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Naste Grubliauskiene, *LL.M.*
Mykolas Romeris University, Lithuania

ACCESS TO REPRODUCTIVE HEALTH CARE SERVICES FOR WOMEN WITH DISABILITIES IN LITHUANIA: HUMAN RIGHTS AND PRACTICAL CHALLENGES

Key words: disability, women, reproductive health, discrimination, accessibility, human rights

Summary

There are approximately 46 million women and girls with disabilities living in the European Union, based on a functional understanding of disability. Despite this significant number, discrimination against this group remains pervasive. Access to both general and reproductive health care services continues to be limited and, for many, unattainable. Barriers stem from practical obstacles – such as inadequate infrastructure, insufficient accessibility, and lack of effective communication – as well as legal and systemic issues, including entrenched discriminatory attitudes. Women with disabilities are still too often perceived as asexual or unfit for motherhood, which reinforces their exclusion from reproductive health services.

International and European human rights law prohibits discrimination on the grounds of disability and requires states to ensure equal and effective access to health care. The aim of this article is to assess whether the Lithuanian legal framework and its implementation ensure effective and non-discriminatory access to reproductive health care services for women with disabilities, considering international and European human rights obligations. The article examines structural, legal and attitudinal barriers that persist in practice and evaluates their compatibility with the principles of equality, non-discrimination and reproductive autonomy.

Introduction

Art. 1 of the Convention on the Rights of Persons with Disabilities (hereinafter – the Convention) indicates that persons with disabilities include those 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.[1] Art. 6 of the Convention is a binding equality and non-discrimination provision that clearly prohibits discrimination against women with disabilities and seeks to ensure both equal opportunities and equal outcomes.

According to WHO Global Disability Action Plan 2014–2021,[2]

> *Disability is universal. Everybody is likely to experience disability directly or to have a family member who experiences difficulties in functioning at some point in his or her life, particularly when they grow older. […] this action plan uses "disability" as an umbrella term for impairments, activity limitations and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual (environmental and personal) factors. Disability is neither simply a biological nor a social phenomenon.*

People with disabilities encounter extensive obstacles when trying to access services such as health care (including medical treatment, therapy, and assistive technologies), education, employment, and social support, including housing and transport. These barriers stem from factors such as insufficient legislation, policies, and strategies; limited service availability; shortcomings in service delivery; low levels of disability awareness and understanding; negative attitudes and discrimination; poor accessibility; inadequate funding; and minimal involvement of persons with disabilities in decisions that affect their lives. Additional barriers also hinder their ability to express their views and to seek, receive, and share information and ideas on an equal basis with others, using the communication methods of their choice.[3]

There are approximately 46 million women and girls with disabilities living in the European Union, based on a functional understanding of disability, while in Lithuania around 120 000 women and girls are officially recognized as persons with disabilities under national law. It should be noted that statistical data on disability may vary depending on whether it is based on a legal status of disability or on a functional definition, as reflected in the UN Convention on the Rights of Persons with Disabilities.[4] However, despite significant number, women with disabilities often face double discrimination at the intersection of gender and disability, limiting their access to reproductive health services and undermining their reproductive autonomy. This issue is particularly topical due to its

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1 Convention on the Rights of Persons with disabilities and Optional Protocol. Adopted 13.12.2006.

2 WHO Global Disability Action Plan 2014–2021. Better health for all people with disability. World Health Organization 2015. Available: https://iris.who.int/server/api/core/bitstreams/66d03dfb-99ae-4e8e-bb62-48a62311f305/content [last viewed 14.08.2026].

3 WHO Global Disability Action Plan 2014–2021. Better health for all people with disability. World Health Organization, 2015.

4 Negalios statistika ir dinamika [Disability statistics and dynamics]. Available: https://socmin.lrv.lt/lt/veiklos-sritys/socialine-integracija/negalios-reforma-ir-asmenu-su-negalia-itrauktis/statistika-2/ [last viewed 25.11.2025].

intersectional character, as discrimination arises on multiple, interacting grounds, such as gender and disability, which operate simultaneously and are inseparable in their effects[5]. History, attitudes, and prejudices of our societies, including those embedded within families, have shaped and continue to reinforce negative stereotypes about women and girls with disabilities, contributing to their further isolation and marginalization.[6] Reproductive health is an inherent component of the right to health and bodily autonomy. Persistent stereotypes portraying women with disabilities as asexual, infantilized, or unfit for motherhood further entrench this exclusion.[7]

