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Interventions to Promote Sexual and Reproductive Health Knowledge among University Students with Disabilities in Sri Lanka: A Social Work Approach

Chandima Jayasena

Ishari Gunarathna

Abstract

A wide range of social problems and issues have been coherently enhanced the current social work practice. Some of which have not been addressed by traditional practitioners or in traditional practice approaches. As a result, knowledge generation and development are crucial in these fields. Which development does in fact, aid and assist numerous communities and disadvantaged people.

Sexual and Reproductive Health Education for students with disabilities can be identified as a new approach in social work practice and education. Prevailing societal culture and framed education has excluded sexual and reproductive health education for young adults with disabilities. Sexual and reproductive health knowledge hence is necessarily important for social interaction and building a balanced

personality in the community, which was largely discriminated in twofold aspects, disability and lack of education.

Therefore, the main purpose of this article is to identify the problems of sexual and reproductive health for young students with disabilities who are currently in universities and focus on the components that support to promote the knowledge using social work approaches. The study was conducted in 2022 with students with disabilities who were studying at the Public University of Sri Lanka. The findings of this study emphasized the fact that people with disabilities are also alike minded of so called normal in the society, they also need social awareness that are essential to live in society. This study recommended how social work intervention can mediate at the micro and macro level through practice

Key Words: Reproductive Health, Social Culture, Young Adults with Disabilities, Social Relations, Social Network Support, Social Work Intervention

Introduction

Social workers agree that the goal of social work is to improve people's lives. Hence knowledge creation in these fields directly benefits vulnerable people's wellbeing. Medical context of sexual and reproductive health is a common circumstance that every young person should be aware of and understand. However, in Asian countries including Sri Lanka, Sexual and Reproductive Health topics are not openly discussed in general (IFPA, 2022). These topics are considered as taboo topics and segregated from the mainstream discussion. However, an already taboo topic does not prevail among already vulnerable community in many dimensions. The sexual and reproductive health is identified as a target of the Sustainable Development Goals, as per the WHO; by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information & education, & the integration of reproductive health into national strategies (WHO, 2022). Although UHC pledges to "leave no one behind", disability is not a focus of the Universal Health Coverage despite being an important dimension of inclusion for the SDGs (Seign et al, 2022, p.2). The situation of sexual and reproductive health education, awareness therefore complex and requires due attention and systematically design approach to reach the target communities.

According to the research conducted by Wige, et al in 2022 explained that general youth community has minimal understanding of reproductive health. In such a situation, young students with disabilities encountered most barriers to further their education about sexual and reproductive health and this opens heightened barriers for youth with disabilities. As shown in the studies, the knowledge about sexuality and reproductive health should come from the family, school, and the main social institutions, however, the case of students with disabilities in consideration, can be identified as a latent state. About 15 percent of the global population lives with a disability (WHO, 2022) and they live mostly their entire life with the disability. The needs and wants of persons with disabilities regardless their impairment is same and common, including the sexual and reproductive health. However, there are profound evidences of negligence of sexual and reproductive health of the persons with disabilities. Over the past 20 years, global research from diverse settings had shown that on average, people with disabilities are more likely to experience poor general health than people without disabilities (Hashemi, 2011, p.1091).

The above elucidated facts explained the indoctrination on the reproductive health. Moreover, it is an obvious fact that understanding of sexuality and reproductive health is insufficient in general. However, this is more critical in respect to women. Women with disabilities in the society are considered as vulnerable. Submission to the Special Rapporteur on Rights of Persons with Disabilities, 2018 reported that

“The stigma with respect to persons with disabilities and their sexuality had the effect of denying this essential aspect of life to persons with disabilities. This is made worse for women with disabilities whose sexual rights are often considered superfluous at best, and a complete non-issue at worst”. Hence, women with disabilities are identified as a neglected group. The least knowledge towards SRH as well as the least interest in the attitudes towards imparting knowledge is predominantly identified issue in this aspect.

Moreover, the consideration on youth with disabilities also essential as they enter the active labour force as well as holding civic and household responsibilities in long term. However, in Sri Lanka, research on SRH issues among university students as the youth of Sri Lanka, with disabilities has yet to be addressed. Every year, The University Grant Commission of Sri Lanka selected a proportionate number from the total candidates from the G.C.E. A/L total student population. Students with disabilities (SWDs) selected for admission to the National Universities based on rank order on average Z-Scores obtained by candidates at the G.C.E. (A/L) Examination is very small (University of Peradeniya, 2021, p.1). As they further explained, “As per University admission handbook of the UGC, students with visual or hearing impairments and permanent physical impairment which has affected normal life are considered for admission under ‘special provisions. For these students there are variously introduced projects to incorporate inclusive education policies.

