

RIGHTS AND SEXUAL HEALTH FOR PERSONS WITH DISABILITIES

Laís S. Costa and collaborators



Guidelines for healthcare professionals,
managers and other social areas



ENSP



The lack of access to information produces prejudices and stigmas, resulting in unequal conditions in the experience of sexuality and preventing the realization of sexual rights guaranteed by the Brazilian Inclusion Law (Law 13,146/2015).

This content is free to reproduce as long as the text and images are not altered and the source is cited. How to cite:

COSTA, L. S. *et al.* Rights and sexual health for persons with disabilities 2nd ed.– revised and expanded. Rio de Janeiro: ENSP, Fiocruz, 2024.



DID YOU KNOW?

- Respect for sexuality, gender identity and sexual orientation is everyone's right.
- People under guardianship maintain their sexual and reproductive rights.
- Access to safe information and sex education minimizes risks of abuse and violence.

DESPITE THIS

- The sexuality of persons with disabilities (PwD) is made invisible in all its diversity.
- Sexual and reproductive health services are neither accessible nor compassionate.
- Healthcare workers are unfamiliar with the features of sexual and reproductive health for PwD.

Attention to sexual health of PwD is permeated by stigmas that result in inadequate and insufficient care.

SEXUALITY OF PERSONS WITH AND WITHOUT DISABILITIES

Sexual health is the state of physical, social and emotional well-being related to sexuality.

Sexuality constitutes what we are, feel and do. It includes identity, gender, sexual orientation, affection, intimacy, sex, pleasure and reproduction.

Sexuality is present throughout life: it is not restricted to young adult bodies.

Sexuality is influenced by biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.



SEXUAL RIGHTS

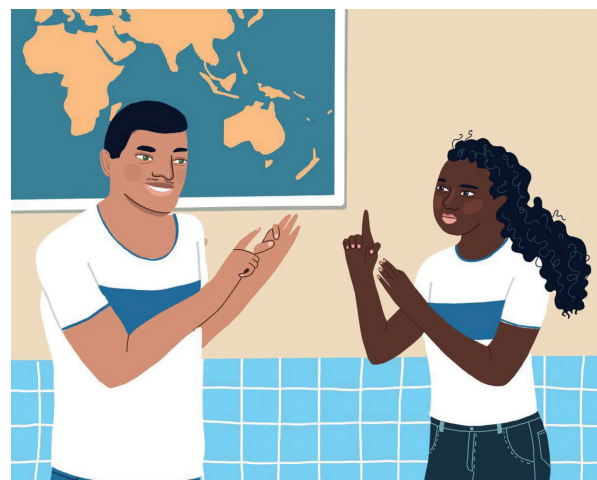
Sexual rights are human rights and include:

- Live sexuality without fear, shame, guilt or false beliefs.
- Respect for gender identity and sexual orientation without violence, discrimination or coercion.
- Access to services related to gender transition.
- Right to privacy, intimacy and secrecy.
- Consensual sex.
- Free choice of partners.
- Right to practice safe sex, based on desire and independent of reproduction.
- Control of one's own body, with the maximum possible autonomy.

Sexual and reproductive rights are guaranteed in Brazil. The law states that disability does not affect civil capacity to make decisions.

SEXUAL RIGHTS (cont.)

- Access to comprehensive sex and reproductive health education for adolescents and young people.
- Access to contraceptive methods and prevention of sexually transmitted infections (STIs).
- Supported decision-making (information, understanding and consent).
- Sufficient time to decide. Forced interventions, sterilization procedures and experiments are forbidden.



Disability does not imply the absence of sexuality, desire or affection.



ABLEISM IN SEXUAL HEALTHCARE

Taboos and stigmas surrounding the sexuality of persons with disabilities result in inadequate and insufficient care.

These stigmas arise from ableism and lead to the impediment of the full and safe exercise of sexual and reproductive rights.

