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MoMs

MOTHER MATTERS

The right of women with disabilities to motherhood

Erasmus plus project number 2023-1-IT02-KA220-ADU-000153664

INFORMATIVE PILLS

Informative pills provide brief explanations related to disability studies, accessibility for healthcare professionals, and motherhood for women with disabilities. They are based on a microlearning approach, a learning methodology that divides content into short units focused on a single topic or skill.

- WELL BEING -

FAKE NEWS ABOUT MOTHERHOOD OF WWD

2mins

Women with disabilities (WWD) face persistent myths that question their ability to conceive, carry a pregnancy, and raise children. These misconceptions reinforce discrimination, limit access to reproductive healthcare, and undermine their parental rights.

Fake news fuels discrimination, restricting reproductive rights, healthcare access, and legal protections. A 2020 report by the Center for Reproductive Rights found that 50% of WwD in Europe were discouraged from having children by doctors. Legal frameworks also disadvantage disabled parents, making custody battles more common.

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One false belief is that **WwD cannot conceive or have safe pregnancies**. In reality, many do, with outcomes comparable to non-disabled women when given proper care. The real risk comes from inaccessible healthcare and discrimination. A study by the National Disability Authority (NDA) in Ireland found that disabled women reported lower satisfaction with maternity care, underscoring the need for more inclusive healthcare (NDA, 2021).

Another damaging myth is that **WwD cannot be good mothers**. Parenting is about love and responsibility, not physical ability. Research in Disability & Society confirms that disabled parents face more barriers to accessing services, not because of incapacity but due to societal bias (Booth & Booth, 2023). They are also more likely to face custody disputes, even without evidence of neglect.

The assumption that **pregnancy is inherently risky for WwD** is misleading. While some conditions require specialized care, complications are often due to inadequate medical support rather than disability itself. NDA research highlights that WwD frequently face obstacles in accessing maternity services, demonstrating a need for better-trained professionals (NDA, 2021).

WwD do not need sex education is another misconception that limits autonomy. Many WwD lack access to sex education, making them more vulnerable to abuse. The European Disability Forum (EDF) reports that WwD in the EU still face significant barriers to reproductive health services (EDF, 2023). Denying them sex education reinforces harmful stereotypes and restricts their reproductive choices.

Another falsehood is that r**elationships with WwD are burdensome**. Research in Disability Studies Quarterly found no major difference in relationship satisfaction between couples where one partner has a disability and those where neither does (Shakespeare et al., 2017). However, stigma continues to limit social and romantic opportunities.

Tackling these issues requires education, policy reform, and visibility for WwD. Healthcare professionals need training in inclusive care, and sex education must be accessible. Legal protections are essential to ensure equal rights for all women.

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