ABSTRACT

Objective: to identify the scientific production about sexuality of people with disabilities. Method: It is a descriptive study of informative type, from searching LILACS and BDENF, with the keywords: sexuality and disability; sexuality and disabled; and sexuality and “special needs”. The selection was performed by full text and in Portuguese. The searches took place in September 2014. Results: there were 19 articles identified. The study showed that disabled people have their specificities, as well as disability and social inclusion of these subjects, even today, is in a stigmatized way, especially regarding sexuality approach. Also, the disability does not annul the human being as having feelings, insecurity, fear and behavior. Conclusion: counseling on sexuality should be a continuous and interdisciplinary process in all spheres of society with an emphasis on sexual and reproductive rights of all individuals, especially those with a disability. Descriptors: People with Disabilities; Sexuality; Health.

RESUMEN

Objetivo: identificar la producción científica acerca de la sexualidad relacionada a personas con deficiencia. Método: estudio descriptivo, de tipo informativo, a partir de la búsqueda en LILACS y BDENF, con los descritores: sexualidad y deficiencia; sexualidad y deficiente; e sexualidad y “necesidades especiales”. A selección fue realizada por: texto completo e idioma portugués. Las búsquedas ocurrieron en el mes de setiembre de 2014. Resultados: fueron identificados 19 artículos. El estudio demuestra que los deficientes poseen sus especificidades, además de la deficiencia, y que la inclusión social destes sujetos, aún hoy, ocurre de forma estigmatizada, principalmente, a través de abordagem da sexualidade. Además, a deficiência no anula o ser humano como portador de sentimentos, insegurança, medo e comportamentos. Conclusión: el consejo sobre la sexualidad debe ser un proceso continuo e interdisciplinar, en todas las esferas de la sociedad, siendo vista a énfase nos direitos sexuais e reprodutivos de todos os indivíduos, principalmente, os com algum tipo de deficiência. Descritores: Pessoas com Deficiência; Sexualidade; Saúde.

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INTRODUCTION

Thinking of the disabled person requires a reflection on the issues of “being different” and “being normal”. It should be noted that these concepts are built under the parameter of equality and similarity to the majority. Thus, many contradictions emerge to justify the disability - such as fullness x lack; sanity x insanity; perfection x imperfection; efficiency x inefficiency - full of contradictions and prejudices.

Thus, differences are shown in a social context highlighting and opposing them to those that resemble in some socially valued characteristic and the so-called “disabled”. However, it cannot be generalized, labeled and stigmatized people with disabilities in their potential and limits, without considering the social, economic and educational context in which the subject develops, and the diversity among people with disabilities.

By understanding the environment in which the person is inserted, exerting great influence, and may also determine the effect of an impairment or a disability on their everyday life. Once the person can find relegated to disability when the opportunities available to it are denied.

The trajectory of people with disabilities is marked by prejudice and struggles for the right to citizenship, according to each culture within societies. It is worth remembering that the term “culture” refers to the Latin word colere, meaning “to cultivate”, “dwelling”; and how it originates and evolves culture will define the process of education of a population, which means that culture and education are associated. In this sense, the research is a production of culture and, therefore, it has a great importance for social changes.

Therefore, culture is part of the evolutionary process of man as a part of a process that develops the simplest (organic) to the more complex (social), based on stimulating ideas from the actions. This ensures the survival of the species involving the production and consumption, the world of work, and the transformation of the way of existence which includes the company and its human relationships.

In human history, the image that people with disabilities was the body and mind deformation, denouncing human imperfection. In the twentieth century, people with disabilities began to be considered citizens with their rights and obligations to participate in society, but also in a welfare approach.

With the emergence of the Universal Declaration of Human Rights, the first movement began, organized by relatives of these people, guided by discrimination criticism. However, the focus given was the institutionalization represented a cost to the system that in turn, had an interest in the discourse of autonomy and productivity. This also should give human rights, especially to the minority.

Historically, society has always assign meanings to disability and, consequently, different actions have been practiced aimed at “different/disabled” people. It seems that there are more obvious concern of families, professionals and researchers from different fields to fight for the rights of people with disabilities, either in the education sector, professional or even social.

According to the United Nations (UN), approximately 650 million people (about 10% of world population) live with some disability, and 80% of these people are in developing countries. It should be noted, though, that people with disabilities are more likely to be victims of violence or rape, and less likely to get help from the police, legal protection or preventive care. Women with disabilities are more vulnerable to abuse.

With regard to sexuality, it manifests in every human being and encompasses erotism, desire, gender construction to the feelings of love and the affective and sexual relationships, with its many and varied expressions. These expressions that exist in every person, not occurring differently in those with disabilities. It is an attribute of every human being, built over a lifetime, involving a series of demonstrations.

