pleasure and eroticism. Bear in mind that each person thinks and feels his/her sexuality in a very individual way and it is highly influenced by the biopsychosocial and cultural context.

GENDER IDENTITY

Ever since we can remember, gender has been binary, i.e. you're either male or female. This comes from the existence of the two different sexual organs. Recently, there's has been a shift in this paradigm (a gender revolution), to an idea that there can be more than just two genders, depending on each one's gender identity.

Gender identity is how a person feels and who he/she knows her/himself to be when it comes to his/her gender.

In Table, there's a list of some of the different gender identities, with the according definition.

Gender identity and definitions	
GENDER IDENTITY	**DEFINITION**
AGENDER/GENDER-NEUTRAL	People whose gender identity and expression does not align with man, woman, or any other gender.
ANDROGYNOUS	Identifying and/or presenting as neither distinguishably masculine nor feminine.
BIGENDER	Someone whose gender identity encompasses both man and woman. Some may feel that one side or the other is stronger, but both sides are present.
CISGENDER/GENDER NORMATIVE	A synonym for cisgender, gender straight people are those whose gender identity matches up with expectations of their sex assigned at birth.
GENDER-FLUID	Someone for whom gender identity and presentation is a spectrum. A gender-fluid person doesn't confine to one gender, or even a few. Instead, they may fluctuate between presenting as feminine, masculine, neither, or both.
TRANSGENDER	An umbrella term for people whose gender identity and/or expression is different from cultural and social expectations based on the sex they were assigned at birth.

SEXUAL ORIENTATION

Sexual orientation is an enduring pattern of romantic or sexual attraction (or a combination of these) to other people.

You can be attracted to people…

…of the opposite sex.	**Heterosexuality**
…of the same sex.	**Homosexuality**
…of both sexes or more than one gender.	**Bisexuality**
You can also lack sexual attraction to others.	**Asexuality**

INTIMACY, PLEASURE AND EROTICISM

Having a healthy sexual relationship means the individuals are satisfied, physically and psychological, with the frequency and nature of sexual encounters, which not always means "having sex". There are different ways to obtain pleasure, as long as people agree and are comfortable with it, and it doesn't do damage to self or others. Preferable sexual and erotic practices to obtain pleasure and intimacy vary from one individual to another. Here are some examples of healthy sexual behaviours to explore one's own sexuality:

- Kissing
- Hugging
- Caressing
- Cuddling
- Holding hands
- Masturbation
- Penetration
- Use of sex toys
- Watch rated-X movies
- Visit Internet sex sites
- Anal/oral stimulation
- Homosexual experience
- Roleplay
- Bondage
- Use of lubricants

It's always best to communicate with your partner and share likes and dislikes. And remember:

it's healthy as long as the people involved are comfortable with it.

4·1·2· SEARCHING FOR INFORMATION: WHERE, HOW AND WHO?

https://utrconf.com/

Sometimes it is said that worse than being uninformed is being misinformed. The Internet is a powerful tool and comes with a lot of useful information, along with a lot of erroneous and mistaken contents as well. It can be challenging to find reliable sites. Then, it might seem safer to ask our friends, because they are closer to us and it's easier to talk to them. However, each person experiences sexuality in their own way and even though experience sharing is part of the human nature and growth, it may come with misguidance or useless information.

Best resources for information, especially when it comes to health matters (sexual health included) are always people with academic studies and work experience in health settings. Next, a few cues are presented on where, how and with whom you can find relevant information about sexual health.

WHERE?	***HOW?***	***WITH WHOM?***
Health-care centers	Ask questions	Nurses
Hospitals	Listen to answers	Doctors
Private clinics	Talk openly about your doubts and fears	Sexual educators
Schools	Make an appointment in family planning consultation	Teachers
	Use the right words to refer to your body (e.g. penis, instead of "his thing"; or vagina, instead of "my tata")	Psychologists

4.1.3. SEXUAL HEALTH IS STILL HEALTH

https://twitter.com/safe_abortion/status/1098175504530706433

One way to improve health in general is through self-care. Self-care is the "ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health-care provider" (WHO, 2013). In another words, it is having the initiative to take care of your mental, physical, emotional and, also, sexual well-being.

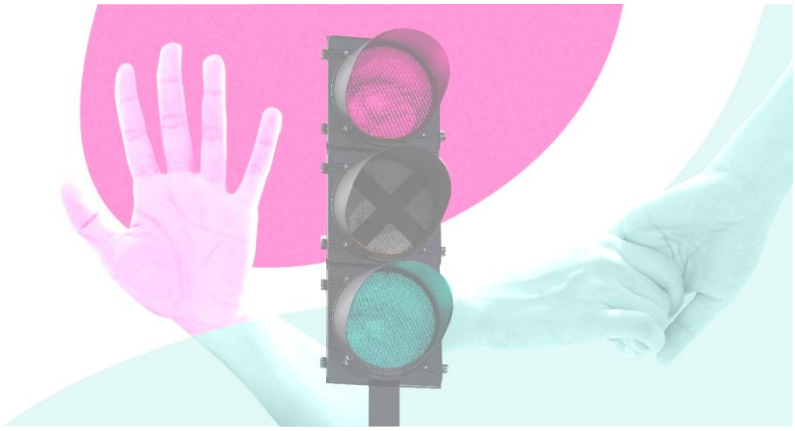
GENERAL WELL-BEING?

