

Article

Unspoken, Yet Lived: Reflections on Sexual and Reproductive Health and Rights Among Youth with Disabilities in Gulu, Northern Uganda

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Abstract

Background: Youth with disabilities remain among the most overlooked groups in global sexual and reproductive health and rights (SRHR) discourses, including in sub-Saharan Africa. Yet, their SRHR needs are often ignored. This reflexive article aims to illuminate and recenter the experiences and perspectives of youth with disabilities living in Gulu City and Gulu District, Northern Uganda, exploring what matters to them regarding SRHR and their broader life aspirations. **Methods:** We adopted a qualitative, reflexive and participatory approach. Data were collected among six Ugandan young co-researchers with different disabilities (physical, visual, hearing, and albinism), who interacted with two Ugandan research assistants and a Canadian researcher involved in a larger SRHR research project. They engaged in in-person and virtual WhatsApp and Microsoft Teams exchanges over weeks, with the support of three Ugandan Sign Language interpreters. We thematically analyzed data, informed by the Intersectionality-based Policy Analysis and Structural Health Vulnerabilities and Agency frameworks. **Results:** Our analysis revealed four main findings: (1) the persistent feeling of social discrimination, stigma, and exclusion, including from parents, (2) inaccessible SRHR information and services, and knowledge gaps, (3) gender- and disability-based violence, and (4) youth with disabilities' aspirations for SRHR and in life. **Conclusions:** The voices of youth with disabilities in Gulu underscore the value of disability equity-focused research. They reminded us that they are intelligent, capable, and thoughtful citizens with agency whose SRHR and broader well-being must be acknowledged and respected. Their perspectives carry critical implications for SRHR programming, policy, and research.

Keywords: youth with disabilities; sexual and reproductive health and rights; intersectionality; health equity; agency; Gulu; Northern Uganda



Academic Editor: Octavia Calder-Dawe

Received: 6 August 2025

Revised: 23 December 2025

Accepted: 3 February 2026

Published: 6 February 2026

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1. Introduction

People with disabilities make up 16% of the population worldwide ([WHO, 2022](https://www.who.int/news-room/fact-sheets/detail/disabilities-and-health)), among whom approximately 180 to 220 million are youth living with disabilities ([United Nations, 2020](https://www.un.org/en/development/desa/population/data/)). The United Nations Convention on the Rights of Persons with

Disabilities (UNCRPD) defines people with disabilities as people who “have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (United Nations Enable, 2006). As such, the issues of the heart, intimacy, and any topics related to sexual and reproductive health and rights (SRHR) are rarely addressed among people with disabilities, both young and older, hence excluding them from both SRHR discourses and service provision (A. M. Starrs et al., 2018; Vivet et al., 2025). Sexual and reproductive health extends beyond the “physical, emotional and social well-being” related to sexuality and the reproductive health system; it also includes the fundamental rights of all individuals to live “free of discrimination, coercion, and violence” and to make their own decisions about their bodies and sexual and reproductive health (A. M. Starrs et al., 2018). To date, achieving SRHR for all remains challenging when sex and gender are politicized and sexual and reproductive freedoms, such as contraception, safe abortions, and same-sex relationships, remain under attack in different regions of the world, including in sub-Saharan Africa (A. Starrs et al., 2024).

Specifically, when SRHR matters are addressed among youth in situations of marginalization, such as youth with disabilities, they often face condescension, reprimand, or further discrimination and stigma (Giles et al., 2023; Mac-Seing & Zarowsky, 2017; Manoj & Suja, 2017; Mathabela et al., 2024). The belief that people with disabilities, including the youth, are not sexually active or should not engage in relationships remains deeply ingrained in ableist societies (Mac-Seing & Zarowsky, 2017; Manoj & Suja, 2017; Mazur et al., 2018). Ableism, here, refers to this powerful societal structure, which systematically discriminates against people with disabilities, wrongfully considered ‘incapable’ of performing any activities, while structurally favouring ‘abled-bodied’ individuals (Bogart & Dunn, 2019). Literature has shown that both youth with and without disabilities are overlooked in SRHR education, awareness-raising, and service provision, in high-, low-, and middle-income settings (Carter et al., 2022; A. M. Starrs et al., 2018; Uka et al., 2024).

Moreover, SRHR-related services are often youth-, gender-, or disability-insensitive (Mazur et al., 2018; A. M. Starrs et al., 2018; Vivet et al., 2025). People with disabilities, including youth, face multiple physical (e.g., limited access to assistive devices), communication (e.g., no information in Braille or translated into sign language), attitudinal (e.g., pejorative narratives against them), and structural (disability- and youth-blind policies) barriers in accessing and utilizing SRHR services and information (Besoain-Saldana et al., 2023; Mac-Seing et al., 2021, 2020a; Mathabela et al., 2024; Vivet et al., 2025; WHO, 2022). As a result, their well-being and health outcomes are more likely to be worse than those of their peers without disabilities (UNICEF, 2021; WHO, 2022). Youth with disabilities, particularly women, experience gender-based violence, including intimate partner violence, unwanted pregnancies, and sexual abuse (Alemu et al., 2023; Imurana & Bhartiya, 2024; Mac-Seing & Zarowsky, 2017; Mac-Seing et al., 2020a; A. M. Starrs et al., 2018; Vivet et al., 2025; WHO, 2022).

