

Sex Education: A Need for Students with Disabilities in India

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Abstract—Sexuality remains a personal or a private matter of discussion in the Indian society and generally discussed among the same age group or gender. Complete absence of the sex education has caused serious implications for the students with disabilities in Indian society. There are widespread perceptions that student with disabilities are ‘asexual’, ‘unattractive’ and therefore cannot be considered sexually desirable. Such perceptions continue to reinforce the other perceptions that student with disabilities are somehow incapable of being in an intimate relationship in the life and therefore they do not need any learning related to the sex education. We need to understand that if a student has a disability, it does not mean that student have no emotional feelings, hormones and sexual desires like any other student without disability. Sexuality is an integral part of every human life and should not be seen as matter of shame and guilt. Unfortunately, the concept of the sex education is misunderstood in itself. Instead of realizing the crucial importance of sex education for the students with disabilities or non-disabilities, it is often considered mainly as an education about ‘how to have sexual intercourse’. One needs to understand that it is not just about sexual conduct but also about the gender and sexual identity, self-esteem, self protection and acceptance of self. This research paper examined issues and debates around the sex education, particularly in context of the students with disabilities in India and focuses on how students with disabilities themselves see the need of sex (health) education. To understand their perceptions, descriptive survey method was used. It was found that most of the students among respondent were comfortable and felt it as a strong need for such orientation during their schooling. The paper emphasizes that sex education is a need of the time and further a necessity. Hence it is important for our education system to implement it for the complete well being of the students with disabilities.

Keywords—Disabilities, identity, sexuality, sex education.

I. INTRODUCTION

UNDERSTANDING of the biological changes of oneself as well as of the opposite gender are important for any student or individual to lead a happy and secure life. Sex education is one such significant source to fulfill this necessity but the lack of such education may lead to insecure behavior. Sexual rights or reproductive rights of people with disabilities are completely missing in the mainstream debates. It is unfortunate that, it has not been able to gain equal and adequate attention like their other important rights. Due to the taboos around the sexual matter in our society, students with disabilities often find it easier to suppress their desires or needs rather than to discuss and share it with others.

Instead of considering its crucial importance for any student with disabilities or non-disabilities, it is unfortunately

considered as an education about ‘how to have sex’ only. Apart from this, there are perceptions according to which ‘all these students with disabilities are all ‘asexual’; however, such perceptions are factually wrong. Students with disabilities are also capable of living normal sexual lives and have family in their future, if provided positive and appropriate sex education. The concept of individual differences applies to those as well who have disabilities and we need to understand that these individuals are more than their disabilities. Therefore, attention to this neglected phase of their life deserve immediate attention in India, as there is no such programme or course available for these students with disabilities to come across.

II. NATURAL! NOT AN EXCEPTIONAL INSTINCT

We must realize that every individual has feelings, hormones and sexual desires, despite the fact whether they have any disability or not. Sexuality is a natural instinct in human body and should not be seen as an exceptional instinct particularly in the context of individual with disabilities. Ignoring the sexuality of students with disabilities is not going to make it disappear. It is equally important to understand that ‘Disability and an enjoyable sex life are not mutually exclusive’ [13]. Sexual identity of every student with disabilities must be recognized and validated by the family, educators, peers and that sex education can help these students with disabilities in living their best life. Thus, we need to recognize that ‘persons with physical, cognitive, or emotional disabilities have a right to sex education, sexual health care, and opportunities for socializing and sexual expression’ [19] like any other individual in a given society.

III. THE POSSIBLE RISK

Complete absence of sex education in school education curriculum, reflecting that students with disabilities particularly with intellectual disabilities might be at the higher risk of sexual assault and abuse. Further studies have shown that ‘students with mental retardation have wide range of abilities and disabilities [4]. Their difficulty in learning, lack of knowledge, protected living makes them vulnerable to sexually transmitted disease, including human immunodeficiency virus (HIV) and increases the risk of abuse’ [12].

