

THE (IM)POSSIBILITY OF BEING A WOMAN AND A MOTHER WITH DISABILITIES: AN INTEGRATIVE REVIEW

A (IM)POSSIBILIDADE DE SER MULHER E MÃE COM DEFICIÊNCIA: UMA REVISÃO INTEGRATIVA

LA (IM)POSIBILIDAD DE SER MUJER Y MADRE CON DISCAPACIDADES: REVISIÓN INTEGRADORA

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Objective: To integrate and analyze empirical studies on the knowledge produced about the sexuality and motherhood experiences of women with disabilities. **Method:** An Integrative Literature Review carried out with 17 articles collected in the Literature and Retrieval System on Line, Directory of Open Access Journals, Scopus and CINAHL databases, using thematic content analysis. **Results:** Feelings of exclusion and stigma towards sexuality and motherhood were identified; as well as lack of sexual and reproductive education for women with disabilities, resulting from their social image; and scarcity of health professionals duly trained to guide and welcome women in the face of motherhood, both during and after the pregnancy-puerperal process. **Conclusions:** The sexuality and motherhood of women with disabilities are influenced by their social and professional recognition as productive people, capable of exercising their autonomy, in addition to the importance of health professionals duly trained to deal with individual differences.

Descriptors: People with Disabilities. People with Disabilities' Health. Women's Health. Maternity Hospital. Sexual Health. Reproductive Health

Objetivo: Integrar e analisar os estudos empíricos acerca do conhecimento produzido sobre a vivência da sexualidade e da maternidade de mulheres com deficiência. Método: Revisão Integrativa de Literatura realizada com 17 artigos levantados nas bases de dados Literature and Retrieval System on Line, Directory of Open Access Journals, Scopus e CINAHL, sendo utilizada a análise de conteúdo temática. Resultados: Identificaram-se sentimentos de exclusão e estigma diante da sexualidade e maternidade; falta de educação sexual e reprodutiva à mulher com deficiência, decorrente da imagem social destas mulheres; poucos profissionais de saúde capacitados para orientar e acolher as mulheres diante da maternidade, durante e após o processo gravídico puerperal. Conclusões: A sexualidade e a

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maternidade das mulheres com deficiência são influenciadas pelo seu reconhecimento social e profissional como pessoas produtivas, capazes de exercer sua autonomia, além da importância de profissionais de saúde capacitados para lidar com as diferenças individuais.

Descritores: Pessoas com Deficiência. Saúde da Pessoa com Deficiência. Saúde da Mulher. Maternidade. Saúde Sexual. Saúde Reprodutiva.

Objetivo: Integrar y analizar estudios empíricos acerca del conocimiento producido sobre las experiencias de la sexualidad y maternidad de mujeres con discapacidades. Método: Revisión Integradora de la Literatura realizada con 17 artículos recuperados de las bases de datos Literature and Retrieval System on Line, Directory of Open Access Journals, Scopus y CINAHL, empleando análisis temático de contenido. Resultados: Se identificaron sentimientos de exclusión y estigma con respecto a la sexualidad y la maternidad; carencia de educación sexual y reproductiva para mujeres con discapacidades, como resultado de la imagen social de estas mujeres; y escasa cantidad de profesionales de la salud debidamente capacitados para orientar y acoger a las mujeres en materia de maternidad, tanto durante como después del proceso de embarazo-puerperio. Conclusiones: La sexualidad y maternidad de las mujeres con discapacidades se ven influenciadas por su reconocimiento social y profesional como personas productivas y capaces de ejercer su autonomía, además de la importancia de contar con profesionales de la salud debidamente capacitados para lidiar con las diferencias individuales.

Descritores: Personas con Discapacidades. Salud de las Personas con Discapacidades. Salud de la Mujer. Maternidad. Salud Sexual. Salud Reprodutiva.

Introduction

Sexuality is still considered a taboo in our society, being one of the most difficult issues to deal with regardless of the people involved. However, when we establish a relationship between sexuality and disability, this taboo is heightened, mainly because it involves historical-social and cultural issues⁽¹⁾.

