SEVEN publicações acadêmicas

EM PARCERIA COM: POLO ITUPEVA IEMS Instituto Educacional Mariti Siqueira UNIASSELVI GRADUAÇÃO E PÓS POLO ITUPEVA

Sexual and reproductive rights for women with mental disorders: An integrative literature review

Luciana Batista de Souza[1] **and Margarita Antonia Villar Luis**[2]

ABSTRACT

Historically, women's health and mental health have achieved important advances in legal issues, but their sexual and reproductive health remain stigmatized and need qualified attention in order to exercise the rights conquered as a form of citizenship. This study aims to analyze the sexual and reproductive health rights of women with mental disorders, with the purpose of elucidating and providing subsidies to determine the quality of actions developed in the field of mental health. To this end, an integrative literature review was conducted in five health databases for the analysis of scientific articles. A total of 1,243 references were found, and after applying the inclusion and exclusion criteria, 10 articles were selected to compose this review. It was concluded that although there are several national and international legislations, the right to experience sexuality and sexual health by women with mental disorders is still neglected, either due to stigma, discrimination or lack of knowledge of the theme by patients, family members and health professionals. There is a need for concrete actions in mental health outpatient clinics so that these women can enjoy the full exercise of their rights.

Keywords: Women, Sexual and reproductive health, Rights, Mental health.

INTRODUCTION

The 70s were a historical milestone in several aspects of health, especially in the field of mental health and women's health. The Psychiatric Reform provided a milestone in the field of mental health, while the emergence of the contraceptive pill provided significant changes in women's sexual health (Soares; Moro, 2019; Saucer; Ferreira, 2021).

With the emergence of the contraceptive pill in 1960, women conquered their sexual freedom and the right to family planning, provided advances in reproductive and sexual rights and the flexibility of moral values and entry into the labor market (Soares; Moro, 2019; Saucer; Ferreira, 2021).

The psychiatric reform movement brought advances and humanization in care, changing the paradigm in the care of people with mental disorders, deconstructing the asylum apparatus seeking the social and family integration of patients, working on autonomy and reintegration into society through the expanded clinic, analyzing the subject in its entirety beyond the disease

---

[1] Master of Science Nursing
University of São Paulo at Ribeirão Preto College of Nursing (EERP/USP)

[2] Interunit Dr.. Full Professor, Ribeirão Preto School of Nursing
University of São Paulo at Ribeirão Preto College of Nursing (EERP/USP)

(Maidana Júnior et al., 2018).

Women are historically linked to madness, Zanello (2018) demonstrates this fact by pointing out that the history of psychiatry is a story about the discourses of male psychiatrists about crazy women, and it is not difficult to find several predominantly feminine facts as an example of madness, with the feminine essence itself being a reason to rationalize women as insane. And even when madness is experienced by a man, it is metaphorically associated as feminine.

However, even with the broadening of the view on mental health, female sexuality remained stigmatized, women maintained the concept of asexual, with their desires ignored, decriminalized and taxed as aggravating the pathology (Marcolino; Almeida; Nogueira, 2019).

The issue of gender, in relation to mental health, is a powerful social determinant that should be analyzed in order to produce specific and qualified actions, especially in the issue of sexuality and sexual and reproductive rights (Zanello, 2018; Monti; Camiá, 2016).

Zanello (2018) points out that even throughout history, the main scholars in mental health have stopped analyzing sexuality, going unnoticed by the topic.

Authors report that people with mental disorders have a greater difficulty in dealing with basic aspects of life, especially in relation to sexuality, accentuating in the female gender, that they are more prone to unwanted pregnancies, a greater number of sexual partners, risky sexual relations, mainly related to diseases, increased rate of rape, sexual abuse, and low rates of regular use of contraceptives (Rodrigues et al., 2023; Araújo; Torrenté, 2023).

Since 1970, women's health has been a central axis of action of the feminist movement, culminating in a public policy agenda capable of repositioning the approach to women's health in the country, family planning is instilled within these policies and the Brazilian Constitution, and is a strategic action of Primary Health Care (Madsen, 2020).

These achievements are expressed in several laws that have been won for both fields, however it is necessary to analyze this scenario, especially in the field of mental health, where we see significant setbacks, especially in comprehensive women's health care. With this premise, this study aims to analyze the sexual and reproductive health rights of women with mental disorders, with the purpose of elucidating and providing subsidies to determine the quality of the actions developed in the field of mental health.

METHODOLOGY

The present study is an integrative literature review, an instrument of Evidence-Based Practice (EBP) as it enables the incorporation of scientific evidence into clinical practice (Souza et al., 2017; Mendes; Scott; Galvão, 2008).

The integrative review is based on scientific knowledge with quality and cost-effective results, which aims to synthesize knowledge to elucidate the theme or present the existing gaps, contributing to the deepening of the investigated issue (Souza et al., 2017; Mendes; Scott; Galvão, 2008).

The review process followed the steps described by Mendes, Silveira and Galvão (2008), namely: 1st. Stage: identification of the theme and selection of the hypothesis or research question for the elaboration of the integrative review; Second. Stage: establishment of inclusion and exclusion criteria for studies / sampling or literature search; Third. Stage: definition of the information to be extracted from the selected studies/categorization of the studies; 4th. Stage: evaluation of the studies included in the integrative review; 5th. Stage: Interpretation of the results and 6th. Stage: Presentation of the review/synthesis of knowledge. The guidelines of the Preferred Reporting Items fos Systematic Review and Meta-Analyses (PRISMA) (Melnyk; Fineout-Overholt, 2011).

The guiding question was developed through the PICOT strategy (Mendes; Scott; Galvão, 2008; Melnyk; Fineout-Overholt, 2011), where P: women with mental disorders, I: sexual and reproductive health, C: there was no comparison group, O: rights, T: in the last 10 years, as described in table 1, and the question was formulated: "Is there evidence in the current literature that women with mental disorders have their sexual and reproductive rights respected?".

Table 1: PICOT Strategy Description

Description	Abbreviation	Components of the Population question
Population	P	Women with mental disorders
Interversion	I	Sexual and Reproductive Health
Comparison	C	There was no comparison group
Result	Or	Rights
Time	T	In the last 10 years (2011-2021)

Source: By the authors, 2021.

The following inclusion criteria were considered: literature in the format of a scientific article and that relates to mental health as defined by the Convention on the Rights of Persons with Disabilities, being available in full-text format, presenting association with the chosen descriptors, being in Portuguese, English and Spanish and in the period between 2011 and 2021. The exclusion criteria were: articles related to dementia (geriatric), as a factor of degenerative pathologies such as Alzheimer's, articles related to long-term care institutions, articles not available for free, presenting only the abstract, duplicates, review articles, as well as gray literature such as theses, dissertations and editorials.

Disability related to dementia was considered as an exclusion criterion, considering that it is a progressive syndrome often related to pathophysiological conditions, with signs of memory loss, intellectual demotion and extreme changes in emotional and social behavior, which in 60% to 80% of cases are related to Alzheimer's Disease (Mendes et al., 2020).