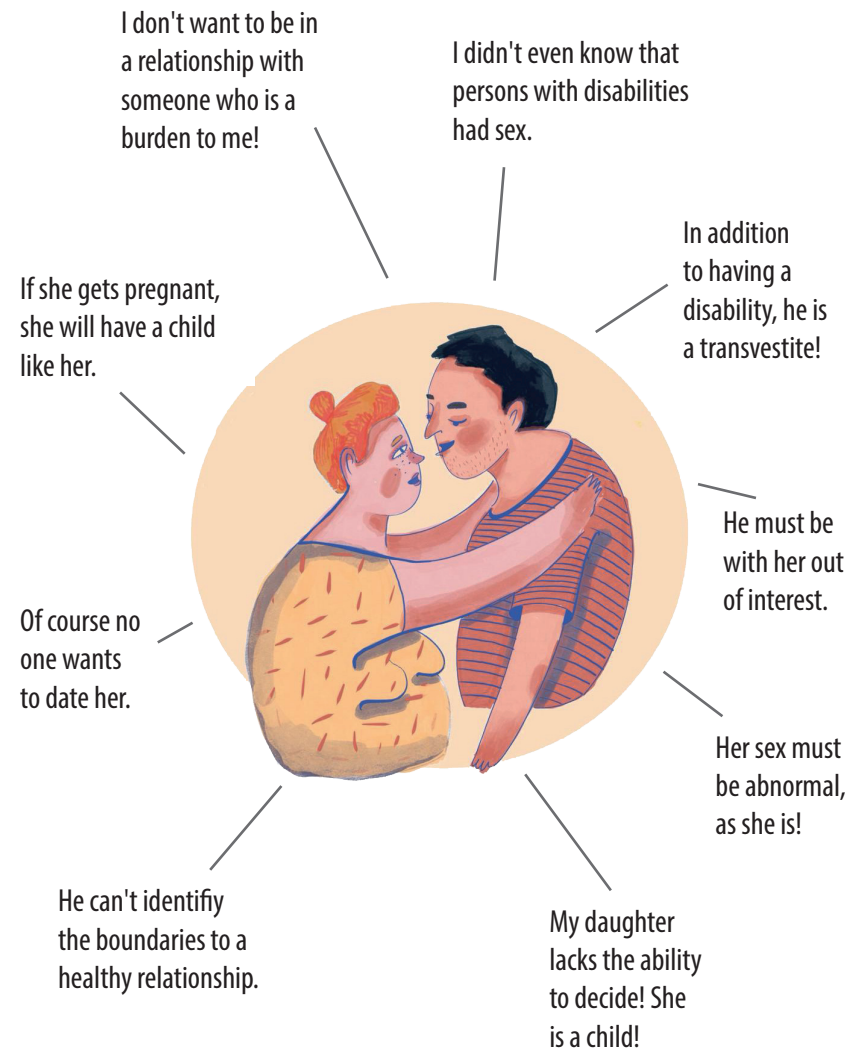
Ableism is any kind of discrimination due to disability, and it is a crime in Brazil.



Find out more
about ableism

**If you witness discrimination due to disability, report it.
When in Brazil, dial 100!**

ABLEISM AND SEXUALITY



SEXUALITY SUPPORTED BY MYTHS → DAMAGE TO SEXUAL HEALTH

MYTHS	FACTS
<p>"Asexual or with few sexual needs".</p> <p>"Eternal children / immature*", unable to learn the rites of affectivity, sexuality and prevent abuse".</p> <p>*mainly persons with intellectual and sensory disabilities and autists.</p>	<p>There is no evidence of a relationship between lack of sexual desire and disability.</p> <p>The belief in sexual disinterest leads to disregard for healthcare education, and a lack of the necessary support.</p> <p>Overprotection, lack of information and social exclusion lead to inhibition of maturation, curtailment of adult life and make it hard to identify abuse.</p>
<p>"Are CIS-gender heteronormative".</p>	<p>There are LGBTQIA+ (lesbian, gay, bisexual, transsexual, queer, intersex, asexual) persons with disabilities.</p> <p>PwD are diverse in their sexuality and gender.</p> <p>Prejudice makes this population invisible.</p>
<p>"Unable to have a normal sexuality. Their sex is deviant, abnormal".</p>	<p>Ableism* prevents/hinders necessary adaptations in the environment. Every consensual expression of sexuality is normal.</p> <p>* Ableism is discrimination based on the idea that persons with disabilities are less valuable.</p>
<p>"Unattractive, unable to initiate and maintain stable loving and/or sexual relationships.</p> <p>Impaired bodies make the experience of sexuality infeasible".</p>	<p>Exclusion causes damage to self-esteem.</p> <p>The standard of sexual normality is a social construct resulting from exclusionary ideals of beauty and functionality.</p> <p>The search for this ideal makes the need for support and adaptations feel strange.</p>

SEXUALITY SUPPORTED BY MYTHS → DAMAGE TO SEXUAL HEALTH

MYTHS	FACTS
<p>"Sex marked by hypersexuality, lack of control, excesses and violence*".</p> <p>*persons with intellectual disabilities, especially men.</p>	<p>There is no evidence of exaggerations and dysfunctions associated with the disability.</p> <p>Lack of access to adapted education and social adequacy issues caused by exclusion can lead to inappropriate behavior.</p>
<p>"Persons with intellectual disabilities cannot identify the boundaries to a healthy and respectful relationship."</p>	<p>They have the capacity to learn and can have their decisions supported by adaptations when necessary.</p>
<p>"They exhibit differences in libido and orgasm".</p>	<p>There is no evidence of a relationship between disability and changes in libido and orgasm.</p> <p>Disability may interfere with standard sexual intercourse, but it does not prevent a positive and pleasurable experience.</p> <p>Distorted social representation can affect self-esteem and perception of pleasure.</p>
<p>"Disability as an object of pleasure".</p>	<p>Fetish of persons without disabilities in relation to those with disabilities, known as Devotee (behavior focusing on the disability and not on the person).</p>
<p>"Sex education awakens / enhances sexual interest and should be avoided".</p>	<p>All people experience a sexual awakening.</p> <p>Lack of knowledge and guidance increases vulnerability to abuse and self-harm.</p> <p>Families and caregivers should treat sexuality as a matter of health and rights.</p>