1. Women with disability as a specific right holders' group

Women with disabilities form a highly diverse group. They include indigenous women; refugees, migrants, asylum seekers, and internally displaced women; women in various forms of detention (such as hospitals, residential institutions, juvenile facilities, or prisons); women living in poverty; women from different ethnic, religious, and racial communities; women with multiple disabilities or high support needs; women with albinism; as well as lesbian, bisexual, and transgender women and intersex persons.[8] This diversity also encompasses all types of impairments – physical, psychosocial, intellectual, or sensory – which may or may not involve functional limitations.[9]

Despite significant numbers of women with disabilities and extensive legal base, this demographic group continues to be discriminated. Barriers in reproductive healthcare, ranging from inadequate infrastructure and inaccessibility to discriminatory attitudes and systemic legal gaps, continue to raise serious concerns about compliance with international and European human rights standards.

Protecting the human rights of women requires a deep understanding of the social structures and power dynamics that shape laws and policies, as well

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[5] Discrimination that takes place on the basis of several personal grounds or characteristics/identities, which operate and interact with each other at the same time in such a way as to be inseparable. European Union Agency for Fundamental Rights – FRA (2009). Homophobia and Discrimination on Grounds of Sexual Orientation and Gender Identity in the EU Member States: Part II – The Social Situation. Available: https://eige.europa.eu/publications-resources/thesaurus/terms/1395?language_content_entity=en [last viewed 31.03.2026].

[6] Siri A., Leone C., Bencivenga R., Zavirsek D., Bezjak S. Women, disability, and culture. New York: Nova Science Publishers, Inc., 2020, p. 10.

[7] Moterys su negalia ir reprodukcine sveikata – tyrimo ataskaita [Women with disability and reproductive health – research report]. Vilnius, 2023. Available: https://share.google/XkyBZ45HNgoTvlulo [last viewed 14.08.2026].

[8] United Nations general comments and recommendations. General comment No. 3 on Article 6 – women and girls with disabilities. 25 November 2016, p. 2 Available: https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no3-article-6-women-and-girls [last viewed 14.08.2026].

[9] General comment No. 3 on Article 6 – women and girls with disabilities. 25 November 2016, p. 2.

as the economic, social, familial, and cultural contexts in which they live. Gender stereotypes can restrict women's opportunities to develop their talents, advance in their careers, and make independent decisions about their lives and future.[10]

It should also be clearly stated that disability and gender are not the only grounds of discrimination affecting women with disabilities. Discrimination against women and girls with disabilities takes multiple forms, including direct and indirect discrimination, discrimination by association,[11] denial of reasonable accommodation, and systemic or structural discrimination. These practices undermine their ability to enjoy their human rights on an equal basis with others.[12]

In case G. M. and others against the Republic of Moldova the European Court of Human Rights held that there had been a violation of Art. 3 (prohibition of inhuman or degrading treatment) of the European Convention on Human Rights[13] in both its substantive and its procedural aspects. It noted that the domestic authorities had failed to carry out an effective investigation into the applicants' allegations of ill-treatment despite it having been reopened on four occasions following their appeals. Moreover, the inquiry had not factored in their vulnerability as intellectually disabled women exposed to sexual abuse in an institutional context. The Court also found that the domestic criminal law had not provided effective protection against such invasive medical interventions carried out without the patient's valid consent.[14]

Across many cultures, deeply entrenched stereotypes persist regarding the sexuality of persons with disabilities. These perceptions are predominantly negative and tend either to deny their sexuality altogether or to frame it as inherently problematic.[15] The persistent inaccessibility of reproductive health care services for women with disabilities should not be understood as a collection of isolated, incidental, or purely logistical shortcomings. Rather, it constitutes a form of structural discrimination, embedded in the organization, regulation, and delivery of health-care systems. Structural discrimination arises when apparently neutral policies, institutional practices, and systemic omissions disproportionately disadvantage a particular group and perpetuate inequality, even in the absence of explicit discriminatory intent.

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[10] General comment No. 3 on Article 6 – women and girls with disabilities. 25 November 2016, p. 6.