According to the World Health Organization (WHO), individuals with disabilities still experience highest rates of mental, emotional, physical and sexual abuse [27]. Researches

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show that 69 percent of people with a severe intellectual disability have been sexually abused. The more severity in a person's disability, the more abuse they tend to receive. Sexual assault among disabled community is incredibly high and children with disabilities are 2.9 times more likely to be victims of sexual violence. The number rises to 4.6 times more likely if they have intellectual impairment [27]. The victims of sexual assault may be even higher, as instance of sexual abuse in most cases go unreported and undiscovered [21]. Kevan Moll's (2007) study on HIV-AIDS and disability in the Indian context estimates that according to the prevalence rate of HIV and AIDS in India given by the National AIDS Control Organization (NACO) there were 319,000 people with disabilities living with HIV in India. Further CBM, an international organization found in its study conducted in 2013-14 across six states of India that poor awareness, lack of access to health care information, and risk-taking behavior, are responsible cause of the present situation [10]. The study also found that "in some cases people with disabilities are not even aware of their HIV status even after undergoing tests" [4]. Study reveals the fact that persons with disabilities are one such segment of population where HIV and AIDS is too much prevalent compare to other. Apart from this, lack of awareness and low economic condition increase the risk of HIV transmission for this group.

Studies have also shown that sexual assault and sexual abuse left long term effects on children with disabilities like, anxiety, depression, anger, inappropriate sexual behavior and poor self-esteem [28]. Among these, anxiety or fears are one of the most common consequences of the sexual abuse. 'Some other studies have explored the impact of sexual abuse on children with severe intellectual disabilities, confirming that they share some of these long-term impacts of abuse childhood [2]. It has also been observed that disabled children who somehow develops mental health problems or any kind of challenging behaviors as a result of abuse, are rendered vulnerable to further stigmatization. Further their experiences may be lost during medical diagnoses which more often fails to acknowledge the root causes and events that caused them this distress [22].

Students with disabilities and even with non-disabilities as well, are left on resort to information from magazines and pornography. In an excessive eagerness they usually get exposed to these unauthorized sources of sexually implicit content which mostly comes with a host of negative implications which they often find unequipped to deal with. 'Incorrect information has the potential to create misunderstanding in the youth making them less likely to adopt healthy practices and attitudes toward sex, enabling them to maintain lifelong sexual health'[8]. 'Children with disabilities may also be abused by their peers and by strangers in public places. They may be at risk within supporting networks and within the care system'[7].

IV. DISABILITIES IN BELIEFS

Unfortunately, a disability does not only exist in physical form, it also exists in the beliefs or in the mindset of peoples living in our society. Their negative or less valued thoughts

have continued to reinforce the perception that persons with a disability are somehow less, and of less value, than a person who does not have a disability. As a society we have failed to acknowledge, person with disability as a whole and consider them as sexually undesirable who are incapable of being in sexual or in any intimate relationship and therefore, will have no use of sexual education. Society does not even acknowledge that these people also experiences sexual feelings, needs and desires, regardless of their dis/abilities. Unfortunately, it further gets along to believe that a person with disability do not get sexually assaulted or abused as no one will desire them. Sometimes it reflects that it is not the disability which becomes a hurdle in expression of their sexuality but the mindset of the society that discriminate disabled individuals from other non-disabled ones in these aspects. As 2007 World Bank report on disability in India describes "views the person with disabilities as the problem and dependent on the sympathy of others to provide assistance" [16].

Some misconceptions about sex education and particularly about disable people are following:

A. Hyper-Sexual and Uncontrolled Urges

If a person with disability expresses his or her sexual desire or urges, then he/she considered as a 'hypersexual' and would be labeled that the individual has 'uncontrollable urges'. But the fact is that these individuals with disabilities might struggle with the concept of public versus private and get into a behavior in public setting that has been identified as private.

B. Sex Education Makes Person Sexually Uncontrollable

It is an assumption that given an orientation of sex education to the students with disabilities, will encourage immoral behavior; insatiable aspirations which make them go wild, uncontrollable, oversexed and sexually violent.

