Sexuality in People with Motor Disability; Taboo, or Right?

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Abstract

Background

Globally 1 in 7 people experience some type of disability. In Latin America, as in other regions, there are programs focused on protecting sexual and reproductive rights. However, in Peru don’t exist programs, protocols, or guidelines that include a specialist (sexologist or trained health professional) in the health system, which allows for improving the quality of life and well-being of this population. Therefore, the study aims to analyze the experience of sexuality of people with motor disabilities to propose actions that contribute to improving their quality of life.

Methods

The interpretive phenomenological approach and the semi-structured in-depth interview with 60 questions were used, which was applied to 7 people (4 women and 3 men) with acquired motor disability.

Results

In this study observed diversity in the experience of sexuality. While some people experience it without fear; others have canceled their sexual activity. It could be because, in addition to physical limitations, they experience psychosocial limitations such as pain, functional alterations, depression, low self-esteem, discrimination, exclusion, stigma, socio-environmental barriers, etc. Therefore, the study reflected the double discrimination suffered by women (for being a woman and having a disability) and the absence of sexual education, counseling, or sexual therapy by specialized professionals. Other factors are the influence of religion, society, and culture that might condition and limit their sexuality. This reflects the current situation in Peru and other countries in the region, where the sexuality of persons with disabilities continues to be a complex and ambiguous issue.

Conclusions

The review of the profile and level of specialization of the health services professionals involved in the integral medical care of people with disabilities and their couples is required because of their need for adequate and specialized attention for their better adaptation to the new condition.

Introduction

Motor or physical disability is an acquired or birth disorder, which compromises movements; caused by many conditions or disorders, which determine the degree and restrictions that the person possesses when performing their activities in different spaces (1–4). It is a condition that is present in the population worldwide. In 2011, the World Health Organization (WHO) indicates that millions of people
have a temporary or permanent disability, with less access to health care services, so in many cases, their care needs are neglected (2). The report of the United Nations Organization (2019) (5) recognizes that disability places women in a position of disadvantage, being able to be excluded because of their gender and disability. Not being able to fully exercise their sexuality and access a life full of enjoyment is much more disabling than the disability itself (6). Globally, 1 in 7 people experiences some form of disability, with an implicit assumption that each type has specific social, educational, and health needs (7). In Peru, according to the report of the last census conducted by the National Institute of Statistics and Informatics (INEI), 3 million 209 thousand 261 people of the total population in 2017; that is, 1 in 10 people had a disability; of them 1 million 820 thousand 304 people are women. The most frequent types of disabilities are Vision difficulties (1 million 550 thousand 196 people), motor difficulties (moving or walking/ using arms and legs) that affect 485 thousand 211 people, and hearing difficulties that affect 243 thousand 486 people (8, 9). In the region of Tacna, 38 thousand 007 people present some type of disability, being the proportion 1 of every 9 inhabitants, of which 21 thousand 904 are women. The most frequent types of disability are visual difficulty (18 thousand 165 people), people with two or more types of disability (7 thousand 529 people), and motor difficulties (5 thousand 704 people) (10). These data alerted us about this group’s vulnerable situation, and their human and sexual rights, especially that of women. In Latin America, as in developed countries, there are programs focused on protecting the sexual and reproductive rights of persons with disabilities (6, 11, 12). In Peru, one of the agencies responsible for the management of disability is the National Council for the Integration of Persons with Disabilities (CONADIS), created in 1998. However, since that date, there have been many advances and policies aimed at the attention of this group of people, which can be summarized in great headlines such as the creation of the Ministry of Women and Vulnerable Persons and different norms that promote social inclusion, rights, quality of life, accessibility to services, transport, studies, and others, related to different spaces, ignoring and forgetting those concerning the sexual affective area (13–15). Despite the advances, to date there are no programs, protocols, or guidelines that include a specialist (sexologist or trained health professional) in the Peruvian health system that allows for improving the quality of life and well-being of the population with disabilities as it exists in other countries, such as the Netherlands, Denmark, which includes sexual assistance within its health programs, this being a right (16). Nor has evidence been found from statistical data or research at the national or local level, which addresses the need for sexual care in people with disabilities. Therefore, the objective of this work is to analyze the experience of the sexuality of people with motor disabilities to propose actions that contribute to the improvement of their quality of life; as well as, to the political and social awareness of the need to implement specific sexual and reproductive health programs for this population group, breaking stereotypes that place them in a situation of vulnerability and inferiority.

