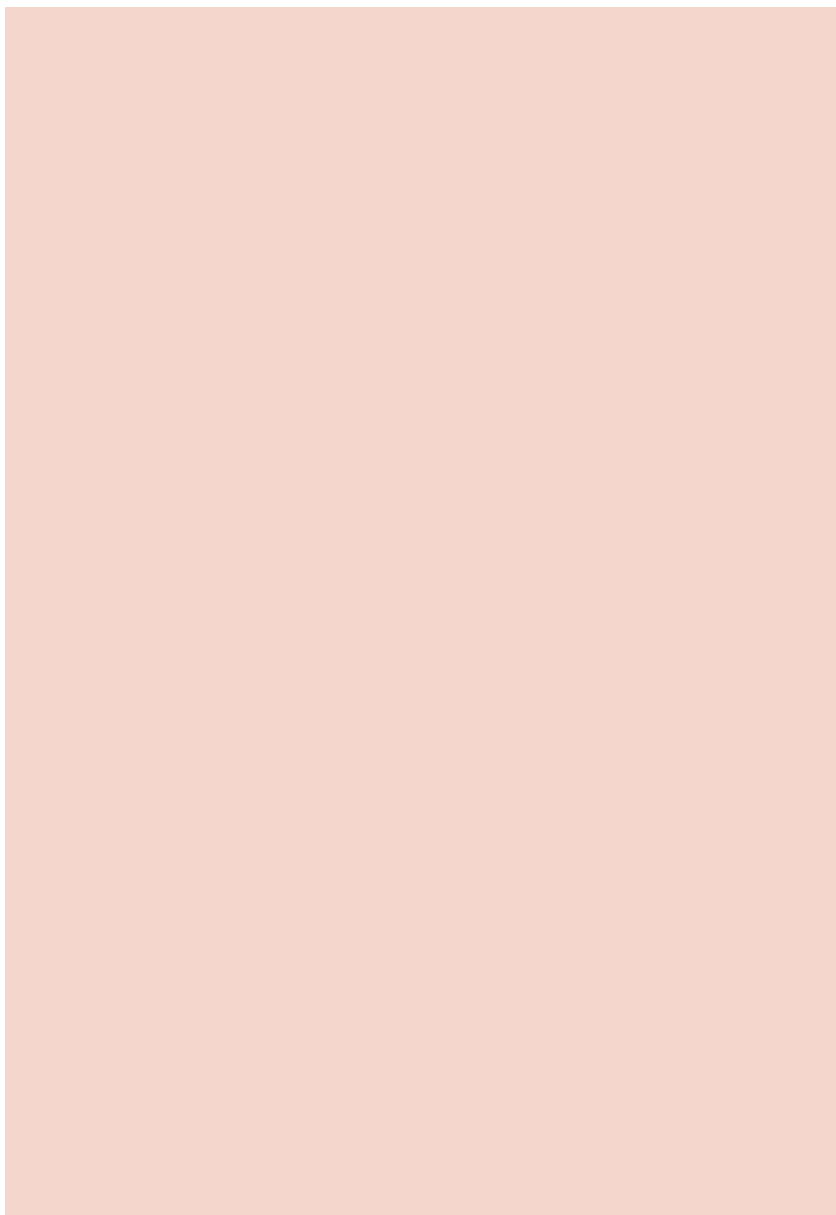


**GUIDE TO RIGHTS
AND SEXUAL HEALTH
FOR PERSONS WITH DISABILITIES**



*For workers and managers in the
health sector and other social services*



Guide to Rights and Sexual Health for Persons with Disabilities

This Guide was developed to share knowledge and guidance on the rights and sexual health of persons with disabilities for workers and managers in healthcare and other social services.

Lack of access to information produces prejudices and stigmas that result in unequal conditions in the experience of sexuality and prevent the realization of sexual rights guaranteed in the Brazilian Law on Inclusion of 2015.

*Respecting **sexuality and relationships** requires producing **knowledge and adapted services** capable of encompassing all people.*



All people have the right to live the sexuality of their choice



WHAT IS SEXUAL HEALTH?

Sex is a biological trait, an aspect of the human being that cannot be separated from others.

Sexuality constitutes an integral dimension of all that we are, feel and do. It includes identity, gender, sexual orientation, affection, intimacy, sex, pleasure and reproduction.

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

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

RESPECT THE SEXUAL RIGHTS OF ALL PEOPLE (WHO, 2015).

SEXUAL RIGHTS:

- **Expression of sexual orientation and sexuality** without violence, discrimination or coercion;
- Right to information, support and comprehensive **sexual and reproductive education** ;
- **Sex with mutual consent**;
- **Free choice** of partners;
- **Control** of one's own body, with the maximum possible autonomy;
- **Respect for gender identity**;
- Right to **practice safe sex**, based on desire and independent of reproduction;
- **Privacy**, intimacy and **secrecy**
- Access to **methods of contraception and prevention of STIs** (sexually transmitted infections).