C. People with Disabilities Cannot Reproduce

There are believes that people with disabilities cannot reproduce and if they can do so, will have children who might have disabilities too. People also believe that persons with disabilities should not be parents as they cannot provide the same support and assistance to their own children.

D. People with Disabilities Are Asexual Being

It is often assumed that a person with disabilities is not sexually active [5]. There are misconceptions in the Indian society that people with disabilities are 'asexual' being and therefore they cannot have love, sex, and romantic relationship in their life. People with disabilities around the world processed relationships, love in their own ways. Just because the mainstream popular culture tends to be run by able-bodies individuals, we start believing that there is only way love should be express between two able bodies, typically heterosexual. [15].

V. THE ROAD BLOCKERS

Lot of barriers lies in the way of providing adequate sex education to students with disabilities in India which are equally responsible for its least importance. Students with disabilities

are not able to access the content which they need. Unavailability of structured guidelines and course curriculum makes it almost impossible to provide proper sex education which can be a tool to adequately address student's preferred learning. Opponents of sex education argue that it has no place in India because of its rich cultural traditions and ethos. Several other critics are of the opinion, that it leads to sultrily and irresponsible sexual behavior. 'whenever the need or efforts have been raised for promoting sex education, the ardent opponents argued for a ban on starting sex education in schools on the ground that it corrupts the youth and offends Indian values' [11]. The truth is that the Indian school education system is completely disabled in providing sex education to its students with disabilities.

A. Anxiety Based Avoidance Approach

Most of the parents or families do not want to acknowledge the biological needs and its associated concerns of their own children with disabilities which are very common to any children getting into adolescent phase of biological changes. They only begin addressing these issues when the children start getting biological changes and exhibiting so-called undesirable behavior in public space. Even then their concern comes from a problem-solving approach and not from the perspective of addressing sexual desires. Sex as a topic is sometimes challenging for many to talk about particularly when you are not a specialized professional. Parents fears that talking about sexual issues will be taken by their children as giving permission to have it, so better avoid to discuss.

B. The Cultural Silence around Sexuality

There is wide spread established complete cultural silence around sexuality in general and as well as in schools about sex education. Cultural and traditional norms in society have contributed to it and have left no such space for sexual health issues to discuss openly. This prevailing situation makes it extremely difficult for educators and families to openly addressed sexual concern of their children with disabilities.

C. Controlled Socialization

Most often it has been seen that children with disabilities have completely hard press controlled socialization by their parents or caregivers. They are socialized to be dependent on others for their whole lives and it become almost impossible for them to independently look or express for their sexual and reproductive health concerns in particular.

D.No Curriculum and Teacher Education Programme Available

What is the current sex education curriculum in India? The answer to this question is 'Not Available'. No one can deny the fact that the sex education is crucially important in every individuals' life including students with disabilities, but still the discourse of sex education is completely absent from school education. Also, there is no teacher education programme available that can provide valid and reliable sexual education to those educators/teachers who deals students with disabilities. Unavailability of needful training programme leads educators

to feel anxious and fearful about discussing some of the crucial aspects whenever they come across during classroom teaching. 'Barriers to sex education for individuals with severe intellectual disabilities include lack of training of school personnel and lack of adequate materials that are suitable to meeting the special needs of students' [17].

Despite all these hurdles, still there is hope that these barriers of sex education are temporary and not at all permanent in nature. A strong intention, with proper changes needs to be adopted to build a positive perception among parents, teachers and other associated stake-holder of society. A lot can be changed by finding proper resources and knowledge available to the families and educators of students with disabilities. Development of a positive sex education curriculum which may include issues related to gender, bodily changes, puberty, sexuality, relationship with opposite gender could prove to be a great help to deal such crucial aspect in their life. Proper modifications or changes in the curriculum need to be made so that students can process the learning while they mature physically and emotionally.