Methods

A qualitative, interpretative phenomenological approach, based on in-depth face-to-face interviews, was adopted to understand the experience of sexuality in people with acquired motor disabilities. Interviews were conducted from March to May 2022. The interview guide used was 60 questions, adapted from
Gaitán and Quevedo's questionnaire (17), based on the purpose of the research and available literature. The main questions were distributed in 4 categories or holons (gender, affective bonding, eroticism, and reproductivity) according to the theoretical proposal of Rubio E. (18).

PARTICIPANTS AND SELECTION CRITERIA

The "snowball" sample was used to recruit people with motor disabilities from the city of Tacna. Eligible participants were contacted through the Regional Council for the Integration of Persons with Disabilities Tacna (COREDIS). The inclusion criteria were: Over 18 years of age, with acquired motor disability, with informed consent; those of exclusion: People with mental disorders and communication disorders (Table 1).

DATA COLLECTION

The experiment design was approved by the Committee of Ethics Hipolito Unanue Hospital, Tacna-Peru. The ethics approval code is 10-CIEI-2022. All methods were performed in accordance with the Declaration of Helsinki. Since confidentiality and anonymity was important part of the research, we used pseudonyms proposed by the participants, rather than their names. The first author organized the time of the interview which was individual. These were based on open-ended questions, providing details to clarify them. All were recorded in audio, with an approximate duration of 2 hours each, and field notes were taken before, during, and after.

DATA ANALYSIS

The audiotaped interviews were transcribed word for word by the team. A person not associated with the study then verified the accuracy of the documents. Data were extracted inductively from transcripts. For its analysis, Giorgi's 5-stage method was adopted for phenomenological data: 1) Data collection from interviews; 2) Reading of the interviews before the literal transcription; 3) Disclosure of categories; 4) Codification; 5) Synthesis and summary to obtain the results (19). The first, second, and third authors independently reviewed the data, formed a coding framework through discussions, and then extracted categories and subcategories for analysis at research team meetings. Many meetings were convened to discuss, define, and review issues until consensus was established. Participants did not receive incentives of any kind. The investigators noted that there was no conflict of interest.
Table 1
Characteristics of the population under study

<table>
<thead>
<tr>
<th>N°</th>
<th>Pseudonym</th>
<th>Sex</th>
<th>Age</th>
<th>Type motor disability</th>
<th>Spinal cord injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Evelyn</td>
<td>F</td>
<td>35</td>
<td>Physical motor disability (gait)</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Gladys</td>
<td>F</td>
<td>47</td>
<td>Physical motor disability due to polio sequelae with hip dysplasia</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Pequeña</td>
<td>F</td>
<td>57</td>
<td>Quadriplegic due to sequelae of paralytic poliomyelitis</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Lila</td>
<td>F</td>
<td>57</td>
<td>Quadriplegic due to spinal cord injury at the C5-C6 level with bladder and fecal incontinence</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Vita</td>
<td>M</td>
<td>45</td>
<td>Paraplegic due to spinal cord injury L1-L2</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Josecito</td>
<td>M</td>
<td>49</td>
<td>By amputation of the right lower limb (transfemoral).</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Carlitos</td>
<td>M</td>
<td>65</td>
<td>Parapleic, due to spinal cord injury, at the level of L9, L10, with bladder and fecal incontinence</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Results

