

Young Adults with Impairments

Sexuality • Contraception • Social Interactions

Select Results from a Survey in Saxony

Online Version



SHORT VERSION

PUBLISHED BY

German Federal Centre for Health Education (BZgA)

Young Adults with Impairments

Sexuality • Contraception • Social Interactions

Select Results from a Survey in Saxony



**A Study Published on behalf of the
German Federal Centre for Health Education (BZgA) by**
Sabine Wienholz, Anja Seidel, Marion Michel

With the cooperation of
Monika Häußler-Sczepan, Christina Schiller

Publisher

German Federal Centre for Health Education (BZgA)



Online Version



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Preface

The subjects of sexuality, contraception and partnership among persons with impairments have been major topics of concern within the German Federal Centre for Health Education (BZgA) since 2010. Developing and publishing materials on sexuality education as well as providing adequate information on sexuality education for specific target groups demands a basis of solid scientific data. Only few studies exist on sexuality education, contraception and partnership as well as bearing children and organizing leisure activities among young adults with impairments. For this reason, the German Federal Centre for Health Education (BZgA) commissioned the study “Family Planning and Young Adults with Impairments” in the state of Saxony.

At the center of attention of the study conducted from May 2013 to April 2014 in the state of Saxony were 152 young adults from 18 to 25 years of age with physical and sensory disabilities as well as chronic diseases. At the time, these young adults were participating in vocational education or were working in a facility for persons with disabilities in Saxony. Students with impairments were also queried concerning their lifestyle and family planning. With the help of a semistandardised survey we studied, among other things, the opportunities, obstacles and resources they had at their disposal to enter into relationships and live out their sexuality.

The influence of sexuality education in their parental home and school was also an object of our analysis.

This publication is an abridged version of the results, which reveal the various challenges facing these young adults with impairments with respect to sexuality and partnership. Our analysis provides numerous suggestions for professionals in the field as well as pointing out the need for further research. Thus, this study represents a contribution to the implementation of the UN Convention on the Rights of Persons with Disabilities to ensure the equal participation of persons with impairments.

At www.forschung.sexualaufklaerung.de readers may find further information on the study and its contents.

German Federal Centre for Health Education (BZgA)
Cologne 2017

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1



The Project – An Overview

How do young adults with impairments proceed with their family planning and how can their sexual health be supported and maintained? That is the central question of this study. The focus lies on their acquiring and implementing the information on family planning necessary to realizing their desire for children. Further, it is important that they receive information on how to effectively prevent unwanted pregnancies and sexually transmitted diseases.

This study is a follow-up study to the previous survey of the German Federal Centre for Health Education (BZgA) entitled “Jugendsexualität und Behinderung” (Youth Sexuality and Disability). It focuses on the theme of family planning and young adults with impairments from 18–25 years of age. The previous study was unable to collect detailed data on themes such as sexual experiences, choice of partner and use of various contraceptive methods among persons with impairments because of the small number of cases studies. However, it was able to show that in youths with impairments sexual relations often commence at a later point in time than in youths without impairments, generally when they begin their course of vocational education. The reasons given for this delay of initial sexual experiences were their personal level of maturity as well as the absence of an appropriate partner. Yet other reasons – not collected during that study – may also be involved, for example, limited mobility, absence of support and poor sexual socialisation in the parental home.

With the help of a semistandardised survey, it was our goal to study the opportunities, obstacles and resources they had at their disposal to enter into relationships and live out their sexuality in conjunction with the concrete implementation of their knowledge of sexuality, in particular concerning contraception. Further aspects of interest were the influence of sexuality education in the parental home and school and overall healthy behaviour.



