



SEXUALITY EDUCATION AND PERSON WITH PHYSICAL DISABILITIES – A DISTANT DREAM

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ABSTRACT

Sexuality Education is still a remote concept in many places in India. Persons with Physical Disabilities are treated in two contradictory ways; libidinous dwarfs or hypersexual. Sexuality is a normal part of growth and development. While approaches to sexual health education may vary, young persons with physical disabilities are denied their right to accurate information and skills on the matters related to sexuality. However, the truth is that young people with disabilities are no different from other kids in their need to understand their bodies. There is a paucity of research studies, especially in Indian context to understand the sexuality education needs of persons with physical disabilities. This empirical research highlights the need and importance of sexuality education for persons with physical disabilities. It also suggests the suitable social work intervention model for fulfilling sexuality education needs of persons with physical disabilities keeping their specific needs and requirements in mind.

KEYWORDS : Disability, Sexuality Education, Person with Physical Disabilities

Sexuality Education is an umbrella term used to describe education concerning human anatomy, growing up changes (physical, mental and emotional), sexual reproduction, interpersonal relationships, intimacy, body image, gender roles and several other aspects of sexual behavior. In India, the term "sexuality education" is looked upon with a lot of distrust primarily because of the word "sex" attached to it. Therefore, a lot of terminologies have been used to impart this education viz. Family Life Education, Life Skills Education, Adolescent Education Program.

Imparting Sexuality Education to persons with disabilities (PWDs) is not considered important because of the underlying assumption that they are asexual. Many a times, parents and society in general is threatened by the postulation that imparting sexuality education to the PWDs will actually pave a way for instilling sexual thoughts among them which might lead to sexual experimentation, though there is no robust evidence to suggest this.

Sexuality Education teaches an individual not just about sex and biology but also how to build, manage and enjoy relationships, make informed choices and distinguish right from wrong. Sexuality Education assumes greater importance for persons with disabilities on account of vulnerabilities associated with disabilities in the form of sexual abuse and violence.

Review of Literature

Review of literature reflects that society has by and large continued to ignore the sexuality education needs of persons with disabilities. Several studies which reflect on the status of the sexuality education and knowledge on the sexual matters among the persons with disabilities suggest that the persons with disabilities have limited/ low factual knowledge about sexuality (Vansteenwegen, Jans & Revell 2003; McCabe, Cummins, & Deeks 2000; and Hendey & Pascall 1998). McCabe (1999) in his study has also concluded that persons with physical disabilities experienced lower levels of sexual knowledge compared to the general public.

According to the WHO and UNFPA Guidance Note (2009) "Promoting Sexual and Reproductive Health for People with Disabilities", it has been reiterated that the persons with disabilities are denied information about the sexual and reproductive health greater than the persons without disabilities.

Objective and Research Methodology

The objective of the study was to find the state of sexuality education among the person with physical disabilities. The study is based on primary data collected from the one hundred and fifty respondents. The nature of the study was descriptive. The Quota

sampling method was used to draw the required sample. In order to accomplish the objectives of the research study, mixed-method approach triangulating both qualitative and quantitative research methods was adopted. Interviews of persons with disabilities were conducted with the help of semi-structured interview schedule comprising both multiple choice and open-ended descriptive questions. Quantitative analysis was done with the help of statistical package SPSS 16.0. Qualitative data was analyzed by categorizing the data under certain themes and sub-headings.

Profile of the Respondents

The respondents were drawn from the three different types of physical disabilities viz. persons with locomotor disabilities, persons with visual disabilities and persons with hearing disabilities. The sample consisted of 150 PWDs. The equal representation was given to the respondents according to the type of disability and gender. All the respondents were in the age bracket of 18-35 years. The respondents came from diverse educational backgrounds. None of the respondent was illiterate; the maximum being graduates.

Findings of the Study

1. Recipient of Sexuality Education

The researcher tried to find out how many respondents were recipient of sexuality education during their growing up age. Here, the growing up age was considered as age till 18 years and sexuality education was defined as education on growing up changes (physical, mental and emotional), sexual reproduction, interpersonal relationships, intimacy, body image, gender roles and several other aspects of sexual behavior (all or either of the component). The findings of the study reflected dismal state of sexuality education among persons with disabilities. Out the total 150 respondents, 79 (52.7%) received sexuality education from various sources. These sources comprised friends, parents, teachers, siblings, experts and relatives. Nearly half of the respondents (47.3%) did not receive any education on sexuality during growing up age. It reflects poorly on the recognition of the need of PWDs to acquire sexuality education during growing up age.