- Have a balanced diet;
- Do physical activity and exercise;
- Rest, sleep and relax;
- Maintain hygiene habits (e.g. take a shower/bath, wash your teeth, dress clean clothes);
- Avoid toxic substances (e.g. drinking, smoking, drugs);
- Participate in pleasurable and leisure activities;
- Have healthy relationships with family and friends;
- Go to the doctor regularly.

WHAT ABOUT SEXUAL HEALTH?

- Search for information on sexual and reproductive health;
- Ask questions about your doubts and fears;
- Know your body (how it feels, where and how you like to be touched) and, if possible, love it just the way it is;
- Check your body regularly for uncomfortable feelings or aches;
- Participate in medical screenings;
- Communicate with your partner about likes/dislikes and boundaries;
- Use preventive strategies for unwanted pregnancy and sexually transmitted infections

4.1.4. THE IMPORTANCE OF CONSENT IN RELATIONSHIPS: PREVENTING ABUSE



https://www.healthline.com/health/guide-to-consent

WHAT IS CONSENT?

To give the ***consent*** means you voluntarily agree or approve the proposal or desires of another.

For example, consent to sexual activity means you understand what the activity is and you are capable to agree with it, by words or conduct, without feeling forced/ influenced to do it.

Some important notes about consent:

- Giving consent to one activity one time does not mean giving consent for the following times.
- You can give your consent to initiate an activity, but you can change your mind and not give consent to its continuation.
- Even in marriage, one should not assume there is consent for any activity.
- Being silent, not responding or not presenting resistance to an activity does not mean there is consent.

WHAT IS SEXUAL ABUSE?

Sexual abuse is an act of violence, which occurs when a sexual behaviour or a sexual act is forced upon another person without his/her consent.

WHAT TO DO TO PREVENT ABUSE?

Sometimes, knowledge is the best "weapon" we can have to protect ourselves. Here are some clues on how to prevent being exposed or entrapped in abusive situations:

Establish your boundaries with your partner: you don't have to agree with activities you don't feel comfortable with.

Talk regularly to your health professional about your doubts on sexuality.

Avoid engaging in sexual activities with people you don't know or trust.

Avoid engaging in risk behaviours

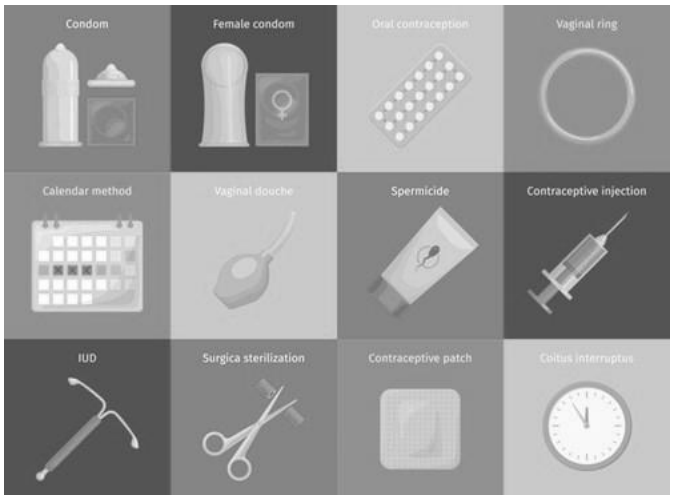
Get away from the person or terminate the relationship with the person you feel abused you in some way.

If you feel someone has been approaching you in way you don't like or don't feel comfortable, tell that to the person. If the behaviour doesn't stop or change, ask for help from your health professional or the local authorities.

If you know someone (a friend, a neighbor, a family member) is being abused, encourage them to report it to the authorities. If they are not willing, because they're afraid, you can also report it.

4.2. HEALTHY BEHAVIOURS ON REPRODUCTIVE CHOICES

4.2.1. FAMILY PLANNING METHODS



https://www.hawaiipacifichealth.org/

Family planning counselling or consultation is a medical service you can find in health care centres or clinics. It is and interactive process involving a woman, and respective partner or family, in which information is provided in order to facilitate or confirm informed and voluntary decision-making about:

- Number of children to conceive
- Spacing of pregnancies
- Contraception methods
- Sexually transmitted infections and their prevention
- Abortion
- Fertility

In the next topics, it will be provided some information about birth control, sexual transmitted infections (STIs) and the importance of consent, informed choice, self-determination and supported decision-making.

4·2·2· INFORMED CHOICE ON BIRTH CONTROL

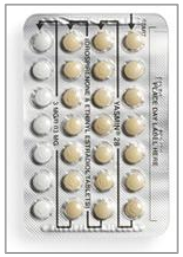
If the women do with a family planning consultation, the doctor can inform you on what's the best birth control method for you. We can examine in Table 2 several methods, how they are used, their expected effectiveness and the pros and cons of their individual use.

You need to bear in mind that some birth control methods used individually pose a high risk of getting pregnant (e.g. withdrawal), so they should be combined with other methods simultaneously to increase effectiveness (e.g. pill, condom).

Another aspect to consider is that, so far, only the condom (both masculine and feminine) protects against the transmission of STI's. Therefore, it should be used with double purpose.

