

INCLUDING US

Creating inclusive & enabling
environments for the sexual
diverse population of People
with Disabilities

Sexual and reproductive health

“ Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

WHO

Disability and HIV/AIDS

Double Stigma

Disability and HIV and AIDS “share common characteristics of stigmatisation” as both people with a disability and those living with HIV and AIDS “are often seen as dangerous, polluting, corrupting and, ultimately, to blame for any difficulties they face in their life-context”.

Swartz *et al.* 2006: 110

DOUBLE STIGMA

Stigma is likely to be even higher if a person who is disabled reveals that they have TB are HIV positive or has any others STI's.

Common Myths about People with Disabilities and Sexuality

Myth 1: People with disabilities are more or less the same.

Fact: The biggest myth of all is that you can talk about people with disabilities as one single group they don't all have the same experience or the same perspective.

Myth 2: People with disabilities and chronic illnesses are not sexual.

Fact: All humans are sexual, regardless of how we express our sexuality. People with disabilities are denied sexual rights in part to keep them outside of mainstream society, and probably in part because people with disabilities are seen as if they are children..

Common myths

Myth 3: People with disabilities and chronic conditions can't have "real" sex.

Fact: It follows that if there's a right way to have sex, and you can't have it, then you can't have real sex. So it is easy to pretend that there's a "real" kind of sex, and if you don't look the part, you can't play the game. This is simply false.

Myth 4: People with disabilities are a bad choice for romantic partners.

Fact: Relationships are hard and full of compromise, and a good relationship involves equal compromise and work from the people in it. People who partner with people with disabilities are often told how "noble" they are

Common myths

Myth 5: Disabled people have more important things than sex to worry about.

Fact: We all value sex differently, and for some people it's the most important thing in their lives. If a person lives with a disability or chronic illness they will likely have people around them telling them that they've got more important things to deal with

Myth 6: People with disabilities are not sexually adventurous.

Fact: Living with a disability does not necessarily impact a person's sexual tastes or choices (even though it can impact on whom they get to have sex with because of stigma).

Common myths

Myth 7: Sex is private and People with Disabilities in institutions shouldn't have sex.

Fact: If a person uses attendant services, lives in an institution, or isn't able to monitor their own body responses, privacy is a challenge. Having privacy can make having sex easier, but if people with disabilities aren't able to lock their doors or have to request private time, they still have the right to be sexual, and to expect those around them to facilitate that by giving them as much privacy as they ask for.

Common myths

Myth 8: People with disabilities don't get sexually assaulted. Fact: If you aren't seen as sexually desirable in our culture, you won't get sexually assaulted, right? Wrong. **People with physical disabilities are far more likely to be victims of sexual assault: statistics suggest between 2 to 10 times more likely.**

Myth 9: People with disabilities don't need sex education. Fact: We're all sexual, and we all need education. Sexual ignorance is an enormous obstacle. Some people say that the reason people with disabilities are denied access to sex education is because of the belief that it will encourage them to want sex, which will open up a can of worms.

Seven guiding principles for SRH services

1. Both PWD and PLHIV face stigma and discrimination. PWD who are HIV positive experience double stigmatisation.
2. Both PWD and PLHIV need to be included in decision making about provision of SRH services.
3. Sexuality education needs to begin at an early age, to be lifelong and to be all inclusive.

Seven guiding principles for SRH services

5. SRH services need to be made accessible to people with a wide range of disabilities.
6. Both PWD and PLHIV have needs in terms of contraception, fertility and antenatal services.
7. SRH services need to address gender-based violence and the power imbalances between men and women.
8. SRH services need to be non-discriminatory, human-rights based, and to acknowledge sexual diversity and the wide range of disabilities.

In conclusion then:

... both people with disabilities not withstanding their sexual preference and people with disabilities living with HIV should be considered in terms of sexual and reproductive health services. It is time to bring both groups out of the shadows, and into the mainstream.