VI. IMPORTANCE OF SEX EDUCATION

Sexuality is a basic need just like other needs for an individual's life which not only includes sexual conduct but gender identity, sexual identity, feelings, thoughts and attitude as well. Therefore, it is important for our education system to educate our students about it. Sex education can play a crucial role in providing understanding by shaping their beliefs and experiences when they get into sexual maturity, as it is not only about body parts but also about self-esteem, self protection and acceptance of self. Thus sex education should be a place for young people to learn about puberty, reproduction, gender, sexuality, sex, and the benefits, risks of sex, reproductive health, and interpersonal relationships [13]. It prevents students with disabilities from getting into abusive relationship or sexual assault. Many experts of the field believes that impact of sex education has a potential to decrease sexual assault for students with disabilities. 'This is of utmost importance because victims of sexual abuse are 4.8 times more likely to be a child with mental retardation than child without' [23].

Learning of Sexual education is a need of time or rather a necessity not a luxury for all of us. It helps students with disabilities about what is called 'Consent'? What and how a touch is would ok? and what would not be ok for. Experts of the sex education believes that 'the more we include sexual health education into the lives of students with disabilities, more we will start to eliminate the inherent bias that suggest deviance' [20]. In some studies 'sexuality education has been found to be effective in improving the sexual knowledge and skills of youth with disabilities, and in reducing sexual violence against them' [24]. A positive and appropriate sex education can provide number of benefits like protection from sexual assault, body hygiene, understanding of reacting sexual urges in private and public space, and a satisfied sex life. There are now many examples of 'positive sexual education and staff training as well as supported social and supporting opportunities that enable young people with disabilities to

develop a strong sense of their own identity, including their sexuality' [14].

VII. STUDY REVEALS

In order to understand that how students with disabilities see the need to have sexual health education orientation and their preparedness for such education, a study was conducted with 60 students with disabilities who have recently completed their school education and going colleges for higher education in the national capital Delhi. 30 male and 30 female students participated in the study. Considering the nature of problem, descriptive survey method was used in the study.

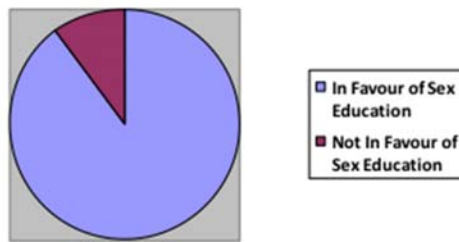


Fig. 1 Perception on the Need of Sex Education

The result analysis of the study indicate that 90% students with disabilities felt that orientation about sex education was much needed during their schooling which they completely missed out because of no space given to it in the school education curriculum.

The rest 10% respondent students have given their own logical reasons for showing no interest or not in favor of getting such education. Some reported that according them it is not all right things for any school going 'children' to know about it whereas some said that it may distract their path and may lead them to the way which is bad or unacceptable for their age group.

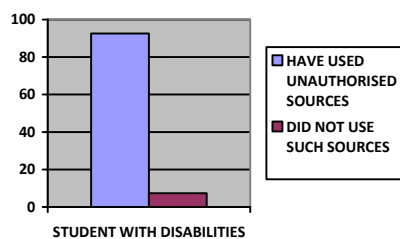


Fig. 2 Use of Unauthorized Sources of Sexual Content

Regarding the use of unauthorized source of sexually implicit content for knowing more about sexual issues, approximately 92.59 % of those students who were in favor of such orientation said that they have tried some inappropriate sexual implicit content of sources in their eagerness which had provided them incorrect information led to unhealthy practices.

Among the rest 7.41% students who reported that they have not used or come across any such content or exposure to know more about sexuality, some of them responded that they were

strictly told about not to involve in such those things.

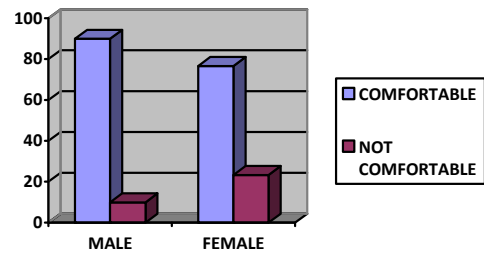


Fig. 3 Students Preparedness for Sex Education Orientation

It is clearly reflected from the collected opinion that 90% male students with disabilities felt that they are very comfortable if given orientation about sex education where as 76.66 % female students found comfortable whenever they got to any such exposure of sexual health education orientation. They further believed that sex education could have created much more awareness if they could have received during right time in schooling and probably would have prepared them for a better life and protected from abuses exists in society.

