

ASSESSMENT OF SEXUALITY OF PERSONS WITH PHYSICAL DISABILITIES**PROCJENA SEKSUALNOSTI KOD OSOBA SA TJELESNIM INVALIDITETOM****Senad Mehmedinović¹, Lama Taletović¹**¹Faculty of Education and Rehabilitation University of Tuzla, Tuzla, Bosnia and Herzegovina**Original Scientific Article**

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ABSTRACT

The aim of the study was to assess the sexuality of persons with physical disabilities and to determine whether there were differences in relation to the respondents of typical development. The study included a sample of 60 respondents, over the age of 16. The total sample is divided into two sub-samples, of which the first sub-sample consists of persons with physical disabilities (N = 30) and the second sub-sample consists of persons of typical development (N = 30). For the purpose of the assessment of sexuality, the Sexuality Assessment Instrument was used. In order to verify the set study aim, a chi-square test for an independent sample of respondents was applied. Considering the results of the research, it can be concluded that people (of typical development) without disabilities experienced more French kissing but also regretted kissing. Persons (of typical development) without disabilities have experienced kissing against their will, while persons with physical disabilities have experienced the touching of the genitals of another person against their will.

Key words: Sexuality, persons of typical development, persons with physical disabilities.**SAŽETAK**

Cilj istraživanja je bio procjeniti seksualnost kod osoba sa tjelesnim invaliditetom, te utvrditi da li postoje razlike u odnosu na ispitanike tipičnog razvoja. Istraživanjem je obuhvaćen ukupan uzorak od 60 ispitanika, dobi iznad 16 godina. Ukupan uzorak je podijeljen na dva subuzorka, od čega prvi subuzorak čine osobe sa tjelesnim invaliditetom (N=30), a drugi subuzorak čine osobe tipičnog razvoja (N=30). U svrhu procjene seksualnosti, korišten je Instrument za procjenu seksualnosti. U svrhu provjere postavljenog cilja istraživanja primjenjen je hi-kvadrat test za nezavisan uzorak ispitanika. Uzimajući u obzir rezultate istraživanja može se zaključiti da su osobe bez invaliditeta više iskusile francuski poljubac ali i požalile zbog ljubljenja. Osobe bez invaliditeta su protiv svoje volje iskusili ljubljenje, dok su osobe sa tjelesnim invaliditetom protiv svoje volje jednom iskusile diranje spolnog organa drugoj osobi.

Ključne riječi: Seksualnost, osobe tipičnog razvoja, osobe sa tjelesnim invaliditetom.**¹Correspondence to:**

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INTRODUCTION

Motor development affects many aspects of a person's success in cognitive, perceptual and social development. Motor functioning difficulties are collectively referred to as developmental coordination disorders (Iveković, 2013). Motor disorders are a group of disorders of fine and gross motor and body balance, which create difficulties in everyday functional activities. Motor disorders also imply below-average physical functioning of different phenomenology and etiology (Horvatić, Joković Oreb & Pinijatela, 2009).

Physical disability is a phenomenon that primarily implies below-average physical functioning of various causes and phenomenology (Baftiri, 2000). From a medical or etiological point of view, persons with physical disabilities have injuries, deformities, functional insufficiency or disabilities caused by damage to the locomotor system of the central or peripheral nervous system, and who need constant or occasional professional help in education and training for work and life under appropriate conditions. This definition emphasizes the limited functioning of the musculoskeletal and neuromuscular systems and the various deformities on the corpus and extremities. From a social point of view, organic-functional deficiencies and irregularities are emphasized, which significantly reduce the ability to integrate into work and social life. From the pedagogical point of view, the physical irregularities that make it difficult or impossible for the upbringing and education of such children under standard educational conditions are emphasized (Zovko, 1996).

The field of motor disorders and chronic diseases is a very broad area, which is particularly emphasized in modern epidemiological indicators (Martinec et al. 2006). In 2020, chronic health conditions are expected to participate with 60% of the world's total disease incidence. These data should be observed somewhat in relation to the development of various medical and paramedical fields, including the interdisciplinary field of educational and rehabilitation sciences, rehabilitation technology, the "new" psychology of handicap and the psychology of "bionic man" (Martinec et al, 2006).