Assuming the theoretical proposal of Rubio E. called holons of sexuality, which proposes four categories integrated, determined by biological, social, and psychological factors. These work under a systemic model: Holon gender, understood as the series of ideas, attitudes, values, and concepts about what is meant by being a man or a woman and about this, the expectations that arise for each one (18); therefore, it affects the formation of gender roles and stereotypes (20). Holon affective bonding addresses the interpersonal relationships that are established with others, recognizing within them positive feelings such as love, friendship, and affection or negative feelings such as anger, resentment, and pain. Therefore, feelings are considered indispensable in the construction, maintenance, and avoidance of bonds and relationships (21). Holon eroticism refers to the series of ideas, concepts, and values that are created regarding sexual responses. Therefore, it is a human capacity that all people have to experience sexual pleasure, desire, and arousal, through biological and psychological stimulations that contribute to the construction of social representations and meanings. It should be clarified that this pleasurable response can occur on a personal level or with another (20). Holon reproductivity refers to the human potential that the person has to reproduce, but also to the functions of motherhood and paternity that he could exercise. At the psychosocial level, it involves decision-making and autonomy to decide when, with whom, and how you want to have children or if you do not want to; as well as, the ability to care for others who are not exclusively their firstborn. About the holon gender, it is evident that in the conception that the participants have of being male or female, there are no significant differences, except sex. The interviewees report that the man is associated with traits of strength, protector, responsible for the family, objective, less expressive, with greater freedom to occupy managerial positions; and is not
judged socially as the woman. As for women, the interviewees associate her with procreation, perseverance, sensitivity, strength, intuition, caregiver of the harmony of the home, more subjective, expressive, fighting, passionate, and at the same time, more socially judged. At the same time, they point out that women suffer double discrimination (because they are women and have disabilities), as evidenced by the following testimonies:

“To be a man is to have the strength to take your whole family, the strength out of work, to teach your children to be good, to get ahead, that is, to put yourself on the shoulder of your whole family. The one you are going to form! ...” Carlitos

“Being a woman is something that God has given us, so beautiful, at least for me... because being a woman I have been able to have my wonderful children that I love…” Lila

As can be seen in the testimonies, ideas and concepts tinged with stereotyped traditional roles predominate, considering men as synonymous with physical strength and women as synonymous with sensitivity and reproductive roles.

As for sexuality, they consider the woman to be sexually attractive, and must have physical and aesthetic features, while the man must have traits of responsibility and respect:

“Ah... that it be pretty, beautiful...". Carlitos"

Uhm... Even if I have an important position, what prevails in me, is his personality, that he is humble, simple and... even if it's not very graceful that we say, for me, that's enough.” Evelyn

Finally, we must mention that people with disabilities are frequently discriminated against, due to the denial of equality, leaving them "out" from the notion of normality/abnormality, as shown in the following testimony:

“Yes, many times I have felt stigmatized, discriminated against... it hurt at the time... to make myself visible, it was very difficult for me to be able to be where I am, discrimination as a person with a disability and discrimination as a woman.” Gladys

Regarding the holon Affective bonding, the participants maintain that respect, humility and communication are important in personal relationships, and during falling in love they are linked to affections; where love means making sacrifices for the happiness of the couple and that their mere presence “fills their world”. They have also experienced some feelings that became painful after a breakup.

They point out that behaviors for the construction and maintenance of interpersonal relationships are based on socially accepted norms:

“Knowing how to listen, knowing each other, uh... and know how to understand their weaknesses and strengths. Tolerance, dialogue, understanding, and communication are fundamental.” Gladys

“Be kind, respectful, transparent.” Lila
They consider that the assessment of friendship is based on presence and permanence, not necessarily physical:

“Ah! I lock it in one word Loyalty!” Lilac “Uhm...! I was a good friend before the accident Superfriend! I gave everything to my friends, but the accident happens to me... not one of those friends came to visit me, not to the hospital, not to the house. Vita

“For me is only a word: Loyalty!”. Lila

On falling in love, they say that it allows to know the couple, establish affective bonds and courtship, look for related values, aimed at establishing commitments that can give rise to marriage or cohabitation:

“I think it is one more stage, of a sentimental bond, from a man to a woman, from woman to woman or man to man, it is one more step if you could say, to take that step of the marriage union.” Gladys

Courtship, for me, is the beginning of a relationship, of... to try to get to know each other, because then you live together or get married. You just know each other there!” Josecito

They assume that marriage is the union of a couple that requires maturity, knowledge of the person, responsibility, communication, and support:

“In marriage, to be a wife is to have a partner, to be a complement to the man, to be a person who can push you to work, together give love, form a home.” Gladys

They emphasize that love is expressed through the search for the well-being of the couple:

“Oh, love! The love I think... I can enclose it in one word Tenderness!” Lila

“True love is sacrifice, if I come to love my partner or the person I chose, I have to sacrifice for her in many ways... in many ways...” Vita

They consider that, during falling in love, there are a series of emotions and feelings, loss of meaning, the reason is clouded, everything is perfect, and there is a strong desire to be together:

“It’s feeling that... that there is someone in the world who makes you happy, that his very presence fills your world, fills all your emptiness, covers all your fears, more or less that.” Pequeña

They also point out that, there are feelings of disappointment, where the metaphorical expression "break the heart", refers to the love disappointment, disappointment, and suffering for the loss of the couple:

“It’s a disappointment if it’s a disappointment. I have felt that my heart has been broken, by infidelity or betrayal, I think everyone hurts that. I felt terrible, I wanted the earth to open and I was... lock up. I felt a lot of pain...” Evelyn

“... It broke my soul when he said I couldn’t be with a person in a wheelchair.” Pequeña

In the erotic holon, male participants reported that intimacy is related to sexual satisfaction and is primarily penetrative; for the interviewees, a bond of peace, surrender, communication, and trust makes their sex life healthy because there is love. It was observed that women reject masturbation and men
consider pornography as a sexual stimulus. In general, participants considered that amatory involves various forms of expression and explores their erogenous zones. However, from presenting the disability several of the participants declared that their sex life ended, while others sought information to exercise it in their new condition. Men and women presented difficulty in the sexual encounter due to lack of mobility and assured that both the governments of the day and the health professionals are not interested in their sexual health, aspects that are corroborated through the following testimonies:

**Women consider that intimacy alludes to a space of peace and sublime purity, while for men it is related to sexual satisfaction:**

“For me, intimacy is... it is like a place, space, where two human beings like they create a sacred circle, like a safe space, a space of infinite peace, very intimate, very pure very... very sublime...” Pequeña

“It's... love, love with a woman, satisfaction, but... if you can't what are you going to do then...” Carlitos

They stated that sexuality is considered the maximum expression of love, communication, intimacy, and dedication:

"Complement of a relationship, for me sexuality is paramount" Gladys

"I believe that it is the moment when two people commune, that is, they live in a state of fullness, of ... total delivery." Pequeña

They pointed out that, sexual life is satisfactory and full if the trust, acceptance, tolerance, and communication of their preferences prevail:

"It's open, very trustworthy, that is, I can't say: Oh no, don't look at me here! Of communication, we can tell ourselves that we like it or that it is not pleasant..." Evelyn

“Oh, the truth is that I do feel full! I feel great... yes, yes... it makes me feel like if I were to renew myself, both inside and out." Pequeña

It is thought that masturbation is exclusive to men because myths still prevail:

“I once tried to masturbate, but, I didn't think it was pretty because that's how playing, it was like... who do I touch?..., I don't feel it's pleasurable to me.” Gladys

“I think masturbation is a way to get sexual pleasure alone... I don't know, in the man, it's different, a woman vents through her period, right…” Evelyn

They consider pornography as a means of individual stimulation, and sexual encounters and also as therapy in cases of erectile dysfunction.