Receiving higher education from the state funded universities is competitive in Sri Lanka and the allocation and available facilities also not adequate for students with disabilities. The recent study conducted by the University of Peradeniya, 2021 concluded that, “almost all Universities are not able to provide the minimum facilities required by the SWDs and those students do not have the freedom to choose the courses that they wish to follow. Instead, they are expected to follow courses as determined by the Faculties/Departments which violates their right to higher education (p.4)

In general, students with various forms of disabilities necessarily need to be identified and accommodated in an inclusive education in order to succeed in higher education and attain social mobility (Chanana, 1993, Addlakha, 2013, Annual Handbook 2012, Booth, 2000, National Policy on Disability, 2003, Policy Outlines, 2015, Liyanage 2017, Herath, 2014). Favourable changes have taken place for disabled university students in public universities through inclusive education policy and rights-based approach. As an example, the establishment of separate centers and various projects have been avenues for disabled students to collectively discuss their progressive plans to receive good education and opportunities during

their academic tenure. These included accessibility for disabled people, technical programs for disabled people and provision of technical equipment and teaching and learning of some social skills. Nonetheless it was identified that there was no attempt to provide at least basic education on sexual and reproductive health for university students. This was further approved and reported in the Annual Report of 2021, compiled by the Centre for Disability Studies (CDS) and the Coordinating Centre for Students with Disabilities (CCSD) of the University of Kelaniya in collaboration with Centre for Disability Research Education and Practice (CEDREP) of the University of Colombo (Annual Report, 2021).

It is a common fact that the expanding interactive education in the national universities of Sri Lanka and related classrooms provide students with disabilities more accessible devices, technical hardware and software, and financial facilities including scholarships. However, to integrate students with disabilities in higher education, participation in social activities is extremely important. For that, a deep understanding of every aspect is significant and that can be studied in group and individual level is more friendly and feasible. Knowing about sexual and reproductive health issues is very important in the social interaction of students with disabilities. Until now, sexual, and reproductive health issues and awareness of students with disabilities have not been paid attention sufficiently, hence it is indispensable to draw due attention and promote knowledge.

Research Problem

Disability coincides with many other social, political and economic issues. The case of disability and vulnerabilities are more severe in the developing world as compared to developed with strong, focused human rights-based perspective. Among the vulnerabilities encountered by the persons with disabilities, the right to sexual and reproductive health is significant and prominent, as it ensures one of the fundamentals of human wellbeing. The youth become prominent in this scenario, as they represent the future of a generation and principally will be the adultery population of the country. In one dimension, they will be entering to the married life or would be single but enjoy the sexual and reproductive rights as unmarried. Therefore knowledge, awareness, and good practices, including safe sex practices are necessarily significant to enjoy the fullness of a sexual life which is a very basic need of all human beings. However, the access and opportunities to receive education and awareness of sexual and reproductive health had become challenging to many persons with disabilities and among them the segregated university student population identified as prominent. Hence the core problem of this research is focused to explore the Sexual and Reproductive health problems among students with disabilities in the universities in Sri Lanka. The knowledge generated from this

study yield the gap pertain in the disability studies as well as indirectly announce practitioners in the field of disability, including social workers who committed to work with persons with disabilities to further their practice interventions.

Theoretical Framework and Conceptual Map

The main theoretical framework of this research is based on the right based approach to promote inclusion. In the field of disability, the service provision and assistance for persons were historically transformed. The provision of charity or philanthropy was significant at the very first phase as it denoted the person with the disability as a helpless and dependent. According to Michael Oliver, one of the founding fathers of the social model of disability, has called this the ideological construction of disability through individualism and medicalization, the politics of disablement (Degener, 2017, p.33). However, the sociological approach for disability is not recognized as a complete approach to comprehend disability. Social model of disability regards disability as a social construct and places the blame for the disability issue on discrimination laws rather than on the individual. There are varied of criticism and arguments against the social model of disability. The right based model for disability as an alternative approach to disability provides a universal perspective to this notion. Human rights are fundamental rights. They cannot be gained or taken away from an individual or a group. They are acquired qua birth and are universal, that is every human being is a human rights subject (Blanck et al, 2016, p.35). Hence the main research problem is expected to be explored by using the theoretical transition from the education of the disabled community to a charitable-based approach to a rights-based approach. The focus is therefore to perceive the violation of rights to receive accurate and reliable education and awareness of sexual and reproductive health under the inclusive education policy of the prevailing higher education system in the country. Inclusive education is a way forward of the right based approach in a rights-based format. In addition, theoretical currents related to gender are used to discuss issues related to gender comparing female and male (Oliver 1990, 1996, Education. Association & Buddhane, 1996–2012)