The issue of sexuality is an under-researched topic in our area, while its study, especially in the population of people with disabilities, can contribute to a better understanding of the various areas of human nature that make up sexuality. In this context, it is necessary to look at some theoretical considerations of the concept of sexuality. According to the World Health Organization (WHO, 2004), sexuality is a central aspect of human beings, which includes eroticism, intimacy, pleasure, reproduction and personal gender identity. The manifestations of sexuality are not only related to sexual behaviours, but also to desires, longings, fantasies, attitudes, roles and relationships. Adolescent sexuality is more than the first sexual intercourse or "sexual risk"; it implies feelings about oneself, self-esteem, attitudes and behaviours (Graber & Sontag, 2006). Sexuality is a basic dimension of human existence that includes gender, age, gender identity, sexual orientation, eroticism, emotional attachment and reproduction. It is expressed and experienced in thoughts, fantasies, desires, beliefs, attitudes, values, activities, practicing, roles and relationships. It results from the interdependence of biological, psychological, socio-economic, cultural, ethical, and religious and / or spiritual factors. The definition was provided by the American branch of the World Health Organization and the International Society for Sexology.

As stated by Miljenović (2010), this is perhaps one of the most comprehensive definitions of sexuality - Human sexuality, as defined by Haffner (1990), encompasses an individual's sexual knowledge, beliefs, attitudes, values and behaviours. It is associated with the anatomy, physiology and biochemical systems of sexual reactions, with roles, identity and personality, with individual thoughts, feelings, behaviours and relationships. It raises ethical and spiritual questions in relation to different socio-cultural backgrounds, as well as individual groups within them.

Young persons with disabilities are generally perceived as physically less attractive and less desirable as partners, and their environment often denies, reduces or regulates their potential and the need to express sexuality (Laklija and Urbanc, 2007). The denial of sexuality in persons with disabilities is not only specific to the youth period, but is present in all age groups of persons with disabilities. Particularly strong pressure from the environment (family, institutions, and practitioners) in the form of various measures of "institutional discipline and regulation of sexuality" was exerted on girls and young women with disabilities. Even today, many institutions for the accommodation and / or assistance of persons with disabilities do not recognize the needs of users for privacy and especially not for the kind of privacy that would allow them to have an active sex life within the institutional setting (Nocon and Pleace, 1997). The dangers of lacking sexuality education for a young person with a disability (but also for every young person in general) are serious and can result in fear and feelings of shame, unacceptable sexual behaviour, environmental ridicule, unplanned pregnancy, STDs. Further risks may even include not recognizing and supporting the exploitation and various forms of abuse of a disabled person, since they are unable to understand what is happening to them (Ballan, 2001; according to Hibbard et al., 2007). The presence of any type of disability can be a problem for entering into romantic relationships, which precede the formation of sexual relations. This is especially pronounced for physical disability, due to the inability to conceal a physical deficiency or the function of the body. If one considers that aesthetic appearance plays a large role in the initial contact of a partner, then it can be said that persons with physical disabilities are in an unenviable position. The complexity of the topic of sexuality of persons with disabilities in Bosnia and Herzegovina is also compounded by cultural and religious determinants, gender and the level of education to which they relate, and the level of education and awareness of sexual activities, sexual health, and attitudes about sexuality. The need for this subject research lies in the fact that, in general, little attention is paid to sexuality and in particular to the sexuality of persons with certain disabilities. Sexuality as a basic human physiological characteristic and active sex life as a basic human need are ignored. In view of the above, the aim of this study is to assess the sexuality of persons with physical disabilities and to determine whether there are differences in relation to the respondents of typical development.

MATERIAL AND METHODS

Sample of respondents

The study included a sample of 60 respondents, over the age of 16. The total sample is divided into two sub-samples, of which the first sub-sample consists of persons with physical disabilities (N = 30) and the second sub-sample consists of persons of typical development (N = 30).