In Uganda, despite the adoption of the Disability Act in 2006 and its amendment in 2019, the SRHR of people with disabilities, including youth, continue to be systematically violated (Mac-Seing et al., 2021; WHO, 2022). Most women and youth with disabilities remain excluded from SRHR community campaigns and are not prioritized in access to and utilization of information, training, and SRHR service provision (Buser et al., 2024; Gimono, 2025; Mac-Seing et al., 2020a). One qualitative study conducted among adolescents and youth with disabilities and caregivers (parents and siblings) in rural, peri-urban, and urban areas of Uganda revealed that girls and young women with disabilities continue to be forced by their parents to take contraception methods without their informed consent, while both boys and girls with disabilities still lack the opportunity to feel empowered

about their sexuality and sexual health (Ndekezi et al., 2025). It has been argued that the sexuality of youth with disabilities remains a profound taboo, further compounded by deeply rooted ableist prejudices, reinforced by biomedical narratives of impotence and incapacities, and pervasive negative perceptions and attitudes toward people with disabilities from an early age (Mesiäislehto, 2023).

Against this backdrop, this article aims to illuminate and recenter the experiences and perspectives of youth with disabilities in Gulu (Northern Uganda) regarding their SRHR, exploring what matters to them regarding SRHR and their broader life aspirations.

2. Context of Our Reflections

This joint reflexive paper originates from the launch workshop and engagement visit of the project¹ entitled *“The Together Project 2.0: Co-creation and co-evaluation of accessible and gender-sensitive sexual and reproductive health and rights education video series for and with youth in situations of vulnerability in Uganda and Bangladesh”*, held in May 2025 in the Gulu District, in the northern post-conflict region of Uganda. It is implemented in partnership with the Gulu Disabled Persons’ Union (GDPU), a community-based organization of people with disabilities in Northern Uganda. As part of the governance and implementation team of this 2-year participatory action research initiative, six young co-researchers with disabilities in Gulu, representing the Youth Advisory Board (YAB) members, were selected and are actively participating in the project alongside our GDPU team (one country lead, one coordinator, and two research assistants). These young co-researchers play crucial roles in co-conducting qualitative data collection and analysis, coached and accompanied by the two local GDPU research assistants (Bryan and Emma) and Canadian researchers, including the principal investigator (Muriel) of the School of Public Health at the University of Montreal (ESPM). The six co-researchers are youth living with physical, visual, and hearing disabilities and albinism, including three young women (Peace, Priscilla, and Prisca) and three young men (Martin, Christopher, and Caesar), aged between 16 and 23 years. They were selected as YAB members for their interest, community leadership, and motivation to advance the SRHR of youth with disabilities in Gulu. Contrary to the 173 qualitative studies conducted on SRHR in Uganda from 2002 to 2023, among which five studies involved adults and older youth with disabilities, and which relied on more conventional qualitative data collection tools such as interviews and focus group discussions (Buser et al., 2024), we chose a more reflexive, iterative, and participatory approach with youth with disabilities (Mustaniemi-Laakso et al., 2023; Nikidehaghani et al., 2023; Peddle, 2022). This allowed us to deepen our understanding of what matters to youth with disabilities and how they perceive their SRHR. The literature suggests that participatory approaches, particularly those that include active reflexivity, may lead to more youth-focused solutions and interventions in SRHR (Lassi et al., 2022). In the days leading up to this reflexive work, the six Ugandan co-researchers with disabilities and two research assistants, as well as the Canadian researcher, discussed the opportunity to co-author a paper focused on the SRHR aspirations of youth with disabilities, drawing specifically from their own experiences. Concurrently, the Canadian researcher and the local partner, GDPU, met with the parents of young co-researchers with disabilities to hear their perspectives and address any questions they may have. The young co-researchers with disabilities were given a full week to consider the proposal while the Canadian researcher was in the field, with the option to respond via WhatsApp. After careful consideration, and with support from the research assistants and sign language interpreters to ensure clarity, they agreed to participate. Two weeks later, we reconvened for further discussion, supplemented by additional virtual exchanges.

3. Methods

Process: During an intensive week-long project launch, we, the young co-researchers with disabilities, research assistants, and the researcher, engaged in discussions, debates, and reflections on key SRHR issues. Over the course of five full days, we built connections with one another, shared local Acholi meals, and met with various organizations of people with disabilities in the office and shaded yard of the GDPU. Two key moments stood out during the week. The first was a half-day project kick-off workshop, which brought together more than 45 people, including local policymakers, elected officials, people with disabilities and their representative organizations, and SRHR service providers from both public and non-governmental organizations. During this workshop, our project team, including the six young co-researchers, introduced themselves to a room of adults with and without disabilities. With remarkable eloquence, they shared their perspectives and issued a call to action for their active inclusion in SRHR programming and education initiatives. For the remainder of the week, we focused on discussing the research project objectives and qualitative research methods, such as conducting interviews and focus group discussions with other young people with disabilities. Through training sessions, we also explored two main conceptual frameworks guiding our analysis, the Intersectionality-Based Policy Analysis and Structural Health Vulnerabilities and Agency frameworks (next section). These discussions deepened our collective understanding of the project's goals and analytical frameworks.

