



Caregivers' education on the sexuality of persons with disabilities in Serbia: a systematic review

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ABSTRACT:

Purpose: This paper aims to analyze the education of caregivers on the sexuality of persons with disabilities in the Republic of Serbia. The sexuality of people with disabilities is less frequently researched. No human right is conditioned or dependent on the human body or how a person functions. **Methods:** The research was conducted in 2023. The analysis includes studies dealing with education for the sexuality of persons with disabilities and study programs for caregivers. We selected the research through closed and public scientific services and databases by choosing keywords. **Results:** There is no awareness of the importance of adequate education about the sexuality of people with disabilities, even among professionals. There are also prejudices towards the sexuality of people with disabilities, and there is insufficient knowledge about their sexual rights. Professionals educated to work directly with people with disabilities do not acquire adequate knowledge about sexuality and disability. **Conclusion:** Caregivers who work with people with disabilities in Serbia do not acquire knowledge about sexuality during their studies. Learning about sexuality comes through practice. Special attention is given to the conditions for exercising the right to sexual orientation, partnership, and sexual life of persons with disabilities in residential institutions. It is necessary to develop content for the education of professionals who work with people with disabilities about sexual rights, needs, and life. Sexuality and persons with disabilities should become logically related terms that are considered in the context of exercising and satisfying fundamental human rights.

KEYWORDS: Caregivers, persons with disabilities, human rights, sexuality, Serbia.

I. INTRODUCTION

Disability is part of being human. Disability results from the interaction between individuals with a health condition such as cerebral palsy, down

syndrome and depression as well as personal and environmental factors including negative attitudes, inaccessible transportation and public buildings, and limited social support. [1]. Around 15% of the world's population, or 1 billion people, live with a disability [2]. The World Bank estimates that 20% of the world's poorest people have some kind of disability and tend to be regarded in their own communities as the most disadvantaged [2]. Globally, one billion people with disabilities face additional barriers in the society that prevent equal participation in their human rights and fundamental sexual freedom which can impact their overall sexual health and wellbeing [3]. People with disability have financial difficulties, problems communicating with people and have difficulty in participating in politics and accessing community services [4]. It is important for people with a disability to have autonomy, independence, freedom of choice and involvement in decision making that affects them [5]. Persons with disabilities are 'still de facto discriminated in almost all aspects of the private and social life which is, among other things, a consequence of the lasting practice of segregation of persons with disabilities, rooted stereotyped attitudes and prejudice against persons with disabilities' [6].

Adults with physical, intellectual or psychiatric disabilities face particular risks of sexual assault and exploitation. Research consistently finds that rates of sexual assault of people with a disability are much higher than the general population [7]. Besides, results show us that women with disability do not have the same rights as men with disability [8].

The aim of this paper is to analyze the representation and importance of sexual education of persons with disabilities in the Republic of Serbia. Sexuality and reproductive health of people with disabilities are less researched but often related areas in special education and rehabilitation.



II. METHOD

The research was conducted during 2023. The research was conducted by reviewing and analyzing the scientific findings of academic articles published in scientific journals. In addition, the study programs of state faculties that educate experts who primarily deal with children with disabilities and persons with disabilities in the Republic of Serbia were also searched: the Faculty of Special Education and Rehabilitation of the University of Belgrade and the Medical Faculty of the University of Novi Sad. We also refer to the personal experiences gained during the long-term work of the authors of this study who are employed in a social protection institution of the residential type and an educational institution with accommodation for children and youth with disabilities.

The primary search was performed through the licensed scientific database KoBSON (database of scientific libraries of Serbia, with full name: Consortium of Libraries of Serbia for Unified Procurement). KoBSON database provides access to publications in all major world databases, such as SCOPUS, MEDLINE, Academic Search Premier, Science Direct, ERIC, Web of Science, which are accessed using aggregators, search engines and services EBSCO, ProQuest, HeinOnline, JSTORE, SAGE, Springer-Link, Wiley, Ovid and others. Sources were also searched using the Google Scholar service, that is, the Google Academic database.

We selected targeted research for analysis through closed and public scientific services and databases, by choosing the key words: 'education

about sexuality', 'person with a disability', and 'reproductive/sexual health or sexual behavior'. In the described way, we came to 41 study titles in the primary search. In the secondary search, we focused the selection on articles that mention and analyze the role of sexual education of caregivers.