The International Convention on the Rights of Persons with Disabilities was approved by the United Nations General Assembly on December 13th, 2006 and came into force on March 30th, 2007. It is an instrument that conferred legal visibility to this sector and has as one of its greatest contributions recognizing that disability results from the interaction between people with disabilities and barriers due to attitudes and environments, which prevent their full and effective participation in society, with equal rights in relation to others. As a result, in Brazil Decree No. 6,949/2009 is promulgated and, in its Article 23, which addresses “Respect for home and family”, it defines, among other things, that “the right of persons with disabilities of marriageable age to marry and establish a family” shall be recognized, as well as the right to “freely and responsibly decide on the number of children”⁽²⁾.

In turn, feminine disability involves certain perception of sociocultural meanings and practices, including the understanding of social status and disabled bodies. For these women, the disability experience is a product of interactions with other people, circumstances, cultural constructs, ideas, images and stereotypes of disabilities. The perspective of a body with a disability carries with it elements related to its context with care routines, bodily functionality and obstacles encountered in fulfilling gender roles and experiencing corporeality through stereotypes of disabled women versus those with an ideal body⁽³⁾.

The notion is frequently perpetuated that individuals with disabilities are incapable of dating, having children, assumed to be asexual, and/or perceived to be immune to sexual assaults, all stemming from social prejudices about image. These thoughts can contribute to an increase in sexual vulnerability and Sexually Transmitted Infections (STIs) in this specific group. The situation is even more complex when they are low-income people with few years of study, which results in lack of professional training and compromises in their human and social development, amplifying their vulnerability⁽⁴⁻⁵⁾.

However, the maternal instinct and the desire to fully experience their sexuality are present in the everyday lives of women with disabilities. They thus adjust their expectations, embracing their integral roles as women, professionals and mothers in pursuit of self-fulfillment⁽⁶⁾.

The feelings and desires of people with disabilities related to love, dating, sex and marriage can come across as strange, given that society accepts the manifestation of these feelings among people considered and labeled as “normal”⁽¹⁾. Corroborating this idea, there is a need to provide people with the means to experience their sexuality in a positive way through various sexual education activities and programs, at school, in the community, and even in social and family groups. It is believed that education is crucial, not only for preventing STIs, sexual abuse, unplanned pregnancies and negative sexual experiences, but also for self-awareness regarding the body, sexuality, acceptance of one’s strengths and vulnerabilities, and family planning^(1,7). When they become pregnant, women with certain types of disabilities have various clinical needs that require highly individualized and specialized care. Because of this, family counseling is important to promote clinical well-being in women and infants during pregnancy and birth. These precautions require multi-centered collaborations among health professionals, taking responsibility for prioritizing obstetric needs to promote safe pregnancies and healthy children⁽⁸⁾. However, in the health institutions’ routine, there is significant unpreparedness among health professionals in dealing with the specific issues of these women, oftentimes resulting from a failure in academic training, as well as lack of subsequent continuing education⁽⁹⁻¹⁰⁾.

The following categories are considered as people with disabilities: physical, auditory, visual, mental, and multiple deficits⁽¹¹⁾. The most common disabilities explored in this review, due to the largest number of studies, are the physical ones. Physical disability is a type of deficit related to mobility⁽¹²⁾. For women, physical disability is seen as a disabling health condition, and can be characterized as chronic functional

deficiencies of the upper or lower limbs that limit mobility. These functional deficits can affect pregnancy outcomes, which have a variety of highly individualized clinical needs⁸. In this way, to include them, it is necessary to promote biological and physiological adaptations capable of assisting women with any type of physical disability, either total or partial, in relation to compromised bodily functions, including their desire and choice to become mothers⁽¹³⁾.

This review is justified by the scarcity of related studies specifically addressing the sexual and reproductive education of women with disabilities, assuming that this is due to structural and cultural issues but also for being a delicate and recent topic, which is sometimes challenging to be properly addressed. No type of disability was specified for this review due to the scarcity of literature on the topic.

In this sense, this review has the following objective: To integrate and analyze empirical studies on the knowledge produced about the sexuality and motherhood experiences of women with disabilities.