Background

- The role of sexuality among persons with impairments was long overlooked or suffered from prejudices such as increased libido or asexuality.¹
- Many institutions considered providing sexuality education to be nothing less than “waking a sleeping

dog,” resulting in their reducing or completely avoiding the subject, concentrating instead solely on preventing the unwanted effects of sexual acts.²

- Sexuality was seen mainly as a problematic matter, often in conjunction with exploitation, abuse and heteronomy.
- The introduction of the UN Convention on the Rights of Persons with Disabilities³ was the first step toward providing persons with impairments the right to self-determined sexuality, partnership and parenthood.
- There are presently only few empirically well-founded scientific studies regarding sexuality among persons with impairments and chronic diseases.

¹ Herrath, 2013; , ² Specht, 2013; , ³ Art. 23 of the UN Convention on the Rights of Persons with Disabilities

References:

Herrath, F. (2013): Menschenrecht trifft Lebenswirklichkeit: Was behindert Sexualität? In: Jens Clausen & Frank Herrath (Eds.): Sexualität leben ohne Behinderung. Das Menschenrecht auf sexuelle Selbstbestimmung. Kohlhammer: Stuttgart, 2013: 19-34.

Specht, R. (2013): Sexualität und Behinderung. In: Renate Berek-Schmidt & Uwe Siefert (Eds.): Handbuch Sexualpädagogik und sexuelle Bildung (2nd ed.). Beltz Juventa: Weinheim, 2013: 288-301.

Bundesministerium für Arbeit und Soziales (Ed.): Unser Weg in eine inklusive Gesellschaft: Der Nationale Aktionsplan der Bundesregierung zur Umsetzung der UN-Behindertenrechtskonvention. Here: Appendix, p. 212. Online at www.bmas.de/SharedDocs/Downloads/DE/PDF-Publikationen/a740-nationaler-aktionsplan-barrierefrei.pdf?__blob=publicationFile&v=2 [Latest status: September 2011] [Retrieved 22 August 2017]

Further information on the living environment(s) of persons with impairments may be found under www.forschung.sexualaufklaerung.de



Project Details

Duration: September 2012 to October 2014

Survey period: May 2013 to April 2014

Project Management

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Sample

18- to 25-year-old men and women in Saxony with impairments or a chronic disease presently receiving vocational education or already employed.

Total sample: N = 152

- 30 mentally impaired persons
- 50 physically impaired and chronically ill persons
- 40 persons with hearing or speech impairments
- 18 visually impaired persons
- 14 persons with learning impairments

Methodological approach / Research design

- Recruitment in vocational centers (Berufsbildungswerke, BBWs) and sheltered workshops for persons with disabilities in Saxony (Leipzig, Dresden and Chemnitz), polytechnics and universities in the state of Saxony
- Telephone interviews, face-to-face interviews
- Questionnaire with open and closed questions (quantitative and qualitative), in part based on other surveys of the German Federal Centre for Health Education (BZgA)
- Two questionnaire variations:
 - 1) for persons without limitations in reading and writing abilities in normal language
 - 2) for persons with limitations in reading and writing abilities in simple language
- Qualitative and quantitative evaluation methods

Support provided by

The German Federal Centre for Health Education (BZgA), Project Head: Angelika Heßling

Further information

The questionnaire employed may be downloaded at www.forschung.sexualaufklaerung.de



Profile of respondents

Sociodemographics

		Vocational institution/ Vocational training center (n = 115)	Sheltered work-shops for disabled persons (n = 19)	University (n = 18)	Total (n = 152)	Sign.
Age	Average	20.9	22.4	21.9	21.2	.004
Sex %	Women	46	68	39	49	n.s.
	Men	54	32	61	51	
Highest educational level %	No qualification	9	63	-	14	.000
	Lower secondary school	50	37	-	43	
	Secondary school	37	-	11	29	
	(Vocational) Abitur	5	-	89	14	
Religious confession %	None	77	76	50	74	n.s.
	Protestant	17	24	33	19	
	Catholic	5	-	17	6	
	Other	1	-	-	1	