Birth control methods from least effective to most effective			
Method	**Description**	**Pros**	**Cons**
Abstinence	It means there is no sexual contact through vaginal sex.	✓ Prevents STI's. ✓ Free of charge.	× Difficult to maintain in a consistent way. × Requires willpower.
Withdrawal 	When a man takes his penis out of a woman's vagina during sex, before he ejaculates.	✓ Free of charge. ✓ No prescription necessary.	× Reliance on partner self-control. × Difficult to perform perfectly every time. × No STI protection.
 **Diaphragm**	A diaphragm is a shallow, dome-shaped cup made of silicone. You insert the diaphragm into your vagina before you have sex and it covers your cervix and keeps sperm out of your uterus. For a diaphragm to work effectively, you need to use it with spermicide and leave it in place for 6 hours after sexual activity.	✓ Non-hormonal. ✓ Can be inserted up to 6 hours before sex. ✓ Can remain in place up to 24 hours. ✓ May reduce transmission of some STI's (e.g. chlamydia and gonorrhoea). ✓ Can be used while breastfeeding.	× Limited STI protection. × Increased likelihood of bladder infection × Must be left in place for 6 hours after sexual activity. × Requires self-discipline and planning. × Can´t be used in case of allergy to silicone or spermicide. × May be uncomfortable to insert.

Fertility awareness 	It is a way to look for signs that your body has ovulated or is about to ovulate, to determine the days in which you can get pregnant. It may include a combination of using an app, measuring and tracking basal body temperature, looking at cervical fluid, and tracking the menstrual cycle. In the days you're supposed to be ovulated, you shouldn't have sexual activity.	✓ Free (except for the price of a basal thermometer). ✓ No prescription necessary. ✓ Non-hormonal. ✓ Helps you learn more about your body and how it works. ✓ May help achieve pregnancy if method is used in reverse.	× No STI protection × Users must understand their cycle and when ovulation occurs. × Requires planning, record-keeping and self-control. × Difficult to use for people who experience irregular or unpredictable cycles. × Requires abstinence or a reliable back up method during fertile times.
Condom	External condoms cover the penis with a latex or a non-latex material. An internal condom (or female condom) is made of a non-latex material and is placed in the vagina or rectum before sexual contact and/or penetration. Both methods work by trapping the semen and sperm in the condom, and must be in place before any sexual contact.	✓ Protects against most STIs, including HIV ✓ No prescription necessary. ✓ Free in health facilities or low cost in drug stores or supermarkets. ✓ Internal condom can be inserted up to 6 hours before sex. ✓ External condoms come in different sizes, colours, and flavours. ✓ External condom with easy application.	× Slippage and breakage may occur, especially if not applied correctly or used without lubrication. × A new one needs to be used with each sexual act and with different partners. × Decreased sensation may occur. × Female condom may be uncomfortable to insert.

Birth Control Pill (oral contraceptive) 	Most birth control pills contain estrogen and progestin (hormones). Birth control pills work by stopping the release of an egg, thickening the fluid in the cervix, and thinning the lining of the uterus. To increase effectiveness, one pill must be taken at the same time every day.	✓ Easy to use – just swallow with water. ✓ Low maintenance: nothing to put in place before sexual activity. ✓ Very effective. ✓ May decrease menstrual pain, acne, PMS. ✓ Causes periods to be more regular and lighter. ✓ Reduces risk of endometrial and ovarian cancer, ovarian cysts, non-cancerous breast tumours and pelvic inflammatory disease. ✓ Rapid return to fertility.	× Needs a prescription × Must be taken daily at the same time: you must remember to take it. × No STI protection. × Possible changes in sex drive. × Very rare but serious health risks include: blood clots, heart attack, and stroke. × Some medical conditions may limit pill options for users.
Contraceptive Patch	A patch (that looks like a Band-Aid) is placed on the buttock, abdomen, upper body or upper outer arm. It is changed weekly, at the same day for 3 weeks on a row; the 4th week is patchless and you can expect to have your period. It releases a continuous dose of	✓ Easy to use – it's like sticking on a Band-Aid. ✓ Lower maintenance than the pill: only one patch every 7 days. ✓ Same advantages as oral contraceptives.	× May cause skin irritation where the patch is placed. × Same disadvantages as oral contraceptives.

	hormones that prevent your ovaries from releasing eggs and thickens your cervical mucus, the same as birth control pills.		
Vaginal Ring 	It is a small, flexible plastic ring inserted into the vagina. It releases a continuous low dose of estrogen and progestin hormones that are absorbed through the vagina and works the same as birth control pills. For it to work best, a new ring needs to be inserted every 28 days.	✓ Easy to use – it's like putting in a tampon. ✓ Lower maintenance than the pill and the patch: only one ring per cycle. ✓ It releases a lower dose of hormones than other methods, so there may be fewer negative side effects. ✓ Same advantages as oral contraceptives.	× Uncomfortable to insert. × Increased vaginal discharge, irritation, or infection. × Same disadvantages as oral contraceptives.
Shot	It is an injection of hormones. It is injected into the arm or buttock every 12 weeks. It works by stopping ovulation and thickening the cervical fluid to keep sperm from entering the uterus. For it to work best, injections need to be given every 10 to 13	✓ Very effective ✓ Easy to use: nothing to put in place before sex. ✓ Low maintenance: only one shot for every two months. ✓ Private – no one will know unless you tell them. ✓ May lead to lighter or no periods. ✓ Can be used soon after giving	× No STI protection. × Need to visit a clinic every 12 weeks. × May cause irregular bleeding in the first 6-12 months. × May temporarily reduce bone density. × May cause headaches. × May cause changes in appetite and weight. × Return to fertility is delayed after