As per the guidelines of the SRH framework, it should be implemented within a set of three principles and approaches: a human rights-based approach, gender equality and cultural sensitivity; equity; and social Participation (UNPA, 2008). As stated in the Declaration of Sexual Rights compiled by the International Federation of Family Organizations, sexuality is a natural and valuable part of life, an essential and fundamental part of our humanity. People want to achieve the highest standard of health. Empower them to make their own sexuality and choices first. reproductive lives; They need to feel confident and safe. Expressing one's own gender identity

(IPPF, 2015). Sexual rights are part of human rights, they are an evolving set of rights related to sex. People that contribute to the freedom, equality and dignity of all people, and they cannot be ignored. Therefore, people with disabilities also have the right to sexuality.

Conceptual Map



Conceptual framework was applied to examine the experiences of sexual and reproductive health problems of university students with disabilities. The framework facilitated for the narrow exploration of the macro perspective of the research problem. In addition, this framework was employed to identify the interrelationships of the concepts.

It was also an opportunity to uncover many aspects of sexual and reproductive health. Knowledge and attitudes performed an important role in exploring the sexual and reproductive health experience of university students with disabilities. Where does this community learned this knowledge? perception of love marriage and parenting, perceptions of SRH, STDS and HIV, Knowledge on Vulnerable sexual behavior, Skills in negotiating safe sex and problems arising here, safer sex practice, problems encounter/oppressive relationship, unwanted pregnancies, STDS, issues related to sigma, freedom to mobility, psychological problems, abortion related experiences were tried to be raised in the study.

Research Objectives

The purpose of this study is to explore the current knowledge and attitudes of Sexuality and Reproductive Health of students with Disabilities in public universities in Sri Lanka. The study focused on the lived experiences of students with disability with their existing knowledge and attitudes on SRH.

Moreover, this study attempted to explore three key elements and lastly to propose remedial measures with social work intervention to address these issues.

01. To identify the modes of reception of Knowledge on Sexual and Reproductive Health.
02. To explore the perception of SRH.
03. To elucidate the barriers associated with SRH Knowledge reception.
04. To propose remedial measures with social work intervention to address the identified issues.

Methodology

This research design was descriptive in nature as it attempted to describe main three aspects of sexual and reproductive health issues, this included, their present living conditions, day to day problems associated with social relationship and social work intervention strategies. The respondents of the sample comprised of females and males from age group of 18 years and above. Telephonic Interview method was used to collect data from the sample and the interviews were guided by a pretested interview guideline. The Key informant method was used to collect data related to policy level and future social work intervention. Secondary information was collected through published, unpublished books, articles, and dissertation and through internet sources related to the SRH topic.

The collected data were analysed using thematic analysis. Various topics were thematically analysed based on interviews and targeted interviews and cross-sectional studies in identifying sexuality and reproductive health issues of students with disabilities. The collected data was analysed using the thematic analysis and data were presented using tables, graphs and mostly in texts with other data presentation methods.

Sampling

Snowball Sampling Method was employed to identify students and following characteristics was significant in the selection; The respondent should be an undergraduate of a Public University, Identified with a Disability. Both male and female students therefore considered in selecting the sample regardless of any

weight on the gender. Sample size was twenty (20) and interviewed 10 key informants who worked in the field of SRH.

The data from the key informants which indeed explain the interrelationships of ongoing and proposed projects and students' reception of knowledge were collected from a diverse group of experts, including Researchers, Social Activists, a Medical Practitioner, Policy Makers, Social Workers and SRH Educators, the data was collected with visually impaired students and students with physical disabilities studying in various faculties of the University of Colombo and University of Peradeniya.