Articles related to long-term care institutions were also excluded with the prerogative that regardless of current legislation, each institution, depending on the linkage, has its own internal regulations with rules and routines stipulated according to the vision of its leaders, who fear, in a way, what the impact on society of unwanted pregnancies will be, spread of STIs, with an emphasis on HIV, and sexual abuse could cause to institutions (Cardoso et al., 2020; Dein et al., 2015).

Since the present study seeks to emphasize the health view of the rights of people with mental disorders, only health-related databases were chosen for the search. The databases chosen were: LILACS (Latin American and Caribbean Literature on Health Sciences), BDENF (Nursing Database),

Index Psicologia – Periódicos técnico-científicos (BVS), CINAHL (Cumulative Index to Nursing and Allied Health Literature), PUBMED (National Library of Medicine) e SCOPUS.

The descriptors were selected using the Health Science Descriptors (DeCS) and the Medical Subject Headings (MeSH) and the Boolean OR was used among the descriptors, radicals and indexed terms combined by each other by the Boolean AND. The descriptors used and combined for the search strategy are described in Table 2. The search in the databases was guided and reviewed by the librarian of the Central Library of USP in Ribeirão Preto (BCRP/PUSP) on May 25, 2021.

Table 2: Descriptors used and combined for the search strategy in the databases.

Term	Descriptors in Portuguese, Spanish and English.
Woman	Mulher*, Mujer*, Woman, Women, Female*.
Mental disorder	Mental Disorders, Mental Disorder, Psychiatric Disorder*, Mental Illness*, Insanidad*, Psychiatric Disorders*, Psychiatric Disorder, Psychiatric Diagnosis, Psychiatric Illness*, Mental Disorders, Mental Disorder, Mental Illness*, Mental Illness*, Mental Illness*, Psychiatric Disorder*, Psychiatric Disorder*, Psychiatric Disorder*Psychiatric Diagnosis
Law/legislation	Legislação, Direito, Derecho, Legislación, Legislation*, Right*, Advocacy, Law*.
Family planning/sexual and reproductive health	Sexual and Reproductive Health, Sexual and Reproductive Health, Family Planning Services, Reproductive Health, Family Planning Services, Reproductive Health*, Contraception Behavior*, Sexual and Reproductive Health, Reproductive Health, Family Planning Services.

Source: By the authors, 2021.

For the analysis of the selected articles, the Rayyan application, developed by the Qatar Computing Research Institute (QCRI), was used as an auxiliary tool for archiving, organizing and selecting the articles, which were used to analyze the references in a total of 536 minutes in

36 sessions (Ouzzani; Hammady; Fedorowicz, 2016). Selection was performed in pairs through the Rayyan app with shielding, and discrepancies were discussed by a third evaluator.

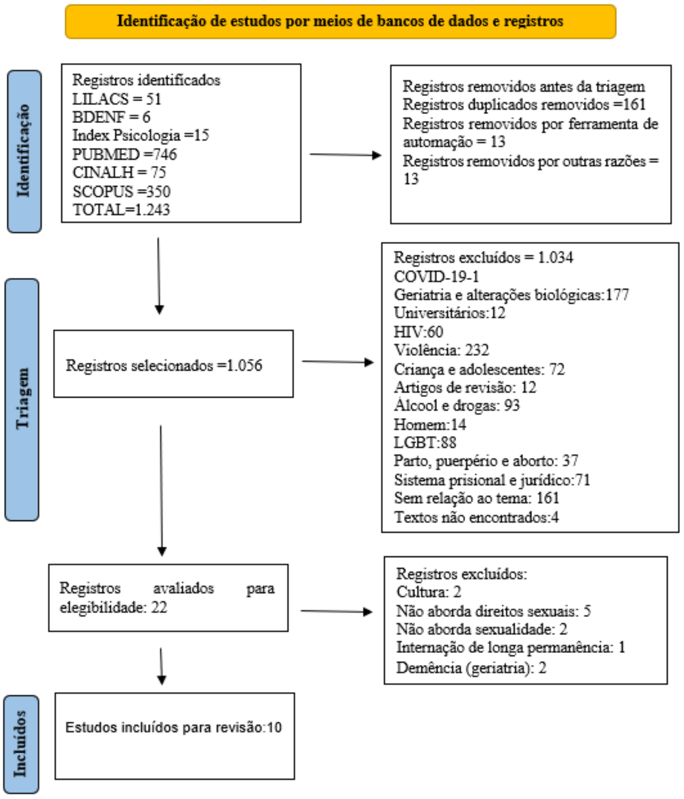
For the data collection of the selected articles, the instrument validated by Ursi (2005) and adapted for this study was used.

To analyze the level of evidence, the classification of Melnyk and Fineout-Overholt (2011) was considered: I-Evidence from a systematic review or meta-analysis of all relevant randomized controlled clinical trials or from clinical guidelines based on systematic reviews of randomized controlled clinical trials; level II-Evidence derived from at least one well-designed randomized controlled trial; level III-Evidence obtained from well-designed clinical trials without randomization; level IV-Evidence from well-designed cohort and case-control studies; level V-Evidence originating from a systematic review of descriptive and qualitative studies; level VI – Evidence derived from a single descriptive or qualitative study; level VII – Evidence from the opinion of authorities and/or the report of expert committees.

RESULTS

The search in the databases resulted in 1,243 references. Of these, 187 articles were excluded due to duplication and 1,034 after careful reading of the titles, abstracts and keywords.

Figure 1: Flowchart of the process of searching and selecting articles.



Source: Evidence selection flowchart based on the PRISMA guidelines (Page et al., 2020).

A total of 22 articles were evaluated, of which 12 that did not fit the criteria already described were excluded. Thus, 10 articles were considered in this integrative review. To demonstrate the search and selection process of the studies, a PRISMA flowchart was used, as shown in Figure 1 (Page et al., 2020).

The categories collected and analyzed in relation to publications were: title, authors, database/journal, year of publication, country, language, as shown in Table 3.

Table 3: Categorization of publications according to title, authors, databases/journals, year of publication, country and language.

ORDER	TITLE	AUTHORS	BASIC / PERIODICAL	YEAR	PARENTS	LANGUAGE
The	Ethical dilemmas and legal aspects in contraceptive counselling for women with intellectual disability-Focus group interviews among midwives in Sweden	Berit Höglund, Margareta Larsson	Journal of Applied Research in Intelellectual Disabilities	2018	Sweden	English
B	Sexuality and individual support plans for people with intellectual disabilities.	Joke M. T. Stoffelen, Marjolein A. Herps, Wil H. E. Buntinx , Dilana Schaafsma , Gerjo Kok, Leopold M. G. Curf	Journal of Intellectual Disability Research (J Intellect Disabil Res)	2017	Holland	English
C	Reproductive autonomy of women and girls under the Convention on the Rights of Persons with Disabilities	Charles G. Ngwena	International Journal of Gynecology & Obstetrics	2017	South Africa	English
D	Pleasure, sex, prohibition, intellectual disability, and dangerous ideas.	Natasha Alexander, Miriam Taylor Gomez	Reproductive health matters	2017	South Africa	English
And	How can sexual and reproductive health and rights be enhanced for young people with intellectual disability? - focus group interviews with staff in Sweden.	Maria Wickström, Margareta Larsson, Berit Höglund	Reproductive health	2020	Sweden	English
F	Constructing	Camillia Kong	International	2019	United	English