Conceptual frameworks: The Intersectionality-Based Policy Analysis framework addresses the multiple interlocking discriminations experienced by population groups in situations of vulnerability and marginalization, such as people with disabilities (Hankivsky et al., 2014; Hankivsky & Kapilashrami, 2020; Mac-Seing et al., 2020a). This framework enables researchers and policymakers to uncover the often invisible social inequities faced by population groups with intersecting identities, shaped by overlapping systems of power such as patriarchy, sexism, ageism, and ableism (Bowleg, 2020; Collins & Bilge, 2020). The concept of intersectionality was first coined in the 1990s by Kimberlé Crenshaw (Crenshaw, 1991), a Black American legal scholar and activist, drawing from Black American, Indigenous, and Third World Feminisms, as well as Queer theory (Collins & Bilge, 2020; Ferlatte et al., 2025). Methodologically, the Intersectionality-Based Policy Analysis framework offers two key types of questions: one set to identify and define the problem, and another to systematically explore solutions and future perspectives that address and redress social inequities (Hankivsky et al., 2014). At its core, the ultimate goal of intersectionality is to advance equity and social justice (Collins & Bilge, 2020; Ferlatte et al., 2025; Heard & Wigginton, 2023). Regarding the Structural Health Vulnerabilities and Agency framework, it argues that health vulnerabilities experienced by certain population groups are not inherent but rather stem from societal structures; these structures, including policies, normative tools, and systemic discriminations, such as racism, ableism, and sexism, create and perpetuate systemic vulnerabilities and disadvantages, ultimately eroding people's agency over their own lives (Chung, 2021; Chung et al., 2012; Fortin et al., 2023). Research has shown that political, economic, social, and cultural structures further limit the agency of women in rural Uganda, particularly in matters of family planning (Fortin et al., 2023). Recognizing and addressing the specific contexts of different population groups is essential for effectively tackling social health inequities (Fortin et al., 2023).

Data collection and accessibility: We met in the GDPU meeting hall (Supplementary File, Photos 1 and 2) and outside the building, under giant mango trees in the yard (Supplementary File, Photo 3). Half of the young co-researchers with disabilities and local research assistants are fluent in both English and Acholi and/or Braille, while the other half

of young co-researchers with disabilities are more proficient in Acholi and/or Ugandan Sign Language. The Canadian researcher interacted with the team in English. All our discussions, whether in-person or held online, were facilitated by three Ugandan sign language interpreters (Monica, Nancy, and/or Charles), who also assisted with English-Acholi translations, along with the two research assistants, often providing clarifications to ensure smooth and disability-accessible discussions. Following the in-person exchanges in Gulu, we continued our discussions over WhatsApp and Microsoft Teams virtual exchanges for clarification of ideas to be conveyed in this reflexive article. We selected WhatsApp as a communication tool with young co-researchers with disabilities for short communications, as it is both their preferred platform and a secure option for communication, thanks to its end-to-end encryption for messages within specific discussion groups. For larger group meetings, including all nine of us and sign language interpreters, we also used the Microsoft Teams platform, which is secured by two-factor authentication and provided by the researcher's university.

Thematic areas of interest and analysis: We used three main questions to guide our reflexive talks with young co-researchers with disabilities: (1) Why do you think it is important to address SRHR among youth with disabilities in Uganda? (2) What are the reasons these issues are not discussed more openly? And (3) What are your aspirations (dreams) regarding SRHR and life in general? We adopted the Intersectionality-Based Policy Analysis and Structural Health Vulnerabilities and Agency frameworks to better understand the considerations related to the multiple social identities of youth with disabilities, societal power dynamics and structures, reflexivity, the role of the context, and equity and rights (Chung, 2021; Hankivsky et al., 2014).

Situating Ourselves

We deemed it essential to establish our positionality for this reflexive article, recognizing that it is shaped by our social and professional backgrounds, as well as our life trajectories.

- Peace (YAB member and co-researcher) is a young woman using a wheelchair. She has been volunteering as a social worker at St. Jude's Home and Rehabilitation Center, which provides services to vulnerable children, including those with disabilities. She has a boyfriend and previously lived with her parents before moving to St. Jude's.
- Priscilla (YAB member and co-researcher) is an Acholi woman living with albinism. She comes from a family of ten and currently lives with her parents. She completed six years of primary school and joined the GDPV vocational training programme, where she became a professional hairdresser. She has a boyfriend and serves as a peer mentor, the youth representative of Paicho Sub-County of Gulu District, and the vice-chairperson for youth with disabilities in Gulu District.
- Prisca (YAB member) is also an Acholi woman with an upper limb physical disability. She is a 400-m Paralympic athlete who represented Uganda in competitions in Morocco in 2025. She is a peer mentor and runs a shoe business. She has a boyfriend.
- Martin (YAB member and co-researcher) is a high school student with a visual impairment. He is a member of the Uganda Bible Society (Gulu Branch), where he often reads in Braille during the organization's functions. He is also a Gospel preacher and an avid musician. He lives with his single mother and two siblings.
- Christopher (YAB member and co-researcher), also a high school student with a visual impairment, is a talented Gospel musician. He lives with his parents and nine siblings and does not have a girlfriend.