The World Health Organization (WHO) defines sexual health as a physical, emotional, mental and social state of well-being to sexuality. It is not merely the absence of disease, dysfunction or weaknesses. Sexual health requires a positive and respectful approach to sexuality, sexual relationships, as well as the possibility of having pleasurable and safe sex experiences, free of coercion, discrimination and violence. To achieve and maintain sexual health, sexual rights of all people must be respected, protected and fulfilled.

The restructuring of normal sexuality is seen as impossible for the disabled person since the exclusion and control are the norm. The point of view that people with disabilities have higher or lower sex boost is lack of biological foundation because there is not a feature of these sexuality. Sexuality
independent of disability, whether physical or mental. There are several myths about the sexuality of people with disabilities, many supported by ideas and speeches linking deficiency to an unusual and unhappy sexuality. However, every person possesses the potential to feel desire, regardless of having a disability since the disability does not compromise sexuality. However, it can commit psychological and social issues when stereotypes and myths are applied.

The disabilities must be analyzed as a result of the relationships established within each social group, not only as attributes inherent to people identified as “disabled”. Based on this, it can be stated that disability and non-disability are cutouts from the same tissue and are part of the same framework. Thus, inclusive society should be a place where diversity is recognized in all its social dimensions even to sexuality, because it is a right for all, including people with disabilities.

Before the lecture held, the objective of this study is defined as: to identify the scientific production about sexuality related to people with disabilities.

METHOD

This is a descriptive study of informative type, from searching Lilacs and BDENF, with the key words: sexuality and disability; sexuality and disabled; and sexuality and “special needs”. The selection was performed by full text and in Portuguese. The searches took place in September 2014.

Articles that did not meet the object of study and who were duplicates were excluded. For data analysis, the articles were tabulated according to year of publication; journal of publication; data collection region; type of study; methodological approach; scenario; subject; goals; and main results and conclusions.

Considering the exposed search procedures, there was a total of 204 articles obtained, 192 being excluded and remaining 12 articles for analysis and discussion.

RESULTS

With regard to databases in which the articles were obtained, the Latin American and Caribbean Health Sciences (LILACS) stands out with 10 articles (83.33%), followed by Index Psychology with five articles (41.67%) and the Nursing Database (BDENF), with three articles (25%). It should be noted that the total exceeds 100% because some articles had been available on more than one database.

The quantity of publications in these databases highlights a greater scientific literature on the topic in some of the largest databases of Latin America.

As the year of publication, it was found that the first article was published in 2003 and the year with the highest quantity of publications was 2012, with four productions (33.34%). The years 2006 and 2009 presented two publications (16.67%) each one, while 2003, 2005, 2007 and 2010 showed 01 publication (8.33%) each one.

Among the journals in which the articles were published, the most prominent was the Brazilian Journal of Special Education with 03 publications (15.79%). The other journals had published 01 each one, namely: Paideia Ribeirão Preto; Psychology, Theory and Research; Psychology Argument; Journal of Nursing of UERJ; Latin American Journal of Nursing; Interaction of Psychology; Magazine USP School of Nursing; Physic Public Health Journal; and Science and Cognition.

All studies had their data collected in Brazil, distributed by regions: Southeast (6 articles = 50%); Northeast (2 articles = 16.7%); and South (03 articles = 25%). One article (8.3%) did not inform the data collection region.

The articles were still analyzed according to the presented topics. Thus, they were grouped into two categories: Education, Health and Sexuality of people with disabilities; and Sexuality, Reproduction, Relationships and People with Disabilities, and sexual manifestations of people with disabilities.

DISCUSSION

There is a gradual growth in the quantity of publications about sexuality involving people with disability. This increase may reflect the greater interest displayed towards the quality of life of people living with disabilities.

With regard to the Brazilian region in which there was data collection, it is observed that in the three regions there is a greater quantity of graduate courses. According to the Higher Education Personnel Improvement Coordination (CAPES), the Southeast, South and Northeast, in that order, have a greater quantity of these recognized courses. This can occur because of the quantity of publications emerged from works done as requirements for completion of such courses.
People with disabilities and experience regarding... rights of people with disabilities and sometimes reach their partners and/or family.

In this context, one of the articles analyzed reflects from the perspective of individuals with Down syndrome and their love relationships. For this study, there is no practical difference between young people with or without Down syndrome, related to love. This is because some physical behaviors, care between partners, concern and knowledge of preventing pregnancy and the feelings involved with one another are the main factors favorable to uncertainties of a loving behavior, not finding a different way and/or related specifically to Down syndrome. Such a perspective, it is confirmed by these young people having opportunities to behave effectively in circumstances that favor amorous behavior.14

Also, the intention related to maternity/paternity has not changed and it is not affected by gender. In all types of disabilities, this perspective is castigated by the society, assuming that the disabled person has no self-sufficiency to be responsible for a child, determining risks that maternity/paternity has.15

Thus, the lack of discussion of reproductive and sexual rights of people with disabilities is shown as a real problem. This is because, rather than take action in support of people with disabilities and to draw together these discussions on how to overcome the problems prevailing prejudice, missing conscious choices with regard to reproductive and sexual decisions of these individuals15.