“Well, it can be a way to get stimulation in a sexual encounter, I think it's excellent, on several occasions we have resorted to it." Gladys

“Pornography sometimes helps, as a psychologist I sometimes recommend it ... I am convinced that it helps in some situations.” Pequeña
Some participants experienced discomfort when witnessing Bondage and sadomasochism:

"I admit that only once did I see..., but... I didn't feel comfortable, because of the way they did it, that is, the oral sex and that, I saw that the woman had been handcuffed and they were beating her, I didn't like her"! Evelyn

In some participants, the coitocentric conception prevails:

"It's being more of a man and having more satisfaction! For both her and me, that's what's there through penetration then. ... but now I can't anymore." Carlitos

Other participants have a more comprehensive conception of sexuality, which involves various forms of expression:

"It's that there's a lot of difference, for example, in sexual intercourse they think it's penetration, but a sexual relationship is... it's getting involved, it's caresses, kisses, fiddling, things like that isn't it." Gladys

Some argue that, from the moment they presented disability, they denied any possibility of a sexual relationship:

"A sexual relationship? It is a surrender of passion, love, love as a couple, that is, during intercourse... but since my accident, I have not had sexual relations, not at all, I think I have been affected, I imagine because I do not know, because I am with a catheter, with a permanent bladder catheter... ". Lila

As for the erogenous zones, the interviewees agree that they experience a global pleasure that goes beyond the vagina or clitoris:

"The breasts, the neck and he likes to have his penis touched, his neck." Gladys

"I admit that more, more than the clitoris itself what excites me are the caresses of the nipples, the legs, my buttocks. And he knows it!" Pequeña

They maintain that, by losing or decreasing sensitivity in the genital area, it increased in other areas:

"Uhm... a lot in the part of the armpits, abdomen, they touch me there... Your mother! Ha-ha, if someone caresses my back I also like it." Vita

They associated sexual pleasure with love, respect, valuation, rapport, and good stimulation of erogenous zones, generating a full sex life:

"Yes, I do achieve sexual pleasure, and that has happened to me because... it is like, that all actions or forms of stimulation are good, then, they are pleasant ... and that makes one reach that climax, I manage to reach orgasm, that happens to me! My sex life is healthy." Evelyn

"My sex life is pretty, pleasurable, my sexuality was completely fine, I'm multi-orgasmic, I can experience two, three, four times." Gladys

They argue that the difficulties in the sexual encounter are attributed to the lack of mobility:
"I can't move much because of my physical condition, that is, having a lot of movement I can't, but he does it, right? I can't support it... I would love to get on top of him, I can't practice some things... "Pequeña

"My sex life before the accident was more active... definitely, it was more moved, now by, by, by the member (leg) that I have lost I can not do things that I used to do then. " Josecito

They claim that sex education is a right. However, sexuality in disability remains a taboo:

"I think, with no one, zero conversations on the subject of sexuality." Carlitos

"Never, believe me, in the time that I have been working on the issue of disability ..., I proposed a project to the regional government to teach courses on sexual orientation for people with disabilities. Believe me, they didn't, they didn't accept..." Gladys

Some point out that the information was obtained from pornographic magazines, health professionals, and friends:

"A little bit, but apart from reading, huh... I like to interact sometimes with health professionals, friends who I hear them talk to sexually..." Gladys

"On behalf of my family, they never, ever talked to me about sexuality. The information I have obtained, or been able to talk to, is from friends. Sometimes it gives a little roche." Evelyn

"Ah! With my male friends, we touch on a lot of topics in the youth meetings we have, we're a group of young single adults and that's why we have that freedom to be able to touch on those topics." Vita

Another aspect that they highlighted is the scarce or no sexual training of the health team:

"After my leg was amputated, no doctor still told me about sexuality. Well, I... I believe that, if they should have informed us because it is no longer the same, one cannot do the same..." Josecito

Regarding Holon reproductivity, the participants pointed out that motherhood and paternity are part of their life plan, assuming the experience in a voluntary, responsible, and planned way, as an act of renunciation and surrender for the good of the children, which motivates them to improve themselves.