Method of conducting research

The survey was conducted in the area of Tuzla Canton. Data were collected through written examination through the above assessment instruments, with prior oral explanation of its correct application. After explaining the purpose and significance of the survey, respondents were asked to sign consent to participate in the survey. Both groups of respondents (the group of respondents with physical disabilities and the group of respondents of typical development) were examined individually. The examination was anonymous and was conducted in the agreed terms with the respondents, at their home or at the institution. The respondent was able to answer each question by completing one of the offered answers, which were later numerically coded and entered into the prepared data matrix.

Measuring instruments

Sexuality Assessment Instrument (Graaf H, Meijer S, Poelman J, Vanwesenbeeck I. 2005).

The Instrument covers the following topics: romantic experience, sexual experience, perception of planning the first sexual experience, perception of time of first sexual experience, assessment of first sexual experience, perception of regret about the first sexual experience, voluntariness for first sexual experience, same-sex attraction, same-sex sexual behaviour, confession, use of contraception during first sexual experience, use of contraception with the last sexual partner, use of condoms during first sexual experience, use of condoms with the last partner, unplanned pregnancy, testing for sexually transmitted diseases (STDs) / HIV, experiences with STDs / HIV, sexual coercion, regret about the sexual experience, unwanted sexual experience, coercion tactics, commercial sex, sexuality education at school, sources of information, sources of social support.

Each of the topics listed has one or more questions offered, and a section with possible answers (e.g. No / Yes, once / Yes, more than once) is offered for each question. In relation to the type of questions asked, the answers offered are on a scale of nominal and ordinal type.

Data processing methods

Survey data were processed by the method of parametric and non-parametric statistics. Central tendency measures, dispersion measures, frequencies and percentages were calculated. The obtained results are presented graphically and in tabular form. In order to verify the set study aim, a chi-square test for an independent sample of respondents was applied

RESULTS AND DISCUSSION

Table 1 shows the comparison of the results with the variable "Have you ever been in love?". The results show that 70% of persons with disabilities and 73.3% of persons of typical development have been in love more than once. 20% of persons with physical disabilities and 23.3% of persons of typical development were in love only once, and 10% of persons with physical disabilities and 3.3% of persons of typical development were never in love. These results show that persons with and without physical disabilities have similar experiences when it comes to falling in love. In a study conducted by Wiegerink et al. (2010) results show that the vast majority of young people with cerebral palsy (94%) have been in love at least once.

Table 1. Comparison of the results with the variable "Have you ever been in love?"

Variables		Have you ever been in love?			Total
		No	Yes, once	Yes, more than once	
Physical disability	N	3	6	21	30
	%	10,0%	20,0%	70,0%	100,0%
Without disability	N	1	7	22	30
	%	3,3%	23,3%	73,3%	100,0%
Total	N	4	13	43	60
	%	6,7%	21,7%	71,7%	100,0%

$\chi^2=1,10$; $df=2$; $p= 0,577$

Table 2 shows the comparison of results between the sample respondents with the variable "Have you ever had a serious relationship?". The results show that there is an almost proportionate response rate of respondents with physical disabilities and respondents of typical development to claiming that they had a serious relationship more than once. Also, the results show that 50% of respondents with physical disabilities and 66.7% of respondents of typical development had at least once a serious relationship. It can be seen from the Table data that a higher percentage of respondents (20%) with physical disabilities did not have a serious relationship. In a study of adolescents with cerebral palsy and spina bifida, Blum et al. (1991) reported that only 7% of adolescents with disabilities had a relationship, as opposed to their peers (54%). Kokkonen et al. (1991) also reported sexual experiences of persons with cerebral palsy, and it was found that these persons had romantic dates much later, with about 50% of them never having a romantic date.

The results of the research conducted by Wiegering et al. (2008) show that 44% of respondents with cerebral palsy had a serious relationship with a man/woman, including a romantic date with them.

Table 2. Comparison of the results with the variable "Have you ever had a serious relationship?"