	female sexual and reproductive agency in mental capacity law.		journal of law and psychiatry		Kingdom	
G	The Sexual Offences Act 2003 and people with mental disorders	MartinCurtice, Emma Kelson	Scopus / The Psychiatrist	2011	United Kingdom	English
H	Sexuality and mental health: constructing meanings with people who use a CAPS.	Vitor Corrêa Detomini, Emerson Fernando Rasera;	LILACS / Psychology Studies	2018	Brazil	Portuguese
I	Gender-related differences in the human rights needs of patients with mental illness	Poreddi Vijayalakshmi, Konduro Reddemma, Suresh Bada Math	Scopus / Journal of Nursing Research	2012	India	English
J	Discourse of needs versus discourse of rights: family caregivers responding to the sexuality of young South African adults with intellectual disability.	Callista K. Kahonde Judith McKenzie, Nathan J. Wilson.	Pubmed / Culture, health & sexuality	2018	South Africa	English

Source: By the authors, 2021

Table 4 presents the categories regarding the analysis of the methodology of the publications and include: type of research, population, data collection, level of evidence, objective and main results.

Table 4: Methodological categorization.

ORDER	TYPE OF RESEARCH	LEVEL OF EVIDENCE	OBJECTIVES	RESULTS
The	Content Analysis	SAW	Understanding Contraceptive Counseling for Women with Intellectual Disabilities	There is a recognition that women with intellectual disabilities have sexual rights equal to other women, but there is concern about sexual abuse and exploitation, professionals live ethical dilemmas related to the principle of justice and autonomy, and strive to provide ideal sexual and reproductive counseling for their understanding, but there is a lack of institutional support.
B	Exploratory and descriptive	SAW	Understand the extent to which sexuality, sexual health and sexual rights are mentioned in documents Individual Support Planning	A total of 159 PSI documents (85%) from 60 men and 99 women contained some reference to aspects of sexuality. However, these references were mostly descriptive and offered little guidance in terms of support. In addition, these notes often described negative or problematic aspects of sexuality. Although sexuality is

				addressed in most PSI documents, there is little information available on the provision of professional support in this area that would give people the opportunity to exercise sexual rights.
C	Content Analysis	SAW	To analyze the contribution of the Convention on the Rights of Persons with Disabilities to the affirmation of the rights of women and girls with disabilities to the enjoyment of reproductive autonomy.	The Convention on the Rights of Persons with Disabilities makes a significant contribution to remedying the exclusion of individuals with disabilities from equal participation and opportunities in the civil, political, economic, social and cultural spheres. States are obliged to abandon the oppressive and discriminatory regimes of yesteryear in favor of affirming the rights of persons with disabilities to equality, non-discrimination and human dignity on an equal basis with the rights of others.
D	Historical Article	VII	Sharing experience and questioning status that, at best, ignores sexuality as an integral part of a person's life and, at worst, prohibits sexual expression from people with intellectual disabilities.	People with disabilities need, like all of us, to feel sexually free, learn about sex and their own sexuality, enjoy sexual activities, and receive support in a crisis. Sexuality and sexual expression are a right enshrined in international conventions, and as advocates for change, we must commit to supporting people to live full lives, including a sexually free life.
And	Qualitative through interviews and focus groups	SAW	Gain understanding of employee experiences and perceptions regarding sexual and reproductive health and rights (SRHR) for youth with ID.	The study participants, staff, were generally open-minded and accepting of sexuality among young people with intellectual disabilities. They found it difficult to cope with reproduction/parenting and felt unprepared and frustrated in certain situations. Participants called for a clear mandate from managers, organizational guidelines, more education and interprofessional support. And they believe that there is a need to develop policies and guidelines related to Sexual and Reproductive Health to support the team that works with young people with ID.
F	Author's comments	VII	To propose a way to conceptualize the agency of women with learning disabilities, in order to avoid the triple link in the law of mental capacity.	There is a genuine difficulty in tracking the agency of women with learning disabilities with respect to choices that reflect acquiescence, endorsement, or consent to problematic hegemonic norms on gender and disability. In theory and practice, their agency seems to be trapped in a triple knot in decisions about motherhood, reproduction, and sexual relations. On the one hand, there is a tendency to essentialize these choices, as an expression of a learning deficiency that acts on them or makes them incapable of making such choices. On

				the other hand, normative commitments to an emancipatory framework invalidate ambivalence, housing, complicity, and so on as valid classes of action, thus condemning these women to passivity, false consciousness, or incapacity.
G	Descriptive	VII	Describe the construction of offences against people with a mental disorder under the Sexual Offences Act 2003 and analyse case law to elucidate aspects of these offences.	In practice, the Sexual Offenses Act 2003 can sometimes be considered difficult to implement. This is because, in some people with a mental disorder, their capacity can fluctuate in such a way that it can be difficult to prove what their mental state was at the time of the alleged offense. However, knowledge of the Law and its application will help psychiatrists of all specialties, if they are required to present evidence in court.
H	Qualitative perspective through the social constructivist conception	SAW	To understand the meanings of sexuality for people who use mental health services negotiated in sexuality workshops.	The need for users to be active participants in interventions aimed at their care, both for diagnosis and for issues related to their sexuality and sexual health. It is not an exaggeration to reaffirm the need not to see their sexuality as a symptom, but as the result of the relationships that these people establish throughout their lives. Therefore, it is important to reflect on the daily impacts produced by the biomedical, patriarchy, and religious discourse on the experience and care of gender and sexuality issues of CAPS users.
I	Descriptive study	SAW	To investigate gender differences in perceived human rights needs at the household and community levels in individuals with mental illness in India.	This study suggests that family members and communities need to be educated about the human rights needs of people with mental illness and that legislation should be strengthened to meet the human rights needs of this disadvantaged population.
J	Qualitative study with a constructivist approach	SAW	To explore family caregivers' responses to the sexuality of young adults with intellectual disabilities in a South African context.	The findings revealed that family caregivers prioritize what they consider to be the immediate needs of themselves and young people, to the detriment of young people's rights to sexual autonomy. Professionals, guided by the human rights approach, need to understand the individual and family context to better collaborate with family caregivers in supporting people with intellectual disabilities to realize their sexual rights.

Source: By the authors, 2021.

The studies took place mainly in the last 05 years, with 03 publications in 2017 and 03 in 2018, 01 in 2011, 2012, 2019 and 2020. Brazil had only 01 publications, with the United

Kingdom being the country with the highest number, 03 publications, followed by Sweden and South Africa with 02, the Netherlands and India with 01 publication. The journals and databases were diversified.

As for the legal bases listed in the publications, they come from both the international scope and local legislation and are described in Table 5.

Table 5: Analysis of the rights studied.