2. Sources of Sexuality Education

The respondents were asked about the sources from which they accessed information on sexuality related matters. For each source data was collected from the 79 respondents' who responded affirmatively to receiving sexuality education in growing up age. Each of these respondents could give more than one response as this was a multiple response question. Only the positive responses for each source of information were considered in below mentioned figure.

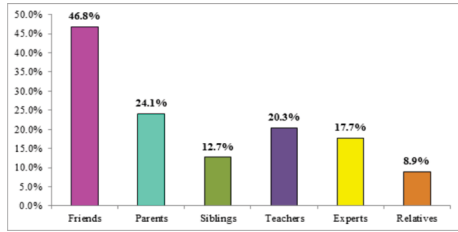


Figure 1: Sources of Sexuality Education

**The percent of responses is greater than 100 because of multiple responses by the respondents.*

Friends (46.8%) were cited as the most popular source of receiving sexuality education followed by parents (24.1%). However, it is to be noted that friends are an informal source of receiving sexuality education and the authenticity of the information received by respondents' from friends as 'source of sexuality education' is quite questionable especially because of the same age group and limited knowledge bank. In case of the parents, this information was given by fathers to male respondents and mothers to female respondents. Moreover, the information imparted by parents was restricted to menstruation for girls and nocturnal emissions to boys.

Sexuality Education was given by teachers and experts in 20.3 percent and 17.7 percent cases respectively. Since this is the most formal and systematic way of receiving sexuality education, it usually happened in the school premise where either teachers took session on the said topic or experts (from NGOs, Doctors) were called from outside by school authorities to take sessions. A small number of respondents' also received this education from elder siblings (12.7%) and relatives (8.9%) respectively. As mentioned earlier, seventy one respondents' did not receive any education on sexuality matters

3. Sharing of Sexuality Concerns.

56 percent of respondents' (84) felt comfortable sharing their sexuality concerns with other people. These other people comprised friends, parents, teachers, siblings, experts and relatives. Rest 44 percent did not discussed their sexuality concerns with anybody during growing up. This means that these respondents suffered in silence without seeking any help because they were either too embarrassed to approach anyone or there was absolute ignorance on sexual matters or their disability restricted them from sharing these concerns with others.

4. Sources of Sharing of Sexuality Concerns

The respondents were asked about the sources with which they felt comfortable sharing their sexuality concerns. Here also friends, parents, teachers, siblings, experts and relatives were considered as sources of sharing sexuality concerns. For each source, data was collected from the 84 respondents who said yes to sharing sexuality concerns with other people. Each respondent had the liberty of giving more than one response as this was a multiple response question. Only the affirmative responses from each source of information were considered in below mentioned table. Sources of sharing sexuality concerns was also examined with the type of disability and further cross tabulated with their gender

Table 1: Sources of Sharing Sexuality Concerns

Sharing of Sexuality Concerns	Type of Disability						Total		
	Locomotor Disability		Visual Disability		Hearing Disability				Total
	M	F	M	F	M	F	M	F	
Friends	17	11	18	11	5	17	40	39	79 (94.0%)
Parents	0	1	1	1	0	5	1	7	8(9.5%)
Siblings	0	0	1	2	0	1	1	3	4(4.1%)
Teachers	1	0	1	0	0	1	2	1	3 (3.6%)
Experts	1	0	0	0	0	0	1	0	1 (1.2%)
Relatives	0	1	1	1	0	0	1	2	3(3.6%)

**The total number of responses (98) is greater than the total number of respondents' (84) because of multiple responses.*

The table shows that friends (94.0%) were considered as the most reliable source of sharing sexuality concerns followed by parents (9.5%) and siblings (4.1%). Very few respondents shared their concerns with teachers, relatives (3.6% each) and experts (1.2%).