Variables		Have you ever had a serious relationship?			Total
		No	Yes, once	Yes, more than once	
Physical disability	N	6	15	9	30
	%	20,0%	50,0%	30,0%	100,0%
Without disability	N	2	20	8	30
	%	6,7%	66,7%	26,7%	100,0%
Total	N	8	35	17	60
	%	13,3%	58,3%	28,3%	100,0%

$\chi^2 = 2,77$; $df=2$; $p = 0,250$

A comparison of the results with the variable "Have you ever tried?" is shown in Table 3. The results show that 36.7% of persons with physical disabilities and 20% of persons of typical development did not try masturbation. French kissing was not experienced by 26.7% of persons with physical disabilities and 3.3% of persons of typical development. 23.3% of persons with disabilities and 10% of persons of typical development have never tried caressing. 40% of persons with disabilities and 30% of persons of typical development have not experienced the touching of another person's genitals. 36.7% of persons with physical disabilities and 20% of persons of typical development did not have sexual intercourse. Looking at the results of the chi-square test, it can be concluded that there is a statistically significant difference on the variable "French kissing". This result can be interpreted as meaning that, at the level of statistical significance, 0.05 persons of typical development experienced more of French kissing compared to persons with physical disabilities.

Kokkonen et al. (1991) conclude in their study that 54% of persons with cerebral palsy did not have sexual intercourse. The results of the research conducted by Wiegering et al. (2008) show that 50% of respondents with cerebral palsy had experienced masturbation.

Table 3. Comparison of the results with the variable "Have you ever tried?"

Variables		Persons with physical disabilities		Persons without disabilities	
		No	Yes	No	Yes
Masturbation	N	11	19	6	24
	%	36,7%	63,3%	20%	80%
French kissing	N	8	22	1	29
	%	26,7%	73,3%	3,3%	96,7%
Caressing	N	7	23	3	27
	%	23,3%	76,7%	10%	90%
Touching the other persons genitals	N	12	18	9	21
	%	40%	60%	30%	70%
Sexual intercourse	N	11	19	6	24
	%	36,7%	63,3%	20%	80%

$\chi^2_{(masturbation)} = 2,05$; $df=1$; $p = 0,152$; $\chi^2_{(French\ kissing)} = 6,40$; $df=1$; $p = 0,011$; $\chi^2_{(caressing)} = 1,92$; $df=1$; $p = 0,166$; $\chi^2_{(Touching\ the\ other\ persons\ genitals)} = 0,65$; $df=1$; $p = 0,417$; $\chi^2_{(Sexual\ intercourse)} = 2,05$; $df=1$; $p = 0,152$

Table 4 shows the comparison of the results with Sexual attraction. When asked "Are you attracted to men, women or both?", 33.3% of persons with physical disabilities said they are only attracted to men, 3.3% are attracted mostly to men, 6.7% are attracted mostly to women and 56.7% are only attracted to women. Of the total sample of persons (of typical development) without disabilities, 40% said they are only attracted to men, 10% are attracted to both men and women and 50% are only attracted to women. The results show that persons with physical disabilities do not show same-sex sexual attraction.

Table 4. Comparison of results with Sexual attraction

Variables		Are you attracted to men, women or both?					Total
		A	B	C	D	E	
Physical disability	N	10	1	0	2	17	30
	%	33,3%	3,3%	0,0%	6,7%	56,7%	100,0%
Without disability	N	12	0	3	0	15	30
	%	40,0%	0,0%	10,0%	0,0%	50,0%	100,0%
Total	N	22	1	3	2	32	60
	%	36,7%	1,7%	5,0%	3,3%	53,3%	100,0%

$\chi^2=6,30$; $df=4$; $p= 0,177$; Legend: A-only men, B-mostly men, C-both men and women, D-mostly women, E-only women

Table 5 shows the comparison of results with Sexual experience regrets. A proportionate percentage of respondents with physical disabilities and respondents of typical development never regretted kissing (73.3%), while a higher percentage of respondents with physical disabilities once regretted kissing (23.3%).