STUDY	SCOPE	RIGHTS POINTED OUT
The	National and International	Sweden's Health Act and the Convention on the Rights of Persons with Disabilities.
B	National and International	Dutch Policy for Planning Individual Support for Persons with Disabilities and Sexual Rights of the World Association for Sexual Health (2014) and Universal Declaration of Human Rights
C	International	Universal Declaration of Human Rights, Convention on the Rights of Persons with Disabilities, Committee on the Rights of Persons with Disabilities and the International Covenant on Economic, Social and Cultural Rights
D	National	Queensland Criminal Code, National Legislation of Australia.
And	National	Support and Service for Persons with Certain Functional Disabilities Act.
F	International	Convention on the Rights of Persons with Disabilities, Mental Capacity Act (England, 2015).
G	National and international	Sexual Offences Act 2003, European Convention on Human Rights.
H	National	It does not cite laws, only the general context of the notion of law.
I	International	Universal Declaration of Human Rights.
J	International	Universal Declaration of Human Rights.

Source: By the authors, 2021.

Although some publications point to a mixed population, women were the focus and prevailed in terms of the limitation of sexual and reproductive rights.

DISCUSSION

Women in their essence and peculiarities are more prone to mental disorders; they are stigmatized and have their desires and anxieties taxed mainly by professionals and caregivers as aggravation of the pathology and exacerbation of symptoms that must be repressed (Boeff; Souza, 2020).

Women with disabilities, including mental disorders, are specifically recognized as a group that experiences multiple forms of discrimination and encounter persistent barriers to their equal participation in society, as well as human rights violations regarding free choice or autonomy regarding sexual and reproductive health (Ngwena, 2017; Detomini; Rasera, 2018; Vijayalakshmi; Reddemma; Math, 2012).

And even though they are protected by Basic Human Rights, in order to fill the existing gaps for vulnerable populations, the Convention on the Rights of Persons with Disabilities sought to infer rights in a fair way, avoiding discrimination; the Convention recognizes that disabled people are not a homogeneous group, and although it seeks to guarantee universal rights, it recognizes that certain groups, such as women and girls, experience individual particularities, especially in sexual matters where they are taxed as asexual beings and unable to control or decide freely about sexuality, reproduction and motherhood, and their bodies and desires are places of contestation (Ngwena, 2017; Wickström; Larsson; Höglund, 2020; Kong, 2019; Vijayalakshmi; Reddemma; Math, 2012).

Sexual and reproductive health is part of people's lives, women with disorders/disabilities have the same rights to sexual and reproductive health as any other woman, however these rights are not respected in clinical practice (Höglund; Larsson, 2018; Stoffelen et al., 2017; Alexander; Gomez, 2017; Ngwena, 2017; Wickström; Larsson; Höglund, 2020; Kong, 2019; Detomini; Rasera, 2018; Vijayalakshmi; Reddemma; Math, 2012; Kahonde; Mckenzie; Wilson, 2018).

Authors of this review point to the view of professionals and family members regarding the need to suppress the desire of their children with disabilities or mental disorders (Höglund; Larsson, 2018; Stoffelen et al., 2017; Alexander; Gomez, 2017; Wickström; Larsson; Höglund, 2020; Kong, 2019; Detomini; Rasera, 2018; Vijayalakshmi; Reddemma; Math, 2012; Kahonde; Mckenzie; Wilson, 2018).

The right to privacy, sexual health, marriage, starting a family, deciding on the number of children, information and education, freedom of opinion and expression, and the protection of one's rights have been characterized by the World Association for Sexual Health since 2014 as sexual rights and these rights must be affirmed, defended, and respected (Stoffelen et al., 2017).

Curtice and Kelson (2011) corroborate the finding by pointing out that in the United Kingdom, the Sexual Offences Act of 2003 recognizes that women with mental disorders have the right to sexual and reproductive life like any other person and are fully capable of consenting to the act, freely and consciously, and any sexual act not consensual by them is considered a crime.

Women with mental disorders as well as disabled people consider sexual health important, they have sexual desires that are easily recognized by family members and professionals, and they understand sexual health not only in the sexual act, but they want caresses, to walk hand in hand, to be together with their partners because they feel valued, motivated and accepted (Höglund; Larsson, 2018; Stoffelen et al., 2017; Alexander; Gomez, 2017; Wickström; Larsson; Höglund, 2020; Kong, 2019; Detomini; Rasera, 2018).

However, the "normalization" of people with disabilities (mental disorders) stigmatized ordinary actions in their lives, where common activities are worked as "activities of daily living", or the simple fact of leaving became "access to the community" and "social interaction", a language that became discriminatory jargon of their humanity, repressing their desires and rights (Alexander; Gomez, 2017).

This normalization exposes them to oppression by patriarchal norms around female roles, incapable of not only choosing their sexual partners and how to express themselves sexually and reproductively, but also rejecting the interference of third parties in their choices, binding themselves to a triple bond (Kong, 2019).

However, studies presented in this review also point out that this population has difficulty negotiating complex nuances of a relationship, exposing them to sexual abuse and exploitation, one of the current factors that contributes to this is the ease provided by the internet and cell phones, which favor exposure and a greater probability of abuse, sexual exploitation and negative sexual experiences (Höglund; Larsson, 2018; Stoffelen et al., 2017; Wickström; Larsson; Höglund, 2020; Ngwena, 2017; Kong, 2019; Curtice; Kelson, 2011; Vijayalakshmi; Reddemma; Math, 2012).

That said, we see that these exploitative and abusive facts are often not identified by these women, and when they do, they are afraid to talk about the subject; either due to lack of possibilities, openness to discussion in their social niche or their treatment environment, or due to lack of sexual education and lack of knowledge, with abuse being most often underreported (Höglund; Larsson, 2018; Kong, 2019; Vijayalakshmi; Reddemma; Math, 2012).

An example of underreporting is sterilization and hysterectomy in young people for "protection" against the effects of menstruation or the prevention of unwanted pregnancy, performed as a medical act and family decision (Stoffelen et al., 2017; Vijayalakshmi; Reddemma; Math, 2012; Kahonde; Mckenzie; Wilson, 2018), being discriminatory acts in which these women are subjected to treatments that are often uninformed and forced (Ngwena, 2017; Kong, 2019; Vijayalakshmi; Reddemma; Math, 2012; Kahonde; Mckenzie; Wilson, 2018).

A study in Sweden pointed out that legislation tends to favor and protect patients through the principles of justice: doing good, not causing harm and respecting autonomy; thus, women with mental disorders, regardless of their impairment, have the right to consent or not to procedures such as contraception, but the authors emphasize that the influence of supporters (parents, caregivers or professionals themselves) can lead to procedures being performed against their will (Höglund; Larsson, 2018; Wickström; Larsson; Höglund, 2020).

A study developed in the Netherlands corroborates these findings, pointing out that health policy determines the obligation to question patients about their sexual health and carry out educational actions to promote the sexuality of vulnerable people monitored by the State, and that this information should be included in their medical records, seeking to legally impose on professionals to work on the theme (Stoffelen et al., 2017).