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Type of impairment

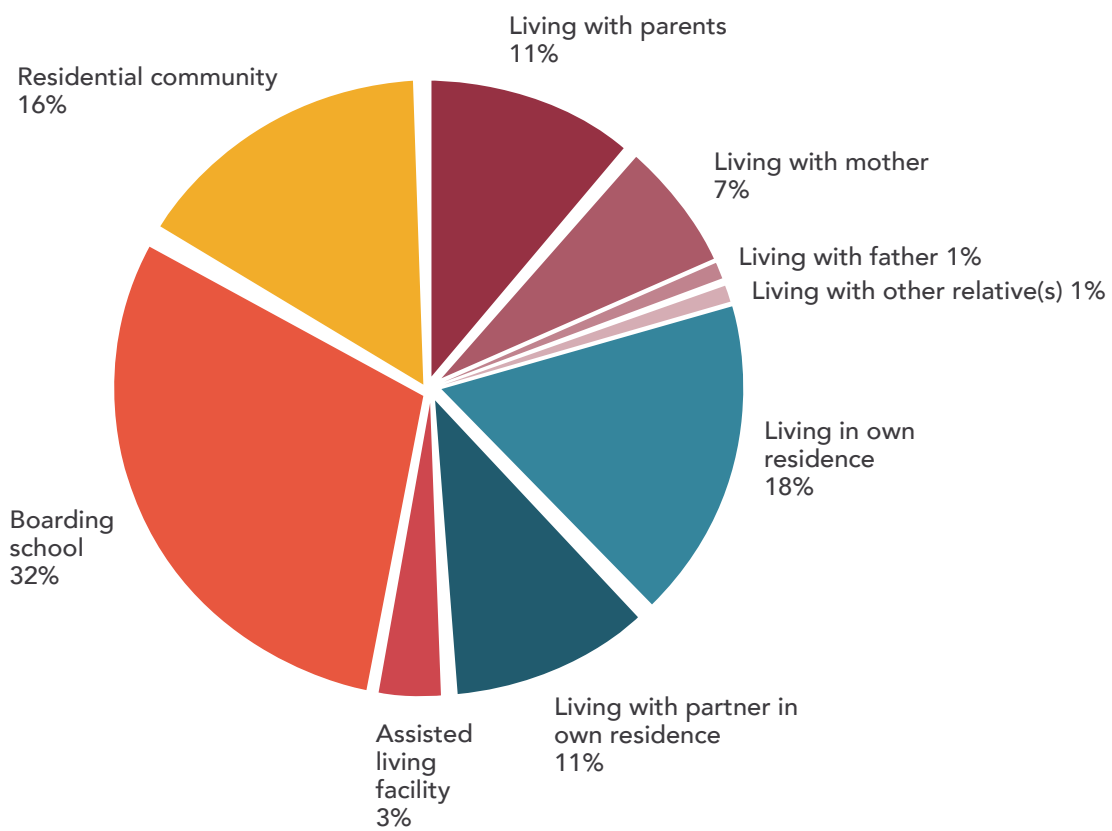
	Short name	Men	Women	Total
Impairment of mobility and movement	Movement	8	18	26
Visual impairment	Visual	9	9	18
Hearing/speech impairment	Hearing/Speech	23	17	40
Learning impairment	Learning	8	6	14
Mental impairment/mental disorder	Mental	15	15	30
Chronic-somatic disease	Chronic disease	14	10	24
Total		77	75	152