A higher percentage of respondents of typical development more than once regretted kissing compared to respondents with physical disabilities (20%). The results of the chi-square test showed that there was a statistically significant difference between respondents with physical disabilities and respondents of typical development in relation to the variable "Have you ever regretted kissing?" ($\chi^2=6,34$; $df=2$; $p= 0,042$). By looking at the distribution of the answers, it can be concluded that persons with disabilities at the significance level of 0.05 more regretted kissing. Looking at the remaining variables (Table 5), it can be seen that there is a statistically significant difference on the variable "Did you regret touching the genitals of another person?" ($\chi^2 = 4,28$; $df=1$; $p= 0,038$), that is, persons with physical disabilities at the level of significance 0.05 more regretted touching the genitals of another person.

Table 5. Sexual experience regrets

Did you regret:	No		Yes, once		Yes, more than once	
	N	%	N	%	N	%
Kissing?						
Physical disability	22	73,3	7	23,3	1	3,3
Without disability	22	73,3	2	6,7	6	20
Caressing?						
Physical disability	23	76,7	7	23,3	0	0
Without disability	26	86,7	2	6,7	2	6,7
Touching the genitals of another person?						
Physical disability	26	86,7	4	13,3	0	0
Without disability	30	100	0	0	0	0
Oral sex?						
Physical disability	24	80	5	16,7	1	3,3
Without disability	27	90	2	6,7	1	3,3
Sexual intercourse?						
Physical disability	12	63,2	6	31,6	1	5,3
Without disability	18	75	2	8,3	4	16,7
Anal sex?						
Physical disability	16	84,2	2	10,5	1	5,3
Without disability	18	75	5	20,8	1	4,2

χ^2 (kissing)= 6,34; df=2; p= **0,042**; χ^2 (caressing)= 4,96; df=2; p= 0,084; χ^2 (touching the genitals of another person)= 4,28; df=1; p= **0,038**; χ^2 (oral sex)= 1,46; df=2; p= 0,481; χ^2 (sexual intercourse)= 4,47; df=2; p= 0,107; χ^2 (anal sex)= 0,83; df=2; p= 0,659;

Table 6 shows the results in relation to the experience of sexual relations against one's will. The results show that a higher percentage of respondents with physical disabilities once experienced sexual relations against their will than respondents (of typical development) without disabilities: kissing (33,3%), caressing (20%), touching the genitals of another person (13,3%), oral sex (10%), sexual intercourse (21,1%) and anal sex (15,8%). The results of the chi-square test showed that there was a statistically significant difference on the variables "Have you experienced kissing against your will?" (p=0,009) and "Have you experienced caressing against your will?" (p=0,016). Based on the obtained results, it can be concluded that persons (of typical development) without disabilities at the significance level 0.05 experienced kissing against their will, while persons with physical disabilities at the significance level 0.05 experienced touching the genitals of another person against their will.

Table 6. The experience of sexual relations against one's will

Have you experienced against your will:	No		Yes, once		Yes, more than once	
	N	%	N	%	N	%
Kissing?						
Physical disability	23	76,7	7	23,3	0	0
Without disability	24	80	1	3,3	5	16,7
Caressing?						
Physical disability	24	80	6	20	0	0
Without disability	28	93,3	0	0	2	6,7
Touching the genitals of another person?						
Physical disability	26	86,7	4	13,3	0	0
Without disability	30	100	0	0	0	0
Oral sex?						
Physical disability	27	90	3	10	0	0
Without disability	30	100	0	0	0	0
Sexual intercourse?						
Physical disability	15	78,9	4	21,1	0	0
Without disability	21	87,5	1	4,2	2	8,3
Anal sex?						
Physical disability	16	84,2	3	15,8	0	0
Without disability	22	91,7	1	4,2	1	4,2

$\chi^2_{(kissing)} = 9,52$; $df=2$; $p= 0,009$; $\chi^2_{(caressing)} = 8,30$; $df=2$; $p= 0,016$; $\chi^2_{(touching\ the\ genitals\ of\ another\ person)} = 4,28$; $df=1$; $p= 0,038$; $\chi^2_{(oral\ sex)} = 3,15$; $df=1$; $p= 0,076$; $\chi^2_{(sexual\ intercourse)} = 4,27$; $df=2$; $p= 0,118$; $\chi^2_{(anal\ sex)} = 2,39$; $df=2$; $p= 0,301$;