◆ Sexual manifestations of People with Disabilities

Based on the articles analyzed, it is evident that gender issues are present among people with disabilities, where sometimes women are silent on when in the presence of men they are questioned about issues relating to sexuality. Given this, it appears that events or expressions about sexuality, expressed by people with disabilities on several occasions, are included in the standards accepted by the society. In atypical cases, inadequate manifestation of a particular expression is conditioned to the environment and what this represents for the disabled person, with no correlation with the disability.16–7

It is observed that there still is prejudice and ignorance on the topic by the relatives of people with disabilities and the society. The society ranks as abnormal expressions about sexuality presented by people with disabilities, on the assumption that they

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Next, there are the discussions related to the categories emerged from the topic analysis presented in the studied productions.

◆ Health Education and Sexuality of People with Disabilities

Studies indicate to a tiny health education on sexuality to the people with disabilities. Thus, there is a gap in health care, considering a health concept that involves the knowledge of sexuality and the body.10–13 Sexuality cannot be correlated only with the sexual act, but also to pleasure. This pleasure that can be found when the subject knows his body through various ways: by touching; to dialogue with each other; to listen to a song; while reading a book; to be among friends and family; among others.

Health education regarding the right to sexuality should provide overcoming conditions to individuals with disabilities, teaching them how to find their sexual well-being and escape the prejudice that sexuality is only possible for those without disabilities because the condition of suffering towards disability comes from the society. Because human beings are not born with prejudice, it is arising from human relationships and social lie.10

Health professionals many times are trained in several specific areas, but they show insecurity in dealing with issues related to sexuality of disabled people. This may be a result of the meager contact with this patient in the course of their professional practice, strengthening the maintenance of prejudice arising from common sense and representations prevailing in the society in which these subjects are inserted.

Other professionals such as educators also experience such dilemmas because of the lack of preparation to address certain topics with the presence of a disabled person in the classroom. School education needs to reach the person with disabilities in a broad and comprehensive manner and co-manager of adversity.11–2

Thus, it should be emphasized, especially that the health education should focus on the sexuality of people with disabilities, and should be present on all aspects of life of these individuals.11–3

◆ Sexuality, Reproduction, Relationships and People with Disabilities

It is understood that the information related to sexuality to people with disabilities do not only reach these people, but also other social groups. This is because several inferences occur and result often, even unconsciously, the deprivation of the sexual
should not have such expressions, because of their disability. Concerning the family, it is clear that, particularly for parents of male patients, the anxieties revolve around topics such as masturbation, sexual intercourse and fear of sexual abuse. While for parents of female patients, the anxieties are related to issues such as body change and sexual abuse. Thus, it is noticed that often the expression of sexuality restriction for people with disabilities originates from the family, either for fear they may be endangered or embarrassed to expose them.\textsuperscript{16-8}

The publications analyzed show that, for healthcare professionals, the expression of sexuality for people with disabilities is seen negatively, being associated with deviations, transgressions and disease. Caring for people with disabilities sometimes involve the lack of health professionals’ ability to deal with situations that refer to sexuality.\textsuperscript{18-9}

Thus, it is seen the need for view to issues of sexuality of disabled people, which need to be assisted in all dimensions: physical; affectionate; and social. The discussion of sexuality of disabled people pervades the discussion of their rights, including the right to express their sexuality.

Prejudices related to the topic sometimes revert into meager opportunities for discussion and reflection on the topic, hampering the development of strategies to overcome the adversities found.\textsuperscript{16-9}

CONCLUSION

Considering the results, it can be concluded that people with disabilities are human beings with their peculiarities, needing a holistic care to every individual. However, the inclusion of these subjects, even today, is stigmatized, especially to the topics that show prejudice and erroneous ideas and practices about sexuality. Thus, it should be understood that disability does not annul the human being as having feelings, insecurity, fear and behavior. In this sense, to deal with such a range of factors involved in sexuality, effective health education actions are necessary.

Also, the study adds that the health care area should maintain a seamless communication interface, humanized and managing the diversity that society imposes. Especially when it comes to people with disabilities, giving value and importance in the integral health of the individual, independently if having a disability or not. Scientific knowledge with critical thinking and practical applications in the Brazilian context.

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People with disabilities and experience regarding...