

Sex Education for People with Disabilities: Myths and Reality

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Abstract

The stigma around providing sex education to the youth in India has been difficult to remove. The importance of sex education to youth has become a key topic and work is being done in this direction by researchers. After analysing researches around this topic it has been found that among the youth, people with disability are more ignored when it comes to sex education. The society has created myths to justify their not providing sex education to youth with disability discerning their eye towards the reality. This paper aims to take into account these myths and find ways to overcome these myths to provide the real picture of sex education.

Keywords: Myths, Reality, Disabilities, Sex Education

Introduction

Sex education encompasses many aspects of life, such as: anatomy, health, personal hygiene, reproduction, relationships, the sexual response cycle, religion, and expression of love. Sex education is, hence, needed by all human beings. Ideally, effective sex education begins informally at home. As people grow, their needs for education about sexuality also grow. Sex education should be developmentally appropriate and continuous throughout the lifespan. The goals of sex education are to impart basic information, to teach skills necessary for sexual well-being, and to encourage positive attitudes towards sexuality (Cornelius, Chipouras, Makas, & Daniels, 1982, p.13).

Sex Education and Sexuality Education

Sex education refers to “an age-appropriate, culturally relevant approach to teaching about sex and relationships by

providing scientifically accurate, realistic, non-judgmental information” (UNESCO, 2018). Sexuality education covers usually the same topics as sex education but also includes issues like relationships, attitudes towards sexuality, sexual roles, gender relations and social pressures of being sexually active. (H. Leung, D. Shek, E. Leung, and E. Shek, 2020)

The primary goal of sex education can be seen as making young people equipped with knowledge, skills and values to make responsible choices about their sexual and social relationships and to determine and enjoy their sexuality either physically or emotionally, individually or in relationships. ‘Sexuality’ hence can be seen in the context of emotional and social development.

Sex education does not increase the rate of sexual activity among teenagers rather increase the knowledge about sexual behaviour and its consequences reducing risky behaviour among students who are

sexually active. Young people with access to counselling that are non-judgmental and affordable are better able to:

- Take advantage of opportunities that might impact their wellbeing further on
- Avoid unwanted pregnancies and unsafe abortions
- Improve their sexual and reproductive health
- Protect themselves against STIs
- Understand and question social norms and practices concerning sexuality, gender and relationships
- Be better equipped to face challenges in life during the transition period from childhood to adulthood.
- Understand sexuality in its form not as a reproductive mechanism rather as a pleasure based activity
- Sexuality as a need for pleasure, desire and intimacy

(UNFPA 2013)

Sex Education and Disability

While people value sex differently, for those who have disability, learning about their sexuality and sexual health is considered a luxury that they can't afford. This could be because people with disability are usually considered as childlike and needing help to prioritize needs in their lives. (Mårtenson, 2012) People experience various needs at the same time and learn how to balance all these aspects. In terms of sexual health education, students with disability need to learn and practice skills to support healthy sexual development.

Expressing sexuality is part of human experiences, yet sexual health is often ignored in regard to persons with disabilities. A restrictive script is created

for people with disability to focus on sexual risks instead of the discourse of pleasure, desire and intimacy (Treacy, Taylor, Abernathy, 2018). The sexual health and safety of students with disabilities is often not prioritized because educators are more focused on other aspects of the students' well-being. Educators themselves don't see students with disability as being sexual with needs and desires and as wanting relationships. Most people are sexual beings, regardless of their disability and need affection, love and intimacy, acceptance and companionship. Young people with disabilities may need reassurance that they can have satisfying sexual relationships and practical guidance on how to do so. People with disabilities often have rich and satisfying sex lives. So why they are frequently treated as though they are incapable of having sexual needs and desires, and are excluded from sexual health education curriculum?

Importance of Sex Education for Development of Youth Physically and Mentally

With implementation of sex education in schools, youth will be provided correct information which will enable them to make right choices for themselves. Sex education has been to effectively reduce the rate of teen pregnancy and decrease the number of STDs cases among the youth. Hence, sex education encourages healthy sexuality for the youth. Providing youth with age appropriate sex education will help them take responsibility for their well-being physically as well as mentally. While parents play a primary role in this topic, schools play a complementary role to provide sex education as part of a holistic development of young people. With accurate and age-appropriate knowledge and social and emotional skills,

youth will be better equipped to protect themselves from sexual abuse and avoid sexual experimentation. (Maqbool and Jan, 2018)

Importance of Sex Education for People with Disability

Sex education forms a basis to empower people, especially youth, to make informed and healthy choices about their bodies and relationships but it is often not readily accessible for people with disabilities. Everyone deserves full access to medically accurate information about sex and relationships and develop skills to protect their sexual health. Sex education helps them avoid negative health outcomes, communicate better on the topic of sexuality and have autonomy over their bodies and respect their autonomy. (Weber and Kaufman, 2021)

Myths Regarding Sex Education for People with Disability

Comprehensive Sexuality Education should be provided to students in school starting at a young age. But the reason why sex education is still not prevalent for students with disability is based on the following myths which have been voiced by parents, teachers and people with disabilities themselves.