	weeks.	birth or while breastfeeding. ✓ Protects against cancer of the uterus, iron deficiency, anemia.	injections are stopped.
Implant 	It is a little rod that's inserted under the skin of your upper arm. The implant releases hormones that prevent your ovaries from releasing eggs and thickens your cervical mucus—which helps block sperm from getting to the egg in the first place. It prevents pregnancy for up to four years.	✓ Very low maintenance: it lasts for up to 4 years. ✓ Easy to use and private. ✓ May lead to fewer, lighter periods. ✓ Safe for smokers and those with hypertension and diabetes. ✓ Can be used while breastfeeding. ✓ May improve PMS, depression and symptoms from endometriosis.	× No STI protection. × May cause irregular bleeding, especially for the first 6-12 months. × It may lead to some side effects (e.g. acne, change in sex drive, headache, pain where the implant was inserted…)
IUD 	It is a little t-shaped device that is placed in your uterus by a health care provider. IUDs can be either hormonal or non-hormonal. They create an environment where sperm cannot survive (e.g. thicken the cervical fluid, making it difficult for sperm to move), preventing them from fertilizing an egg.	✓ Most effective long acting reversible contraception. ✓ Extremely low maintenance: the IUD works from 3 to 12 years. ✓ Easy to use and private. ✓ Can be used soon after birth and while breastfeeding. ✓ It can be used by any healthy woman, at any age. ✓ Hormonal IUDs may lead to	× Requires at least one visit to a health care provider. × It costs money. × No STI protection. × Non-hormonal IUDs may lead to longer and heavier periods. × Possibility of a temporary increase in cramps. × Possibility of expulsion.

	They can be effective for 3 to 12 years, depending on the type and, if you want to get pregnant, you can have it removed at any time.	lighter or no periods. ✓ Immediate return to fertility, after it is removed. ✓ Safe for smokers and those with hypertension and diabetes.	
Sterilization 	It is a procedure, done by a health care provider, that closes or blocks the tubes to prevent an egg from traveling down the uterus. The fallopian tubes are where eggs and sperm meet; if they are blocked or cut, you can't get pregnant. It can be done in women and men (in this case it is called vasectomy).	✓ Highest effectiveness. ✓ It only needs to be performed once and permanently. ✓ It doesn't change your body's natural hormones. ✓ Allows engagement in sexual activity without any worries of getting pregnant.	× Implies surgery, with possible complications (e.g. bleeding, infection…). × No STI protection. × Irreversible.

4·2·3· BE SAFE: HOW TO PREVENT STIS

Sexually Transmitted Infections, or STIs, are caused by bacteria, viruses and parasites and can be transmitted through sexual contact. They can be found in body fluids (e.g. semen) or on the skin of and around the genitals. Some STIs may cause no symptoms, while others cause discomfort and pain, and if they are not treated, can lead to serious health problems (e.g. pelvic inflammatory disease, infertility, cervical cancer, HIV infection). In Table 3, it is possible to check a list of STIs, how they are transmitted and their degree of curability.

Sexual Transmitted Infections			
STI	**Transmission**	**What are the symptoms?**	**Is there a cure?**
Chancroid	Vaginal, anal and oral sex	Painful, red-colored bumps in the genital region that become ulcerated. More painful in men.	Yes
Chlamydia	Vaginal and anal sex	Abnormal genital discharge; painful urination; burning and itching around the genitals; pain during sex; lower belly pain; bleeding between periods.	Yes
Gonorrhea	Vaginal, anal and oral sex	Yellow or green urethral and vaginal discharge, resembling pus; inflammation or swelling of the foreskin or vulva; pain in the testicles or scrotum; painful or frequent urination; anal discharge; eye pain, light sensitivity, or eye discharge resembling pus; red, swollen, warm, painful joints; painful sexual intercourse; fever; bleeding in-between periods; heavier periods; bleeding after intercourse; vomiting and abdominal or pelvic pain.	Yes
Hepatitis B	Vaginal and anal sex; from penis to mouth	Feeling really tired; belly pain; loss of appetite; nausea and vomiting; joint pain; headache; fever; hives; dark-	No