CONCLUSION

Considering the results of the research, it can be concluded that persons (of typical development) without disabilities experienced more French kissing but also regretted kissing. Persons (of typical development) without disabilities have experienced kissing against their will, while persons with physical disabilities have experienced the touching of the genitals of another person against their will. In general, the results suggest that the sexuality of persons with physical disabilities should be approached carefully and thoughtfully given the sensitivity of the topic, and special attention should be paid to education where sources of information on sex need not be superficial or contain incorrect information. Also, special attention should be paid to education on the consequences of having sexual contacts against the will of the individual.

REFERENCES

1. Baftiri, Đ. (2000). *Osobna i socijalna prilagodba u adolescenata s napredujućom i nenapredujućom tjelesnom invalidnosti*. Zagreb: Sveučilište u Zagrebu, Medicinski fakultet
2. Blum R, Resnick M, Nelson R, St Germaine A. (1991). Family and peer issues among adolescents with spina bifida and cerebral palsy. *Pediatrics*; 88: 280–285.
3. Graber, J. A. & Sontag, L. M. (2006). Puberty and girls' sexuality: Why hormones are not the complete answer. *New Directions for Child i Adolescent Development*, 112 (1), 23-38.
4. Haffner, D.W. (1990). *Sex education 2000: A call to action*. Sex information and Education Council of the U.S., New York.
5. Hibbard, R. A.; Desch, L. W., Committee on Child Abuse and Neglect and Council on Children with Disabilities (2007). Maltreatment of Children With Disabilities. *Pediatrics*, 119, 1018-1025.
6. Horvatić, J., Joković Oreb, I., Pinijatela, R. (2009). Oštećenja središnjeg živčanog sustava, *Hrvatska revija za rehabilitacijska istraživanja*, 45(1), 99-110.
7. Iveković, I. (2013). Uticaj motoričkog planiranja, koordinacije i sukcesivnih sposobnosti ma motorički razvoj i društveno ponašanje djece s teškoćama u razvoju. *Hrvat. Športsko-med. vijesn.* Vol. 28, br 2, 99-107.
8. Kokkonen J, Saukkonen AL, Timonen E, Serlo W, Kinnunen P. (1991). Social outcome of handicapped children as adults. *Dev Med Child Neurol*; 33: 1095–1100.
9. Laklija, M., Urbanc, K. (2007). Doživljaj vlastitog tijela i seksualnost u adolescenata s motoričkim oštećenjem. *Ljetopis socijalnog rada* 2007., 14 (3), 579-596
10. Martinec, R., Miholić, D., Hojanić, R. (2006). *Motorički poremećaji, kronične bolesti i slika tijela*. U: Mahmutagić, A., Prstačić, M. i sur.: Metode u edukaciji i rehabilitaciji. Univerzitet u Tuzli. Harfo-graf. Str.215-221
11. Miljenović A. (2010). Značaj seksualnih tema u socijalnom radu. *Ljetopis socijalnog rada*, 17(1): 27-48)
12. Nocon, A., Pleace, N. (1997). The housing needs of disabled people. *Health and Social care in the Community*, 6 (5), 361-369
13. Wiegerink, D., Roebroek, M., Van der Slot, W., Stam, H., Cohen-Kettins, P. (2010). Importance of peers and dating in the development of romantic relationships and sexual activity of young adults with cerebral palsy. *Developmental Medicine & Child Neurology*, 52: 576–582
14. Wiegerink, D., Roebroek M., Donkervoort M., Cohen-Kettins, P., Stam, H. (2008). Social, intimate and sexual relationships of adolescents with cerebral palsy compared with able-bodied age-mates. *Rehabil Med*, 40: 112-118
15. World Health Organization (2004). Sexual health: A new focus for WHO. *Progress in Reproductive Health Research*, 67, 1-8.
16. Zovko, G. (1996). *Odgov izuzetne djece*. HAOZ i KSC: Zagreb.