- Caesar (YAB member and co-researcher) lives with a hearing impairment. He works as a motorcycle mechanic and owns a welding workshop. Additionally, he operates a groundnut drilling mill, lives with his parents, and has a girlfriend.
- Bryan (research assistant) holds a bachelor's degree in Development Studies and a postgraduate diploma in Monitoring and Evaluation. He is currently completing a master's in Monitoring and Evaluation. He is the head of a family of four siblings and is single. He is a keen learner and has contributed to various research and development initiatives, leveraging his leadership and collaborative skills.
- Emma (research assistant) holds a bachelor's degree in Community-Based Rehabilitation. She is a single mother to an 8-year-old son. She is passionate about promoting disability inclusion, accessibility, and empowerment, especially for women, girls, and people with disabilities. She enjoys Gospel and local music, travelling, and spending holidays with her son.
- Muriel (researcher), who has worked in international health development with women and youth people living with HIV, survivors of gender-based violence, and people with disabilities in Asia and sub-Saharan Africa, is a professor-researcher of Global Public Health in Montreal, Canada. Born in Madagascar to Chinese parents, she moved to francophone Montreal with her family as a child.

4. Results

Our results present our main themes that are significant to the youth with disabilities in Gulu, Northern Uganda: (1) the persistent feeling of social discrimination, stigma and exclusion, including from parents, regarding their SRHR, (2) inaccessible SRHR information and services and knowledge gaps, (3) gender- and disability-based violence, and (4) youth aspirations for SRHR and in life.

4.1. The Persistent Feeling of Social Discrimination, Stigma, and Exclusion, Including from Parents

Throughout our conversations and exchanges, the most prevalent sentiment expressed by many YAB members was their sense of being discriminated against, belittled, and excluded from various aspects of society. This sentiment was shared by both young women and men across various types of disabilities.

At home, youth with disabilities are neglected. For example, there is this boy with disabilities, who was growing up, his pubic hair was showing, and he was naked. His parents don't care because they think he will do nothing and is worthy of no hope. He was left by himself. (Prisca)

We don't have equal rights regarding services. We're not welcomed like anyone else. For example, access to the hospital or [SRHR] services. If we seek condoms, we're told: "Why do you use condoms?". We're despised. They [healthcare workers] don't see us as 'normal' people. (Christopher)

As Caesar shared, the discrimination faced by youth with disabilities is also evident in the inaccessibility of SRHR services, many of which are disability-insensitive: "Youth-friendly services are very far, so they're not at all friendly for youth with disabilities", who often are excluded from SRHR awareness-raising and health promotion campaigns. Compounded by this maladapted service delivery of SRHR, the needs and realities of youth with disabilities are frequently overlooked.

Most of the time, the SRHR needs of young people with disabilities are not prioritized because of the amount of stigma they face. They are then fearful of going to the hospital.

There is this example of some youth with disabilities who didn't go to the hospital despite being ill; they died of HIV, and they feared being finger-pointed at. (Priscilla)

Furthermore, one key determinant of health for youth with disabilities is the role played by their parents and social leaders in their lives. All six youth with disabilities mentioned how parents specifically shape their access to information, knowledge, and services, particularly regarding SRHR.

We're not talking about SRHR at home. It's the parents who don't talk about it with their children. By 12 or 13, I need to know [about my SRHR]. Better parents should start earlier discussing it. But they fear talking about it, and they say they don't have the time. . . There are also challenges with our leaders regarding their cultural beliefs. They say that if a man speaks, women should accept whatever he says. (Martin)

Youth are not considered valuable and important by their parents. They don't want them to learn about SRHR. When they go to the hospital, there are a lot of negative attitudes towards young people. When there are wellness programs, they never mobilize people with disabilities, old people, or youth with disabilities. (Priscilla)

Additionally, intersecting gender and disability norms held by parents and society influence what topics are discussed or avoided with young people.

People see youth and people with disabilities as the most vulnerable. Parents fear talking about SRHR. In African countries, girls are advised by their aunts, while boys are advised by their uncles. So, there is a big lack of knowledge [among youth with disabilities]. (Peace)

Parents and guardians have the mentality that youth with disabilities will never get married. So, they think it's useless to teach them about SRHR. The leaders are also people in society who think that people with disabilities are not productive, that they're doing nothing. Because of our disability, we do less because of all these societal barriers. (Christopher)

4.2. Inaccessible SRHR Information and Services, and Knowledge Gaps

In addition to the family and social barriers that hinder access to SRHR among youth with disabilities, these services, when available, are often not accessible to people with different types of disabilities, such as sensory and physical impairments, to receive services.