Method

This is an integrative literature review that allows researchers to summarize and integrate diverse empirical evidence from a variety of methodological approaches to provide comprehensive evidence on a given topic of interest⁽¹⁴⁾. To ensure transparency in reporting the results, the PRISMA-ScR (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses*) tool was used, considering the absence of specific protocol guidance for integrative reviews⁽¹⁵⁻¹⁶⁾.

To formulate the research question, the PICO strategy was applied, acronym for Population (Women with disabilities), Phenomena of Interest (Motherhood and sexuality of women with disabilities), and Context (Experiences of women with disabilities)⁽¹⁷⁾. The following databases were used to identify the studies: Literature and Retrieval System on Line (MEDLINE); Directory of Open Access Journals (DOAJ), Scopus and CINAHL. Thus, the question is as follows: How

are the experiences of women with disabilities in relation to sexuality and motherhood portrayed?

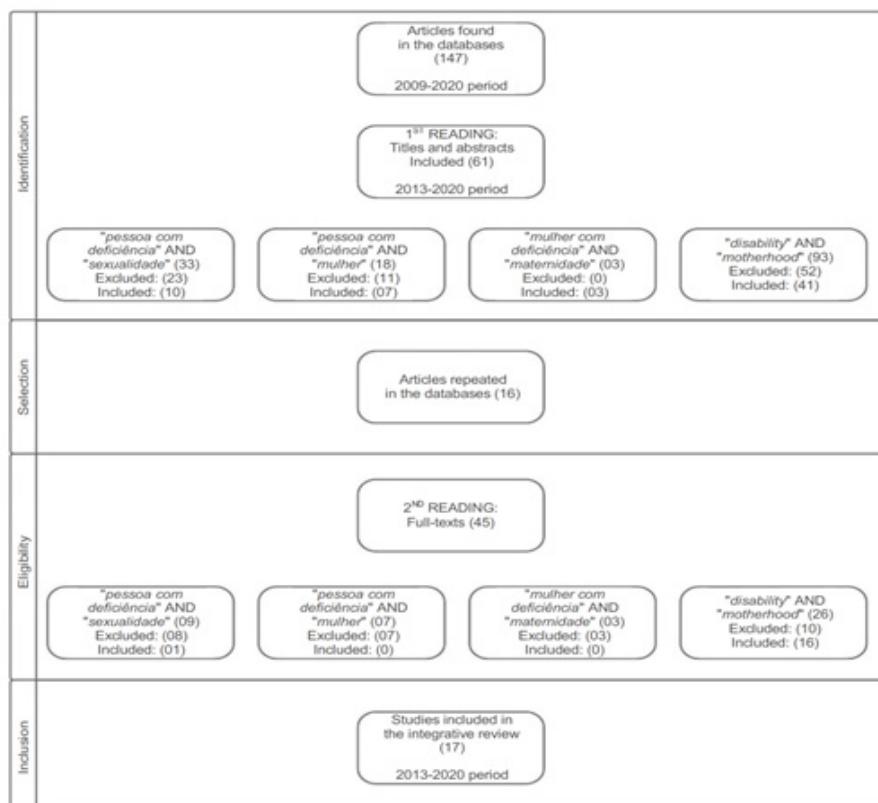
The search in the electronic databases was carried out in May 2020 and updated in April 2021, selecting articles published between 2007 and December 2020. The initial time frame was chosen due to signing of the International Convention on the Rights of Persons with Disabilities in that year, in order to encompass the entirety of studies published in 2020.

The inclusion criteria comprised original articles published between 2007 and 2020 in Portuguese, English and Spanish, available online free of charge and addressing women with disabilities who were experiencing or had experienced motherhood, as well as aspects related to sexuality. Regarding the study types, this review considered quantitative studies, experimental and quasi-experimental studies, observational studies, case-control studies, qualitative studies and mixed-methods studies. The exclusion criteria encompassed editorials, abstracts, books or book chapters, experience

reports, reviews, essays, duplicated studies, studies requiring payment for access, and those not exclusively focused on women with disabilities.