The guarantee of sexual rights depends on the realization of sexual healthcare and sexuality experienced in a respectful and pleasurable way.



THE PROMOTION OF SEXUAL HEALTH IS THE RESPONSIBILITY OF PRIMARY HEALTH CARE.



PERSONS WITH OR WITHOUT DISABILITIES HAVE THE RIGHT TO:

- Patient-centred consultation;
- **Free, high-quality care**, including prenatal, childbirth and puerperium (postpartum period);
- **Human-centred assistance**, including access to legal abortion services;
- **Accessible information and communication** and adequate support;
- **Accessible services**, equipment and care;
- Guidance on treatment for erectile dysfunction and infertility;



- **Access to justice and support mechanisms** in cases of abuse or violence;
- **Access to essential medicines** (emergency contraception, etc);
- **Supported decision-making** (information, understanding and consent);
- **Sufficient time to decide.** Forced interventions, sterilization procedures and experiments are forbidden;
- Access to services related to **gender transition**;
- **Access to education, information and sexual healthcare**, including for people under 18.

PERSONS UNDER GUARDIANSHIP KEEP THEIR SEXUAL RIGHTS.

SEXUALITY SUPPORTED BY MYTHS → DAMAGE TO SEXUAL HEALTH

MYTHS

"Asexual or with few sexual needs".

"Eternal children / immature"*, unable to learn the rites of affectivity, sexuality and prevent abuse".

**mainly persons with intellectual and sensory disabilities and autists.*

"Are CIS-gender Heteronormative".

"Unable to have a normal sexuality. Their sex is deviant, abnormal".

"Unattractive, unable to initiate and maintain stable loving and/or sexual relationships.

Impaired bodies make the experience of sexuality infeasible".

FACTS

There is no evidence of a relationship between lack of sexual desire and disability.

The belief in sexual disinterest leads to disregard for healthcare education, and a lack of the necessary support.

Overprotection, lack of information and social exclusion lead to inhibition of maturation, curtailment of adult life and make it hard to identify abuse.

There are LGBTQIA+ persons with disabilities. Prejudice makes this population invisible.

Ableism* prevents/hinders necessary adaptations in the environment.

Every consensual expression of sexuality is normal.

** Ableism is discrimination based on the idea that persons with disabilities are less valuable.*

Exclusion causes **damage to self-esteem.**

The standard of sexual normality is a social construct **resulting from exclusionary ideals of beauty and functionality.**

The search for this ideal makes the **need for support and adaptations feel strange.**

SEXUALITY SUPPORTED BY MYTHS → DAMAGE TO SEXUAL HEALTH

MYTHS

"Sex marked by hypersexuality, lack of control, excesses and violence*".

**persons with intellectual disabilities, especially men.*

"Persons with intellectual disabilities **cannot identify the boundaries** to a healthy and respectful relationship"

"They exhibit **differences in libido and orgasm**".

"Disability as an object of pleasure".

"Sex education awakens / enhances sexual interest and should be avoided".

FACTS

There is no evidence of exaggerations and dysfunctions associated with the disability.

Lack of access to adapted education and **social adequacy issues** caused by exclusion **can lead to inappropriate behavior.**

They have the capacity to learn and can have their decisions supported by adaptations when necessary.

There is no evidence of a relationship between disability and changes in libido and orgasm.

Disability may interfere with standard sexual intercourse, but it **does not prevent a positive and pleasurable experience.**

Distorted social representation **can affect self-esteem and perception of pleasure.**

Fetish of persons without disabilities in relation to those with disabilities, known as Devotee (behavior focusing on the disability and not on the person).

All people experience a sexual awakening. **Lack of knowledge and guidance increases vulnerability** to abuse and self-harm.

Families and caregivers should treat sexuality as a matter of health and rights.

WHAT CAN PRIMARY HEALTHCARE DO? PERSONS WITH OR WITHOUT DISABILITIES TAKE CHARGE OF THEIR CARE!!!

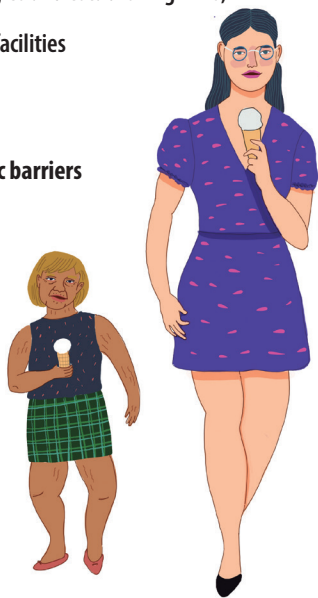


SEX EDUCATION: SAFE, ACCESSIBLE AND RELIABLY SOURCED INFORMATION

- **Recommended content for users:** sexuality, menstruation, masturbation, contraception, STI and symptoms, pregnancy and child care, menopausal symptoms, drug interactions, self-care and self-protection, age of consent, gender identity, sexual orientation, acceptable behaviours, 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 abuse** (I Protect Myself approach and others).