Study inclusion criteria

Criteria for selecting articles for review included:

- availability of full text with a list of references,
- double blind review, and
- publishing in the previous 15 years in referenced scientific journals.

By narrowing the selection to articles that mention and analyze the role of sexual education, we have short-listed articles for final analysis.

Study exclusion criteria

The criteria for excluding articles from the review were:

- studies focus on other aspects of the sexual functioning of persons with disabilities;
- sexuality is considered only in the narrow context of sexual health or abuse;
- deviations in terms of respondents and procedures - the persons providing support or the target group or the support itself are not sufficiently clearly described, and
- education about sexuality of persons with disabilities is not recognized as a significant positive factor in meeting the sexual needs of persons with disabilities.

III. RESULTS

Sexuality and sexual education

Sexual education and persons with disabilities are terms that are most often associated in cases of consideration of sexual aberrations and less often in cases of consideration of the realization of basic human rights. Human rights are universal. No human right is conditioned or dependent on the human body or the way a person functions.

There is limited research into the sexual life of individuals with disabilities [9]. In the domestic literature, there are almost no titles in this area, and in the international literature, the titles that deal with the sexuality of people with intellectual disabilities are predominant.

The World Health Organisation's definition of sexuality is:

...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors. [10]

Although pronounced more than twenty years ago, the McCabe assessment can still be applied to all persons with disabilities in our area, which says: Although there is an increasing awareness and



recognition of the rights of people with intellectual disabilities to live ordinary lives and make their own decisions, sexuality remains an area where these freedoms are often limited compared to other disabled people or the general population [11].

From a sexual health and human rights framework, social attitudes and barriers set up by society are seen as the biggest limitation on the sexual functioning of people with a disability [7].

Sexual rights

The WHO defines sexual rights as follows: Sexual rights embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements.

They include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- seek, receive and impart information related to sexuality;
- sexuality education;
- respect for bodily integrity;
- choose their partner;
- decide to be sexually active or not;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when, to have children; and
- pursue a satisfying, safe and pleasurable sexual life.

The responsible exercise of human rights requires that all persons respect the rights of others. [10].

We see that the first right is the right to the highest attainable standard of sexual health, which cannot be achieved without sufficient knowledge of caregivers about the sexuality of persons with disabilities.

People with disabilities may have limited access to sex education and the full range of reproductive health services because of persistent negative societal views about their sexuality and reproduction [12].

Persons with disabilities, old and young, have an equal right to live independently and be included in the community, with choices equal to those of others about their place of residence and with whom and how they live [13].

Sexual education of persons with disabilities

Sexuality education must seek to promote

health and well-being, as well as sexual rights. It needs to extend to all sectors, recognizing that not all children go to school [10]. Several authors point out that the lack of sexual education causes an increased risk of sexually transmitted diseases, pregnancy and/or sexual abuse [14, 7, 15, 16, 17].

Guiding principles for successful programme interventions in sexual health, according to WHO, are: Affirmative approach to sexuality, Autonomy and self-determination, Responsiveness to changing needs, Comprehensive understanding of sexuality, Confidentiality and privacy, Advocacy for the promotion of sexual health and well-being, Cultural diversity, Equity, Address violence, sexual violence and abuse, Non-judgemental services and programmes, Accessible programmes and services, Accountability and responsibility [10].

Young people with intellectual disabilities were more likely to have unsafe sex regularly, than young people from the general population [11]. Other research with mothers showed that limiting any talk or discussion around sex is seen as a means of keeping their vulnerable daughters safe [11]. To understand and enjoy the sex, young persons with disabilities should get the proper sexual education/information and guidance at a younger age [15].

