

Short Report*Open Access, Volume 5***Empowering care: Sterilization as a solution to menstrual health in intellectually disabled females****Asim Mehmood; Rida Inam*; Nimra Rabbani***Shifa College of Medicine, Shifa Tameer-e-Millat University, Pakistan.****Corresponding Author: Rida Inam**

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Short report

We are writing this letter to address a rarely talked about topic referencing the need of sterilisation in intellectually disabled females. The World Health Organization defines Intellectual Disability (ID) as “a state of arrested or incomplete development of mind, which means that the person can have difficulties understanding, learning, and remembering new things, as well as applying that learning to new situations” [1]. Thus, these special people are built differently and cannot deal with the basic issues of life like menstruation, pregnancy and health crisis as the normal individuals do. Menstruation affects even the normal women in many ways but presents peculiar challenges for these women, particularly in low- and middle-income nations, where they do not have readily available medical facilities and resources for good menstruation care [2]. Menstruation raises concerns about menstrual hygiene (e.g., dealing appropriately with monthly flow and pain, as well as the associated behavioural issues) and reproductive concerns for and among these women, their caregivers, and the health system.

Mentally retarded women are unable to bear the burden of pregnancy and the physiological changes that occur during it, are noncompliant with prenatal care, and all of these factors have a negative impact on pregnancy outcomes and foetal health, as well as an increased risk of chronic mental illnesses in the child [3]. It has also been observed that some of these individuals are phobic of their own blood. The British Columbia Court of Appeal granted the mother’s request for a court order to perform a hysterectomy on her intellectually challenged 10-year-old daughter with a mental age of about twenty-six months. Because of her anxiety of seeing her own blood, her parents sought a hysterectomy before her condition caused early puberty. The appellate court considered the procedure as entirely therapeutic, with the issue being what is best for the child [4].

With advancements in hysterectomy procedures, definitive amenorrhea may be viewed as the ideal solution to menstrual hygiene issues, including not only medical but also social situations (e.g., poverty, lack of social support). Definitive amen-

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orrhea would minimise the burden on caregivers, parental anguish, unexpected pregnancies, and potential medical issues such as infections [2]. 98% of the parents or guardians of hysterectomy acceptors polled were pleased with their decision and the results. Several parents reported that once their daughter stopped menstruating, she became more calm, cooperative, productive, and less irritated. To preserve the rights of the mentally retarded, a multidisciplinary team approach to decision making is required, as is individualization of each situation. Factors such as the psychological anguish associated with pregnancy and childbirth, incapacity to utilize contraception, and unsuitability to parent a kid must be proven. Mental health professionals must provide advice to ensure that legislation governing sterilization of the mentally retarded does not lead to abuse [5].

Addressing the menstruation challenges faced by intellectually disabled females is crucial. Sterilization can offer significant benefits in alleviating physical and psychological burdens. Decisions regarding sterilization must be made with careful consideration, ensuring the individual's rights are preserved. By promoting understanding and appropriate medical interventions, we can improve the quality of life for intellectually disabled individuals.

Declarations

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