1. Myth: People with disability are 'Asexual'.

Reality: All humans are sexual, regardless of how one express their sexuality. People with disabilities are sexual too and express their sexuality in the same ways as non-disabled people. Every person including people with developmental disabilities are capable of sexuality.

2. Myth: People with physical disability are unable to have sex.

Reality: The ability to have intercourse depends on the disability. It should also be noted that sex can involve kissing, massaging, touching and other activities. Intercourse should be viewed from the perspective of creativity, patience and planning. People say that pain, fatigue and medications might decrease their sex drive or genital sensations but this not applicable in any case. The key is learning what works for the person and communicating that with the partner.

3. Myth: People with disability have important things than sex to worry about.

Reality: Every person values sex differently. For some people it might be the most important thing in their life while for some it would be a vain activity. People with disability are often told that they have more important things to deal with than worry about sex. It is a luxury they can't afford but their thoughts should not be manipulated like that.

4. Myth: People with disability don't get sexually assaulted.

Reality: People with physical disabilities are far more likely to be victims of sexual assault. People with developmental disabilities are at risk of being sexually abused for they are taught to comply with what others ask of them and they want to please other people. They are dependent on other people at

times and this lead to their exploitation.

5. Myth: People with disability don't need sex education.

Reality: Every human being is sexual and everyone needs sexual education. Sexual ignorance is the biggest obstacle for people when trying to figure their sexuality. When people with disabilities are not given adequate sex education they are at increased risk of being taken advantage of sexually. Hence, it is important to communicate to them about sex information that meets their needs.

6. Myth: People with disability should only marry or have sexual relationships with other people with disability.

Reality: This thought process limits the possibilities of developing relationships and defines people as disabled and not as an individual. A non-disabled people in a relationship with a person with disability is either seen as caring and self-sacrificing or as not capable of having a 'normal' relationship. This negative attitude towards disability suggests that a person with disability is less worthy.

7. Myth: People with disability should not have children.

Reality: People with disabilities have the right to make decisions about becoming parents. Having a child is considered by many an important event in one's life and a right, yet many do not believe it applies to people with disabilities

and their reproductive health. Both abled and disabled women have equal chance of having a non-disabled or disabled child. Women with disabilities are women and have the same rights and abilities to make the decision to have a child and men as well have the right to make the decision to be a father.

8. Myth: People with disability are considered as 'hypersexual' and have 'uncontrollable urges' if they talk about their sexuality.

Reality: People with disability are not overly sexual if they talk about their sexuality or their need to have healthy sexual development but it is considered so because they are seen as innocent child. The belief in this myth results in a reluctance to provide sexual health education to them. Also, students with disabilities might struggle with the concept of public and private and engage in behaviour that is seen as private in a public setting. This could add to the belief that people with disabilities have uncontrollable urges while all that they need is education and skills.

9. Myth: Birth control is irrelevant.

Reality: Most men with disabilities can still impregnate a woman and most women with disabilities can still get pregnant despite of their physical or mental conditions. In other words, a person with disability still needs to know about the way of using birth control and its importance. They might also need help choosing the best birth control as per their needs.

10. Myth: People with disabilities are all virgin

Reality: Assuming that people with disability are a virgin just because they have a disability is a myth that needs to be resolved. They are at a risk of being sexually and physically abused. If they are indeed virgin, it is because of them not having sexual encounters just as is the case for everyone.

11. Myth: People with disability don't need love hence, don't need sex.

Reality: Just because a person lives with a disability doesn't mean that they aren't worthy of love or don't need sex. They need to be loved. A person with disability is seen as someone in need of caring and as helpless. But the truth is that people with disability do have the same wants and needs, dreams and desires, lusts and fantasies.

12. Myth: People with disability will not get STD's

Reality: The disability of a person doesn't affect them from being affected from diseases either physical or sexual. People with disabilities are just as likely to get STDs as anyone else. It is hence important for them to use protection or have sex with a partner who has been tested for STDs.

13. Myth: People with disability are 'oversexed.'

Reality: Since people with disability are seen as 'childlike', any sexual desire they express is

considered perverted. They don't have disproportionate sexual desires but they are not expected to express this aspect of themselves. Since they are devoid of sex education, they may express their sexuality in socially inappropriate ways.

14. Myth: Sex must be spontaneous.

Reality: Sex is often depicted as people naturally falling into each other's arms. But in reality, sex does not happen in a completely unplanned way. It involves 'setting the mood' maybe with music and candles, the person's consent or discussing a specific positioning, sex is about communication and comfort of both the parties involved. People with disability may need to take some factors into account before having a sexual encounter but that doesn't make them any less desirable.

15. Myth: If a person has sex with a disabled person, they will catch their disability.

Reality: Disability are not communicable, especially not sexually transmitted. There are a few conditions that are, but sex should be practiced with protection for everyone.