Thus, the studies clearly showed the existence of legislation in force nationally and internationally that recognizes sexual rights for women with mental disorders and disabilities (Höglund; Larsson, 2018; Stoffelen et al., 2017; Alexander; Gomez, 2017; Wickström; Larsson; Höglund, 2020; Kong, 2019; Detomini; Rasera, 2018; Vijayalakshmi; Reddemma; Math, 2012, Vijayalakshmi; Reddemma; Math, 2012; Kahonde; Mckenzie; Wilson, 2018) however, these women suffer from not enjoying their rights, with the prejudice and lack of preparation of professionals and family members being intensely punctuated (Höglund; Larsson, 2018; Stoffelen et al., 2017; Ngwena, 2017; Wickström; Larsson; Höglund, 2020; Detomini; Rasera, 2018; Kahonde; Mckenzie; Wilson, 2018; Chou et al., 2019) who often prefer to ignore women's sexuality and desires because they will "pass" (Kahonde; Mckenzie; Wilson, 2018), in this way, they do not need to deal with delicate situations or develop sex education, especially if the professional is male and has to provide qualified listening and guidance for women (Stoffelen et al., 2017; Wickström; Larsson; Höglund, 2020).

A 2015 Brazilian study with women with mental disorders showed that reports of pregnancies at the beginning of the sexual experience were not rare, which occurred in unexpected ways and without information, with five of these experiences coming from violence, which were not disclosed due to fear and misinformation about their rights (Barbosa; Giami; Freitas, 2015).

However, in a study in Sweden, professionals pointed out that the identification of sexual rights, respect for autonomy and sex education are currently more respected and more accepted by society, no longer being a taboo in care, a view that is not generalized among professionals, who in a minority still maintain a stigmatized view, concluding that there have been gains in sexual health in this population (Wickström; Larsson; Höglund, 2020).

Another important point regarding the actions of professionals, because they are not adequately qualified, take as a principle what they believe and are based on their own beliefs and values, which can repress women's sexuality (Alexander; Gomez, 2017). Studies point to the fear of professionals in talking about sexuality with people with disabilities and mental disorders because the theme can be misinterpreted by family members and society as a form of abuse or to encourage the eroticization of these, with this they feel vulnerable with the issue, without support from policies and institutions to address and work expressively and freely on sexual health, because they are exposed to lawsuits (Alexander; Gomez, 2017; Wickström; Larsson; Höglund, 2020; Detomini; Rasera, 2018).

Alexander and Gomez (2017) point out that there is a false belief that specializing and qualifying professionals is seen as expensive for institutions and governments, and that the disability industry preaches to parents and society that this type of information should be carried out by specialized people, however professionals working with these women can easily provide simple and effective guidance ensuring that they experience sex safely.

Although many professionals, when performing sexual and reproductive orientations, in many cases direct their choices to what they considered best for them, through their personal conception, without determining their desire, being justified by uncertainty of their self-determination or lack of training, they do not feel safe and prepared to evaluate the decision-making capacity of these women due to technical unpreparedness (Höglund; Larsson, 2018; Wickström; Larsson; Höglund, 2020; Kong, 2019).

However, countries such as Canada, Sweden and New Zealand have policies that include sexual rights and sexual expression, with professional training as a support axis and a way to qualify the sexual health of these women (Alexander; Gomez, 2017).

We can cite as an example Touching Base, a charitable organization based in Sydney that was developed from the need to help people with disabilities connect to sexual health with a focus on combating discrimination and access to human rights. The organization provides, in addition to material for the patients themselves, professional training through workshops and training, as they recognize that people with disabilities have an intrinsic right to sexual expression, and that this right allows people to develop relationships, have sex, and express their sexuality and intimacy without personal or systemic barriers, including access to sex workers (Touching Base, 2024).

Corroborating the strengthening of sexual and reproductive orientation for women with mental disorders and disabilities, a Taiwanese study showed that after working with parents and professionals on the topic of sexuality for three years, there were significant and positive changes in their perception of the sexual and reproductive rights they have, like any other person (Chou, et al. 2019).

Another point questioned by professionals is the right to autonomy of women when they decide to become pregnant, as they recognize, in many cases, pregnancy in a disabled person as a personal and professional failure (Höglund; Larsson, 2018; Wickström; Larsson; Höglund, 2020).

Questions about motherhood are related to several factors, such as eugenics that is still present, even if unconscious, where professionals, family members and society fear that other disabled people or people with disorders will be born and "pollute" the rest of the population. Another fearful factor is the lack of conditions of these women to raise their children, for fear that they will not be able to identify the needs of this child, being exposed to damage and mistreatment and many of these end up being given up for adoption or being with family members who already have an overload of care for these women (Stoffelen et al., 2017; Alexander; Gomez, 2017; Wickström; Larsson; Höglund, 2020; Kong, 2019; Kahonde; Mckenzie; Wilson, 2018; Kahonde; Mckenzie; Wilson, 2018).

Corroborating Chou et al. (2019) point out that in Taiwan, it was found that in addition to parents not thinking that their children with disabilities do not have sexual needs, as well as getting married and having children, they are also concerned about the "transmission" of disability to the next generations, which can cause real problems for society. The authors also bring the prerogative that in the country fathers are in favor of male sons exercising paternity, but do not consider that daughters enjoy the right to maternity.

Despite this, some professionals recognized that motherhood promotes personal development, especially when linked to a support network between family members, services and professionals (Wickström; Larsson; Höglund, 2020).

Consequently, sterilization is put forward as a proposal to avoid these pregnancies because they justify that women with disorders cannot have a baby, take care of their offspring without the help of others (Alexander; Gomez, 2017; Kong, 2019; Kahonde; Mckenzie; Wilson, 2018) being a common action in several countries such as in Sweden's past (Höglund; Larsson, 2018) and India, where several hysterectomies have been performed in women with mental disorders, justified by the inability to maintain menstrual hygiene (Vijayalakshmi; Reddemma; Math, 2012).

Sterilization is also justified by professionals and the State, in some cases if the woman is not able to use contraceptive methods properly (Höglund; Larsson, 2018), or in cases of not knowing how to deal with the menstrual period, complaining of cramps or being bothered by the presence of bleeding, with hysterectomy being justified to alleviate these symptoms (Stoffelen et al., 2017).

Another family imposition for this population is the pressure to introduce contraceptives even without the woman's desire, in addition to establishing stricter and different norms for sexual freedom from people without disorders, making it difficult for these women to become autonomous (Höglund; Larsson, 2018; Wickström; Larsson; Höglund, 2020; Kong, 2019), this is postulated, for example, in Sweden where half of the women who received contraceptives did not have basic knowledge about it and did not receive clear information (Wickström; Larsson; Höglund, 2020).

Exemplifying forced and coerced contraception, Kong (2019) presents two cases: a woman who received general anesthesia for the insertion of a copper IUD, even though she was able to decide for her method and sexual options, she was subjected to a court decision, which considered her vulnerable to sexual exploitation, pregnancy and sexually transmitted diseases, and the method was inserted secretly without her knowledge. Another case presented by the plaintiff about the compulsory sterilization of a 36-year-old patient who the court characterized as incapable due to the autonomy of her acts, about the prerogative of already having 6 children in which they were adopted and who never showed interest in care, the sterilization was justified by the risk of complications in new pregnancies, even though she and her partner were against interference by third parties in their lives. The patient in question, who did not wish to be defended by lawyers, expressed in letters that she was normal and had human rights and control over her body and her decisions, during the course of the process she still had her house violated for the administration of contraceptives by the public service involuntarily, and restraint was even used for such an act, finally, the court ruled that sterilization should be allowed as necessary and proportionate measures, notably all their rights were violated and ignored by health professionals, social services and the State (Kong, 2019).

