

THE OBSTACLE WE ARE NOT ABLE TO OVERCOME: THE SEXUALITY OF THE DISABLED

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ABSTRACT

The disabled people have a lot of difficulties throughout their life, and one of these difficulties is sexual life. These individuals are a specific group to be emphasized in terms of their sexual life. The studies on the sexual life of disabled people are limited, and it is found that sexual problems of these people are ignored. Therefore, families, teachers and health personnel have great responsibilities for disabled individuals in improving themselves regarding both psychological and social aspects, and for adapting to society.

Keywords: Sexuality, sexual health, disability, the sexuality of disabled

INTRODUCTION

Disability is a part of being human. Everyone has the risk of being temporarily or permanently impaired at some point in life, and those who survive to old age may experience increasing difficulties in functioning. According to World Health Organization (WHO), the disability is described as “Inability to meet an individual’s own normal life requirements as a result of the absence of an organ or an organ dysfunction causing partial or permanent loss of function or vision on physical, mental and spiritual abilities”. On the other hand, in our country according to Turkish Prime Ministry Department of the Administration of the Disabled the disability is described as (2010) “The individual who lost his/her physical, mental, spiritual, sensual or social abilities inborn or after due to any reason, and therefore has difficulties in adapting to social life and fulfilling his/her daily needs, needs rehabilitation, consultation and support services (World Report on Disability 2011; Legislation related to Law on Disabled People 2010).

The most common types of disability known in the world and Turkey

Orthopedic handicapped

The individuals who have an inability, deficiency, and loss of function in his/her musculoskeletal system. People who have shortening, deficiency, excess, absence, movement restriction, deformation, myasthenia, osteopathy in their hand, arm, foot, leg, finger or spine; paralyzed, people with cerebral palsy, spastic or spina bifida are in this group (Turkey Disability Survey, 2002; Öztürk, 2011).

Visually Handicapped

People who have total or partial vision loss in their one or both eyes are visually handicapped. People who both have vision loss and use an ocular prosthesis, have achromatopsia, nyctalopia are also in this group (Turkey Disability Survey, 2002; Öztürk, 2011).

Hearing-Impaired

People who have total or partial hearing loss in their one or both ears are hearing-impaired. People using hearing aid are also in this group (Turkey Disability Survey, 2002; Öztürk, 2011).

Language and Speech Handicapped

People who are not able to talk due to any reason or have disorders in their speech rate, fluency, expression or voice are language and speech handicapped. People who are not able to talk but are able to hear, people whose throat are removed, people who use a tool to speak, stammers, aphasia, and have disorders in their tongue-lip-palate-chin structure are in this group (Turkey Disability Survey, 2002; Öztürk, 2011).

Mentally Disabled

People who have mental deficiencies in various degrees are mentally disabled. People with mental retardation, Down syndrome, Phenylketonuria (if it caused mental retardation) are in this group (Turkey Disability Survey, 2002; Öztürk, 2011).

Spiritually and Emotionally Disabled

People who have difficulties in fulfilling daily life activities and keeping interpersonal relationships because of abnormal patterns of feelings, thoughts, and behaviors are spiritually or emotionally disabled. Diseases such as depression, schizophrenia are in this group (Turkey Disability Survey, 2002; Öztürk, 2011).

Chronic Disease

Those diseases which prevent the individual's working capacity and functions; diseases required continuous care and treatment such as blood diseases, cardiovascular diseases, respiratory system diseases, digestive system diseases, urinary tract and reproductive system diseases, dermatologic diseases, cancer, endocrine and metabolic diseases, nervous system diseases, and AIDS are in this group (Turkey Disability Survey, 2002; Öztürk, 2011).

According to WHO while the number of disabled individuals was 10% in 1970, according to the world population estimations it increased to 15% in 2010. Besides, the number of individuals having at least one disability covered 6,6% of the total population. 42,8% are males, 57, 2% are females who have difficulties in at least one function or having dysfunction. Every year the number of disabled people increases. The reason for this is the population aging, as the risk of being disabled is higher for old people. Disabled individuals, whose number increases every year, have many difficulties throughout their life. One of these difficulties is in their sexual life (World report on disability 2011; Turkey Statistical Institute, 2011; Elbozan Cumurcu et al, 2012).