According to Chrastina and Večeřová [14], research has shown the usefulness of more educational approaches and methods in sexual education of people with intellectual disabilities in order to improve their physical feelings and self-confidence, which include: assessment of needs and problems in the field sexuality that needs to be covered by educational programs, introduction to acceptable terminology, informing about intimate behavior performed in isolated conditions, introduction to socially acceptable forms of sexual behavior, learning and practicing ways of entering into partnerships, establishing relationships with same and opposite sex, contraception, marriage and partnership, parenthood, sexually transmitted diseases, unacceptable and harmful behavior and sexual activity related to sexuality, and more. In sexual education, as well as in other areas of education of children and youth with disabilities, various and obvious materials and methods should be used that promote direct experience and insight into the considered area. Therefore, it is useful to use various schemes, social stories, drawings, multidimensional models, puppets, emphasize role-plays, making materials, images, drawings, but videos can also be used [18], and where possible demonstrations. Briggs argued that children with learning disabilities may be targeted because they



were less likely than others to (1) recognise abuse as wrong; (2) understand their rights and report abuse; and/or (3) be regarded as competent witnesses for court proceedings. [7].

The authors point out that young people with intellectual disabilities are particularly insufficiently sexually educated, even in environments where sexual education is strongly emphasized [19, 20, 11]. Some research is aimed at young people with ASD where the authors find this indicates that engagement with peers is an important factor of positive relationship experiences, more narrowly than general social functioning or skills [21]. In addition, research has shown the importance of young people's openness in communicating with their parents and carers in order to prevent the transmission of HIV among young people [22]. Research data show that 50% of adolescent students with a diagnosis of autism spectrum disorder still do not receive formal sex education and, in addition, are often sheltered from informal methods of gaining sexual knowledge [23].

Children generally access sexuality education from family, siblings and friends, but also from the media, as well as formal sexuality education programs – particularly through schools [7]. As knowledge has been shown to increase decision-making skills, and there is no cause for concern that increased knowledge will increase the expression of sexual needs and behaviors [14], it is clear that sex education is necessary and useful for people with disabilities. The population of children and youth with disabilities and persons with disabilities is deprived of numerous contacts, and thus opportunities for acquaintances, connections at the level of emotional and physical needs, entering into close relationships, and thus entering into sexual relations. This imbalance between needs and opportunities, that is, the opportunity to meet them, must necessarily be overcome by educating people with disabilities about the ability to meet their physical and sexual needs in different ways, both in partnership and by themselves.

Researchers propose the usage of test which can help to evaluate and develop the content, curricula or educational programs aimed at sexuality according to individual or group needs particularly in the identification of the needs of the participants or the effectiveness of educational programs [14]. Training in sex education and supporting positive attitudes to sexual expression is crucial to achieving sexual autonomy in persons with intellectual disability [24]. According to Griffiths and Gardner (2002), psychological influences include cognitive and adaptive abilities, social skill strengths and

vulnerabilities, as well as socio-sexual knowledge [25].

Persons with disabilities not only need education about sexual development and sexual health, but also about sexual violence and safety issues. Mainstream 'protective behaviours' prevention programs can be tailored, or new programs specifically designed to be accessible and relevant to them. [7]. The same author cites examples of protective behavior learning applied in Australia.

Miodrag and associates represent bio-psycho-social (BPS) model approach to sexuality of persons with disabilities, particularly people with intellectual disabilities. Authors think the model is best applied to address specific sexuality concerns for people with IDs because sexual behavior is complex and influenced not only by one's genes, but also by one's strengths, vulnerabilities, and socio-environmental situation. [25].

The most significant areas of educational programs aimed at sexuality in adults should include sexual relationships, contraception, pregnancy and parenthood, sexually transmitted diseases, gay or lesbian relationships, unacceptable and criminal sexual conduct, taking responsibility for sexual behavior, defining sexuality, values, practical issues, body image, etc. [14].

Acquired disability and sexuality

Researchers are also considering the needs and effects of rehabilitation sexual programs in patients who have suffered a stroke. The authors concluded that the designed intervention program for sexual rehabilitation significantly increased sexual pleasure and frequency of sexual activities, and that the intervention program could be used as a practical guideline for post-stroke sexual rehabilitation. In addition, the findings of this study provide evidence of the usefulness of sex education and counseling on the sexual health of patients after stroke and their spouses [26].