The level of comfort and willingness of our students to know about sexual health education indicate that they are positively ready to learn about sexual matters which can help them in developing their personality. Some where we have to understand that if we do not open the doors of discussing sex or sex education with our students, they would continue to approach any source of material which may or may not be good for their primary orientation about the intrinsic human natural tendency. Peer and some media elements like television, radio, magazines are ill informed source of information and proved to be a major influence in their life which may have devastating consequences if do not open up with them for such a serious issue.

VIII. THE NEED FOR ACCEPTANCE

It is the time that we need to start accepting that there is connection between disability and sexuality. Love and sexual relationship are also for the individual with the disabilities. The opinions which portray the 'people with disabilities are as asexual being' should now be leave by the society. 'Sexuality is an area of distress, exclusion and self-doubt for persons with disabilities' [18]. It is one such aspect which has not been enough talked about particularly in the context of people with disabilities in Indian society. Keeping aside all pre-conceived notions, it should be seen now as very much normal part of growth & development of an individual with disability and not as a special component.

Therefore, instead of ignoring this crucial aspect of their life anymore, it is important to raise the issue of sexuality concerns of students with disabilities. Stakeholders of the society should come together with an affirmative approach to sexuality and disability to work out for something constructive and creative.

A. Students with Disabilities are Diverse in Expressing their Sexuality

We need to understand that young students with disabilities are sexual and express their sexuality in ways that are as diverse as anybody else. All people need love affection, intimacy, companionship and acceptance. Appropriate and positive sexual education can help this individual about self, relationship safety and responsibility.

B. Need to Mainstream Their Concerns

In order to ensure that every student with disabilities in our country get adequate sex education through which they can address their needs well before going out of formal education system, we have to mainstreamed and re-orient the concern of these people with disabilities at public platform and government policies level as well.

C. Need More Research and Academic Discourse to Established Its Relevance

India is a country where people with disabilities form a significant percentage in its population. According to the 2011 census, India has about 2.68 (over 26 million) people with a disability that is 2.21% of the Indian population [9]. But in spite of being in significant numbers, there is still very little research available on disability and sexuality. Further this also does not provide enough understanding of specific needs and concerns of children with various disabilities. Therefore, more researches should be our priority in this specific area in order to assess the needs of students with disabilities in reference to their sexual concern so that meaningful interventions can be done.

IX. SEX EDUCATION: A RIGHT AS WELL ALONG WITH A NEED

For students with disabilities sex education is not only about the sexuality aspects and awareness but also about the right as well, unfortunately which earlier has not been given adequate importance in the Indian society. It is their right which needs to be given loud voice at least now and the state should be made responsible for providing appropriate platform so that they can have equal rights to access and receive information which can empower them to take decisions about their lives. UN General Assembly of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1993 first raised the sexuality concerns of people with disabilities. Rule 9 of the Standard Rules on Equalization discusses the right to family and personal integrity. It states that "Persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood. Taking into account that persons with disabilities may experience difficulties in getting married and setting up a family, state should encourage the availability of appropriate counseling. Persons with disabilities must have the same access as others to family-planning methods, as well as to information in accessible form on the sexual functioning of their bodies"- [25]. Fortunately, the landscape of laws in the country has changed enormously. The RPD Act 2016 is now in force, which will further require implementation rules, guidelines, interpretations and strategies [6]. The new law must help these

children to be educated about natural functions of their bodies, sexuality and allow them to understand about everything through appropriate sexual education and empowered to protect themselves from sexually transmitted infections [26].

