How is the sexual health of men and women with physical disabilities in low- and middle- income countries promoted?

The question and the problem

Sexual health is a person's right to freely express their sexuality as a sexual being, to engage in consensual intimate sexual experiences, to obtain information regarding sexual issues, as well as access adequate sexual healthcare. This right has not been attained for all – particularly for physically disabled people; especially those living in low- and middle- income countries (LMICs). Physically disabled people face barriers to living full and healthy sexual lives because their sexuality is treated as a taboo subject; furthermore, they are often desexualised: perceived to be unattractive, asexual, or lacking sexual ability. This brief explores what sexual health resources and services physically disabled people in LMICs can access; and provides evidence-based recommendations to encourage the full, healthy sexual lives of physically disabled people.

Recommendations

- Recommendation #1: Negative attitudes towards the sexuality of physically disabled people need to be addressed.
- Recommendation #2: Educate physically disabled people on sexuality issues and rights.
- Recommendation #3: Include physically disabled people in development of sexual health services and policies.
- Recommendation #4: Train health workers to provide relevant and inclusive sexual healthcare and information to physically disabled people.
- Recommendation #5: Sexual healthcare buildings and services to be accessible for all.

"I never got any education on sexuality. I kind of learnt it all as I went along … I certainly think that there is a need, that sex needs to be publicized more for people with disabilities, and that it is not an issue for them to have that need and want to have sex. It needs to be normal practice."

[Nguyen, 2016}

Challenges

Challenge #1: People with physical disabilities in LMICs receive inadequate sexual health education and information.

- People with disabilities need to be made aware that they can, and should be encouraged to, access any healthcare facilities.
- This information should come from professionals, not only lay people (friends and family members).
- After acquiring a physical disability, a person should be offered sexual health counselling. Sexual health workers need to be willing to answer questions disabled people may have about their sexuality.
- Sexual health information needs to be tailored to the needs of men and women with physical disabilities.

Challenge #2: Physically disabled people in LMICs are often hidden away from society, making sexual health resources unreachable.

- The health and education sectors should initiate educational campaigns on the sexual needs of people with disabilities. Awareness campaigns must challenge the misconceptions that physically disabled people are asexual: physically disabled people have sexual desires and abilities. These educational campaigns need to take place in communities in LMICs.
- Society, including family members, need to be informed that physically disabled people, like able-bodied people, can typically, and should if they want to, fall pregnant and have a family. This information should be disseminated in school educational programmes and clinic appointments.
- Physically disabled people have the right to privacy and confidentiality during their sexual health visits.

Challenge #3: Sexual health facilities and services in LMICs are often inaccessible for physically disabled people.

- Government funding is needed to assist physically disabled people in travelling to sexual health services. Assistance with paying, where required, for these services is warranted.
- Healthcare buildings need to be accessible. Funding is required to address inaccessible building infrastructure.
- Healthcare equipment needs to be accessible for people with physical disabilities (e.g., adjustable beds for physical examinations).
- Sexual healthcare providers should discuss birth control options and pregnancy with disabled people. Physically disabled people must be able to make informed sexual health choices, including decisions on contraception and abortion.

Challenge #4: Sexual healthcare workers display prejudicial, derogatory, and stigmatising attitudes towards, and treatment of, people with physical disabilities and their sexuality.

- Physically disabled people have the right to be treated fairly: empower them to learn about safe, healthy sexual behaviours.
- Healthcare workers need to be trained to be inclusive and accepting of all people, including those with physical disabilities.
- Healthcare workers need to be informed that physically disabled people have a right to access sexual health information and services. This education should include that physically disabled people are sexual beings who can choose to have a family.
- Training of healthcare workers to treat physically disabled people as independent, capable individuals who can make informed decisions regarding their sexual lifestyles.
- Appropriate terms for people with disabilities should be made available to these service providers.

How did we find answers

A review of reviews, examining systematic, narrative, and other types of review evidence on the topic of sexual health of men and women with physical disabilities in LMICs was conducted. Specifically, information from ten reviews from LMICs on the topic was used for the evidence in this brief. The recommendations in this brief are based on these ten reviews of the literature.

