women's, gender, and rights perspectives
in health policies and programmes

arrow for change

vol. 28 no. 1 2022
issn 1394-4444

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published by

the asian-pacific resource and research centre for women (arrow)

WDDF

published with the funding support of

United Nations Trust Fund to End Violence Against Women

the David & Lucile Packard Foundation

the same without the support of the organisation. So, she is demanding that the government protect all women and take initiatives so that they can easily access justice. In her words, *"It should be considered that they are powerless and prone to violence. Most women are denied justice and forced to compromise. It should be ensured that no women is turned back without administrative help."* Only recently the government of Bangladesh and development sector have recognised the importance of addressing the SRHR needs of persons with disabilities. This neglected area of public health needs continuous attention and improvement. Besides, it is widely believed that persons with disabilities themselves do not raise their voices on SRHR in Bangladesh, partly because they do not see it as a basic need.

The community-level support intervention described here shows how the community mobilisers educate other women and girls with disabilities on different aspects of SRHR in their communities, which helps prevent SGBV and alleviates discrimination against women and girls with disabilities. This kind of intervention should be considered by policymakers and other stakeholders (e.g., NGO and OPD professionals) involved with the disability and SRHR sector to prevent SGVB against women and girls with disabilities and address the SRHR needs of persons with disabilities in Bangladesh.

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THE RIGHT TO LEGAL CAPACITY, ITS RECOGNITION IN HUMAN RIGHTS LAW, AND CHALLENGES FOR WOMEN WITH DISABILITIES

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Introduction. Persons with disabilities around the world struggle to make the kinds of decisions about their lives that many other people take for granted. These include decisions about whom to marry, how to vote, whether to have children, and more. Chester Finn, a prominent disability rights advocate, has explained many of the decision-making barriers that persons with disabilities face which are rooted in widespread beliefs that persons with disabilities are less capable than others: *"For a long time, people have felt that people with disabilities were incapable of a lot of things. We started to change the narrative and advocated for what we can do, and we showed people that we're capable of things. But still somehow they don't believe it."*[1]

Among the many kinds of barriers to exerting control over their lives faced by persons with disabilities are formal rules about who is allowed to exercise "legal capacity." Legal capacity refers to a person's authority to enter into legal relationships with others or to take on binding legal obligations.[2] A common example of exercising legal capacity is entering into a contract. Before someone may enter into a valid contract with someone else, most legal systems first require that they both be considered eligible to do so.

Beyond entering into contracts, having legal capacity is often a threshold requirement for exercising many other fundamental rights, such as the right to vote.[3] Legal capacity "enables persons to sculpt their own legal universe" by "open[ing] up zones of personal freedom" and "facilitat[ing] uncoerced interactions".[4] As a "shield," the right to exercise legal capacity allows persons with disabilities to fend off unwanted interference in their lives. As a "sword," this right also empowers persons with disabilities to impress their will and preferences upon the world. In other words, having legal capacity imbues real meaning into the notion of personhood.

From Disability to Incapacity. Imposing requirements on people when making consequential decisions serves a purpose: these prerequisites aim to help protect people who may not be prepared to take on certain responsibilities. However, when these rules are combined with discriminatory attitudes, they can become exclusionary and harmful, not only for persons with disabilities but also for other marginalised groups, including women and indigenous peoples. In practice, legal capacity restrictions have exposed persons with intellectual and psychosocial disabilities to forced abortion and sterilisation, forced medication, involuntary hospitalisation, involuntary institutionalisation, disenfranchisement, ineligibility for adoption or marriage, forfeiture of property or child custody rights, and more.[5]

Medical professionals play an outsize role in the application of such legal capacity rules. Many legal systems authorise medical professionals to determine a person's "mental capacity," that is, whether a person understands the nature and consequences of their actions. Where medical professionals determine that a person lacks the capacity to understand the nature and consequences of a specific kind of decision, that mental incapacity determination provides a justification for formal legal capacity restrictions. Thus, many legal systems require that a doctor obtain informed consent from someone other than the patient when the doctor believes the patient lacks the capacity to consent to understand the ramifications of a health care treatment. While in some cases such a requirement may be a vital safeguard, in other cases, especially if doctors harbor biases about persons with disabilities' capabilities, the mental incapacity determinations that lead to legal capacity restrictions can cause violations of international human rights law.

Imposing requirements on people when making consequential decisions serves a purpose. However, when these rules are combined with discriminatory attitudes, they can become exclusionary and harmful, not only for persons with disabilities but also for other marginalised groups, including women and indigenous peoples.