The same search strategy was used for all databases, choosing the following controlled descriptors and/or keywords associated with AND and OR Boolean operators and that included the following words in their title/abstract/text: “*pessoa com deficiência*” AND “*sexualidade*”; “*mulher com deficiência*” AND “*maternidade*”; “*pessoa com deficiência*” AND “*mulher*”; and “*disability*” AND “*motherhood*”. The search in the databases was carried out with the help of a librarian, and, in case of doubts in selection of a manuscript, a second researcher assisted in the decision. A total of 147 articles were identified, with inclusion of 17 and no articles found in 2007 and 2008. The search synthesis is presented in Figure 1, adapted from PRISMA-ScR (*Preferred Reporting Items for Systematic Reviews and Meta-Analyses*)⁽¹⁵⁾.

Figure 1 - Flowchart corresponding to the study selection process, according to PRISMA-ScR. Florianópolis, SC, Brazil, 2023



Source: created by the authors.

The data from the studies were extracted using an instrument created by the researchers, which includes author, year of publication, language, country where the study was carried out, and main results. Discussion and interpretation of the results and the review presentation/synthesis were organized into thematic analysis categories to ease understanding and visibility of the data obtained and their relationships with the topic proposed⁽¹⁸⁾. For being a secondary study, approval from the Research Ethics Committee is waived. There were no conflicts of interest that might compromise the analysis of the review results.

Results

The 17 original articles selected are qualitative studies published between 2013 and 2020 and

cover countries on various continents of the world, mostly in English (15/17) and published in international journals, providing a multi-centered view on the topic. Two categories emerged from them, namely: The impossibility of experiencing sexuality and motherhood for women with disabilities (7/17); and Sexuality and motherhood experiences of women with disabilities (10/17). Although some studies presented diverse information that spans both categories, it was decided to place them in the category with greater relevance based on the results identified. Below is the narrative synthesis in descending chronological order of the articles selected with the main results of the studies included in this review divided into categories.

Chart 1 - Synthesis of the articles included to comprise the final sample of this integrative review. Florianópolis, SC, Brazil, 2023 (continued)

The impossibility of experiencing sexuality and motherhood for women with disabilities				
Authors	Year	Language	Country	Main results
Ganle et al. ⁽¹⁹⁾	2020	English	Ghana/South Africa	The findings challenge the negative public perceptions about the <i>status</i> of women with disabilities in relation to sexuality, pregnancy and motherhood.
Santos et al. ⁽²⁰⁾	2019	Portuguese	Brazil	It portrays the issue of motherhood as exercised by women with physical disabilities and their confrontations in relation to acceptance, fear, desire to be a mother, and support/lack of support from family and health professionals.
Devkota; Kett; Groce ⁽²¹⁾	2019	English	United Kingdom	Significant challenges faced by women with disabilities due to family and society, resulting in preconceptions, stigmas and erroneous attitudes. Positive attitudes motivate changes in this reality.
Santos, Santos ⁽²²⁾	2018	English	Portugal	Coping and new possibilities of sexuality and sexism for women with disabilities, as well as health professionals' unpreparedness in talking and providing guidance on the subject matter, a taboo seen by society and overprotection of the family.
Schildberger, Zenzmaier, König-Bachmann ⁽²³⁾	2017	English	Austria	Lack of support and of confidence in their parenting skills, which exerted a negative influence. Communication with health professionals was characterized by fear, embarrassment and uncertainty.

Chart 1 - Synthesis of the articles included to comprise the final sample of this integrative review.