Ethical Considerations

Due to the prevailing situation of the country, there were strikes occurred both from students and academicians and series of temporary halting of academic activities were observed, due to such data was gathered through telephonic interviews and research ethics was followed to get the relevant information. A WhatsApp group was created, and a professional relationship was established. The respondents were informed about the research, research objectives and the method of data collection about a month ago. However, the researcher found serious constraints to protect the sensitivity of the respondents. The Privacy and the Confidentiality was ensured of the participants and their shared information. Informed Consent was taken verbally prior to the interview.

Limitations of the Study

Sample represented only visually impaired students and students with physical disabilities. Due to that, information on people with Speech impairments could not be obtained. Due to the current situation of Sri Lanka the research relied upon the telephonic interaction with the participants.

Results and Discussion

Demographic Background of Respondents

A total of 20 respondents participated in this study and represented public universities in Sri Lanka. It included four male students with disabilities and 16 female students.

Table 01
Gender Distribution

Male	04
Female	16
Total	20

(Field Data, 2022)

It was possible to recognise the differences in the experiences of girls and boys regarding reproductive health and their different perceptions. As revealed, it was conceivable to consider whether there is an effect of the social construction of femininity on the experiences of female and male university students with disabilities regarding reproductive health. Peer groups and technology have been recognized as a significant influence on both gender in receiving knowledge about reproductive health. Even among girls with disabilities who tend to express more, find themselves being labelled by their own peer groups as a misconduct and misbehaviour in exploring more about sexual and reproductive health. The environment in which they received education was not open to the society. The male students believed they were open more than females. What they already know and experienced was shared among friends. In the comparative analysis of this situation, the female students expressed that, even if they talked about this with peer groups, it was a matter of shame. Hence it was a common opinion that not to talk about sexual and reproductive health openly.

Although the youth community in the universities is at the threshold of the active labour, and at the forefront of the marriage life and also with better mental and physical health for active and satisfactory sexual experiences, the lack of openness among them was really high, which is created by themselves as a supplementary element of the society. In other words, this can be recognized as a reproduction of the existing Socio- Cultural structure of the Sri Lankan society.

Table 02
Types of Disability

Types of Disability	Number
Low Vision	5
Partial Blind	4
Fully Blind	5
Physical Disability	4
Physical Disability and Low Vision	2
Total	20

(Field Data 2022)

In this study, Low Vision, Partial Blind, Completely Blind, Physical Disability, Physical Disability and Low Vision, Students with disabilities were participated. Respondents who took part in the study indicated that disability did not at all hinder their access to knowledge about sexual and reproductive health. However, it was mentioned in their structured interviews that there are barriers to access this knowledge due to certain limitations posed by the nature of the disability. They were on the opinion that especially university students are more likely to be subjected to sexual violence and bullying due to the vulnerability associated with disability. Their responses made it clear that common issues such as sexuality and reproductive health are relevant to everyone, even though there are different types of barriers in adapting to society due to differences of disabilities.

During the interviews, the most important areas in relation to sex and reproductive health was questioned from the respondents, in their responses, majority of the respondents were curious about their love and marriage, however the public did not identify love and marriage as necessities for people with disabilities. This was the general idea in the society regarding the love, sex and marriage of people with disabilities. The social attitude towards people with disabilities regarding these aspects were negative. Therefore it was noted that there was a cyclical process of reproducing the embedded attitude of sexuality in the Sri Lankan society.

Table 03

Geographical area of Students

Geographical area of Students	
Badulla	02
Rathnapura	01
Kandy	03
Anuradapura	01
Gampha	02
Kurunagala	04
Galle	04
Kegalle	02
Colombo	01
Total	20

(FieldData: 2022)

Regardless of the geographical area, almost all the respondents identified as a homogenous group in the education and awareness on Sexual and Reproductive Health. Some of the participants have received education from Special Education and some from the Inclusive Education. Sexual and Reproductive Health is an area

where the school curriculum had given less attention and weightage. This had been vividly discussed in the educational curriculum reforms, however, there has no positive and progressive development to enhance the knowledge of sexual and reproductive health among school children. In Sri Lanka, young people receive necessary SRH information from “poorly informed sources” and limited SRHR education through the formal school system (UNFPA, 2017, p.3). As the study further reported, in the plantation sector of the country, 59% of participants were informed about sexuality and related information for the first time through friends and peers. The second most common source of information was at the school (17.75%). Electronic (7%) and printed materials (5%) played a minor role when considering the initial sources of information. The topics related to Sexual and Reproductive Health, which are therefore still not openly discussed in the school education system in Sri Lanka, hence regardless of their background, these students do not receive education about sexual and reproductive health issues from school.