Seeking to understand the theme, a Swedish study addressed three important topics with midwives (nurses) who performed sexual and reproductive counseling for disabled patients. Sexual health, ethical dilemmas and contraceptive counseling were the theme addressed, they concluded that although the midwives considered and valued the sexual expression of their patients, they maintained a protective view of the possibility of abuse and exploitation, but considered it ethically acceptable to discuss the theme of sexuality in a broad way, and recognized that in many moments during the counseling they identified the violation of human rights in the statements of these women (Höglund; Larsson, 2018), and although these professionals are positive about sexual activities, they are unfavorable to motherhood (Wickström; Larsson; Höglund, 2020).

Another study from Sweden that sought to understand how young people with disabilities are supported in sexual and reproductive issues was based on current legislation to understand the vision of professionals who develop the Law of Support and Service for People with Certain Functional Disabilities, this law guarantees the full participation of these people in society with the support and monitoring of the State that provides lifelong support to this group that has full control of their civil rights and The study identified the lack of preparation and uncertainties of the team, which pointed out the need for clearer policies, professional qualification, and early education for this population (Wickström; Larsson; Höglund, 2020).

In the Netherlands, it was identified in the documents of the Individual Support Planning for disabled women that the theme was addressed in 85% of the documents analyzed, a fact related to the Dutch policy that determines that sexuality be developed with people with disabilities, however they identified scarcity and superficiality in the description of the theme by professionals (Stoffelen et al, 2017).

Psychologists in the UK and Australia found that women with disabilities do not receive support to enjoy their sexual rights, nor the opportunity and education to explore their sexuality, and that even experiencing their sexuality in a hidden way they fear being caught and punished by family members. The authors point out that sexual rights have not advanced despite the conventions and declarations that enshrine this right internationally, they point out as an example the criminal code of Queensland, Australia, which prohibits sexual relations between mentally disabled people, and even though this policy is being questioned, a reformulation has been "in development" for 17 years, demonstrating that the law can guarantee rights as well as prohibit people from having a free sexual life (Alexander; Gomez, 2017).

Duff and Kelly (2017) corroborate by reporting that many laws were intended to help people with mental disorders, but some offer justifications for discrimination and impaired social stereotypes, as they focus on the incapacity of some function (psychological, physiological or anatomical function) and not on the social disability that generated them, and complement that there is a need for laws that support the individual in his or her entirety against discrimination and that guarantee basic human rights like other people.

In South Africa, a study on the autonomy of sexual rights for women and girls based on Human Rights, the Convention on the Rights of Persons with Disabilities, the Committee on the Rights of Persons with Disabilities and the International Covenant on Economic, Social and Cultural Rights promoted a broad conversation on the subject of the fact that people with disabilities still suffer discrimination, unequal treatment, especially in health and disrespect for the right to autonomy, with States being responsible for formulating efficient public policies to promote the full enjoyment of sexual rights, correcting exclusions in equal participation and opportunities in the civil, social, political and cultural spheres of these women (Ngwena, 2017).

In another study from South Africa, authors identified that most studies related to the sexual health of people with disabilities come from developed countries, making it necessary to look at sexuality, poverty and rights abuses in developing countries, as well as highlight the relationship between disorders and the high rates of HIV infection in this population. They bring with relevance the deprivation of people with disabilities in terms of sexual rights, where caregivers do not consider and support these rights, however, on rare occasions the authors reported that caregivers modified their views, allowing young people to experience their sexuality and sexual life, with strict surveillance, under long-term contraception or sterilizations (Kahonde; Mckenzie; Wilson, 2018).

In the United Kingdom, an analysis of the Sexual Offences to People with Mental Disorders Act of 2003 shows that in the country this vulnerable population has been protected by national legislation since 1956, where it was already reported that this person lacked the capacity to consent to sexual activity, being increased by the Mental Health Act of 1959 that provided additional protection for crimes committed by health professionals, that they could be imprisoned for up to two years if the veracity of the act was verified, whether in institutions, nursing homes or those who are under outpatient treatment, which later had in 1983 included sexual acts as mistreatment and in the 2007 revision the Law came into force with the increase of the sentence from two to five years, demonstrating state concern for this population (Curtice; Kelson, 2011).

According to the authors, crimes are considered when inducement, threat or deception is proven to obtain sexual activity with people with mental disorders, as well as includes various behaviors that are considered inappropriate, such as sexual activity, touching causing or inciting sexual activity, sexual activities in the presence of this population, causing them to watch the act (Curtice; Kelson, 2011).

Another important point of note in the UK Sexual Offences Act is the characterization of intellectual and cognitive disability of any intensity, as the previous laws only protected patients with severe disorders, the change in the wording expanded women in their simplest vulnerabilities such as dementia, depression and disability after stroke, and point out that women are more likely to be victims of these abuses (Curtice; Kelson, 2011).

In turn, in a Brazilian study on sexuality, the authors demonstrate the concern expressed in the literature regarding the care of people with mental disorders, who according to them are more exposed to STIs (Sexually Transmitted Infections) and who lack sex education to avoid contamination and enjoy their sexual health, and reinforce that these programs should be carried out within mental health services on a continuous basis (Detomini; Rasera, 2018), Chou et al. (2019) corroborate by pointing out that continuous education at the point of care, inserting family members, professionals and patients in open dialogues about sexuality, modifies the stigmatized view of family members and provides acceptance of sexual rights.

Barbosa, Giami and Freitas (2015) corroborate that the susceptibility to STIs experienced by this population reporting risky sexual behavior and without a condom is higher than the general Brazilian population, where they identified in their study that 23% of the population studied had already had some STI and that the rate of HIV contamination was 0.6% higher than that of the general population, needing adequate counseling to reduce these rates and protect people with mental disorders, enabling them to experience their sexuality safely.

A relevant concern in the Brazilian study, which was not scored in the others, is related to the side effects of the drugs as a complicating factor in the sexual life of patients due to the decrease in sexual libido. During a workshop on sexuality, patients pointed out that they did not know about their sexual and reproductive rights, so medical knowledge predominates over their desires, and in this way, sexual desires are repressed and controlled by the opinion of these professionals together with managers and other professionals of the CAPS (Psychosocial Care Center), thus verifying violation in the exercise of their rights (Detomini; Rasera, 2018).

In India, authors postulate the double discrimination suffered by women with mental disorders, who suffer family and societal prejudice for having mental disorders, and suffer the highest levels of social stigma, and that these women are more likely to be abused by relatives than by strangers (Vijayalakshmi; Reddemma; Math, 2012).