Florianópolis, SC, Brazil, 2023

(continued)

The impossibility of experiencing sexuality and motherhood for women with disabilities				
Authors	Year	Language	Country	Main results
García et al. ⁽²⁴⁾	2015	English	Spain	Being a mother with a disability and the challenges of caring for her child, as well as family capacity and support. Negative stereotypes can alter the performance of being a mother.
França ⁽¹⁾	2013	Portuguese	Brazil	Considerations about the sexuality of blind people. Non-disabled people consider them incapable of having effective sexual relations. Blind people try not to get discouraged and keep their sex life active.
Sexuality and motherhood experiences of women with disabilities				
Authors	Year	Language	Country	Main results
Nguyen et al. ⁽²⁵⁾	2020	English	Vietnam	Lack of accessibility, preparation and encouragement in health professionals to offer good quality support to women with disabilities. Many women believed that all the information coming from their friends was more reliable and valuable than that received from health professionals.
Battalova ⁽²⁶⁾	2019	English	Russia	Mothers with disabilities take on different stances with the objective of challenging and redefining the citizenship limits, such as femininity and motherhood.
Litchman et al. ⁽²⁷⁾	2019	English	United States	Exchanges of information about motherhood, sexuality and pregnancy strengthened and encouraged other women with disabilities.
Strnadová, Bernoldová, Adamčíková ⁽²⁸⁾	2019	English	Czech Republic	Women with disabilities developed their identity as mothers during pregnancy, with social media providing important support. They also negotiated motherhood, and fought for their right of being a mother.
Mazurkiewicz, Stefaniak, Dmoch-Gajzlerska ⁽²⁹⁾	2018	English	Poland	They show dissatisfaction with perinatal care quality, including preparation for birth, hospital facilities and team approach, not meeting specific functional needs. Many of them considered motherhood as the most important experience of their lives.
Schaafsma et al. ⁽⁷⁾	2017	English	Netherlands	It points to issues related to sexuality faced by men/women with intellectual disabilities and what can be done to improve sexual education for this specific population segment.
Tefera et al. ⁽³⁰⁾	2017	English	Ethiopia	The women highlight their children's strength, happiness and opportunities as a consequence of having a mother with a disability. They reveal their experiences and difficulties, and believe that women with disabilities can empower and help each other.

Chart 1 - Synthesis of the articles included to comprise the final sample of this integrative review. Florianópolis, SC, Brazil, 2023 (conclusion)

Sexuality and motherhood experiences of women with disabilities				
Authors	Year	Language	Country	Main Results
Peta ⁽³¹⁾	2017	English	Zimbabwe	Lack of sexual guidance can be harmful to women, pregnancy and childbirth. Unpreparedness in the health team to deal with women with disabilities. Struggle for sexual and reproductive health rights.
Iezzoni et al ⁽³²⁾	2017	English	United States	Self-confidence and searching obstetric professionals with whom they feel comfortable are fundamental to achieving success in giving birth. Lack of information and challenges in finding willing professionals remain as significant impediments.
Wolowicz-Ruszkowska ⁽³³⁾	2015	English	Poland	For women with disabilities, motherhood can be a source of strength and personal fulfillment. They face significant systemic barriers in wanting to create and maintain families.

Source: created by the authors.

The impossibility of experiencing sexuality and motherhood for women with disabilities

This category presents the several contexts and experiences related to the exclusion of women with disabilities, whether by their social, family or professional groups, and the ways in which these issues affect decision-making in their lives, their insertion and productivity in society, their well-being with themselves, and their sexuality and motherhood. Clear signs of stigma and exclusion of these women were identified, due to the possible limitation arising from their condition, and highlighting society's common sense regarding the inability of women with disabilities to reproduce⁽²²⁾.

Women with disabilities are understood as asexual beings. This perception is recurrent, and many women do not even consider the possibility of relationships and motherhood because they do not receive guidance, psychological support or sex education to change the idea of asexuality⁽²⁸⁾. In certain societies, there is an expectation that these women refrain from marrying, and disbelief

and disdain reactions may arise if they deviate from this norm⁽³¹⁾.

Another factor that compounds the perception that women with disabilities are incapable of reproduction is the infantilization process⁽²³⁾. According to Wolowicz-Ruszkowska⁽³⁴⁾, many women are addressed by health professionals in the third person or with infantilizing terms, expressing negative opinions about their motherhood plans, in addition to certain disbelief in their role as mothers to their own children^(22,30-31). Lack of knowledge about sexuality and the possibility of being a mother with a disability due to acquired spinal cord injuries were also identified⁽²⁴⁾. In addition to that, many professionals assert that women with disabilities should not give birth^(24,26,28).