Table 05

Income Level of the Families of the respondents

Family Income (LKR)	Number of Families
20,000 <	2
20,001-30,000	12
30,001-40,000	6
40,001-50,000	2
Total	20

(Field Data, 2022)

In this study, the purpose of receiving data on the income of the families of the respondents was to consider whether they could afford a smartphone or to access new technology. Visually impaired students had an accessible phone, and all other students too had a smart phone. However, they indicated that they did not engage in self-study on sexuality and reproductive health issues using these devices.

Therefore, it was revealed that there is no significant relationship between the income and access to sexual and reproductive health. However, it was revealed that, there is an existing poverty in the education and what was revealed in this study was not the presence or absence of family income, but the poverty remained in the sexual and reproductive health.

Gender, Disability and Sexual and Reproductive Health

As one respondent expressed; she grew up with her grandmother and grandfather. Her grandmother was reluctant to talk about these areas openly with her grandchild.”As she expressed, she was often told that you will learn these things when you grow up and hence did not openly talk about sexuality and body changes of a female.

Case: 1

I am in the third year and at the age of 23 years old. Studying a special program in Sociology. I grew up with Grandfather and Grandma since childhood. I have a visually Impaired sister. She is one year younger to me. When I was growing up, my grandmother told me that I would have my period every month. But they did not say about rape, pregnancy, and STD's, she didn't say how to be safe and protect from these things. One day I asked my grandfather what rape is. Grandfather tried to teach. Grandma instructed Grandfather that not to share bad things with me. The disability community of students must have sexual education knowledge. Therefore, they advised me to receive knowledge from this homogeneous group. However, every other area we have access and opportunities, except sex education.

(Field Data, 2022)

Regardless of gender, almost all the students expressed that, family was not an open place to discuss topics on sexual and reproductive health. The female students who participated in the study mentioned that their mothers told them to be careful when they passed their puberty. However, they did not say how to be careful and from whom to be careful of. This revealed that, parents of these students also lack in knowledge and awareness about body changes. This study highlighted the fact that, prevailing culture reduced the awareness of such issues among family members, who do not tend to openly discuss these topics with their children.

Sexual and Reproductive Health related Factors

Multiple factors have influenced the current knowledge of sexual and reproductive health among students with disabilities at public universities. Among them, the contribution of family and school can be identified as one prominent factor in spreading sexual and reproductive health knowledge among students with disabilities. The family and the school which are the primary social institutions that shape a person's social life, are excluded from sex education for cultural reasons.

There is an opinion that we do not need this knowledge from our homes
(Field Data, 2022).

As I remember, we have so much for queries regarding the topic of sexual and reproductive health, however we reached the teacher who assigned for my class to teach science to clarify these doubts, what she told us was to refer the Health Science teacher and ask for clarifications. Due to the existing socio-cultural teachings, teachers do not advance the sexual and reproductive health education conversation in an interactional education mode. Hence this becomes more severe and complex in the special education settings. Majority of the teachers are reluctant to teach and receive responsibilities in teaching these lessons. However, it was identified that, a student coming from the special education background and a student coming from the Inclusive education background have more or less effect on sexual and reproductive health knowledge. As in the family, the school is also not an open setting for providing education to students with disabilities or non-disabled students. These students indicated that they come to the university without the fundamental knowledge which necessarily need to be delivered in the school curriculum. Hence the gap which need to be fulfilled at the school level is significant and they have missed the opportunity. Moreover, they mentioned that, due to the Covid Pandemic situation which lasted in the past years, the mode of the education was online, and this created the scenario more and more complicated. They were on the opinion that the Orientation program conducted at the time of admission to the university was a brief awareness about sexuality and reproductive health and which was not enough to improve their safe and protective practices of sexual and reproductive health.

The Orientation program was a certain regulation of most faculties to introduce the university education and university culture. It invited all students of the new academic year and further discussed their problems and issues within the university premises, unlike schools the university life and the freedom enjoyed by the students and new acquisition of adult education is promoted during the orientation. However, during the interviews with students they expressed that, there were no opportunity to raise the voice representing the students with disabilities in the orientation, for them it was more of a general meeting where students listen to other stories and speeches. In general, there were many programs on this subject through online media where all students can participate. Then once again the voices of students with disabilities were not highlighted and programs should be conducted targeting students with disabilities which indirectly provide an opportunity for the students to open up their stories personally in a healthier environment.