There are many communication barriers. Being a person with hearing impairments, I cannot communicate with health staff, and they cannot explain to me what is happening [because they don't know how to use Ugandan Sign Language]. (Caesar)

Youth with disabilities lack access to assistive devices. For example, for people with lower limb impairments, there are no wheelchairs. How do they reach healthcare centers without a white cane, without guides, without sign language interpretation, without any reasonable accommodation? And it's worse in rural areas than in urban areas. (Prisca)

According to the youth with disabilities, the inaccessibility of SRHR information and services leaves many of them without basic and essential knowledge. This includes a lack of understanding about sexual and reproductive organs, maternal health issues, or sexually transmitted infections, for instance.

Young people with disabilities face lots of SRHR knowledge gaps. Girls with disabilities don't have access to many services. There are no sign language interpretations. They don't even know if they're pregnant! (Peace)

There was this blind boy; he had syphilis. However, he wasn't aware of what he had. He was left at home without any education. He was then given a wife. . . He was complaining

of pain in the stomach and the private parts. He was scared to talk to anyone. He died. We boys with disabilities also need to know. (Martin)

As shared by some youth with disabilities, the inaccessibility of SRHR services, such as the physical inaccessibility of healthcare infrastructure and equipment, is further exacerbated due to the negative attitudes of healthcare staff.

Women with disabilities are not well taken care of and don't receive the proper care. The maternity beds are not adapted [beds that cannot be lowered for women with physical disabilities or who are paralyzed] because most of them deliver their baby on the floor. (Peace)

4.3. Gender- and Disability-Based Violence

One of the most sensitive SRHR topics openly addressed during our exchanges was gender- and disability-based violence against people and youth with disabilities, particularly women. This type of violence can occur at home, within intimate relationships between youth with disabilities and their partners, and in health facilities. At home and with the support of the healthcare system, societal disability-related gender norms lead parents and service providers to instigate practices that violate the basic human and disability rights of youth with disabilities.

There is forced family planning without them knowing it. For example, girls with mental disabilities can be raped and have their uterus removed without their consent. Parents don't want girls with disabilities to have children and be a burden and shame for the family. (Prisca)

Furthermore, among young people, sexual coercion and abuse, as well as limited knowledge of SRHR, are frequent and put them at risk of unwanted pregnancies and sexually transmitted infections (STIs). Young women with disabilities are particularly vulnerable to sexual coercion, as power imbalances and fear, particularly in relation to men and boys without disabilities, may prevent them from giving or refusing free and informed consent.

When a girl with disabilities is with a boyfriend, the boy often asks for sex. She says 'No', then 'Yes'... for fear of losing the opportunity of having an intimate relationship... The reality is that they ask for sex, but then, they don't want to stay with us, girls with disabilities. (Peace)

Most youth with disabilities are victims of STIs, HIV, and syphilis. They don't know about protection or family planning. Girls become pregnant. They are also victims of rape and carry unwanted pregnancies. It is important to discuss these topics with youth with disabilities to give them confidence. (Prisca)

4.4. Youth Aspirations for SRHR and in Life

Despite the numerous challenges, barriers, and societal obstacles youths with disabilities encounter in Northern Uganda regarding their SRHR, they are resolute and clear about the importance of exercising their disability and human rights on equal footing with anyone else. They are also very vocal and articulate about their SRHR aspirations and dreams in life. For Martin, he aspires to pursue his education and become a significant contributor to society.

My dream is to finish high school and go to university to be a big man in society. Society says that people with disabilities cannot do things, I want to disapprove of them. I want to come up with a project to teach people with disabilities that they can do so much in

society. When I get income, I'll give assistive devices to all people with disabilities. I'll bring them together and we'll solve the problems. (Martin)

For both Priscilla and Prisca, they aspire to achieve financial independence, own their land, and build their own family, a goal that is challenging for many women with disabilities in Uganda due to the patriarchal norms that favor men and boys and ableist practices that bar people with disabilities from civic autonomy.

I want to own land. I pray that in 5–7 years, I acquire sponsorship for my athletic activities so I can afford all my equipment. I need a lot of money for my attire, resources, and so on. I also want to own a property for a vocational center to train youth with disabilities. I also want to have a family, husband, and children. (Prisca)

I dream of owning land so I can enjoy my hair salon business. I want to train youth with disabilities in hair plaiting. If other people can succeed, so can I! I also want a partner, a man who respects me and doesn't belittle me. (Priscilla)

For Caesar, his goal extends beyond achieving financial autonomy; he is also passionate about advocating for the rights of people with disabilities.

I want to be rich by working hard with my mechanic and welding businesses. I want to marry a healthy woman, and I want to have children. I want to advocate for the rights of young people with disabilities. (Caesar)

For Christopher and Peace, their goal is to expand on the achievements of this project by promoting disability rights, conducting research, and contributing to inclusive politics.