From the health professionals' perspective, women with disabilities should not exercise their sexuality. Because of this, sex and reproductive education is not offered^(26,27). Another aspect addressed in the results is that women with disabilities perceive themselves as a difficult burden to carry⁽²⁷⁾. Some of them also

reinforce the difficulty inherent to intimacy and relationships with non-disabled men^(26,31).

Physical loss is related to loss of femininity, resulting in a “third sex” phenomenon, that is, they do not exercise their sexuality, as they are not attractive or have no desires⁽³⁴⁾. A stigmatizing repercussion is the loss of their real identity, with individuals identified by their disability rather than by their chosen name. In other words, they are labeled as “the limping one”, “the blind one” or “the wheelchair user”, leading to heightened personal frustrations⁽²²⁾.

The need for women with disabilities to have a boyfriend or an emotional exchange is oftentimes not understood by their mothers or families^(20,23).

On the other hand, despite being seen and defined as women who do not need to have romantic relationships, women with disabilities reinvent themselves and assert that they have sexual desires and find alternatives to exercise them⁽²²⁾. The re-sexualization notion is pointed out, advocating for a creative process that challenges normative sexuality, redirecting attention away from genital organs during intimate moments and, instead, eroticizing other aspects of the body^(22,23).

Women with physical disabilities face difficulties such as absence of support, lack of strength and physical barriers. For women with sensory impairments, such as hearing and visual disabilities, the absence of interpreters in health services providing guidelines is an obstacle. Women with cognitive disabilities face social and family barriers; they are judged as incapable of raising and caring for their children, and oftentimes do not have custody of their children^(24,26,28,32).

Sexuality and motherhood experiences of women with disabilities

This category addresses aspects related to the understanding and visibility of the sexuality of women with disabilities. It also delves into some aspects that involve health professionals' unpreparedness to engage with this population,

issues related to sex education, decision-making about their bodies, the pregnancy-puerperal process and motherhood, each with its specificities.

The vulnerability and lack of autonomy of women with disabilities regarding sexuality issues is a consequence of disinformation, as is the case for women with visual impairments⁽¹⁾. Girls with disabilities do not receive any type of sex education in High School, and they develop without the idea that they might become mothers some day^(20,33). The taboo regarding sexuality is strongly related to the type of disability. The asexuality assumption mainly affects women with visible physical disabilities⁽³⁴⁾.

It is also recognized that sexual health extends beyond preventing sexually transmitted infections, unplanned pregnancies and negative sexual experiences, as it involves guiding individuals on ways to experience their sexuality positively through sex education programs⁽⁷⁾.

Lack of understanding and acceptance of pregnancy/motherhood by the family of women with disabilities was commonly found in the testimonies⁽²⁴⁾. On the other hand, support from the mothers is seen as essential⁽³⁴⁾. Some women describe feeling more comfortable sharing news about pregnancy on social media than in person⁽²⁸⁾. Others assume that they need help taking care of the newborn during feedings and when changing diapers⁽²¹⁾. This can interfere with their identity as a mother, as they are unable to provide some type of care, causing feelings of failure⁽²⁹⁾.

Some women are scared about getting pregnant, giving birth and not being able to be a mother due to the judgment of their inability to take care of their children^(24,29). Despite the challenges encountered, the motherhood choice and practice by women with disabilities bring about significant transformations and positive aspects in their lives⁽³⁴⁾. There is sometimes role reversal, with children taking on the role of caregivers for their mothers, challenging the independence and responsibility perception traditionally associated with the latter^(20,25,26).

Regarding the inclusion of women with disabilities in health institutions, the following stand out: lack of time, challenges related to sensory deficits, such as absence of a sign language interpreter or Braille reading^(24,26,28,31). Some of the women's positive experiences regarding the assistance provided by the health professionals were identified. The approach and trust contribute good results for mothers, children and health professionals alike⁽³³⁾.