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014



Living situation

Present living situation

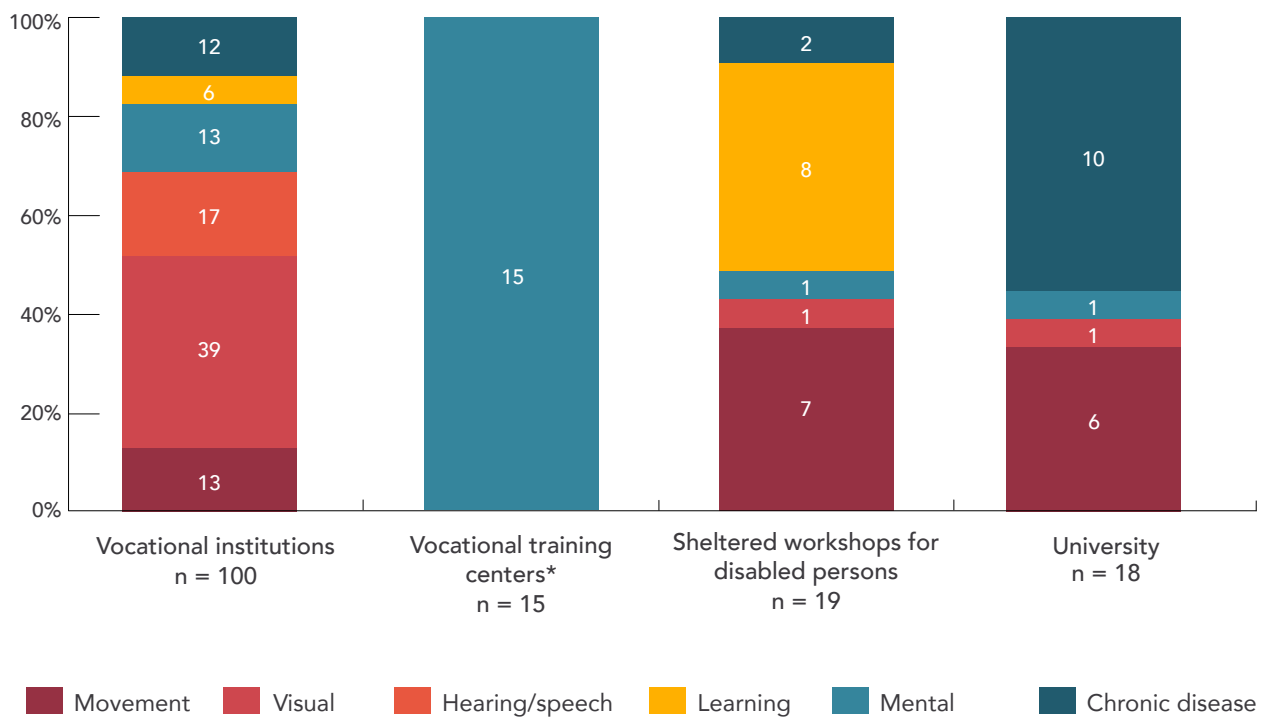


Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014



Educational and work situation

Distribution of educational and work places of respondents, according to type of impairment



* Vocational training centers are exclusively specialised for the vocational rehabilitation of persons with mental disorders.

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

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How Do the Social Networks of Young Adults Function: How Do They Make Contact with Their Peers and Spend Their Free Time?

The living environment of young adults with impairments also includes all social contacts outside of the immediate family and in vocational settings. How they spend their free time influences the makeup of their circle of friends and any contact they may have with potential partners. Thus, the respondents were asked to report on where and how they had met their friends, how they spend their free time and how they use the internet.

How did you meet the majority of your friends?

- The respondents had largely met their friends during their respective schooling and vocational training, less so during leisure activities.
- Men and women differ in this respect in that women tended to establish friendships during vocational training, whereas men tended to be oriented more toward areas outside of vocational training, such as sport and leisure activities, going to dances and to parties as well in their contact to persons in their immediate surroundings and existing circles of friends, and thus also to healthy persons without impairments.