		colored urine; pale, clay-colored bowel movements; jaundice (when the eyes and skin get yellow).	
Herpes	Genital (vaginal, anal) or oral contact with an ulcer	Group of itchy or painful blisters on the vagina, vulva, cervix, penis, butt, anus, or the inside of the thighs. The blisters break and turn into sores. Other symptoms: burning during urination; itching; pain around the genitals.	No
HIV	Vaginal and oral sex	Thrush; sore throat; bad yeast infections; chronic pelvic inflammatory disease; getting bad infections a lot; feeling really tired, dizzy, and lightheaded; headaches; losing lots of weight quickly; bruising more easily than normal; having diarrhea, fevers, or night sweats for a long time; swollen or firm glands in the throat, armpit, or groin; deep, dry coughing spells; feeling short of breath; purplish growths on the skin or inside the mouth; bleeding from the mouth, nose, anus, or vagina; skin rashes; loss of strength and control of muscles and reflexes.	No
Human Papilloma- Virus (HPV)	Skin-to-skin, genital, mouth-to-genitals contact	Doesn't have symptoms, but can become cancer (in the penis, vulva, anus, throat).	No
Syphilis	Genital (vaginal, anal) or oral contact with an ulcer	Mild or no symptoms. Painless sore in genitals, cervix, lips, mouth, breasts, anus (primary stage); body rashes, mild fever, fatigue, sore throat, hair loss, weight loss, swollen glands, headache, muscle pains (secondary phase); tumors, blindness, paralysis (late stage).	Yes
Trichomoniasis	Vaginal, anal and oral sex	Green, yellow, gray, frothy, and/or bad-smelling vaginal discharge; blood in vaginal discharge; itching and irritation in and around your vagina; swelling around the genitals; pain during sex.	Yes

There are some sexual behaviors than **can increase the risk of STIs**:

- Having unprotected sex (without a condom).
- Having multiple sex partners.
- Starting sexual activity at a young age.
- Having a high-risk partner (one who has multiple sex partners and doesn't use condoms).
- Having sex with a partner who injects or has ever injected drugs.
- Having sex with someone from sex trade work.

How can STIs be prevented?

- Know your sexual partner – if you and your partner don't have (and never had) any STI, you are in low risk of having an STI. You can still use condoms, combined with other contraception methods, to attain a dual protection against STIs and pregnancy.
- If you have an STI, you should inform your partner and use condoms. Otherwise, you should abstain from having sex and see your doctor.
- Use condoms when engaging in sexual activity with several partners.
- Abstain from having sex if you don't have adequate protection.
- Be informed about STI's and their transmission
- Use condoms correctly.

4.2.4. THE IMPORTANCE OF INFORMED CONSENT, SELF-DETERMINATION AND SUPPORTED DECISION-MAKING

AGAIN, WHAT IS CONSENT?

To give your consent is to voluntarily agree or approve the proposal or desires of another. In the context of family planning and in a medical setting, this is a very important topic, because sometimes you need to take medication and go through some medical procedures, but you need to give your expressed consent before doing it. This consent needs to be an informed one, which means, you should be able to give your consent based on complete and accurate information about all appropriate, available options.

AND WHAT IS SELF-DETERMINATION?

It is a process by which a person controls their own life. This means a person should have the autonomy to make his/her own choices. A person has self-determination when, for example, denies procedures he/she doesn't understand or don't agree with. Also, a person has self-

determination when she gets to decide what she feels would be best for her (e.g. having or not having children).

FINALLY, WHAT IS SUPPORTED DECISION-MAKING?

Sometimes, there is a lot of complex information and a lot of decisions to make. Some of them can be easy; some of them can be really hard. Most of the times, it will require some help analyzing the possible options, their explanation and consequences. That help can come from a partner/spouse, from family, from health care providers, and from a team of specialized technicians. The most important is to have the person making the decision for herself, and not simply doing what someone thinks is best.

PART VI PPREGNANCY IN WOMEN WITH DISABILITY

5·1· MATERNITY

https://blog.ipleaders.in/maternity-benefit-act

WHAT PROBLEMS WOMEN WITH DISABILITY CAN FIND?

- Motherhood in women with disabilities is a recognized right. However:
    - Being a mother with a disability is a difficult task, because, to the difficulties inherent to motherhood, must be also added those inherent in their disability and those derived from social non-acceptance.
    - In most of cases, health professionals are not familiar with the needs of this group of women and their performance can be influenced by social stereotypes.

WILL I BE A GOOD MOTHER?

- Maternity and disability sometimes leads to a series of doubts, as if she will be a good mother, if she will be able to manage with the baby or if her child will be born healthy.
- Nevertheless, these types of uncertainties are not exclusive to those women who have a disability, but they practically affect to all future mothers.
- In this regard, it is clear that, in order to reduce these uncertainties, the recommendations offered by the World Health Organization and UNICEF, which are specified in the following section, must be followed.

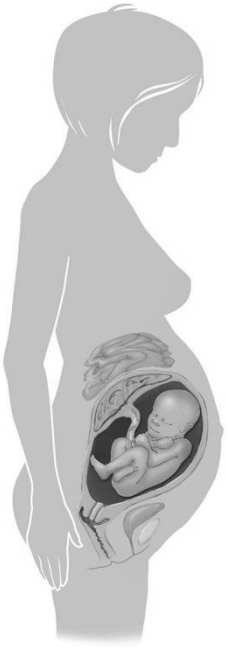
YOU ARE NOT ALONE!

- More and more women with disabilities are interested in becoming mothers and raising children.
- Women with disabilities are women in the first place, and have the same reproductive health care needs as women without disabilities.
- The 2006 UN Convention highlighted the importance of the autonomy and individual independence for people with disabilities, including the right to make their own decisions in a similar way to the basic human rights and fundamental freedoms. One of those rights should obviously be that any woman could be a mother.

- Moreover, many people with disabilities live a completely autonomous life and that does not make them incapable in any case for the upbringing.
- In fact, in the future, their children will live and coexist with the disability with total naturalness.

Obviously, a woman with a disability knows perfectly well that she has limitations and that these will imply the need for extra support in pregnancy, in childbirth and after the birth of the baby. However, this is never synonymous of not being able to exercise as mothers.