TEAM TRAINING

- **Continuous education of healthcare workers:** protocol for identifying assistive technologies, communication techniques, and social reframing with a focus on community orientation and cultural competence;
- **Sexuality over the person's whole life:** sexual health is not restricted to adult bodies;
- **Training on:** care path coordination, actively seeking the population, identifying necessary assistive technologies and establishing links;
- **Accessible communication at healthcare facilities and in the care process:** simple language, sign language, etc.;
- Location of stress points related to **systemic barriers** and monitoring the **of service quality and satisfaction;**
- **Holding round-table discussions** to enhance listening, involving people engaged in social movements and users, in addition to the healthcare team.



COMPREHENSIVE HEALTH CARE – POSITIVE EXPERIENCE OF SEXUALITY

- **Consultation directed to the patient** (decision-maker) **and not to his/her companion;**
- **Periodic and preventive examinations** performed at the same or higher frequency than in the rest of the population (e.g. the population with a higher prevalence of cervical cancer);
- **Quality of care, services and equipment;**
- **Cognition, adaptability and functionality assessed regularly,** especially before transition periods (adolescence, adulthood and old age);
- **Regular evaluation of medications and drug interactions;**
- **Advice on the free and safe practice of sexuality** (decision support, self-determination and argumentation and negotiation techniques);
- **Improvements in communication for self-determination;**
- **Elimination of systemic barriers** (communicational, attitudinal, architectural and technological accessibility for examinations and appreciation of the patients' perspective);



COMPREHENSIVE HEALTH CARE – POSITIVE EXPERIENCE OF SEXUALITY

- Extended consultation times;
- Sexual Transmitted Infections prevention (guidance and offer of condoms);
- Assessment of **evidence of abuse, exploitation and neglect**;
- Regular evaluation to **enhance mobility and necessary adaptations**;
- Early control of **menopausal symptoms** in certain populations;
- **Psychological support** (stigmas, insecurities, abuse, etc.);
- Care facilities that consider **health inequalities and social determinations as a result of diversity** (functional, racial, ethnic, social, gender and sexual orientation);
- **Intersectoral social reframing actions for access to and inclusion in leisure spaces**;
- **Actions offering support, guidance and assistance for caregivers.**



SOME USEFUL CONCEPTS:

Accessibility: possibility and ability to safely and independently use spaces, furniture, urban equipment, buildings, transportation, information and communication, including related systems and technologies, as well as other services and facilities open to the public, for public, private or collective use, in urban and rural areas, by persons with disabilities or with reduced mobility (LBI, art 3. I).

Assistive technology or technical help: products, equipment, devices, resources, methodologies, strategies, practices and services that aim to promote functional use, activity and participation of persons with disabilities or reduced mobility, aiming to enhance their autonomy, independence, quality of life and social inclusion (LBI, art 3. III).

Disability does not affect the full civil capacity of the person to exercise sexual and reproductive rights (LBI, art 6).

TO LEARN MORE AND FOR FUTURE REFERENCE:

LBI (Brazilian Law on Inclusion #13.146/2015)

– Link: http://www.planalto.gov.br/ccivil_03/_ato2015-2018/2015/lei/l13146.htm

Primary Care Notebook 26 - Sexual and reproductive health

– Link: https://bvsmms.saude.gov.br/bvs/publicacoes/saude_sexual_saude_reprodutiva.pdf

Guide to Health Care for Women with Disabilities and Reduced Mobility

– Link: https://bvsmms.saude.gov.br/bvs/publicacoes/guia_atencao_mobilidade_reduzida.pdf

LET'S FIGHT SEXUAL VIOLENCE!

Dial 100 – to report human rights violations, including sexual violence, and to obtain information on the rights of vulnerable groups. It works 24 hours, every day. Calls can be made from all over Brazil directly and free of charge, by landline or mobile phone, simply by dialing 100, or by WhatsApp: (61) 99656-5008.

Eu Me Protejo (I Protect Myself) – Accessible and free material for the prevention of sexual violence against children and adolescents. Link: <https://www.eumeprotejo.com/>

TECHNICAL CHART:

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Scan me



All people have the right to live the sexuality of their choice



acolhe
acessibilidade
direito e saúde



Eu Me Prezo



Tecnologia para por uma sociedade mais inclusiva



SMPD



Programa de Fomento
ao Desenvolvimento Científico
e Tecnológico Aplicado à Saúde Pública
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FIOCRUZ
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Departamento de Programas e Sistemas de Informação



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DIREITOS HUMANOS
E DA CIDADANIA

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