[11] A decision by the Court of Justice of the European Union on 11 September reaffirms that protection against discrimination at work on the grounds of disability must extend to discrimination "by association". This means that employers are obliged to provide adaptations to working arrangements for employees with a responsibility for caring for and supporting children with disabilities.

[EU] Court of Justice's decision enhances protection at work for carers of children with disabilities. European Disability Forum. Available: https://www.edf-feph.org/eu-court-of-justices-decision-enhances-protection-at-work-for-carers-of-children-with-disabilities/ [last viewed 14.08.2026.].

[12] General comment No. 3 on Article 6 – women and girls with disabilities. 25 November 2016, p. 5.

[13] European Convention on Human Rights. Signed in Rome on 4 November 1950.

[14] Persons with Disabilities and the European Convention of Human Rights. Available: https://www.echr.coe.int/documents/d/echr/fs_disabled_eng [last viewed 14.08.2026].

[15] Sexual and reproductive rights. Geneva Foundation for Medical Education and Research. Available: https://www.gfmer.ch/srr/peoplewithdisability.htm [last viewed 14.08.2026].

2. Access to (reproductive) health care services for women with disability

Research consistently shows that women and girls with disabilities face significant barriers in accessing health care, including sexual and reproductive health services. These obstacles contribute to multiple, overlapping forms of discrimination and limit their ability to make informed decisions and exercise control over their own lives.[16]

In 2023 Lithuania Disability Forum[17] conducted a survey of women with disabilities and healthcare professionals regarding access to reproductive health care.[18] In discussions on service accessibility, healthcare professionals mainly highlighted two areas: the physical accessibility of facilities and equipment, and situations requiring alternative means of communication, such as sign language interpretation or simplified language. It became clear that doctors are often left to improvise and "figure things out creatively", as they put it, because they lack knowledge about accessibility standards and the individual needs of persons with disabilities. Although their accounts reflect genuine empathy and efforts to preserve the dignity of patients with disabilities, many questioned whether fully accessible services are realistically achievable given limited resources, and whether this responsibility lies solely with healthcare institutions.[19]

It was acknowledged that in the facilities not all rooms or equipment are accessible. Renovating older buildings was described as particularly challenging, and some healthcare professionals questioned whether it is rational to invest in expensive equipment that, in their view, would be rarely used. Even in newly built hospitals, elements that reduce patient autonomy remain, for example, heavy doors that are difficult to open. While doctors recognize the importance of accessibility, they emphasized that at present the quality of care depends more on goodwill than on accessible infrastructure.[20]

In March 2021, an article "The Experiences of Lithuanian Obstetricians and Gynaecologists in Providing Health Care Services to Patients with Disabilities",[21] written by three doctors, was published in medical scientific journal "Lithuanian Obstetrics and Gynaecology". In this article, authors stated:

> *Disabled women require not only rehabilitation services and treatment for the conditions that caused their disability, but also regular, high-quality*

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[16] General comment No. 3 on Article 6 – women and girls with disabilities. 25 November 2016, p. 6.

[17] Lietuvos negalios organizaciju forumas [Lithuanian disability forum]. Available: https://www.lnf.lt/

[18] Moterys su negalia ir reprodukcine sveikata – tyrimo ataskaita [Women with disability and reproductive health – research report]. Vilnius, 2023. Available: https://share.google/XkyBZ45HNgoTvlulo [last viewed 14.08.2026].

[19] Ibid.

[20] Ibid.

[21] Kancaite R., Jariene K., Jaras K. Obstetricians and gynaecologists' experience in healthcare provision for disabled patients in Lithuania. Lithuanian Obstetrics and Gynaecology, Vol. XXIV, No. 1, March 2021.

services from an obstetrician – gynaecologist. As with non-disabled women, disabled women must be provided with conditions that enable them to receive comprehensive, unbiased counselling on family planning issues, to participate in preventive cervical and breast cancer screening programmes, and to obtain other necessary reproductive health care. According to research data, women with physical disabilities are screened less frequently for breast and cervical cancer, and they undergo regular gynaecological examinations less often. Both women with physical and intellectual disabilities receive insufficient information on contraception, preparation for pregnancy, and pregnancy planning. Disabled women are more likely to receive inadequate prenatal care, face a higher risk of preterm birth and low birth weight of the newborn, are more frequently hospitalized during pregnancy, and are more often delivered by caesarean section.[22]

The findings show that women and girls with disabilities in Lithuania continue to face substantial and multifaceted barriers in accessing health care, particularly reproductive health services. While healthcare professionals in Lithuania demonstrate goodwill and empathy, the system itself remains ill-equipped to meet accessibility needs, relying too heavily on individual improvisation rather than structural support. Physical inaccessibility, insufficient adaptive equipment, limited communication and a lack of knowledge about disability-inclusive practices all contribute to unequal and often inconsistent care. These challenges are further compounded by the complex health needs many women with disabilities experience, which require regular and reliable access to medical services.