Discussion

This review points out to the scarcity of publications related to the sexuality and motherhood of women with disabilities, gradually increasing in number over the years but still with few specific studies. Although the study did not initially aim at selecting those materials addressing the experiences of women with physical disabilities, data extraction revealed that this type of disability is the most frequently discussed in the studies. Results presenting realities from several countries and with reflections that range from the historical view of disability to contemporary ideas stand out, in an attempt to integrate this group of people into society.

The discourse surrounding the image of women with disabilities is still full of stigmas and judgments: society oftentimes perceives them as less qualified, useless, insignificant and with fewer opportunities for social participation and self-formation, extending to their desires, including the aspiration to be women and mothers⁽²¹⁻²²⁾. Adhering to this idea, it is asserted that the view that women with disabilities do not produce desires constitutes a social imaginary in which people with disabilities are seen as incapable and eternal children, contributing to their image of asexual and hybrid beings. For some women with disabilities, it is difficult to accept themselves and their image as different from other women who do not have disabilities.

Thus, sexuality is denied, creating a symbolic clash between desire and biological needs against the social conventions through concepts

and values of hegemonic groups. Asexuality appears in both categories, interfering with the image, sex education and motherhood of women with disabilities. Empirical research studies on asexuality reveal significantly lower self-reported sexual desire and arousal and lower sexual activity rates. However, for this condition, there may also be an impaired psychophysiological sexual arousal response⁽³⁵⁾.

The family as a support network is generally a differentiator that positively reflects on the everyday life of people with disabilities, helping with daily activities and offering emotional support and companionship⁽³⁶⁾. However, in the results presented, the family emerged as a paradox, as their attitudes and decisions directly reflect the culture, region of origin and conditions related to disability. Some studies reported the importance and support of the family network^(24,34).

However, others discuss that the family oftentimes plays the role of repressing, judging and discouraging sexuality and motherhood, and not of perceiving these women's sexual and reproductive rights^(22-23,36-37). In line with this, a study conducted in Cambodia, Asia, indicates that the sexual and reproductive health and rights of people with disabilities have historically been neglected at the global level: information and rights are denied, hindering the establishment of relationships and even the decision to form a family. Therefore, they are not recognized within their own family⁽³⁸⁻³⁹⁾.

Disability symbolizes the construction of an identity by those who consider themselves normal enough in relation to their bodily characteristics. These individuals presume that they can assume positions of authority and wield the power bestowed by these positions to define what they call "normal human beings". This is related to the view of an attractive body, external beauty and the image of a desired woman, recommended by society⁽³⁹⁻⁴⁰⁾.

Capacitism materializes through prejudiced attitudes that prioritize subjects based on adequacy of their bodies to an ideal of beauty and functional capacity⁽⁴¹⁾, meeting the idea

of not being able to get pregnant, raise their children and have an emotional life^(24,26).

These findings are corroborated by a study conducted in Massachusetts, USA, which investigated the individuals' reactions when surprised to see a woman with mobility disabilities pregnant. The responses included curiosity, intrusion, hostility, questioning the woman's competence as a mother and certain reluctance to acknowledge her motherhood or pregnancy. Some women feel comfortable changing their social visibility, even demystifying the "strange looks in the street", realizing that they are not always being judged but rather noticed as women that differ from the norm⁽⁴²⁾. Disability can be seen as a disadvantage and it oftentimes defines these women's sexual and reproductive health experiences, thus facing additional barriers in relation to women without disabilities⁽³⁸⁾.

Health services are not prepared to receive them and, as a result, professionals also do not have experience, background or even training to deal with each specificity⁽⁴³⁻⁴⁴⁾. The findings indicate some gaps in the health care provided to women with disabilities, mainly in relation to the interpersonal aspects of care, communication, welcoming and qualified listening. In addition to that, issues of physical accessibility, architectural barriers and adaptation of spaces are also exclusionary factors that exerted impacts on these women's autonomy and empowerment^(39,45).