I appreciate so much being part of this project. My future dream is to promote equal rights for people and youths with disabilities through this project. Also, I need economic and social means to be healthy, wealthy, as well as to be seen. I would like more of this project so we can solve many more problems. (Christopher)

I want to be a big researcher and inclusion specialist. I want to facilitate that services and workshops are accessible. I want to be part of the Parliament! An Honorable Parliament member is encouraging me to do so. (Peace)

5. Discussion

This original and reflexive article was generated from candid and open discussions and exchanges on SRHR among six young Ugandan women and men with different types of disabilities (physical, visual, hearing and albinism), alongside two Ugandan research assistants and one Canadian researcher, supported by three Ugandan Sign language interpreters. The findings highlight four key aspects for discussion: (1) the persistence of ableist discriminations and barriers leading to inequities in SRHR among youth with disabilities; (2) a clear and pressing need among youth with disabilities to access comprehensive SRHR information and services; (3) the importance of intentionally not excluding youth with disabilities in SRHR programs and respecting their basic disability rights for disability-inclusive health outcomes; and (4) the importance of reflexivity in revealing the agency of young women and men with disabilities.

First, it is widely recognized that SRHR-related information and services are often youth-unfriendly (Bolarinwa et al., 2024; Giles et al., 2023; Imurana & Bhartiya, 2024; Mazur et al., 2018; Ndekezi et al., 2025). The findings of our reflexive article, based on the insights of youth living with physical, visual, and hearing disabilities and albinism in Northern Uganda, corroborate the ongoing failure of the healthcare system and society to provide SRHR services that are both youth- and disability-sensitive. Systematic reviews have consistently shown that most youth continue to face multiple SRHR barriers (Mazur et al., 2018; Ninsiima et al., 2021; Vivet et al., 2025). These barriers include

parental influences that hinder access to essential SRHR services, such as contraception, negative attitudes from health professionals who are unskilled in addressing youth-specific needs, and structural obstacles within outreach programs that fail to target youth more effectively (Mazur et al., 2018; Ninsiima et al., 2021; Vivet et al., 2025). More specifically, additional systematic reviews examining SRHR among people with disabilities have identified similar youth-related barriers (Ganle et al., 2020) or youth-blind SRHR programs and interventions in sub-Saharan Africa (Mac-Seing & Zarowsky, 2017). These reviews also highlight ableist discriminatory practices from family members, health staff, and society that prevent people with disabilities, including youth, from using SRHR services with dignity (Ganle et al., 2020; Mac-Seing & Zarowsky, 2017; Mac-Seing et al., 2020a). Through a critical disability lens, Mesiäislehto (2023) argues that discrimination against people with disabilities begins early in life, as their experiences are dismissed as unimportant and their identities reduced to biomedical definitions of ‘impairment’. This framing overshadows their abilities, agency, and autonomy, particularly in making decisions about their own bodies, sexuality, and reproductive health (Mesiäislehto, 2023).

Moreover, another systematic review, which included 11 SRHR interventions in low- and middle-income countries, found that there are no existing specific SRHR interventions for people with disabilities that focused on maternal health, family planning and contraception, or safe abortion services, beyond the provision of SRHR information and awareness-raising efforts (Hameed et al., 2020). The inequitable access to SRHR among youth disabilities, which was also clearly reported by youth with disabilities with whom we discussed, places them at a higher risk of sexual violence, sexually transmitted infections, including HIV and AIDS, and unwanted pregnancies, particularly among women (Bolarinwa et al., 2024; Mac-Seing & Zarowsky, 2017; Manoj & Suja, 2017), hence contributing to heightened morbidity and mortality (WHO, 2022).

Second, the six youths with disabilities further expressed their need for more comprehensive information and understanding of SRHR without stigma and discrimination, empowering them to make informed decisions and reclaim their sense of agency. In the findings of a narrative review on SRHR interventions, which included 21 studies, they reported that very few SRHR initiatives specifically explored and analyzed the SRHR needs of young people with disabilities; furthermore, when such initiatives were undertaken, studies have shown methodological limitations that restricted the transferability of findings (Vivet et al., 2025). Shifting the paradigm from merely identifying the ‘gaps’ in SRHR among youth with disabilities to focusing on their specific needs and expectations may offer a new perspective on how we approach SRHR-related research and programming. This change in focus can help expand our knowledge base on SRHR for youth with disabilities. The findings of another systematic review, which included 184 articles, support this point (Gréaux et al., 2023). The authors argue that while people with disabilities, including youth, continue to experience significant barriers in accessing healthcare services, including SRHR, there are limited interventions focused on meeting their specific needs, contributing to greater health inequities (Gréaux et al., 2023).

The expectations of youth with disabilities regarding their SRHR are also corroborated by a meta-synthesis on the SRHR needs of youth in sub-Saharan Africa (Uka et al., 2024). The findings showed that youth expect SRHR information to be age-sensitive and services to encompass both health promotion and treatment provided by health professionals who are competent to serve them effectively (Uka et al., 2024). Additionally, authors reported that youth seek to acquire specific skills such as negotiation, decision-making, and refusal skills to avoid unsafe sex practices and be empowered to make their own decisions, particularly for women (Uka et al., 2024). For women with disabilities, the dominant narratives surrounding them in relation to SRHR remain largely confined to their

reproductive capacities (Mac-Seing & Zarowsky, 2017; Mac-Seing et al., 2020b). This narrow understanding of their sexual and reproductive health needs is further exacerbated by intersecting patriarchal and ableist norms and beliefs (Isacson, 2021). It has been suggested that due to these discriminatory norms, which disadvantage women with disabilities, their expectations of autonomy are suppressed (Isacson, 2021). This suppression can result in increased vulnerability to gender-based violence or reduced access to family planning and contraception, as “contraception use is socially sanctioned, in the form of traditional and patriarchal observations, which govern their choice [among women with and without disabilities]” (Isacson, 2021).