Disability conscious students from special education backgrounds have more interaction in the disability community than students from inclusive education backgrounds. According to the respondents, romantic relationships are also visible among them.

“Our senior batch had a sister who was also visually impaired. She had a love affair. They met frequently. Sister became pregnant without even knowing it. She doesn't know about safer sex practice”

(Field data, 2022)

Lack of Knowledge on Birth Control

There were more close relationships among disabled students, as they met frequently and share things both personnel and academic related frequently, and this opportunity created a tendency to develop intimate relationships. Getting pregnant from your most intimate partner within the university is therefore a matter of lack of education and awareness on safe sex practices and usage of contraceptives. Even pregnancies in university have been caused by a lack of sexual and reproductive health knowledge. However, it was a noticeable fact that those who received inclusive education had a comparatively better understanding of general culture, behavioural control, and a framed attitude towards sexuality. However, they mentioned that they also have limited opportunities to receive sex education.

Consequently, the respondents were on the opinion that very **barely** knowledge they have in the investigation about the current knowledge and attitudes about sexuality and reproduction. Plus, that the understanding is not sufficient. Hence it urged for carefully designed projects to discuss about sexual and reproductive health targeting students with disabilities.

Another factor that emerged from this study was the perception of sexuality and reproductive health.

Case: 02

I have a sister in my family. She is married. She has two daughters. She always says, it is better for me to have sister's two daughters. these two will take care of you when you get old. They always have the same perception. Marriage, Sexuality is not for us

(FieldData, 2022)

The above case study explained that even marriage is not necessary for persons with disabilities, as they concerned in respect to sexual and reproductive health. The

disabled community is constantly under the supervision of others, and they were deprived of their body language. This case study further confirmed that their lives are spent in the care of another, protected and isolated and no longer independent. Even though they are given opportunities to go up in the social ladder through university education, the “Socially constructed Society” was not ready to accept them as an independent human being.

In this study it was confirmed that sexual curiosity was common to all individuals, sexual stimulation occurring at the life span, changes in hormones, attraction to the opposite sex etc. Rule 9.2 of the UN Standard Rules on the Equalization of Persons with Disabilities argues that disabled people have a right to “experience sexuality, have sexual relationships and information in accessible form on the sexual functioning of their bodies.” (United Nations, 1993: 9.2).

The focus on issues related to Stigma and Gender discrimination their response was as follows.

Students with disabilities indicated that love, sex, and parenting were a no-go zone including taboo

(FieldData, 2022).

This was more frequently observed among girl students with disabilities. According to their view, currently adopted safe sex practices, due to the lack of understanding about birth control and the ideology of the society, they are not motivated to buy condoms and follow other contraceptive methods. Hence, they use alternative practice like natural practices. Students with disabilities reported risky sexual behaviours only in relation to pregnancy. It was also identified that, vulnerable behaviour patterns lead to other severe complications associated with lack of knowledge on SRH as STD/HIV, pregnancy and abortion. Moreover, the knowledge and safe sex practices among students with disabilities were low with students who studied in the inclusive education system, however those who completed the education in special education setting showed an advanced knowledge than those from special education.

Sexual Behaviours and Characteristics

As indicated by the respondents, there are individuals who develop stress due to unhealthy relationships and breakups

(FieldData: 2022)

In this study, it was revealed that reading books and watching movies on the internet, socializing with friends, participating in related programs were very

limited among these students due to Covid pandemic. The most of their leisure time was used to attend for online lectures. It was pointed out that the ways of acquiring social knowledge with the students were blocked in the university because they studied under so called inclusive education.

Those who came from a special education background were more likely to express their sexuality. It was also pointed out that this awareness was not given to those who came from inclusive education background. Current Knowledge and attitudes on sexuality and reproductive health among so called normal people was indifferent about PWDs sexual practices. Studies have found that many adults including parents as well as teachers are against providing family planning information to children as they fear that this would promote sexual activity among youth (UNFPA. Population matters. 2017). In such instance, the case of persons with disabilities is an obvious fact that, there will be minimal concern on the sexual needs of the persons with disabilities.