A special issue is the (im)possibility of sexual intercourse in the traditional way due to limited movement or injury to the body, which leads to a special way of functioning of the person. For example, sexual relations for men who are impotent are not necessarily unattainable, but their practice requires some information, acquaintance and training. In accordance with this, in practice there is often the engagement of persons who provide prostitution services, but also special professionals who are called sexual assistants - persons specially trained to provide sexual assistance. Sexual



assistance is often talked about with disapproval and criticism, but there are examples of the successful establishment of this support service, such as Italy [14], which reflects the community's efforts to fully equalize the rights of all its citizens and will also overcome the still existing taboos that cause inequality and violations of rights. Also, in Scotland, France, Argentina and the United Kingdom, there is a well-known sexual assistance service for people with disabilities, which is separated from prostitution.

Users of residential institutions

Baines and associates find that young people with intellectual disability more often experience violence, and more often than those in the general population that they had one or no friends, and earlier researchers found that "a lack of friendship and opportunity to discuss sex topics with friends is linked to a lack of consolidation and understanding of issues around sexual health" [11].

The process of de-institutionalization, which is supposed to represent the backbone of the entire system of services and support to persons with disabilities and the elderly is still not adequate and sufficiently developed. This process is not terminated because a certain number of persons with disabilities is accommodated at residential institutions, which is contrary to the commitments assumed by the Republic of Serbia by confirming the Convention on rights of persons with disabilities [27].

In institutions for permanent care there are problems that arise in connection with the specific organization of such institutions (limited living space, intimacy and privacy; uniformity and standardization of needs; dependence on the personnel): neglecting sexual needs, inappropriate forms of responding to the expressions of these needs (ranging from helplessness to various forms of restrictive behavior), lack of support in the process of socialization of the clients' sexual needs, but also insufficient support in the sphere of psychosexual development. [28]

Data from the report of the organization Human Rights Watch entitled 'It is My Dream is to Leave this Place' [29] also speak about the poor conditions of accommodation of users in residential institutions for children and young people with disabilities in Serbia. The report, among other things, testifies to inadequate accommodation conditions in which there is a lack of privacy, adequate contacts, opportunities or appropriate relations among service users.

The experiences of authors working in a

residential-type social protection institution and an educational institution with accommodation for users show that the users of the services of these institutions with disabilities do not have the opportunity or conditions for privacy and personal space; dormitories have six or more beds and are unfurnished, there are no other purpose rooms that can provide privacy, users rarely have the opportunity to bathe independently, in bathrooms there are no partitions between shower areas, room doors are constantly open. In addition, any mention or demonstration of user sexuality by staff is considered inappropriate and even potentially dangerous to other users, and staff seek to prevent it; staff are not trained, educated or sensitized about the sexuality of persons with disabilities. Sexuality and sexuality are mentioned exclusively in the context of reproductive and general health, and thus people with disabilities seek to present sexuality in the context of worries, concerns and potential health hazards, and not in the context of normal human need related to partnership, love, attraction, pleasantness and pleasure. In this way, the human rights of users are directly violated and their biological, psychological and social development is negatively affected.

Relation of staff and carers towards the sexuality of persons with disabilities

Research shows that only 12% of students who prepare to provide health counseling services have knowledge about the sexuality of people with disabilities [9]. Researchers point to the lack of knowledge and programs on sexual education of people with disabilities that are provided to students - future professionals to work with this population [9, 30]. On the other hand, it is proven that participation in the Sexuality Health in Rehabilitation course significantly changed the students' attitudes; decreasing their fears of offending the patients and increasing their feelings of comfort in communicating about sexual health [31]. Despite the desire for intimacy and connection with other people, many educational programs for employees focus primarily on biological functions. The consequence of this approach to sexuality is that intimacy is separated from sexual expression [14]. When the lack of knowledge on the subject is not remedied at school, the quality of the service provided by the occupational groups serving individuals with disabilities may often be affected negatively [9].

It can be a complex challenge for health professionals and researchers working in the field of sexuality and relationships to recognise the diversities that are embodied in people's lives – in



particular, of recognising the intersection between sexuality and disability issues [7]. Generally, the provision of comprehensive policies, practices and training of employees is necessary in the context of sexuality in persons with intellectual disability, should they be effectively supported in the normalization of their experience in this important aspect of life [32].

Caring employees commonly experience concerns, uncertainty and anxiety due to their insufficient competences in dealing with sexuality issues of their clients. This could result in their reluctance to provide support in the area of sexuality. Other research show that caring employees believed it would be inappropriate (or annoying) to offer support in an active way [14].