5·2· HEALTH CARE SYSTEM IN MATERNITY FOR DISABLED WOMEN

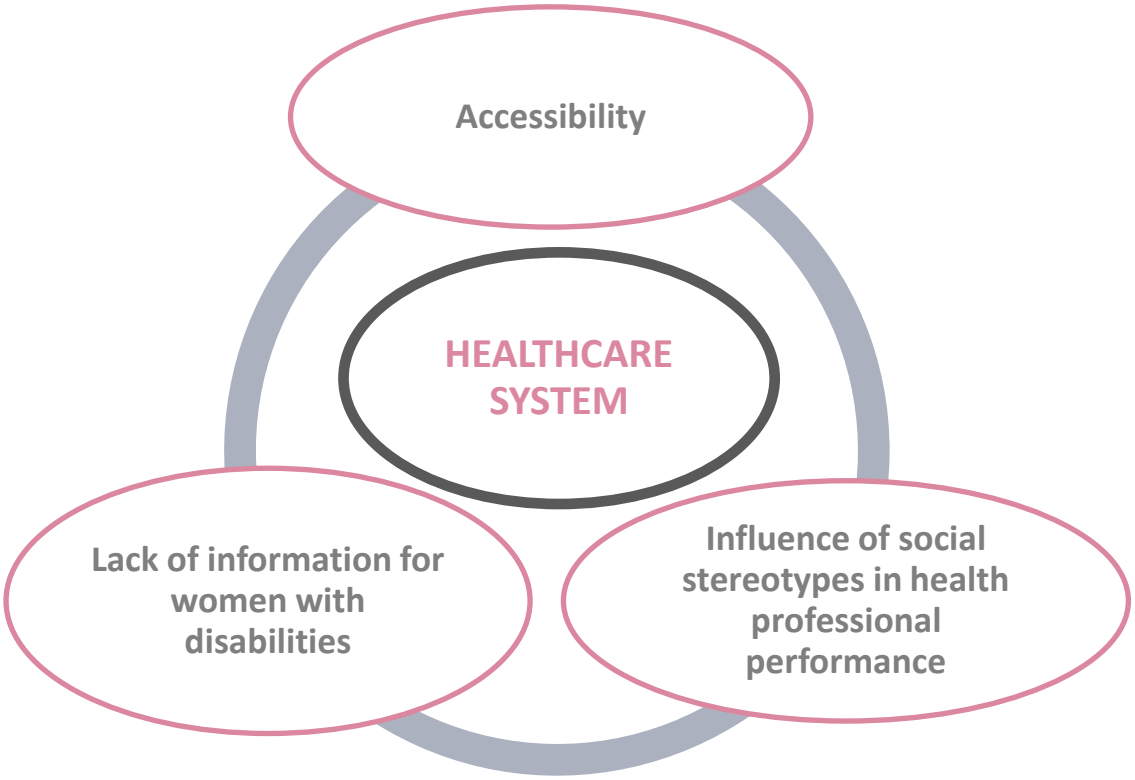


https://raisingchildren.net.au/pregnancy/week-by-week/

- In general, all pregnant women should access health care services early.
- In addition, one of the main problems faced by disabled women, like the rest of women, is the lack of information and counselling during the post-partum period, generating difficulties in breastfeeding, among others.
- Moreover, we have to take into account the lack of social and family support, the lack of flexibility of working hours and study, the lack of psychological support and the stress and fatigue that make this whole process, before and after birth, generating more difficulties in the pregnant woman.
- It is highly recommended, people with disability may face considerable challenges in accessing health care services. What little research exists on addressing maternity issues among disabled mothers generally focuses on their disability rather than their reproductive capability.
- The woman with a disability is the great unknown and that is the unleashing that leads society to question issues such as motherhood. This project aims at encouraging the knowledge of these women and the assessment not only of their disabilities but also the many capacities they possess.
- Women with disabilities, as mother, must receive the same attention as any other woman who needs support in the care and education of their children, since the difficulties can also arise in mothers who do not have any type of disability. In this regard, social and health services play a fundamental role, which must give a professional and personalized response.

WOMEN WITH DISABILITIES AND HEALTHCARE SYSTEM

- Maternity care needs are not currently met for many pregnant disabled women because many women with disabilities face a great deal of unpredictability in their daily lives, they want care that is well planned and which helps to eliminate the unexpected.
- Women with disabilities are in a situation of special inequality before the health services due to difficulties of accessibility to gynaecological services, scarce and inadequate response to the information needs and the specific needs that derive from their particular situation.
- Some studies conclude that there is a reluctance to attend pregnancies of disabled women, under the pretext of considering them high risk; so a majority practice of caesareans is performed.



5.3. POSITIVE LIFESTYLE BEHAVIOUS IN PREGNANCY AND MATERNITY

Women's health is a resource for life and the best start for children. Healthy behaviours before, during and after pregnancy bring benefits now and set the foundation for pregnancy and the lifelong health of their children.

Especially women who were planning their pregnancy and women who received advice from health professionals and social support were more likely to adopt healthier behaviours before pregnancy.