Understanding reproductive health care inaccessibility as structural discrimination shifts the analytical focus from individual failures to systemic responsibility. It highlights that the problem lies not in the exceptional needs of women with disabilities, but in the failure of health-care systems to accommodate human diversity. This perspective aligns with international human rights law, particularly the Convention on the Rights of Persons with Disabilities, which requires States to move beyond formal equality and adopt structural measures aimed at achieving substantive and effective equality in access to health care.

3. Legal framework of disability in Lithuania

Lithuania is a part of United Nations Convention on the Rights of Persons with Disabilities[23] and the Convention on the Elimination of All Forms of Discrimination against Women[24] (hereinafter – CEDAW) and, as a member state

[22] Obstetricians and gynaecologists' experience in healthcare provision for disabled patients in Lithuania. Lithuanian Obstetrics and Gynaecology, Vol. XXIV, No. 1, March 2021.

[23] Convention on the Rights of Persons with Disabilities and Optional Protocol. Adopted on 13 December 2006.

[24] Convention on the Elimination of All Forms of Discrimination against Women. Adopted on 18 December 1979.

of European Union (hereinafter – EU), a part of EU Charter of Fundamental Rights[25] and EU strategy on the Rights of Persons with Disabilities 2021–2030[26]. On national level, Lithuania has a Law on the Fundamentals of the Protection of the Rights of Persons with Disabilities,[27] Law on Equal Opportunities,[28] Law on Patients' Rights and Compensation for Damage to Health[29] and Law on Assisted Reproduction.[30] The latter is the only law concerning reproductive rights as there in no Reproductive Rights Act in Lithuania. The scope of the Assisted Reproduction Law is inherently exclusionary: it addresses access to specific technologies under strictly defined conditions, leaving outside its regulatory reach a wide range of reproductive health services, including education, contraception, prenatal and postnatal care, fertility counselling, and disability-inclusive reproductive support. Moreover, the law primarily reflects a biomedical and family policy-oriented approach, rather than a rights-based framework grounded in non-discrimination and autonomy. As such, its existence does not compensate for the absence of a systemic legal recognition of reproductive health rights, nor does it address the structural barriers faced by women with disabilities in accessing reproductive care.

The Law on Equal Opportunities explicitly prohibits discrimination on the grounds of disability and is applicable horizontally across various fields, including access to health care services. However, its provisions remain general in nature and do not establish concrete, sector-specific obligations to ensure accessibility and reasonable accommodation in practice.

While the law provides a general prohibition of discrimination, it does not sufficiently operationalize the duty to adapt health-care services to the specific needs of persons with disabilities. As a result, the realization of equality in access to health care, including reproductive health services, remains largely dependent on the interpretation and goodwill of individual institutions rather than on clear and enforceable legal standards.

Disability-related issues are often treated in a declarative manner, with legislation enshrining abstract norms that are not applied in practice. This suggests

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[25] Charter of Fundamental Rights of the European Union. Signed in Nice on 7 December 2000.

[26] Union of Equality: Strategy for the Rights of Persons with Disabilities. Directorate-General for Employment, Social Affairs and Inclusion (European Commission), 2021. Available: https://op.europa.eu/en/publication-detail/-/publication/3e1e2228-7c97-11eb-9ac9-01aa75ed71a1/language-en [last viewed 14.08.2026].

[27] Lietuvos Respublikos asmens su negalia teisiu apsaugos pagrindu istatymas [Law on Protection of Fundamental Rights of People with Disabilities] (Lietuvos Aidas, No. 249; 1991, No. 36-969; Zin., 1998, No. 98-2706; 2004, No. 83-2983; TAR, 4 January 2023, No. 2023-00135).

[28] Lietuvos Respublikos lygiu galimybiu istatymas [Law on Equal Opportunities of the Republic of Lithuania] (Zin., 2003, No. 114-5115; 2008, No. 76-2998; TAR, 17 November 2016, No. 2016-26967).