Researchers point out the low professional awareness of sexual difficulties of people with motor disorders and the need for professionals themselves to do something about it. By not addressing this issue or diminishing its importance, professional workers indirectly endanger the physical and psychological well-being of adolescents and adults with motor disabilities [17].

Research shows [14] only 12% of caring employees and 8% of family carers were adequately trained in area of sexuality of persons with developmental and other kinds of disabilities. In the research, participants were offered seven scenarios to choose from. The most popular options were further training, defining clear policies in the establishment and a possibility to discuss these issues with colleagues. The least favourable option was support provided by the management and supporting the clients' families. As part of their duties, many professionals choose various forms of cooperation with the families of people with disabilities. In such cases the problem is the coherence of actions and the unanimity of views and attitudes towards issues such as sexuality, procreation, marriage and partnership [33].

Another research shows that caring employees who complete further training tend to have more liberal attitudes to sexuality in persons with intellectual disability. Moreover, the absence of training in this area maintains their negative perception and understanding of sexuality of these persons. Caring employees are often not ready to deal with situations that require knowledge and training in the area of sexuality, and are aware of the need for such training [14]. According to this research, following recommendations are formulated: increased support of all carers, who could facilitate dysfunctional sexual needs in persons with intellectual disabilities (ID). Employees experience

concerns and uncertainty—support and training would help them address issues relating to sexuality and relationships, increase self-confidence and decrease anxiety [14]. According to this research, a training program should provide and address (a) awareness about employees' attitudes to persons with ID and how they differ; (b) adaptive ways of supporting individuals with ID to allow them make decision about who they want to share time with or who they want to establish relationship with; (c) what needs to be done if a client can be exploited or abused; (d) what should employees do if they think that other employees are too restrictive or unfair towards a client or clients; (e) rights of persons with ID, specific principles and rules of a specific residence establishment.

The beginnings of education of professionals working with people with disabilities on sexual education of people with disabilities in Serbia were found within the subject Pedagogy of Physically Disabled People, which was part of the study program for graduate special educators at the Faculty of Special Education and Rehabilitation, University of Belgrade, in 90s of the last century. For a part of the content of this course, a publication was prepared under the title 'Education of the physically disabled and chronically ill for partnership and family' by Dragica Macić and Jiri Kracik. The authors state that sexuality can be understood as character, gender, interpersonal relationships, and overall human behaviour [34], but they also point out that sexuality is also a part of culture. The authors conclude that physically disabled young people have the same needs as other youth, but that their specific constraint in physical mobility conditions the reduction of social experiences and difficulties in adaptation [34]. Due to objective influences, lack of interest in the environment and lack of experience, it is necessary to educate young people with disabilities about partnership and family, which is a term that the mentioned authors use instead of the term sexual education. The importance of the role of the family is emphasized, but also of the special educator as a person to whom young people can turn for advice and questions in the field of partnership and related topics.

A search of all current study programs of basic academic studies at the Faculty for Special Education and Rehabilitation of the University of Belgrade (reviewing the content of all subjects from all study modules and levels) found only three subjects that mention sexual education of persons with disabilities. Unfortunately, only in two of the three study programs, in the academic studies of Speech Therapy and Special Education and



Rehabilitation of Persons with Intellectual Disabilities, were found subjects that deal with this topic only in part of their content. In the basic studies of Speech Therapy, within the content of the subject Introduction to the Rehabilitation of Persons with Intellectually Disability, sexuality and parenthood of persons with intellectual disabilities are mentioned. In the basic academic studies Special Education and Rehabilitation of Persons with Intellectual Disability, within the subject Psychology of Disability and Rehabilitation of Persons with Autism, the content just mentions sexuality and parenthood of persons with disabilities and the sexuality of persons with autism [35, 36].

Therefore, there are no subjects at this faculty that, for the most part or in its entirety, deal with sexual education and sexuality of children and youth with developmental disabilities or sexuality of adults with disabilities. Therefore, we conclude that experts who are educated at this faculty for direct professional work with children or adults with disabilities, are not trained to educate, trainee, support and counsel this population in the areas of sexuality, sex, partnership, or in the field of reproductive health.