Third, compounded with the previous two points, lies the critical issue of the rights of youth with disabilities to exercise their sexual and reproductive health rights fully. These rights should be addressed in a manner that is contemporary, contextually relevant, and comprehensive of their life aspirations. The dreams and aspirations of Peace, Priscilla, Prisca, Caesar, Christopher, and Martin are not uncommon in principle, but they hold a profound significance for them, given the deeply rooted societal norms that hinder their ability to have safe and discrimination-free intimate relationships, pursue their education, and establish partnerships and families on equal footing with others. Uganda ratified the United Nations’ Convention on the Rights of Persons with Disabilities (UNCRPD) in September 2008 (United Nations Human Rights Treaty Bodies, 2024), adopted its Disability Act in 2006, and revised its National Policy on Persons with Disabilities in 2023 (Government of Uganda Ministry of Gender, Labour and Social Development, 2023). In theory, these normative tools guarantee the rights of people with disabilities to various spheres of life. These rights include the ability to form a family, to access health services (including SRHR and rehabilitation), pursue education, seek employment, and utilize accessible infrastructures, among others. However, the rights of young women and men with disabilities continue to be violated, often without any accountability measures put in place against structures, organizations, and individuals responsible for these violations.

In 2010, and it remains highly relevant today, Lord and colleagues emphasized the urgent need to address disability within global governance frameworks, establishing accountability measures, refining processes, and setting clear goals to ensure the inclusion and rights of people with disabilities are prioritized (Lord et al., 2010). It is argued that organizations of people with disabilities, such as the Gulu Disabled Persons’ Union (GDPU), can play a crucial role in promoting and monitoring the rights of people with disabilities; this can be achieved through active engagement in various sectors, such as sexual and reproductive health (Caughey & Liu, 2022). As per the UNCRPD Article 31, which focuses on data collection and monitoring (including statistical data and research), organizations of people with disabilities can actively engage in research initiatives (Caughey & Liu, 2022). This is demonstrated by GDPU within the project that forms the basis of this reflexive article, and it aligns with the perspectives shared by Peace and Christopher. They emphasized the importance of continuing to participate in research initiatives like this one to document findings and inform decision-makers in order to transform the lives of youth with disabilities in Northern Uganda and beyond.

Finally, the reflexive and iterative approach we adopted with the six young researchers with disabilities revealed what truly matters to them: their sexuality, sexual and reproductive health, and the exercise of their disability rights. This process challenged societal limitations tied to disability and affirmed their agency in living their SRHR. The approach we used encouraged reflexivity, a process of self-reflection and critical awareness, enabling youth with disabilities to reimagine their futures and reclaim their agency (Peddle, 2022). Without this approach, which allowed youth with disabilities time to pause, reflect, listen to peers with diverse disabilities, ask questions, and deepen their own understanding of SRHR,

we, as researchers, might have focused solely on the deficits and vulnerabilities associated with disability (Forstner, 2022). Instead, it illuminated critical topics like bodily autonomy, sexual health and desires, reproductive needs, intimate relationships, and decision-making. This process shifted the focus from limitations to possibilities, unlocking the power of self-projection and ownership of one's capacities and agency (Mustaniemi-Laakso et al., 2023). Through our exchanges, the youth with disabilities affirmed their agency, some for the first time, others with renewed conviction, navigating a world marked by intersectional prejudice and discrimination. By intentionally involving them in a reflexive and participatory process, we demonstrated the importance of inclusion in action (Nikidehaghani et al., 2023). This method created space for both young women and men co-researchers with disabilities to freely express their views, ensuring their voices were heard, including through sign language. It was a powerful reminder that meaningful participation transforms how agency is recognized and exercised (Chung, 2021; Fortin et al., 2023; Mustaniemi-Laakso et al., 2023; Teixeira et al., 2021).

Further, the Intersectionality-based Policy Analysis and Structural Health Vulnerabilities frameworks allowed us to move beyond simply identifying the problem. Instead, they guided us to actively seek solutions and amplify youth aspirations, addressing social inequities and the harmful effects of discrimination in a more reflexive and pragmatic manner, ultimately challenging the status quo (Chung, 2021; Ferlatte et al., 2025; Fortin et al., 2023; Hankivsky et al., 2014). Youth with disabilities demonstrated that when they are engaged directly and listened to within their own positionality and intersectional contexts, they can identify key areas for responsible interventions, often at an upstream level. These include addressing structural and social determinants of health, such as proactive inclusion in equitable policy development, disability-inclusive SRHR education and service delivery, economic empowerment and autonomy, and the recognition and respect of disability rights (Hankivsky et al., 2014; Mac-Seing et al., 2021). Ferlatte et al. (2025) further argue that an intersectional lens not only advances population-level health but also highlights the structural determinants shaping equitable health outcomes and the conditions for a fulfilled life (Ferlatte et al., 2025). As Chung (2021) contends, epistemic injustices must be addressed by tackling structural determinants while also valuing and amplifying diverse forms of knowledge and voices, particularly such as those of youth with disabilities, that are often silenced from dominant discourses on SRHR (Chung, 2021; Chung et al., 2012). It is only through this dual approach that the unique agency of young women and men with disabilities can be fully recognized, as vividly illustrated by the powerful testimonies of the six young co-researchers with disabilities.