Friends were considered as the most suitable source for discussing their sexuality concerns as compared to others sources. It might be because of the peer group comfort and freedom to express without judgments. Besides friends, a miniscule of respondents felt comfortable discussing these concerns with their parents as well. The reason for the same was trusting and supportive relationship with the parents.

5. Need for Sexuality Education

88.7 percent of the respondents unanimously agreed that imparting sexuality education to PWDs during adolescence helps them in dealing with their body changes in a better way and is therefore required. Rest 10.7% emphasized on not giving sexuality education whereas one respondent (0.7%) did not know about it.

6. Disabled-friendly IEC material on Sex Education

The respondents' were asked to share their views on the availability of disabled-friendly Information, Education and Communication (IEC) material on sexuality education. Disabled friendly was defined as something which is easily accessible and made keeping in mind the needs and requirements of PWDs. For e.g. IEC material in Braille or audio recordings, using large prints, simplified language, more pictorials with pictures of PWDs, information content which is made keeping in mind the specific requirements of PWDs. Eighty two percent of the respondents were of the view that there is dearth of disabled friendly IEC material on sexuality education. This indicates either complete absence of IEC material or insensitivity towards persons with disabilities while developing IEC materials on sex education. On the contrary, 16 percent of the respondents' felt there is enough disabled friendly IEC material on sex education whereas 2 percent of respondents had no information about it.

7. Providing Sexuality Education to Persons with Disabilities.

The respondents were asked to suggest measures that can be taken to provide sexuality education to PWDs. At an informal level, for this particular question, the researcher developed various sub-questions viz. appropriate age for imparting sexuality education, who should give sexuality education and should there be a distinct mode of giving sexuality education to PWDs.

7.1. Appropriate age for imparting Sexuality Education

The maximum number (75) of respondents' were of the opinion that sexuality education should begin at the age of 12-14 yrs followed by 24 respondents' who felt the correct age of imparting sexuality education is 14-16 yrs. Twenty respondents' felt that imparting sexuality education from early adolescence (10-12 yrs.) is correct whereas by 11 respondents' viewed 16-18 years as the correct age. A negligible number (3) of respondents' said 18 yrs & above as perfect age for giving sexuality education. 17 respondents were not in favour of imparting sexuality education at all.

The respondents' believed in imparting age-appropriate information. According to them sexuality education should begin from home i.e. parents should be the first source of providing this information. This education should be substantiated by teachers in school. Schools can make efforts to impart sex education by called experts in the field. In each case, the need of the hour is to provide a congenial atmosphere where they can talk on these issues.

The in-depth interaction with the respondents also revealed that the content of the sexuality education provided to PWDs should be same like their non-disabled counterpart with addition of few things keeping in mind the vulnerability caused by disability. For

instance, according to a research study, children with disabilities are 2.9 times more likely than children without disabilities to be sexually abused (Lund, 2012). Therefore, dealing with sexual abuse keeping disability in mind has to be talked about. Various myths associated with disability and sexuality needs to be addressed.

According to respondents there has to be a slight variation in the modus operandi of providing sexuality education as well. For e.g. for persons with hearing disabilities communication in sign language is important. For persons with visual disabilities pictorials will not work, apart from verbal communication, tactile material/models and audio recordings should be used to impart sexuality education. Assistive sex education is very important for persons with locomotor disability.

Discussion and Way Forward

Over all analysis of the findings reflect that despite the need for sexuality education, persons with disabilities are denied the right to sexuality education which has been ratified by the Government of India as per U.N. Convention of Rights of Persons with Disabilities. They have to resort to informal sources of sex education i.e. friends for acquiring information related to their body, relationships and sexuality matters which can be much more hazardous than having no information especially when information provided by the peers is inaccurate.

There is a need to create and provide congenial environment at home to the persons with disabilities where they can be provided information on sexual matters. Family especially the parents should make efforts to communicate openly and frankly with the PWD family member. Peer education needs to be promoted among the PWDs as friends are still considered the most reliable source of seeking and sharing information on the sexual matters. Sexuality Education needs to be included in the curriculum of the PWDs alongside regular education keeping their specific needs and requirements in mind. A holistic approach will have to be adopted where the where the role of the Government, community, society, and family has to go parallel.

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