“Their attitude was that we don't need love, marriage and sexuality and parenting skills. Sometimes we don't even know the skills required for sex”

(Field Data: 2022)

Having romantic relationships in the university is a common occurrence. Sexuality and reproductive health education is very important because there are more opportunities to develop romantic relationships among youth.

Like a normal person eats and drinks, and disabled people perform sexual practices. So, awareness is absolutely necessary to do good practices. They have faced sexual oppression in the society.

(Field Data: 2022)

Sexual desire is a subjective feeling, that can be triggered by both internal and external cues, and that may or may not result in overt sexual behaviour. (Beck and all, 1991) Desire can be aroused through imagination and sexual fantasies, or by perceiving an individual whom one finds attractive (Toates, F, 2009). It is also created and amplified through sexual tension, which is caused by sexual desire that has yet to be acted on. Although this study focused on sexuality and reproductive health issues, social attitudes toward sexuality, marriage, and parenthood were also emphasized as subtopics associated with the core subject area. A closer observation of the data proved that stereotyping model of the existing society also caused for discrimination and prejudices for persons with disabilities. An important point that

emerged in discussions was the negative attitudes related to love, marriage, and sexuality among them and this has deeply affected their social life.

Respondents requested from the society to remove the existing negative attitude and to accept and offer the sexual rights to the disabled community and to create policies as other subject matters. There are still misconceptions in the society that one cannot have sexual relations because the exhibiting figure is unpleasant. The idea of body shaming, giving critical and more harm comments about someone's body or shape of the body is very commonly happened among persons with disabilities. Body shaming with persons with disabilities rather love marriages is more general with sexual and reproductive Health. Commonly accepted and generated idea about sexual inability is more popular among other ideas. Barriers to acquiring SRH knowledge has been an neglected issue from family and school, which are the primary agents of socialization process. Therefore, these socially constructed ideology, myths and negative attitudes towards PWDs are also reflect in the university education system. It affected their social life and personality negatively. As university education shifted from physical classrooms to online classrooms, many university students with disabilities may lose the opportunity to meet peer groups.

Gender Construction and Sexual and Reproductive Health

According to the findings it was depicted that sex had become a taboo word in relation to women with disabilities. The Sinhalese common women are sexually ignorant cowards and Buddhist culture was built on shame and fear of Sinhalese women. The following is further confirmed by the opinions of scholars who have studied social anthropology about the Sinhalese society in Sri Lanka.

Village women are good girls who are innocent, adhering to codes of morality and respectability. This includes being native, sexually ignorant, timid and the bearers of Sinhala, Buddhist culture (Hewamanna, 2003). The perfect woman restrains herself and ideally avoids public attention. Fear of public shame, *Lajja-bhaya* or shame-fear, is an important concept in this connection. *Lajja* has been translated into shame but also linked to shyness and embarrassment (Spencer, 1990). This concept of fear of public humiliation is internalized in Sri Lankan children from an early age, mostly among girls (Obeysekere, 1984). Spencer noted how this emphasis on restraint is mostly expected of women but also important for those with public social roles, predominantly men (Spencer, 1990). Obeysekere noted how those of low caste were perceived to have little *Lajja-baya* (Obeysekara, 1984). While women are currently expected to get a good education, they are still expected to defer to men. This construction of gender been developed in earliest, however, yet the belief and the expectation of women has not been changed significantly.

This rooted notion had adversely impact in searching and expressing the sexual needs and desires of women at different phases of their life span. The involvement of religion as a supplementary to this idea has created the situation more worst for women. The role of the women has changed to an extent with the development of education and access to employments for women. However, yet women in this country occupied and trained to be occupied the domestic role which always seconded to men (Sorensen, 2018).

In the discussions of the main data contributors in this study, it is not accepted that a woman with a disability had rights in a situation where normal women are trapped in a domestic role within the social structure of Sinhala society. They are restricted from all their rights and the most likely to be restricted from the sexual rights of persons with disabilities. Hence the intervention and awareness need to be more serious in this area, as the sexual life of a person is a fundamental element of human life.

Nature of Programs Organized by Universities

Various types of programs were organized for students from state university. These were organized by various faculties of the university, by non-governmental organizations and by various organizations of students. Nevertheless, the main target group of great majorities of these programs were the entire university students population and it was a way forward as to make the university population inclusive and general. However, topic which are sensible and need more deep discussions require special focus and attention. hence educating on sexual and reproductive health issues in large lecture halls with large audiences also makes it difficult to address the concerns of an average university student.