How to Overcome the Challenges

The myths that prevail in the society have been addressed but mere acknowledgement of these myths is not enough. These myth gives rise to real life challenges for people with disability and makes it difficult for them to understand and apply their sexuality. Here are some common challenges faced by people with

disability and what can be done to help them overcome it.

People with disabilities are not automatically asexual.

It has often been accepted as a norm that disabled people are innocent beings and are childlike and topics like sexual activity have never been related to them. This stems from the fact that society talks about sex focused on fertility and reproduction rather than from a pleasure-based perspective and hence believe that disabled people should not do 'it'. Society has stripped people with disability from their sexuality and presumed them to be non-sexual beings. People with disability are not exposed to information regarding their sexual health and body autonomy. Even if they are provided School-based sex education, they focus on sharing the potential negatives of sex like STIs, pregnancy, etc. and never view it from the perspective of a pleasure-based activity.

Internet safety matters, too.

Sometimes people with disability are over sexualized. There's this side of the Internet where people seek out to people with disabilities and steal their photos to use on websites. These group of people fetishize amputees. Even general internet privacy of information should also be discussed in sex education courses for people with disability. This should include things like consent and sending naked photos to your partner.

Understanding the use of sexual protection.

People should understand that because a person has a disability does not mean they don't have the same hormones and sexual desires as other individuals. Rather it is more important to teach them sex

education so that they're not taken advantage of in any sexual way especially to young students. Ignoring it is not the solution. They should also be taught about sexual protections and the kinds of sexual protection that are available. They should be taught about types of condoms that are best for protection or the best type of contraceptive pills etc.

Body image.

The importance of exploring and promoting positive body image for all bodies is a must when talking about young children on whom such things matter a lot. This is more so when a person is disabled and they struggle to accept themselves and their disability. They become self-conscious and it is difficult for them to accept their disability which disturbs them emotionally. We can say that sexuality and disability are separate topics that need to be addressed differently but they do have an impact on each other. Disability might influence the sexuality of the person in terms of what they like or dislike and what they can or cannot do.

Make sex education inclusive to multi-marginalized populations.

The importance of sexual education should stretch beyond the heteronormative perspective. The dangers associated with being a member of a marginalized group increase especially if a person is disabled. Students who are disabled and belong to the LGBTQIA are at higher risk of sexual assault and rape leading to STIs, unplanned pregnancies and manipulation in sexual situations. The fact that disabled students are denied access to sexual health curriculum is the root of the problem here. The curriculum should highlight teaching how to protect oneself from sexual abuse and pregnancy focused specifically at

disabled and LGBTQIA youth covering sex education, access to information about sexuality and identity and education to address disparities that affect the disabled LGBTQIA students.

Understanding power dynamics and consent.

The power dynamic that exists between people with disabilities and their caretakers should also be taken into account here. People with disabilities rely on their caretakers to perform basic tasks, like getting ready etc. Women with disabilities are 40% more likely to experience partner violence compared to non-disabled women which might include sexual, emotional, financial and physical abuse and women with disabilities are less likely to report their abusers. People with disabilities believe that they might not even be able to have sexual relationships. So, when someone, especially someone like a teacher or caregiver, shows them sexual attention and they might believe this to be their only opportunity for sex leading them to such abusive relationships. When it comes to disability, consent can be tricky. There are some disabilities which make communication difficult for the person. The lack of sexual education for developmentally disabled students deprives them from understanding the concept of consent.

At more risk for sexual exploitation and abuse.

Children with disabilities face a much higher risk of abuse. When compared to non-disabled children, children with disabilities are twice as likely to be physically or sexually abused especially with developmental disabilities. It is important for children to understand the importance of boundaries both for other

people and their own. Children should be taught about good touch with them touching others and other people touching them. For people not taking advantage of them, they should know who is safe to be in their personal space. What is going on with their body and who to talk to about it and understanding safe strangers like doctors versus non-safe strangers?

The portrayal of disabled bodies matters.

The media plays a part in perpetuating the idea that people with disabilities do not have sex. Sexuality is viewed as unnatural for people with disabilities and disabled students often internalize this. If the media portrays that sex is not normal for disabled people and sex education is not inclusive, then people with disability learn and understand sex on their own which is not a reliable source. Students with disabilities want to see their bodies reflected in sexual education materials. If in the curriculum the body of a person with visible disability is included, it would help them to shatter the stigma surrounding sex and disability and help society understand that sex isn't only for able-bodied people.

Conclusion

People with disabilities make up a large part of the population. Incorporating disability-related information in sex education curriculum benefits students who are already disabled and also students who might experience disability later on in life. Embracing an inclusive approach in the classroom would raise awareness, create empathy and celebrate diversity. Resources and references on the topic of sexual education for people with disabilities are quite few. If we could try to relate the incidences of sexual abuse within sex education and examine if sex

education can also help students with disabilities to steer clear of unwanted sexual contact and sexual exploitation (Cornelius et al., 1982).

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