Lifestyle behaviours in pregnancy and maternity:

POSITIVE LIFESTYLE BEHAVIOURS

Healthy balanced diet and nutrition supplements
Water
Healthy weight
Exercise, sport
Breastfeeding
Good sleep
Good hygiene to prevent infections
Screening, immunization, medical supervision and check-up with the OB and other specialist

NEGATIVE LIFESTYLE BEHAVIOURS

Smoking
Alcohol and drug use
Caffeine
Violence against women
Medicines-talk to your doctor
Harmful exposures at home or at work
Some foods: undercooked meat or egg, raw fish and sushi

5·4· TAKE CONTROL OF EMOTIONS! PREGNANCY AND MENTAL HEALTH

In addition to physical health, a woman's emotional well-being and her mental health can also play important roles in pregnancy. Whether your pregnancy was planned or unplanned, it's natural to have mixed emotions about it. Specialists advise women to be aware of their thoughts and feelings, and to find a place to talk about these feelings and work through them.

One in five women experience mental health problems during pregnancy or in the year after birth. Women and men can both experience mental health issues during the pregnancy (the 'antenatal' period), as well as after the birth (the 'postnatal' period).

FACTORS THAT CAN PUT YOU AT GREATER RISK OF DEVELOPING MENTAL HEALTH ISSUE DURING PREGNANCY

- Past problems with your mental health, discontinued pharmacological treatment
- Feeling you don't have enough support
- Going through a hard time, such as in your relationship
- Past or current abuse of any sort
- Problems with drugs or alcohol
- Sleep deprivation
- Domestic violence

WHEN IT'S TIME TO GET HELP?

- You've felt consistently bad (e.g. Sad or worried) for longer than 2 weeks
- Negative thoughts and feelings are starting to affect your ability to function normally
- You're showing signs of depression, such as losing interest, or feeling hopeless or unable to cope
- You feel anxious or worried most or all of the time
- You start having panic attacks, or develop obsessive or compulsive behaviours
- Loss of appetite

MENTAL HEALTH PROBLEMS IN PREGNANCY

- Depression and anxiety disorders (most common)
- Other disorders including obsessive-compulsive disorder (OCD), tokophobia (extreme fear of giving birth), post-traumatic stress disorder (PTSD), bipolar disorder (less common)
- Eating disorders (due to changes to body shape)
- Severe mental illness may develop more quickly immediately after childbirth than at other times and can be more serious. Women with a severe mental illness such as psychosis, schizophrenia or bipolar disorder are more likely to have a relapse (become unwell again) than at other times

WHERE DO YOU FIND HELP?(EACH PARTNER SHOULD GIVE CONCRETE EXAMPLES OF SERVICES FROM THEIR COMMUNITY/AREA)

- Talk to your partner, or someone else you trust
- Ask your doctor/midwife for advice
- Contact your psychiatrist
- Access support services in the community
- On-line support
- Help-lines
- Health Apps

TIPS FOR MANAGING YOUR MENTAL WELLBEING

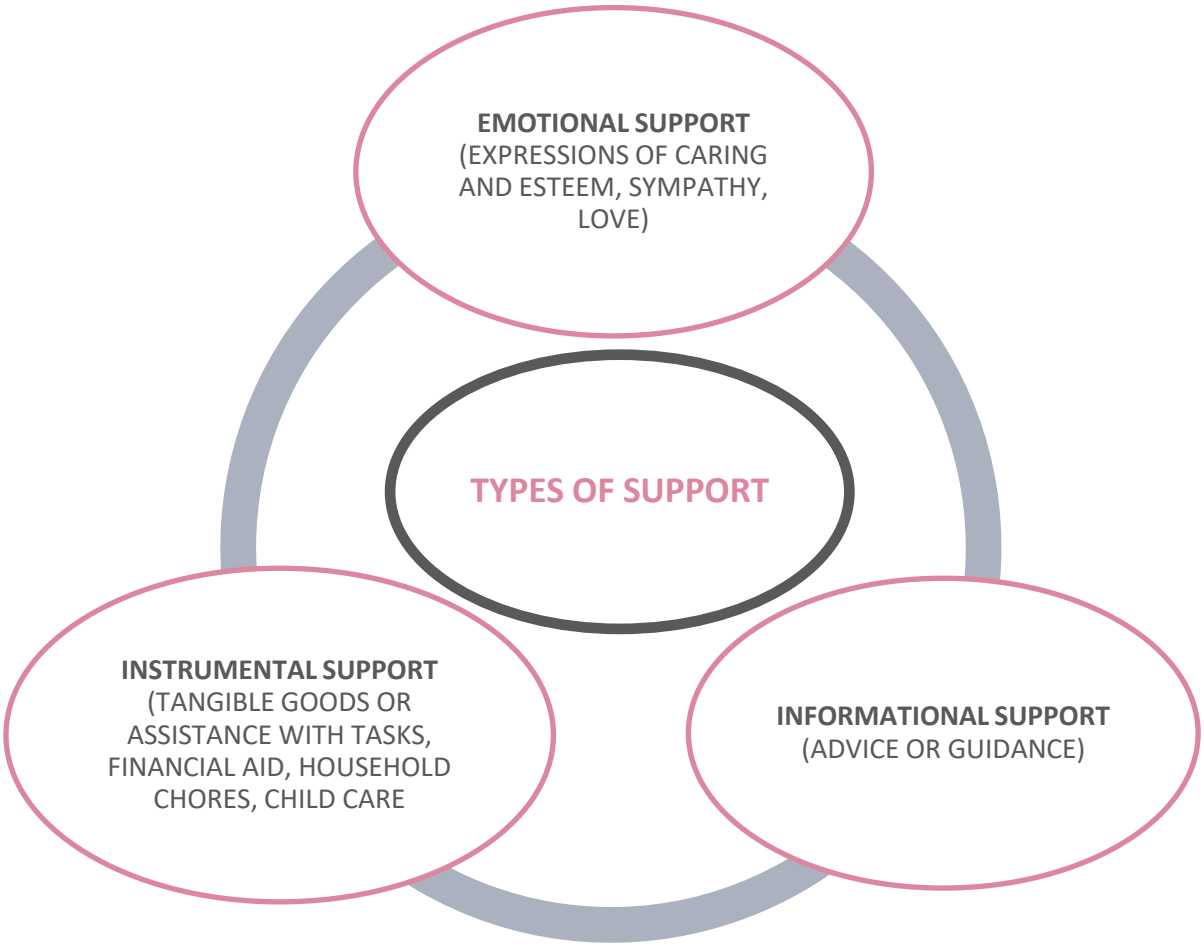
- Don't Be a Hero-Don’t expect too much of yourself - be realistic about what you can do; rest and sleep when you need to
- Exercise. Keep physically active
- Try complementary therapies: massage, yoga
- Breathing exercises. Relaxation
- Listen to music!
- Eat regular, healthy meals. Drink water.
- Avoid using drugs or alcohol to deal with stress
- Try not to make major changes at this time
- Write a journal!
- Practice a hobby!
- Spend time in nature!
- Spend time with people who make you feel relaxed and good about yourself
- Make connections with other expectant parents so you can support each other
- Laugh!Cry!
- Get Professional Help
- Prepare for the birth(antenatal classes, visit the hospital/birth center/delivery suite, talk/read/sing to your baby, prepare his/her room/place “nesting”)
- Accept help if it’s offered to you; ask for help if you need it