A key issue that emerged in this study was,

Even so called “normal students” have many problems and issues with sexual and reproductive health. As I witnessed many questions, mostly macro level questions are addressed during most programs. However, I hardly get an opportunity to turn up. Then how do we present our problems in such programs

(Field Data, 2022).

It is further clear that in many awareness programs, mostly taken the formation of macro perspective was not successful in catering to different target groups. Therefore, it highlighted the importance of small group discussions and simulations. The distinguish between macro level themes and micro level themes therefore need to be identified and prioritized prior to any awareness program conducted by the

university, this in one aspect guided the resource pool in selectin themes and on other the audience to be clear on what they will be getting through the participation.

Social Work Intervention

The significance of this study as stated in the objectives and in the research, problem is to propose interventions to enhance the access to sexual and reproductive health of students with disabilities. However, following interventions could be made as possible in short- and long-term measures to address the issues faced by student with disabilities. These are more concrete solutions to address the identified issues and problems of SRH. This includes promoting knowledge in reproductive health among Students with Disability, taking measures to promote family planning activities among students, promoting gender awareness, empowering Students with disabilities through the promotion of women leadership and Mobilization at the grassroots level to advocate on legalizing abortion at least in relation to pregnancies due to incest, Rapeand unwanted child pregnancies need to be covered in designing interventions. In addition, separate Soft Skills development programmes like SRH counselling for PWD students are important. As per the findings of the study almost all the students have a smart phone and therefore digitalized education using technology can be used to promote SRH education. Interventionsneed to be planned with group approach (Small Group)to promote Youth advocacyand Removal of all kinds of barriers against SRH. Discussions and other information sharing sessions, including knowledge distribution at universities have taken place mostly with mass audience. This mode of knowledge dissemination therefore has not been successful for many years, therefore an effective mode of dissemination, as example small group discussions, simulation sessions, project-based work would be effective in disseminating information and collecting information with special reference to persons with disabilities. As mobile phone networks proliferate throughout low- and middle-income countries, digital technologies offer huge potential to support women to achieve positive SRHR outcomes. Technology can make information and services available when and where they are needed and can facilitate a broader shift toward user-controlled products and services, including for family planning (Bacchus et al. 2019).

To reduce the sensitivity of the problems associated with SRH and all forms of sexual harassments, social workers need to be given the opportunity to work in these fields using new technology. However, the potential harm and the risk associated specially with mobile phone usage also need to be considered. Many social workers today have expanded their practice into the virtual realm to offer services such as online counselling sessions, tele health, social network support, or video-based tutorials and interventions. In addition, many professionals in the field

also utilize advanced software and online services to better trace and update their patient's files and treatment plans. Due to the impairments existed among persons with disabilities there are more opportunity to use updated technology in sharing information among persons with disabilities.

Conclusion and Future Recommendation

Sri Lanka as a country which struggle with varied of socio, economic and political constraints it is obvious that the concern for person with disabilities are being subjected to constant discrimination. It was therefore possible to reflect the discriminations and violation of rights in different social institutions, including the higher education system. State Universities and the consumers of state funded education therefore reflect the forms of discriminations and violation of their rights. In terms of disability and their right to receive education and awareness therefore being challenged and it was reflected in many studies and experiences shared by the respondents. Right to Sexual and Reproductive Health is universally agreed right of all human beings regardless of any stratification, the knowledge and awareness on SRH therefore become vital to protect themselves from any form of violence and harassments. Persons with disabilities are also privileged to bear same rights and responsibilities as non- disabled population. Moreover, the education they receive aspire to make them independent in their life span at different stages. To make people with disabilities independent persons, various aspects of their social life need to be concerned deeply. Reproductive health knowledge for people with disabilities can be identified as an issue that is often overlooked. Especially the prevailing cultural framework and backward attitudes do not expose their hidden opportunities. This study confirmed that knowledge about sexuality and reproductive health is ignored by them as irrelevant.

Current social work trends mean that social workers can no longer identify many areas that have not been emphasized so far. The knowledge of social work education can be used to develop the skills of the relevant vulnerable groups. That said, it can provide an invaluable support network. Stressful or traumatic situations in the lives of such vulnerable communities often lead to human development and social integration. As a conclusion marks, this study depicts that sexual and reproductive health knowledge is essential to build the fundamental base for interaction in the society and to develop their personality.

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