Sexuality is an intellectual, emotional, behavioral and social interaction that provides interest, intimacy, love, desire, pleasure, and reproduction between the genders. The sexual life of the disabled individuals is a generally unknown and ignored issue. People may think these individuals as not being active in terms of sexuality. Whereas they also need sexuality, for life quality this is an important factor. In addition to this, they have the desire to get married and have a child. There are some factors affecting the lives of disabled individuals negatively. Limitedness depending on the disability, economic problems, and attitude and behaviors toward the disabled can be considered as examples. These individuals are a special group to be emphasized in terms of both in other aspects and their sexual life. The disabled individuals are supported about their sexual life and desire to have a child, and it should be aimed to increase the quality of their life (Cangöl, 2013; Elbozan Cumurcu et al., 2012).

In order to be able to lead a life in society, the disabled individuals need their families, caregivers, teachers and health personnel to meet their physical, psychological and sexual needs in accordance with their age. Parents' and caregivers' negligence, and their negative attitude may cause a deficiency in sexual knowledge and undesired results (Kok, 2015; Cangöl et al., 2013; Palas Karaca et al., 2016).

There are different approaches toward the sexual life of disabled individuals in the society. Either it is prevented thinking that they don't have the right to have a sexual life or it is believed they have a right to have a sexual life but the difficulties they meet are ignored. Because of the idea that they are not able to carry out the required responsibilities of sexuality, it is considered that the less they have knowledge about sexuality the better it is. However, such an approach means disregarding human nature. The disability or difficulty that the disabled individual experience in any developmental area may affect the sexual or physical development of the individual. Certain limitations of disability may make it difficult to live this process in a healthy way and may make them more open to abuse. Therefore, in sexual education families, health personnel, teachers, and the society have much more important and much greater responsibilities (Sakallı Gümüş, 2015; Bakış, 2006; Wilkenfeld & Ballan, 2011).

It should not be neglected that sexual education has many individual and social benefits. The individual who has correct knowledge can reject misinformation immediately. Mentally disabled individuals may be exposed to abuse as they are not able to make sense of different types of touches and they are not able to communicate about their experiences. The neglect and abuse of mentally disabled children is an issue concerns the whole society. However, when they are informed about countering sexual abuse, a great deal of abuse events will be prevented (Çalışandemir, 2008; Haşoğlu, 2009; Yıldız & Cavkaytar, 2017).

SUGGESTIONS

It is aimed;

- i. To prevent negative attitudes towards the disabled with a prejudice-free and decreased inequalities point of view,
- ii. To conduct awareness-raising studies with the aim of developing sensitivity and awareness towards the problems by means of media, education institutions and non-governmental organizations,
- iii. To develop appropriate communication and education materials for the disabled,
- iv. To add the topics about the sexuality of the disabled into training curriculum of health staff and to provide in-service training for occupational groups working with the disabled,
- v. To inform the disabled and their families about the persons and places they can receive consultancy,
- vi. To be conscious of the service requirement of sexual health and reproductive health changes according to disability types and different age-groups,
- vii. To provide information, education, and care and support service with regard to the woman's disability during the processes of pre-pregnancy, pregnancy, birth and post-natal, solve the physical difficulties she experiences in the society and hospital, and enhance social support systems.
- viii. It should be enabled that pregnancy and reproductive health services are offered properly, to make disabled women perceive they have the same biological and fertility

period as women who don't have disabilities and make them feel better in terms of social life.

- ix. The health staff should know the effects of neglect and abuse on the disabled and their families. They need to be able to identify the problem in the course of taking anamnesis through observation and communication.
- x. Generally, adolescences have sexual intercourse without enough knowledge and ability. Health staff should raise awareness about the unmet needs and they should develop a strategy for encouraging physical, emotional, social and psycho-sexual independence of disabled children, youngsters, and young adults (Gudlavalleti et al., 2014; Redshaw et al., 2013; Iezzoni et al., 2015; Blackford et al., 2000; Walsh-Gallagher et al., 2012; Signore et al., 2011; Murphy, 2007).

CONCLUSION

In conclusion, the studies carried on the sexual life of disabled individuals are limited. The disability rate is increasing day by day. The sexual problems that the disabled experience and their solutions are considerably important concerning the health of themselves, their families and society. Therefore, in order to make the disabled progress both spiritually and socially, adapt to society, and improve their sexual health; families, teachers and health staff have a great responsibility.

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