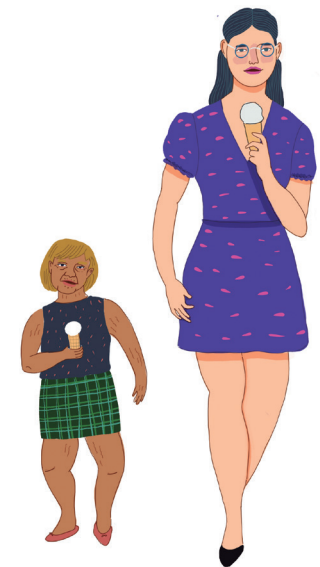
DESIRABLE INITIATIVES: IMPROVEMENTS FOR SERVICES

- Free, high-quality care, including prenatal, childbirth and puerperium (postpartum period).
- Advice on the free and safe practice of sexuality (decision support, self-determination and argumentation and negotiation techniques).
- Consultation directed to the patient (decision-maker) and not to his/her companion.
- Extended consultation times.
- Elimination of systemic barriers (communicational, attitudinal, architectural and technological accessibility for examinations and appreciation of the patients' perspective).
- Regular assessment of cognition, adaptability, and functionality, especially before transition periods (adolescence, adulthood, and old age).
- Periodic and preventive examinations performed at the same or higher frequency than in the rest of the population.
- Guidance on menstrual care and use of sanitary pads.

Guaranteeing sexual rights depends on achieving sexual health and experiencing sexuality in a respectful and pleasurable way.

IMPROVEMENTS FOR SERVICES (cont.)

- Guidance on treating erectile dysfunction and infertility.
- Prevention of Sexually Transmitted Infections (STIs) (guidance and condoms distribution).
- Early control of menopausal symptoms in certain populations.
- Access to essential medicines (emergency contraception, etc).
- HPV vaccines to adolescents (prevention of cervical cancer).
- Assessment of evidence of abuse, exploitation and neglect.
- Psychological support (stigmas, insecurities, abuse, etc.).
- Access to justice and support mechanisms in cases of abuse or violence.



The promotion of sexual health is the responsibility of Primary Healthcare.

DESIRABLE INITIATIVES: SEX EDUCATION

- Knowledge of sexual and reproductive rights.
- Information on gender identity and prevention of physical and sexual abuse.
- Advice on the free and safe exercise of sexuality.
- Individual and group counseling. Safe space to ask questions and share insecurities.
- Decision-making support.
- Development of argumentation and negotiation skills.
- Guidance on distinguishing between public and private spheres. The imposed social isolation makes discernment difficult.



Sex education needs to offer information based on facts and not myths about sexuality.

SEX EDUCATION: SAFE, ACCESSIBLE AND RELIABLY SOURCED INFORMATION

- Recommended content: sexuality, menstruation, masturbation, contraception, STI, pregnancy and child care, menopausal symptoms, drug interactions, self-care, self-protection, age of consent, gender identity, sexual orientation, violence identification protocol.
- Content for caregivers and family members: sexuality as a right and health issue. Guidance on stigma, support and adaptation needs.
- Educational actions for self-protection against sexual abuse.



DESIRABLE INITIATIVES: QUALIFICATION OF WORKERS

- Continuous education of healthcare workers: protocol for identifying assistive technologies, communication techniques, and social reframing with a focus on community orientation and cultural competence.
- Training to offer support to families and caregivers from an anti-ableist perspective.
- Training on care flow coordination.
- Holding round-table discussions to enhance listening, involving people engaged in social movements and users, in addition to the healthcare team.



Guidance for
community health
workers



Primary Healthcare
for Persons with
disabilities

Review your gender stereotypes: girls and women with disabilities have the right to live their sexuality, just as much as boys and men, and they are not asexual.

DESIRABLE INITIATIVES: CAMPAIGNS

- Representation of persons with disabilities in sexual and reproductive health campaigns.
- Fight ableism to recognize persons in her entirety and eliminate infantilization.
- Initiatives to reinforce the self-image and self-determination of persons with disabilities.



The ableist body ideal causes low self-esteem and increases vulnerability to violence.