X. ROLE OF PARENTS AND FAMILY

Role of parents and families becomes crucial when it comes to the orientation of sexual education for children with disabilities and even children with no disabilities. There is a strong need that 'Sex education should begin from the home, not later than the time, when child asks its first question about the origin of life. It should proceed in an easy and progressive way [11]. But in the Indian context, due to lot of social stigma and other societal issues, parents of the children with disabilities feel hesitant or rather ignore to discuss such issues with their child and completely depend on schools/educators to do the job. This happens in case of mainstream section of student's families as well where parents ignored such crucial area to discuss with children.

However, parents in partnership with school/educators can proved to be an aid for bridging this gap and develop a better environment for appropriate exploration of such issues for their children with disabilities. 'Researchers are of the opinion that the parents must be aware and comfortable with sex education in order to help their children discover their own sexuality' [3]. "Family, health care workers, and other caregivers should receive training in understanding and supporting sexual development and behavior, comprehensive sexuality education, and related health care for individuals with disabilities" [19].

XI. ROLE OF TEACHERS AND SPECIAL EDUCATORS

Role of the teachers or special educators become extremely important particularly when parents/family fails to provide their children with disabilities appropriate guidance about sex education. Special educators are in the most crucial position of being aware of their student's different abilities and learning styles and well positioned to support the decisions about when and how much sexual information their student should receive. They cannot be just available in the classrooms, especially in the current era where students with disabilities are on high risk of sexual abuse, being special educators or teachers, they must find and adopt appropriate resources to make these students living healthy life and help them for being aware of everything around their life. Simply placing the content of sex education in an informative way may not help these students with disabilities as they learn in a different way. They must be taught more in a meaningful and effective manner with more use of visuals and role-playing methods. Concerns related to sexuality must be treated like the way other issues being dealt in classroom and by doing this they can help in eliminating the unhealthy discussions which otherwise take places in the classroom among students themselves. 'Special educators can go the extra mile by providing their exceptional students with 3-dimensional models, dolls, drawings, pictures, and diagrams explaining genitalia and its functions. Another option for

educators is using videotapes or slides to teach sexual education' [1]

For students with disabilities particularly intellectual disabilities, educators can play an important role as they know the best about their students while engaging parents in developing a plan of instruction that is age appropriate, positive and need based considering the maturity levels of the individual. They can develop individual education plan (IEPs) taking into consideration of sexual health education components and their student's age in discussion with families. Stereotypical behavior of the society towards these students can be broken and the lives of these students with disabilities can be improved if our special educators become more comfortable and trained in dealing such issues.

XII. CONCLUSION

This research paper has examined issues and debates around the sex education in India and particularly in the context of students with disabilities. The analysis throughout the paper confirms that, while students with disabilities wants to know about sexual discourse but the system is not at all ready to provide them such crucial aspects of knowledge through any such orientation during their schooling. As an education system we have failed to provide such discussion in our classrooms with adequately developed curriculum. On the other side society has developed lot of myths in their perceptions towards children's with disabilities. Even the families of the children with disabilities have not abetted these myths themselves because of the way society has viewed disabilities in a longer period of time. Social Media and mythology have also created such image of incompleteness about people with disability. We need to make it clear in our minds that sex-education does not mean information only about physical activity/relation between man and woman; rather it is more about understanding each other's sexuality, reproductive health issues and bodily changes. There we must develop a curriculum which emphasis on enabling students with disabilities to be more sexually aware and responsible.

The issue of sexuality should now be discussed more commonly in our society to bring it to in a comfort zone from the hesitation. Newer spaces are slowly opening up to address sexuality concerns of students with disabilities. The time has come when as an important primary stakeholder like family, parents or special educators; we need to set-side our pre-conceived notion of sex education and start working together to discuss about it appropriately. To help them understand and cope-up with changes in their body and mind, these discussions must begin from primary classes in schools with introducing the concept of good touch and bad touch. Concepts like private and public spaces, puberty and understanding our own reproductive organs must be discussed so on. Menstrual hygiene, emotions, masturbation and sexual desires further are to be discussed at secondary and senior secondary stage. The scope of sex education is vast and we all shall make positive efforts to make it as essential part of student's life as an educational curriculum rather than a burden.

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