6. Conclusions

The joint reflections on sexual and reproductive health and rights with youth with disabilities in Northern Uganda stand as a compelling reminder of the transformative power of open and honest dialogue. These conversations are not just meaningful, they are essential. The insights from our reflexive and participatory exchanges carry profound implications. In practice, youth with disabilities have proven themselves to be the most knowledgeable and innovative sources for inclusive, disability- and youth-friendly SRHR initiatives. By drawing on their lived experiences, we can identify and address programmatic blind spots, but only if we create accessible environments that foster truly inclusive communication. In policy, there can be no more excuses. Existing laws and policies hold immense potential to advance the rights, agency, and well-being of youth with disabilities in SRHR, but only if we prioritize accountability, follow through with action, and ensure their voices guide decision-making. In research, we must ask ourselves the hard questions: Are we truly practicing what we preach about addressing social health inequities? How can we claim

to center “vulnerable” populations if they are not leading the way in shaping research questions, collecting and analyzing data, and driving initiatives forward?

SRHR remains a critical global health issue for all young people, with or without disabilities, one that demands greater attention and urgent action. With less than five years left to meet the 2030 Sustainable Development Goals, achieving Goal 3.8 on Universal Health Coverage, including comprehensive sexual and reproductive health services, feels increasingly out of reach. Yet, there is reason for hope. The intelligence, agency, and determination of youth with disabilities have shown us they are ready to take on SRHR and life’s challenges head-on. One of the crucial questions we must now answer is this: Are we ready to stand with them? Are we prepared to match their commitment with our own, to listen, act, and ensure no one is left behind?

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/youth6010017/s1>, Photo 1: Discussion among the youth with disabilities (YAB members), research assistants, and a Canadian researcher, with the support of a Ugandan Sign Language interpreter. Photo 2: Training session with youth with disabilities (YAB members) and research assistants, with the support of a Ugandan Sign Language interpreter. Photo 3: Two of the youth with disabilities (YAB members) are discussing outside of the meeting hall in the yard.

Author Contributions: Conceptualization, M.M.-S.; methodology, M.M.-S.; validation, M.M.-S., B.E., E.A., P.A. (Peace Anena), P.L., P.A. (Prisca Aciro), C.O. (Caesar Okello), C.O. (Christopher Opworwot), and M.D.O.; formal analysis, M.M.-S., B.E., E.A., P.A. (Peace Anena), P.L., P.A. (Prisca Aciro), C.O. (Caesar Okello), C.O. (Christopher Opworwot), and M.D.O.; data curation, M.M.-S., B.E., E.A., P.A. (Peace Anena), P.L., P.A. (Prisca Aciro), C.O. (Caesar Okello), C.O. (Christopher Opworwot), and M.D.O.; writing—original draft preparation, M.M.-S.; writing—review and editing, M.M.-S., B.E., E.A., P.A. (Peace Anena), P.L., P.A. (Prisca Aciro), C.O. (Caesar Okello), C.O. (Christopher Opworwot), and M.D.O.; funding acquisition, M.M.-S. All authors have read and agreed to the published version of the manuscript.

Funding: This reflexive work is embedded in a larger multi-country study, which is funded by the Canadian Institutes of Health Research (CIHR), grant number PJT-195722.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Ethics Committee of the University of Montreal (CERSES-2024-6078, 23 October 2024) and the Research Ethics Committees of Gulu University (GUREC-2024-1159, 17 March 2025) and the National Council for Science and Technology (SS3812ES, 30 April 2025).

Informed Consent Statement: Informed consent was obtained from all coauthors involved in this reflexive work.

Data Availability Statement: The notes of exchanges are available upon request.

Acknowledgments: The authors sincerely thank Akello Monica, Arum Charles, and Adong Nancy Acungkena, Ugandan Sign Language interpreters, for their essential support throughout our meetings.

Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

CIHR	Canadian Institutes of Health Research
ESPUM	School of Public Health, University of Montreal
GDPU	Gulu Disabled Persons’ Union
SRHR	Sexual and Reproductive Health and Rights
YAB	Youth Advisory Board

Note

- ¹ This project is funded by the Canadian Institutes of Health Research (CIHR) and received three ethics approvals for its implementation in Uganda, from the University of Montreal (CERSES-2024-6078), Gulu University's Research Ethics Committee (GUREC-2024-1159), and Uganda National Council for Science and Technology (SS3812ES).

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