They stated that pregnancy transcends the biological; it implies a voluntary decision, a thoughtful and planned fact based on the desire of the couple.

"Ah... currently, now I do not take care of myself with any contraceptive method, I want to be a mother, with my partner we have already talked about it, now to wait..." Evelyn

"... He wanted to be a father and so did I, it was a mutual desire of both of them." Pequeña

They maintain that paternity and maternity require responsibility, and willingness to provide children with everything necessary for their adequate growth and development:

"Father... although I am not a biological father, I am a father... I have a daughter. Being a father has changed my life, I have someone to fight for, someone to live for. Not before, I took everything like this. She has changed my life... it has made me more responsible." Josecito
They emphasize that being a mother, has great meaning and value, and implies commitment:

“It's the most beautiful experience. It's a... it's a stop thinking about yourself and feeling like you have to protect your baby. It is the most sacred experience I would say, of total surrender, of renunciation of all your needs to meet the needs of that being that you have brought into the world.” Pequeña

They point out that the family has violated the right to make reproductive decisions because of the myth that disability is hereditary:

“... barriers that, for my situation, are very enormous... I have gone through many very hard stages... for me, life has been very complex... to my family I said Let me live! Let me be wrong! They limit me because they are embarrassed and want me to be home! They had uncertainty because they thought my children could inherit this disability.” Gladys

Discussion

In Peru, 1 in 10 people suffers from a disability, of which about 57% are women (INEI, 2019) (8, 9). Unlike other countries in the region, there are no health programs that respond to the sexual and reproductive rights of persons with disabilities, which guarantee true integration into society and full sexual life. This, together with the absence of comprehensive sex education programs, results in the strengthening of stereotypes and discrimination against persons with disabilities. The results of the study show traditional conceptions regarding gender, giving men the role of protector and family leader; to the woman the role of mother and wife. This coincides with what Cruz (22) found about the fact that people with disabilities are assigned norms and values differentiated according to sex, which does not differ from what was reported in other studies with a gender focus (23, 24). It was also shown that women with disabilities were more socially judged, perceiving double discrimination (for women and disabilities). Other studies agree that women with disabilities are even denied the right to be wives, mothers, and caregivers, due to social prejudices that consider them sick people who require care (25, 26). Likewise, the study observed the need for people with disabilities to create strong affective bonds that strengthen their interpersonal relationships as a key element for the enjoyment of sexuality, their ability to love, and to feel loved, valued, and free to choose the way to express and live fully. It is difficult to talk about sexual encounters if you do not first learn to establish interpersonal relationships, those that are established in social spaces (27), hence the importance of including in health programs, spaces that strengthen these skills in people with disabilities, allowing a better integration as social beings. This coincides with what was stated by other authors, regarding the importance of the development and promotion of values, acceptance, support, and respect for people with disabilities as tools to reduce stereotypes and avoid isolation and exclusion (28–31) As for eroticism, the need for satisfactory and full sex life, regardless of disability, was evident. As other authors have observed (32), people with disabilities are often falsely described as "asexual," without the same needs as people without disabilities (33–36). Regarding sexual encounters, although some manifested the increase in sensitivity in other areas of the body, in men the concentric conception predominated, not recognizing other forms of sexual expression, generating feelings of annulment of their sexuality; especially in those people who have lost sensation in the genital area. As for
women, a more global conception prevailed that allows them greater well-being and satisfaction. These results coincide with what has been reported by other authors regarding the predominant habitual sexual behavior, which reduces sexual encounters to genitality and to a lesser extent behaviors that consider love affairs as art that each couple creates with their own rules of the game, including all possible forms that are satisfactory to them (37), for every human being is prepared to experience pleasure, which transcends the limitations associated with disability (27, 38–42). Although masturbation is part of the exercise of their sexuality and a practice that promotes sexual autonomy and self-knowledge (33, 41), in this study two currents were identified; while some said to practice it naturally, others considered it harmful and sinful. As for pornography, two positions were also obtained; while for some it is considered a stimulus and even therapeutic for the good exercise of sexuality, for others it is uncomfortable and they reject it. Several authors have shown the influence of religion and cultural patterns on the experience of sexuality, exerting negative social pressure on it (43, 44), and how sex education can change these patterns (45, 46). These results reflect existing shortcomings in terms of scientific sex education by specialized professionals, as well as the influence of Peruvian religion, society, and culture. In terms of reproductivity, the results showed the need to exercise motherhood and paternity as a right of free choice, which requires a high responsibility and commitment to be assumed as a couple, which in some cases is limited by prejudices of the close environment. This is consistent with what was reported by different authors, noting that above all, women with disabilities are often considered far from the ideals of health to exercise their reproductive role, given the incompatibility due to their need for care and the lack of understanding and support of the environment (35, 47–49). The results show the need for social support programs, both economic and health, that guarantee the legitimate right to maternity and paternity of people with disabilities since those existing in Peru do not assume this responsibility.