The Role of Human Rights Protections. Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) affirms that persons with disabilities have a right to exercise legal capacity free of discrimination.[6] Further, it grants persons with disabilities the right to receive support in doing so. This means that even if persons with disabilities may have some difficulty satisfying a legal system's threshold requirements for exercising legal capacity, they are entitled to receive the assistance they may need in order to do so. Effectively, Article 12 flips the script: instead of using legal capacity rules as a tool for excluding persons with certain disabilities, duty-bearers must create enabling conditions that allow persons with all kinds of disabilities to make important decisions about their lives. As a result, the United Nations Committee on the Rights of Persons with Disabilities has consistently interpreted Article 12 to prohibit legal capacity restrictions that are based on mental incapacity determinations.[7]

Just as women with disabilities face multiple and aggravated forms of discrimination in all areas of life,[8] they also face unique legal capacity challenges. Take, for example, the right to make consequential decisions about one's sexual and reproductive health.

The 2009 case Suchita Srivastava v. Chandigarh Administration involved an orphaned woman with intellectual disability who lived in a state-run institution in the city of Chandigarh, India, where she was raped.[9] After institution staff learned she was pregnant, the city government appointed a medical board that included a gynecologist, a radiologist, a pediatrician, and a psychiatrist to examine Ms. Srivastava. They determined that it was in her interest to terminate the pregnancy. The city government petitioned the High Court of Punjab and Haryana for permission to do so. The High Court constituted an expert body of medical experts and a judicial officer, who determined that Ms. Srivastava was "unable to appreciate and understand the consequences of her own future and that of the child she is bearing." The expert body also found that Ms. Srivastava was "happy with the idea that she has a baby inside her and looks forward to seeing the same." Even though the expert body opined that Ms. Srivastava should be permitted to bring her pregnancy to term, the High Court and granted the city government permission to terminate against her wishes.

However, on appeal, the Supreme Court of India overruled the High Court. Noting India's obligations under the CRPD, and presaging more recent, sweeping vindications of disability rights, the Supreme Court reasoned that the High Court impermissibly used Ms. Srivastava's mental capacity as a basis for restricting her legal capacity and overriding her express wishes. Denying her the opportunity to decide for herself whether she wanted to have children would "amount to an arbitrary and unreasonable restriction on [her] reproductive rights." Asserting the "need to look beyond social prejudices" about the capabilities of women with disabilities, the Court flatly acknowledged that "even medical experts

and judges are unconsciously susceptible to these prejudices." Thus, the Supreme Court ordered the city government not only to honor Ms. Srivastava's choice to bring her pregnancy to term, but also to provide her the support she required to handle the consequences of her choice, namely, to raise the child.

Challenges to Making the Right to Legal Capacity a Reality. While the Indian Supreme Court's Suchita Srivatasa decision gives reason to hope that courts will vindicate the right of women with disabilities to legal capacity in times of need, the myriad local laws that restrict their human right to legal capacity under international law underscore the challenges that remain. For example, although Bangladesh's Rights and Protection of Persons with Disabilities Act, 2013 contains a right to legal recognition under the law that appears to correspond with CRPD Article 12, dozens of other national laws authorise restrictions on persons with disabilities' right to legal capacity. In contrast to the CRPD Committee's views adopted in Bujdoso & 5 Others v. Hungary,[10] Article 122 of Bangladesh's Constitution and the Electoral Rolls Act, 2009 formally bar people with disabilities from voting if their legal capacity has been restricted by a court. Section 11 of the Contract Act, 1872 effectively bars persons of "unsound mind" from executing contracts, which in practice prevents many persons with intellectual and psychosocial disabilities from accessing services. A similar provision in Section 118 of the Evidence Act, 1872 in practice bars many women with intellectual and psychosocial disabilities from offering evidence of sexual assault and domestic violence in criminal proceedings.

Beyond such codified restrictions of legal capacity, societal attitudes about women with disabilities' mental capacity can remove them from international human rights protections. Take the case of a homeless Bangladeshi rape survivor with psychosocial disabilities living in Mymensingh district.[11] She became pregnant after surviving a rape by a stranger. After she sought refuge in a government-run women's shelter, the subdistrict social welfare officer reported the case to the police. However, the police refused to open a case, justifying their inaction on the woman's insufficient mental capacity to assist with their investigation and prosecution. Although a court had never formally restricted her legal capacity, the police unilaterally predetermined the outcome of its investigation based on her mental capacity, thereby divesting her of her human rights to access to justice and freedom from exploitation, violence and abuse.

The Road Ahead. Because legal systems' reliance on legal capacity as a threshold requirement for exercising a broad array of rights is deeply entrenched, the rules surrounding legal capacity will not change overnight. Nor will the prejudices and discriminatory attitudes that can convert even well-intentioned safeguards into tools of exclusion.

Here, organisations of persons with disabilities (OPDs) must play a critical role. With the proper resources, OPDs can catalyse meaningful, multisectoral change by raising awareness of the CRPD and supporting women with disabilities and their allies to combat rights violations stemming from legal capacity restrictions.[12] In particular, self-advocacy organisations, which are groups formed by persons with intellectual disabilities,[13] as well as the psychiatric survivor movement, driven by persons with psychosocial disabilities, will need to feature prominently in civil society advocacy efforts.[14] Only then will women with disabilities show others how capable they are and become empowered to breathe life into international human rights protections.[15]

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