An important limitation present in the studies was the scarcity of publications on the subject, and knowledge was still very limited, as well as identifying the flaw in sex education for disabled people and people with mental disorders (Höglund; Larsson, 2018; Stoffelen; Herps; Buntix et al, 2017; Alexander; Gomez, 2017; Wickström; Larsson; Höglund, 2020; Detomini; Rasera, 2018; Vijayalakshmi; Reddemma; Math, 2012; Barbosa; Giami; Freitas, 2015).

CONCLUSION

The results showed that sexual and reproductive health is important in the lives of people with disabilities or mental disorders and that sexuality, autonomy and respect for people's desires are protected by national and international laws.

We note that Human Rights and the Convention on the Rights of Persons with Disabilities are guidelines for national legislation, where each country presents laws focused on the protection of rights, aiming to reach local particularities for the protection of sexuality and sexual health of its population, with characteristics particular to their beliefs, concepts and values. However, it is perceived that the stigmatized social view, as well as that of parents and professionals, disfavors the enjoyment of sexual and reproductive rights.

Women's sexuality is still subordinated to the fulfillment of the social roles and expected of a paternalistic society that does not see these women as beings capable of enjoying these rights, they are seen as asexual people or their desires interpreted as exacerbation of pathologies.

In this way, sexual health is little experienced, justified by the lack of ability in self-care to avoid pregnancies, abuse and exploitation, where forced or uninformed contraception continues to be exercised and justified as a form of protection, with their desires and autonomy in deciding for their body and motherhood underestimated.

It is concluded that this study achieved the proposed objective, since it presented the existence of national and international legislation that seeks to protect vulnerable groups, preserving their sexual and reproductive rights, but that these are not fully experienced by these women due to erroneous perceptions of society, parents, family members and professionals.

Women lose their humanity when they receive a diagnosis of mental disorders, stigma, prejudice and lack of knowledge provide the invisibility of the integrality of being a woman, who is seen as incapable, submissive, asexual, who must have their sexual desires repressed to fit into the "normalization" that society imposes.

It was identified in this study that the lack of knowledge about sexual health and rights are the basis for qualifying the lives of these women and modifying the social, family and professional vision, providing changes in care and promoting a quality sex life without risks, ensuring full exercise of their rights.

It is suggested that other studies be developed on sexuality and sexual health for women with mental disorders so that it can expand the range of knowledge, providing subsidies to develop concrete actions in mental health care institutions, qualifying professionals, educating patients on the subject and developing the basic human right to experience their autonomy, respect, non-violation of their bodies, desires, and life choices.

It is important to find opportunities to work on the theme in protected environments so that women can share experiences without judgment, leading to self-determination and autonomy, being able to break the silence regarding the violence suffered, being guided to experience and express sexual health without risks of diseases, unwanted pregnancy, coercion, abuse and discrimination.

ACKNOWLEDGMENTS

This publication was funded by the "National Council for Scientific and Technological Development – CNPq".

REFERENCES

1. ALEXANDER, N.; GOMEZ, M. T. Pleasure, sex, prohibition, intellectual disability, and dangerous ideas. Reproductive Health Matters, [S.L.], v. 25, n. 50, p. 114-120, 8 jun. 2017. Disponível em: https://www.tandfonline.com/doi/full/10.1080/09688080.2017.1331690#d1e137. Acesso em: 12 ago. 2021.

2. ARAÚJO, T. M.; TORRENTÉ, M. O. N. Saúde mental no Brasil: desafios para a construção de políticas de atenção e monitoramento de seus determinantes. RESS Epidemiologia e Serviços de Saúde, Brasília, v. 32, n. 1, 2023. Disponível em: https://www.scielo.br/j/ress/a/sHG86NSQNyMdLY5CxdBc3gN/?format=pdf&lang=pt. Acesso em: 24 abr. 2024.

3. BARBOSA, J.; GIAMI, A. G.; FREITAS, M. I. F. Gender and sexuality of people with mental disorders in Brazil. Sexualidad, Salud y Sociedad [online], Rio de Janeiro, v. 00, n. 19, p. 67-83, 2015. Disponível em: https://www.scielo.br/j/sess/a/KtjyVnDJd89YJFt48XhNZqB/?lang=en#. Acesso em: 14 ago. 2021.

4. BOEFF, M. C.; SOUZA, T. C. Gênero e diagnóstico em saúde mental: que relação é essa? Reves - Revista Relações Sociais, [S.L.], v. 3, n. 1, p. 0050–0055, 2020. Disponível em: https://periodicos.ufv.br/reves/article/view/9520/5309. Acesso em: 7 fev. 2024.

5. CARDOSO, A. J. C. et al. Violência institucional e enfermidade mental: narrativas de egressos de um manicômio da Bahia. Saúde Debate, Rio de Janeiro, v. 44, n. 127, p. 1105-1119, out.-dez. 2020. Disponível em: https://www.scielo.br/j/sdeb/a/r8Ksc6S3R96v9m6n7b6jjWH/abstract/?lang=pt#. Acesso em: 01 nov. 2024.

6. CHOU, Y. C. et al. ‘Transformed rights’ sexual health programme evaluation for the parents and service workers of adults with an intellectual disability. Journal of Intellectual Disability Research, v. 63, n. 9, p. 1125–1136, 2019. Disponível em: https://onlinelibrary.wiley.com/doi/10.1111/jir.12624. Acesso em: 7 ago. 2021.

7. CURTICE, M.; KELSON, E. The Sexual Offences Act 2003 and people with mental disorders. The Psychiatrist, [S.L.], v. 35, n. 7, p. 261-265, jul. 2011. Disponível em: https://www.cambridge.org/core/journals/the-psychiatrist/article/sexual-offences-act-2003-and-people-with-mental-disorders/05E8E9EB4BD61C9BF70EE8A714FF1317. Acesso em: 29 ago. 2021.

8. DEIN, K. E. et al. Examining professionals' perspectives on sexuality for service users of a forensic psychiatry unit. International Journal of Law and Psychiatry, [S.L.], v. 44, p. 15-23, jan. 2016. Disponível em: https://www.sciencedirect.com/science/article/pii/S0160252715001375?via%3Dihub. Acesso em: 20 ago. 2021.

9. DETOMINI, V. C.; RASERA, E. F. Sexualidade e saúde mental: Construindo sentidos com pessoas usuárias de um CAPS. Estudos de Psicologia (Natal), Natal, v. 23, n. 3, p. 306-316, jul.-set. 2018. Disponível em:

https://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-294X2018000300010&lng=pt&nrm=iso&tlng=pt. Acesso em: 14 set. 2019.

10. DUFFY, R. M.; KELLY, B. D. Rights, laws and tensions: A comparative analysis of the Convention on the Rights of Persons with Disabilities and the WHO Resource Book on Mental Health, Human Rights and Legislation. International Journal of Law and Psychiatry, v. 54, p. 26-35, set.-out. 2017. Disponível em: https://pubmed.ncbi.nlm.nih.gov/28962684/. Acesso em: 17 ago. 2021.

11. HÖGLUND, B.; LARSSON, M. Ethical dilemmas and legal aspects in contraceptive counselling for women with intellectual disability—Focus group interviews among midwives in Sweden. Journal of Applied Research in Intellectual Disabilities, [S.L.], v. 32, n. 6, p. 1558-1566, 9 ago. 2019. Disponível em: https://onlinelibrary.wiley.com/doi/10.1111/jar.12651. Acesso em: 10 ago. 2021.