The consequence of health professionals' unpreparedness and the deficit in sexual and reproductive health education contributes to disinformation and limited knowledge, generating vulnerability for women with disabilities in relation to their desires and their own bodies and, thus in terms of lack of autonomy, which prevents them from fully appropriating their rights^(1,46,47). A study conducted in Korea on the experience of nurses caring for women with disabilities during pregnancy and childbirth indicates that many of them considered it "normal", as they were women in the pregnancy or childbirth contexts. For other nurses, however, it was perceived as unexpected, even causing

concern about how to appropriately handle the differences. Nevertheless, all nurses agreed that there is certain deficit in Nursing education when it comes to caring for pregnant women with disabilities, with the need to include lectures on knowledge, skills and the rights of women with disabilities⁽⁴⁸⁾.

The importance of having health professionals duly prepared to deal with pregnant women with disabilities and respect these conditions is highlighted. In this sense, there is an essential need for sexual and reproductive education in the health context. In the practice, lack of knowledge and unpreparedness are noticed in health professionals regarding the specificities of women with disabilities^(46,48).

As strategies to enhance the quality of the care provided to these women, it is necessary for health professionals to have access to resources that can improve their skills in addressing the specific needs of women with disabilities. In this way, the professionals will become specialized and can also contribute to advocating for sexual and reproductive rights, thereby transforming the social and collective environment in which they live^(38,49).

Lack of knowledge among women with disabilities is one of the characteristics that interfere with a woman's power to choose motherhood, as many of them may not be aware of how to prevent pregnancies or about the fetal development and childbirth processes. In this regard, a study carried out in England identified that contraceptive advice was less available to all women with disabilities and that they were unaware of their health history, as they did not receive adequate information during pregnancy or in the postpartum period⁽⁴⁵⁾.

On the other hand, it is identified that discovery and revelation of the pregnancy demystify the asexuality perception and reinforce the ability to enjoy relationships and motherhood. The event of becoming a mother and having a child allows women with disabilities to shift the focus away from their disability. The child makes them known not as women with disabilities but as mothers⁽²⁷⁾. Despite all these conditions

presented, motherhood is still perceived as a blessing, a miracle or a source of empowerment and recognition for these women; not because of their disability, but as women and mothers.

The study limitations began with the search for literature materials addressing the research objective, mainly during the 2007-2013 period due to the scarcity of scientific production on the topic. Such being the case, it becomes more challenging to identify the impacts on the sexual and reproductive health of women with disabilities since the creation of the United Nations Convention on the Rights of Persons with Disabilities.

The study contributions lie in its ability to support both health professionals and undergraduate and graduate Nursing courses, so that they understand the importance of addressing women with disabilities and the specific needs of this clientele, in addition to the relevance of incorporating students into content that includes the reality of people with differences inherent to their conditions, and that they are considered as unique and special. In addition to that, it is expected that public spaces, mainly health services, should offer accessibility with inclusive environments and be equipped to deal with the individual differences of each person.

Conclusion

This review brought about a range of issues to be analyzed so that there is true social inclusion in the sexual and reproductive rights of women with disabilities. Despite all the differences between women and their realities, something in common was evidenced in this study: the lack and limitation of sexual and reproductive education for women with disabilities. Their differences are not usually faced by health professionals because they oftentimes do not understand the decisions to have a family, be a mother or simply exercise their sexuality, as they lack due preparation and knowledge to deal with new and unexpected situations.

It is concluded that women's distress in relation to their sexuality and also the motherhood possibility/desire/fulfillment is something that is still evident in global society, requiring a critical look at where the flaws in health services are found, in offering appropriate and accessible environment for this clientele. But also, and especially, the perspective from health professionals who have acquired specific training to work with women with disabilities and meet all their needs. In this sense, it is urgent to reevaluate professional training, particularly its curriculum structure, so that it addresses the vulnerabilities experienced by people with disabilities in general and, in this particular case, by women with disabilities.

Collaborations:

1 – conception and planning of the project: Amanda Nicácio Vieira, Maria Itayra Padilha and Roberta Costa;

2 – data analysis and interpretation: Amanda Nicácio Vieira, Maria Itayra Padilha and Roberta Costa;

3 – writing and/or critical review: Amanda Nicácio Vieira, Maria Itayra Padilha and Roberta Costa;

4 – approval of the final version: Amanda Nicácio Vieira, Maria Itayra Padilha and Roberta Costa.

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