[29] Pacientu teisiu ir zalos sveikatai atlyginimo istatymas [Law on Patients' Rights and Compensation for Damage to Health].

[30] Lietuvos Respublikos pagalbinio apvaisinimo istatymas [Law on Assisted Reproduction of the Republic of Lithuania] (TAR, 19 September 2016, No. 2016-23713).

that women and girls with disabilities in Lithuania are discriminated against on two grounds: gender and disability.

The Constitutional Court of the Republic of Lithuania has established that the provisions of Art. 29 of the Constitution enshrine the principle of equality of all persons. In interpreting the provisions of Art. 29 of the Constitution, the Constitutional Court has noted that the constitutional principle of equality of all persons—which must be observed in the enactment of laws, their application, and the administration of justice—requires that identical facts be assessed equally in legal terms and prohibits the arbitrary assessment of essentially similar facts in a different manner; that the constitutional principle of equality of all persons establishes formal equality of all persons; and that individuals may not be discriminated against nor granted privileges. The constitutional principle of equality before the law would be violated if certain persons or groups of persons were treated differently despite the absence of differences of such a nature and extent that unequal treatment could be objectively justified.[31] However, in the context of disability, the concept of equality cannot be limited to formal equality alone. It must also encompass substantive equality, which recognizes that treating persons in significantly different situations in the same manner may itself result in discrimination. This reflects the Aristotelian paradigm of equality, according to which justice requires treating like cases alike and different cases differently. In this sense, discrimination may arise not only from differential treatment, but also from a failure to differentiate where it is necessary. In the case of persons with disabilities, the denial of reasonable accommodation or the failure to take into account their specific needs may lead to indirect or structural discrimination, even where legal norms appear neutral. Therefore, ensuring equality requires not only the prohibition of unequal treatment, but also the adoption of positive measures aimed at securing equal opportunities and effective access to rights.

Despite Lithuania's extensive international and European human rights commitments, reproductive health rights are not systematically articulated or protected within the national legal framework. Lithuanian legislation lacks a comprehensive and coherent conception of reproductive health as a set of autonomous, enforceable rights grounded in bodily integrity, personal autonomy, and equality. Instead, reproductive matters are regulated in a fragmented and sectoral manner, resulting in normative gaps that disproportionately affect women, particularly women with disabilities.

This gap is particularly evident in the field of reproductive health, where the absence of a comprehensive Reproductive Rights Act results in a lack of explicit legal obligations to ensure accessibility and reasonable accommodation for women with disabilities.

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[31] On Holding a Mandatory Referendum Over Two Days with a Two-Week Interval. Constitutional Court of the Republic of Lithuania, ruling of 15 February 2019, No. KT8-N2/2019. Infolex Collection – Key Jurisprudence Excerpts. Available: Infolex (http://www.infolex.lt/rp/) [last viewed 12.12.2025].

Conclusions

This article has examined whether the Lithuanian legal framework and its implementation ensure effective and non-discriminatory access to reproductive health care services for women with disabilities in accordance with international and European human rights standards. The analysis demonstrates that, despite extensive formal commitments to equality and non-discrimination, women with disabilities in Lithuania continue to face persistent and systemic barriers that significantly undermine their reproductive autonomy.

The findings indicate that barriers to reproductive health care for women with disabilities cannot be understood as isolated practical shortcomings or the result of individual failures within the health-care system. Rather, they constitute a pattern of structural discrimination, arising from the interaction of physical inaccessibility, insufficient adaptive equipment, inadequate communication support and entrenched social and medical stereotypes. These barriers are predictable and recurring, revealing that reproductive health services remain implicitly designed around the norm of the able-bodied patient, thereby excluding women with disabilities from services that are formally available to others.

The legal analysis further reveals a fundamental normative gap within Lithuanian law. Reproductive health rights are not systematically articulated or protected as autonomous, enforceable rights grounded in bodily integrity, personal autonomy, and equality. The regulation of assisted reproduction, while often presented as evidence of reproductive rights protection, addresses only a narrowly defined set of medical technologies and does not amount to a comprehensive recognition of reproductive health rights. This fragmented and sectoral approach leaves significant aspects of reproductive health – particularly those relevant to women with disabilities – outside the scope of effective legal protection.

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