Evidence-informed Recommendations and Actions

Key Recommendations	Actions
Negative attitudes towards the sexuality of physically disabled people need to be addressed.	*Mass media education campaigns to address the misperceptions on disability and sexuality: through TV, radio, online social platforms, billboards. This includes challenging cultural beliefs if necessary.*
Educate physically disabled people on sexuality issues and rights.	*Evidence-based interventions to provide sexual health information, and to address barriers to accessing such information and services. Inclusive interventions to be carried out at schools, in communities, and healthcare centres. Healthcare workers to encourage disabled people to self-manage sexual health, including choosing healthy sexual relationships. Information needs to be provided for physically disabled people to empower them to communicate their sexual needs to their partners. Create social supportive networks of people with physical disabilities.*
Include physically disabled people in development of sexual health services and policies.	*Consult physically disabled men and women on their sexual healthcare needs during service design. Decentralise responsibility of sexual health of disabled people to individual and community levels.*
Train health workers to provide relevant and inclusive sexual healthcare and information to physically disabled people.	*Health workers to be trained in interpersonal communication skills of sensitivity, respect, and non-judgement, with a focus on disability. Healthcare workers to communicate with physically disabled patients in private, without family members etc. present, treating them with the same level of respect as with able-bodied patients. Context-specific training and manuals on the sexuality of physically disabled people to be incorporated into healthcare training curriculums. Sexual health workers to move away from the medical and social models of disability to reduce negative attitudes and treatment. Providers to consider patients' cultures and beliefs with regards to disability and sexuality.*
Sexual healthcare buildings and services to be accessible for all.	*Incorporate ramps, adjustable examination beds, and inclusive signposting in healthcare buildings. Information to be made available in multiple mediums, considering needs of all physical disabilities. Train and hire professional sign language interpreters. Arrange accessible transportation to these facilities; or sexual healthcare home visits to be encouraged.*

Policy priorities

Relationships need to be encouraged between disabled people, disability organisations, researchers, policymakers, and sexual healthcare workers. Physically disabled individuals need to be included in developing sexual health policies and interventions for accessing sexual health services – to achieve the sustainable development goal of 'leave no one behind'. Policies adhering to the ongoing education and training of health workers on the topic of sexuality and physical disability need to be mandated. Policies also need to consider cost reduction and/or provision of monetary support to physically disabled people for sexual health services and transportation. Greater collaboration is needed between health, finance, education, and infrastructure sectors of LMICs.

Conclusion

Physically disabled people encounter many barriers to living full and healthy sexual lives. This brief has explored how the sexual health of physically disabled men and women in LMICs is promoted. It was found that physically disabled people's sexuality is insufficiently promoted in these contexts. Sexual healthcare workers and services need to be more inclusive of physically disabled people's sexual needs and questions. People with physical disabilities should be encouraged to be open and independent about their sexuality and sexual health needs.

GAPS & RESEARCH NEEDS

Physically disabled people should not be treated as a homogenous group by researchers: more research is required in this field.

Existing research focuses on intellectually disabled individuals: research also needs to focus on the sexual health needs of physically disabled people.

A greater focus on physically disabled men and their sexual health needs is required in future reviews. Sexual health goes beyond reproductive health.

Disabled people's views and needs should be included in research.

Finally, research across various contextual realities, particularly in lower income countries, is encouraged.

Included sources

1. Baart J, Taaka F. Barriers to healthcare services for people with disabilities in developing countries: A literature review. Disability, CBR & Inclusive Development. 2017; 28(4):26-40.
2. Carew MT, Braathen SH, Swartz L, Hunt X, Rohleder P. The sexual lives of people with disabilities within low-and middle-income countries: A scoping study of studies published in English. Global health action. 2017; 10(1):1337342.
3. Casebolt MT. Barriers to reproductive health services for women with disability in low-and middle-income countries: a review of the literature. Sexual & Reproductive Healthcare. 2020; 24:100485.
4. Ganle JK, Baatiema L, Quansah R, Danso-Appiah A. Barriers facing persons with disability in accessing sexual and reproductive health services in sub-Saharan Africa: A systematic review. 2020; 15(10):e0238585.
5. Hameed S, Maddams A, Lowe H, Davies L, Khosla R, Shakespeare T. From words to actions: systematic review of interventions to promote sexual and reproductive health of persons with disabilities in low-and middle-income countries. BMJ global health. 2020; 5(10):e002903.
6. Mac-Seing M, Zinszer K, Oga Omenka C, de Beaudrap P, Mehrabi F, Zarowsky C. Pro-equity legislation, health policy and utilisation of sexual and reproductive health services by vulnerable populations in sub-Saharan Africa: a systematic review. Global health promotion. 2020; 27(4):97-106.
7. Matin BK, Williamson HJ, Karyani AK, Rezaei S, Soofi M, Soltani S. Barriers in access to healthcare for women with disabilities: a systematic review in qualitative studies. BMC women's health 2021; 21(1):1-23.
8. Nguyen TTA, Liamputtong P, Monfries M. Reproductive and sexual health of people with physical disabilities: a metasynthesis. Sexuality and Disability. 2016; 34(1):3-26.
9. Schindeler TL, Aldersey HM. Community-Based Rehabilitation Programming for Sex (uality), Sexual Abuse Prevention, and Sexual and Reproductive Health: A Scoping Review. Disability, CBR & Inclusive Development. 2019; 30(1).
10. Seidu AA, Malau-Aduli BS, McBain-Rigg K, Malau-Aduli AE, Emeto TI. Level of Inclusiveness of People with Disabilities in Ghanaian Health Policies and Reports: A Scoping Review. Disabilities. 2021; 1(3):257-277.

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