As for the experience of their sexuality, the diversity is evident, while some experience it without fear; others have canceled their sexual encounters, because, in addition to physical limitations, they experience psychosocial limitations such as pain, functional alterations, depression, low self-esteem, discrimination, exclusion, stigmas, and socio-environmental barriers, among others. Although in Peru. there is legislation that recognizes the right to sexual and reproductive health for this population group (13), but to date, no specific sexual and reproductive health programs or specialized training programs for the professionals in charge of their care have been included. This reflects the situation in the country and the region, where the sexuality of persons with disabilities remains complex and ambiguous (6). There are multiple initiatives, health programs, consultancies, and others, implemented in countries such as Mexico (50), Argentina (51), Chile (52), Colombia (53), and Costa Rica (54), among others (55), which are focused on improving the quality of life of people with disabilities. These efforts are examples of Government strategies and policies that can be extrapolated to the Peruvian reality, given the need to have trained professionals within the national health network who provide counseling or sexual therapy to the person with disabilities and partners, as well as the importance of sex education, which is relevant due to the high percentage of the population with disabilities existing at the national level.

**Conclusion**
The experience of the sexuality of people with motor disabilities is diverse, which remains taboo, subjected to myths and stereotypes from a macho conception that affects their well-being, and threatens sexual and reproductive rights. The Peruvian state must propose public policies that guarantee these rights, considering emotional and behavioral aspects. To generate specific interventions for the attention of their needs. For this, it is necessary to review the profile and level of specialization of the team of health services professionals involved in comprehensive care for people with disabilities and couples, which must be timely and adequate to better adapt to their condition.

**Declarations**

**Ethical approval and consent to participate**

All methods were performed in accordance with the Declaration of Helsinki. This study was approved by the Ethics committee of Hipolito Unanue Hospital, Tacna-Peru. The ethics approval code is 10-CIEI-2022, General Management Resolution No. 405-2020-GGR/GOB. Reg. TACNA. The purpose and procedures of the study were explained to the participants, who voluntarily signed their consent before the interview.

**Consent to publication**

Not applicable

**Availability of data and materials.**

The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

**Conflict of interest**

The authors declare that they have no competing interests.

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**Authors' contributions**

**G.S.G.:** Conception and design of the study, preparation of the material, collection and analysis of data, elaborated the first draft of the manuscript, approved the final manuscript.

**C.L.L.:** Preparation of the material, collection, and analysis of data, elaborated the first draft of the manuscript and approved the final manuscript.

**J.R.F.:** Preparation of the material, collection, and analysis of data, elaborated the first draft of the manuscript and approved the final manuscript.
K.M.M.: Preparation of the material, collection, and analysis of data, elaborated the first draft of the manuscript and approved the final manuscript.

R.M.P.: Preparation of the material, collection, and analysis of data, elaborated the first draft of the manuscript and approved the final manuscript.

G.E.B.: Preparation of the material, collection, and analysis of data, elaborated the first draft of the manuscript and approved the final manuscript.

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