DESIRABLE INITIATIVES: RESEARCH AND DEVELOPMENT

- Review lines of care that consider health inequalities and social determinations based on diversity (functional, racial, ethnic, social, gender and sexual orientation).
- Conduct research on the sexuality of persons with disabilities, especially those with intellectual disabilities.
- Develop accessible pedagogical resources to address topics related to sexual and reproductive health.
- Develop research that listens to persons with disabilities and their caregivers to design activities and materials to support the discussion about sexuality.
- Deepen research on gender and disabilities, considering the intersections of class, race, territory and life stages.
- Produce tools for sexual health and support for the exercise of sexuality considering all bodies.

Taboos regarding sexuality affect the entire population, but have more severe effects on persons with disabilities.

TECHNICAL INFORMATION:

This work was developed within the scope of the research “PHC knowledge about disability: pathways of visibility or invisibility” supported by PMA/VPPCB/Fiocruz. It also received support from the Scientific and Technological Development Applied to Public Health Program, from Ensp/Fiocruz. It results from a collective effort with the participation of several institutions and people.

MINISTRY OF HEALTH

Nísia Trindade Lima

SECRETARIAT OF SPECIALIZED HEALTHCARE

Adriano Massuda

TOPICAL AND SPECIALIST CARE DEPARTMENT

Suzana Ribeiro

GENERAL HEALTH COORDINATION FOR PERSONS WITH DISABILITIES

Arthur Medeiros

MINISTRY OF HUMAN RIGHTS AND CITIZENSHIP

Silvio Luiz de Almeida

NATIONAL DEPARTMENT FOR THE RIGHTS OF PERSONS WITH DISABILITIES

Anna Paula Feminella

OSWALDO CRUZ FOUNDATION – Fiocruz

Mario Moreira

VICE-CHAIR OF BIOLOGICAL RESEARCH AND COLLECTIONS – VPPCB

Maria de Lourdes Aguiar Oliveira

HEALTHCARE PUBLIC POLICY PROGRAMME AND MANAGEMENT MODELS – PMA/VPPCB

Isabela Soares Santos

Roberta Argento Goldstein

SERGIO AROUCA NATIONAL SCHOOL OF PUBLIC HEALTH – Ensp

Marco Menezes, Luciana Dias de Lima

HEALTH ADMINISTRATION AND PLANNING DEPARTMENT – DAPS/Ensp

Carla Lourenço Tavares de Andrade

FIOCRUZ COMMITTEE FOR ACCESSIBILITY AND INCLUSION OF PERSONS WITH DISABILITIES

PREPARATION

Laís Silveira Costa (lais.costa@fiocruz.br),
Annibal Amorim, Sônia Gertner,
Anna Paula Feminella, Carolina Aguiar,
Bianca Soares Ramos, Fabiana Barreto,
Danielle Bittencourt, Arthur Medeiros,
Patrícia Almeida, Flavia Cortinovis

SUPPORT

NATIONAL HEALTH COUNCIL

HUMAN RIGHTS, HEALTH AND
CULTURAL DIVERSITY DEPARTMENT– DIHS/Ensp
Marcos Besserman, Armando Nembri

INTER-AMERICAN INSTITUTE ON DISABILITY
AND INCLUSIVE DEVELOPMENT– iiDi
Sergio Meresman

DESIGN/EDITING

Dalila dos Reis

ILLUSTRATIONS

Janna Brilyantova

TRANSLATION

Timothy Came

WANT TO LEARN MORE ABOUT HEALTHCARE FOR PERSONS WITH DISABILITIES?

Read the Brazilian Inclusion Law (Law 13,146/2015) and access our series using the QR codes below:



Rights and sexual health for
persons with disabilities



Educommunication - healthcare
for Persons with disabilities

If you witness discrimination due to disability, report it!



FBASD
Federação Brasileira
das Associações de
Síndrome de Down

iiDi
fazendo nossa parte por uma sociedade mais inclusiva



acolhe
acessibilidade
direitos e saúde



Programa de Fomento
ao Desenvolvimento Científico
e Tecnológico Aplicado à Saúde Pública
ENSP/FIOCRUZ

PMA
POLÍTICAS PÚBLICAS
HUMANIDADES
SAÚDE

SAÚDE SEM LIMITE
Rede de Cuidados
à Pessoa com Deficiência



ESCOLA NACIONAL DE SAÚDE PÚBLICA
BERNARDINO DE OLIVEIRA
ENSP

FIOCRUZ



**Conselho Nacional
de Saúde**

BRASIL BEM
CUIDADO
MAIS SAÚDE PARA QUEM MAIS PRECISA

SUS

MINISTÉRIO DOS
DIREITOS HUMANOS
E DA CIDADANIA

MINISTÉRIO DA
SAÚDE

GOVERNO FEDERAL
BRASIL
UNIÃO E RECONSTRUÇÃO