Among the new study programs of the Medical Faculty of the University of Novi Sad, we noticed that there is a separate subject called Sexuality of Persons with Disabilities in the basic academic studies of Special Education and Rehabilitation (modules: Inclusive Education, Multiple Disabilities and Speech Therapy). This subject has an elective character, so it is not obligatory [37, 38, 39]. However, it is commendable that a group of authors and lecturers from this faculty prepared the publication Sexuality of Persons with Disabilities, which follows the contents of the mentioned subject, and can be useful material for improving competencies and knowledge of students of other levels of study, but also of employed professionals in the areas of sexuality of persons with disabilities. The publication has a monographic character and abounds in useful information and sources in the field of sexuality of persons with disabilities, which are presented within eleven thematic areas. The publication highlights chapters on the sexuality of people with intellectual disabilities, autism spectrum disorders, motor disorders, and sensory disorders, among other topics.

Education and interventions concerning sexual activity and sexual health need to be accessible to and effective for adolescents with intellectual disabilities [11]. So Porat and associates describe novel sexual and reproductive health service

designated to address the sexual and reproductive needs of adolescents and young adults with physical or sensory disabilities. However, the service depends on the possibility of transporting the user to the place of its provision [40].

Ensuring curriculum delivery for support workers, as well as educating families and caregivers about the importance of sexual health and inclusion, is paramount, where the views and opinions of persons with developmental disabilities are at the forefront of the process [18]. A study by Grieve and associates [41] found that staff in nursing homes had significantly more conservative attitudes than staff in the community regarding the needs of young people with disabilities for partnership and their sexuality. Also, it has been proven that training and education on sexual issues of persons with disabilities are necessary and useful for all staff. In another survey, nearly 50% of staff identified additional training and clear policy guidelines as two ways to increase their confidence in addressing client sexuality issues. These results highlight the need for staff training [42].

The analysis of the results of the reviewed studies and regulations showed that there are several important facts that should be pointed out when it comes to sexual education of persons with disabilities in Serbia. First: There is no developed awareness of the importance of adequate sexual education and training for children, youth and adults with disabilities, even among professionals. There are also prejudices towards the sexuality of people with disabilities, in general. There is insufficient knowledge about the domain of sexual rights and the impact of their realization on the quality of life of all persons with developmental and other kinds of disabilities. Second: special educators - professionals who are primarily educated for direct work with children and youth with disabilities and adults with disabilities (but also other educational and assisting professionals), do not acquire appropriate competencies or knowledge about sex life and education of children, youth and adults with disabilities. Third: the national educational program, which also applies to children and youth with disabilities, does not provide sexual education for children and youth, and it is, as a rule, not included in individual educational plans, nor in individual plans of beneficiaries in social protection. Social skills training according to some authors can be useful for the development and improvement of sexual competencies and skills of protection and self-care of persons with disabilities.



IV. CONCLUSION

Caregivers in Serbia do not acquire adequate knowledge and skills related to sexuality of persons with disabilities during their education. Professionals who work with people with disabilities do not acquire knowledge during their studies (and subsequently, during work) and do not develop competencies on sexuality of people with disabilities. Knowledge about sexual functioning, needs and aspirations of children and persons with disabilities is gained in practice, due to the situations encountered in working with children and persons with disabilities. Special attention is given to the conditions for exercising the right to sexual orientation, partnership and sexual life of persons with disabilities accommodated in residential institutions. An additional burden is created by prejudices and wrong attitudes of society towards the sexuality of persons with disabilities, which endangers their sexual and human rights.

There is a role to be played by parents, carers and broader family, as well as schools and institutions providing formal education and care, to recognise, prioritise and meet these information and support needs in the area of sexuality of children, youth and adults with disabilities [7].

It is necessary to develop the contents of lifelong learning for timely education of professionals working with children, youth and persons with disabilities about their sexual rights, needs and life, as well as the contents of sexuality of children and persons with disabilities. Sexuality and people with disabilities should become logically related terms that are considered in the context of exercising and satisfying basic human rights. The experiences of well-developed programs and educational content that exist in the world can certainly be used for this purpose, such as programs provided in Australia by True organization in the form of group education sessions for people with disability, school programs, and professional development training for schools and organizations [43].

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