5·5·SUPPORT SYSTEM

https://www.hrmagazine.co.uk/article-details/a-negative-outcome-for-positive-discrimination

Social support is a complex and multifaceted concept referring to the voluntary action from one person toward another, which leads to a positive response. Social relationships play a central role in shaping the quality of people's lives. Support may be a critical resource for successfully managing many life challenges, such as pregnancy.

Pregnancy constitutes a time of significant life change and challenge requiring major psychological adjustments, often associated with anxiety and stress. A lack of psychosocial and emotional adjustment during pregnancy/maternity constitutes a risk factor for the mother. Social participation providing emotional and instrumental support is protective by buffering the impact of life stress on emotional well-being of the mother.


EMOTIONAL SUPPORT
(EXPRESSIONS OF CARING AND ESTEEM, SYMPATHY, LOVE)
TYPES OF SUPPORT
INSTRUMENTAL SUPPORT
(TANGIBLE GOODS OR ASSISTANCE WITH TASKS, FINANCIAL AID, HOUSEHOLD CHORES, CHILD CARE
INFORMATIONAL SUPPORT
(ADVICE OR GUIDANCE)

SUPPORT PROVIDERS

- Family and community support
- Educational and social services
- Medical and health services

EFFECTS OF SOCIAL SUPPORT ON MENTAL HEALTH

- May enhance feelings of well-being, personal control
- Helps women to perceive pregnancy-related changes as less stressful
- Prepare for parenthood and manage their emotional responses
- Decrease in postpartum depression
- Increase in life expectancy
- Better results in pregnancy outcomes

EFFECTS OF SOCIAL SUPPORT ON PHYSICAL HEALTH

- Supportive companion 'doula' during labor dramatically reduced labor length and complications
- Social support may be one determinant of lifestyle habits and relevant health behaviors, including substance use such as alcohol and tobacco, as well as dietary habits
- Better labor progress and babies with higher birth weight and higher Apgar scores

PART VI| GOOD PRATICE and POLICY RECOMMENDATIONS

6·1· GOOD PRATICE

1. Increase reproductive/maternal health literacy in women with disability/mental illness.
2. Increase reproductive/maternal health literacy in family members and partners of women with disability/mental illness.
3. Increase disabled/mentally ill women's involvement and autonomy in decision-making processes.
4. Increase information accessibility for women with disability/mental illness.
5. Adapt information to the needs of women with disability/mental illness.
6. More training about disability and mental health for health professionals.
7. Increase involvement of disabled/mentally ill women's family and partners in reproductive/maternal healthcare.

6.2. POLICY RECOMMENDATIONS

https://www.accdocket.com/articles/gc-s-public-policy-role-in-an-age-of-upheaval.cfm

The right of women with intellectual disabilities or mental illness to participate actively in the promotion of their reproductive and maternal health, to perceive correctly all the information transmitted to them by health professionals and to ensure adequate follow-up is a fundamental right and one of the common and essential principles and values of the European Union.

In recent years, the European Union, with the strong commitment of its Member States, has come a long way towards an equitable society in terms of the inclusion of people with disabilities in various ways. This is due to continuous work on various aspects, both at European, national and local level. However, this work is not yet complete, as we are far from achieving the full inclusion of people with disabilities, especially in areas such as the right to their reproductive and maternal health choices.

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