12. KAHONDE, C. K.; MCKENZIE, J.; WILSON, N. J. Discourse of needs versus discourse of rights: family caregivers responding to the sexuality of young South African adults with intellectual disability. Culture, Health & Sexuality, [S.L.], v. 21, n. 3, p. 278-292, 30 maio 2018. Disponível em: https://www.tandfonline.com/doi/full/10.1080/13691058.2018.1465202. Acesso em: 09 ago. 2021.

13. KONG, C. Constructing female sexual and reproductive agency in mental capacity law. International Journal of Law and Psychiatry, [S.L.], v. 66, p. 101488, set. 2019. Disponível em: https://www.sciencedirect.com/science/article/pii/S0160252719300925?via%3Dihub. Acesso em: 12 out. 2021.

14. MADSEN, N. Beijing +20: avanços e desafios no Brasil contemporâneo. Organizado por Natália Fontoura, Marcela Rezende, Ana Carolina Querino. Brasília: Ipea, 2020. 546 p.

15. MAIDANA JÚNIOR, J. N. et al. A saúde sexual de mulheres com transtornos mentais: rompendo tabus. Ciência, Cuidado e Saúde, v. 17, n. 2, 9 set. 2018. Disponível em: https://periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/41493/pdf. Acesso em: 7 fev. 2022.

16. MARCOLINO, A. B. L.; ALMEIDA, S. A. de; NOGUEIRA, J. A. Sexualidade e deficiência intelectual: revisão integrativa da literatura. Braz. J. Hea. Rev., [S.L.], v. 2, n. 4, p. 2677-2694, 2019. Disponível em: https://www.brazilianjournals.com/index.php/BJHR/article/view/1968/1974. Acesso em: 27 abr. 2020.

17. PAGE, M. J. et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ, v. 372, n. 71, 2021. Disponível em: https://www.bmj.com/content/bmj/372/bmj.n71.full.pdf. Acesso em: 7 fev. 2022.

18. MELNYK, B. M.; FINEOUT-OVERHOLT, E. Evidence-based practice in nursing & healthcare: a guide to best practice. Philadelphia: Lippincott, 2011. p. 3-24.

19. MENDES, G. A. et al. Apoio a cuidadores familiares de idosos com demência. Brazilian Journal of Development, [S.L.], v. 6, n. 10, p. 76828-76839, 2020. Disponível em: http://dx.doi.org/10.34117/bjdv6n10-201. Acesso em: 7 ago. 2021.

20. MENDES, K. S.; SILVEIRA, R. C. C. P.; GALVÃO, C. M. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto & Contexto - Enfermagem, Florianópolis, v. 17, n. 4, p. 758-764, 2008. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072008000400018&lng=en&nrm=iso. Acesso em: 15 jan. 2020.

21. MONTI, E. M. M.; CAMIÁ, G. E. K. Anticoncepção entre mulheres portadoras de transtornos mentais. Rer. Bis. Boletim do Instituto de Saúde (impresso), v. 17, p. 87-95, 2016. Disponível em: https://periodicos.saude.sp.gov.br/bis/article/view/35274. Acesso em: 20 jan. 2020.

22. NGWENA, C. G. Reproductive autonomy of women and girls under the Convention on the Rights of Persons with Disabilities. International Journal of Gynecology & Obstetrics, [S.L.], v. 140, n. 1, p. 128-133, 7 nov. 2017. Disponível em: https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.12351. Acesso em: 20 mar. 2021.

23. OUZZANI, M. et al. Rayyan—a web and mobile app for systematic reviews. Systematic Reviews, v. 5, p. 210, 2016. Disponível em: file:///C:/Users/lucia/Downloads/s13643-016-0384-4.pdf. Acesso em: 7 jun. 2021.

24. PIRES, B. S. V.; FERREIRA, A. M. M. A interferência do Estado no planejamento familiar feminino: uma análise da Lei Nº 9.263/1996 à luz dos princípios constitucionais. Revista de Estudos Jurídicos do UNI-RN, [S.L.], n. 5, p. 73–105, 2021. Disponível em: https://revistas.unirn.edu.br/index.php/revistajuridica/article/view/770. Acesso em: 1 nov. 2024.

25. RODRIGUES, G. A. et al. Planejamento reprodutivo e inserção de DIU realizado por médicos e enfermeiros no Brasil. Revista Cogitare Enferm, v. 28, e86717, 2023. Disponível em: https://www.scielo.br/j/cenf/a/N57ScHmZPbtrFNMH67KFFfM/. Acesso em: 20 mar. 2024.

26. SOARES, L. P.; MORO, R. D. Políticas públicas em direitos reprodutivos e a escolha reprodutiva da mulher face à lei do planejamento familiar. Anais XIV Seminário Internacional das demandas sociais e políticas públicas na sociedade contemporânea, 2019. Disponível em: file:///C:/Users/lucia/Downloads/19517-1192615328-1-PB-1.pdf. Acesso em: 12 jun. 2021.

27. SOUZA, L. M. M. et al. A metodologia de revisão integrativa da literatura em enfermagem. Revista Investigação em Enfermagem, nov. 2017, p. 17-26. Disponível em: https://repositorio-cientifico.essatla.pt/bitstream/20.500.12253/1311/1/Metodologia%20de%20Revis%c3%a3o%20Integrativa_RIE21_17-26.pdf. Acesso em: 04 abr. 2022.

28. STOFFELEN, J. et al. Sexuality and individual support plans for people with intellectual disabilities. Journal of Intellectual Disability Research, [S.L.], v. 61, n. 12, p. 1117-1129, 11 out. 2017. Acesso em: 21 jan. 2022.

29. TOUCHING BASE INC. Sex and relationship facilitation project for people with disabilities (SARFP). Sydney: Touching Base, 2011. Disponível em: https://www.touchingbase.org/. Acesso em: 01 nov. 2024.

30. URSI, E. S. Prevenção de lesões de pele no perioperatório: revisão integrativa da literatura. 2005. 128 f. Dissertação (Mestrado) – Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, 2005.

31. VIJAYALAKSHMI, P.; REDDEMMA, K.; MATH, S. B. Gender-Related Differences in the Human Rights Needs of Patients With Mental Illness. Journal of Nursing Research, [S.L.], v. 20, n. 2, p. 90-98, jun. 2012. Disponível em: https://pubmed.ncbi.nlm.nih.gov/22592104/. Acesso em: 12 ago. 2021.

32. WICKSTRÖM, M.; LARSSON, M.; HÖGLUND, B. How can sexual and reproductive health and rights be enhanced for young people with intellectual disability? - Focus group interviews with staff in Sweden. Reproductive Health, v. 17, n. 1, p. 86, 3 jun. 2020. Disponível em: https://pubmed.ncbi.nlm.nih.gov/32493356/. Acesso em: 07 jun. 2021.

33. ZANELLO, V. Saúde Mental, Gênero e Dispositivos: Cultura e Processos de Subjetivação. Curitiba: Appris, 2019. 310 p