Meeting places (%)

Where you met others	Rank	Total	Men	Women
Vocational training	1	55	45	66
School	2	46	49	42
Through other friends	3	13	16	11
Neighbourhood	4	11	13	9
Sport and leisure activities	4	11	18	4
Internet	5	9	9	8
Disco and Parties	6	7	13	1
Residence, community	7	6	4	8
Other	7	6	4	8
Family	8	4	5	3
Church congregation	8	4	5	3
Daycare center	8	4	4	4

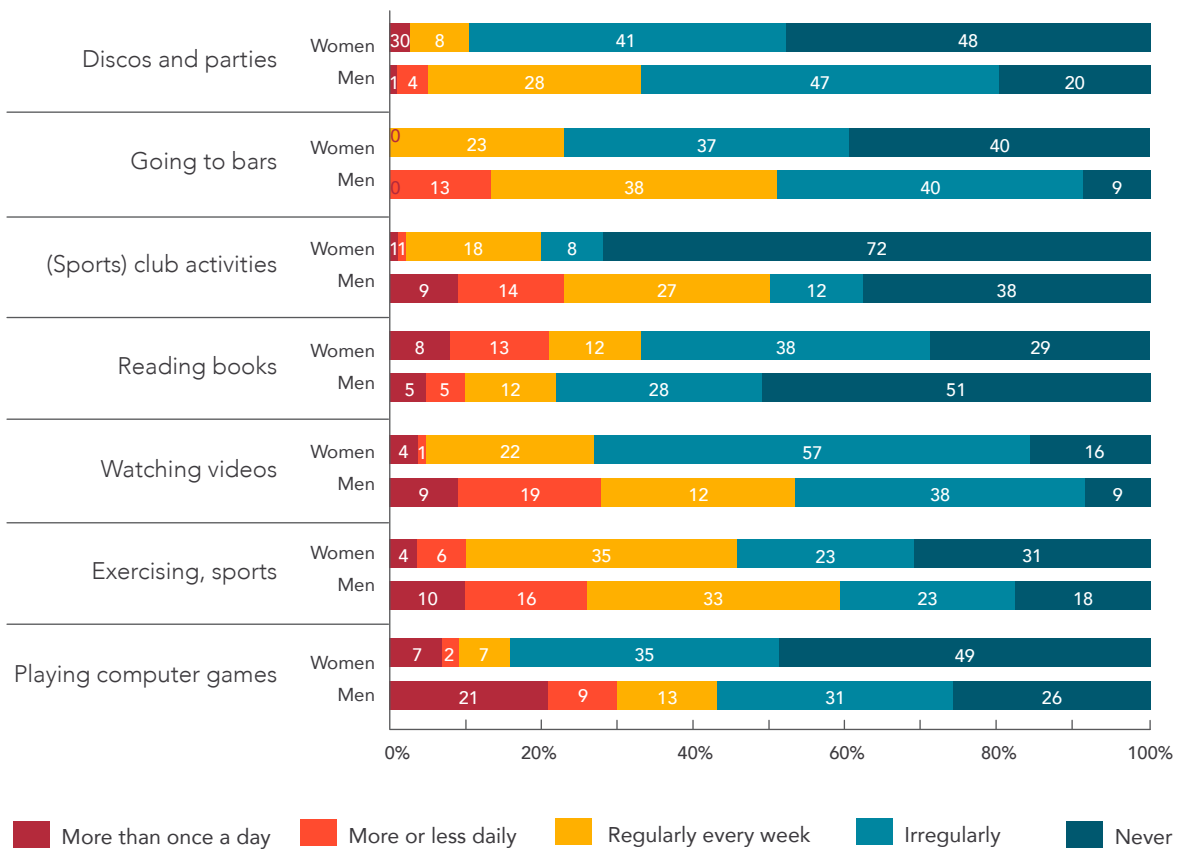
Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

How do you usually spend your leisure time?

- The leisure activities of the respondents differed only slightly from those of their peers in the general population.⁴
- Men's leisure activities differed from those of women.
- Women tended to concentrate their social relations largely in their vocational training.
- The greater the subjective perception of one's impairment, the more this hampered the development of active, social and interpersonal leisure activities.

⁴ Cf. Schell Deutschland Holding (Ed.) (2011): Jugend 2010. 16. Schell Jugendstudie, Frankfurt/Main: Fischer, pp. 98f.

Leisure activities by sex (only significant differences, %)

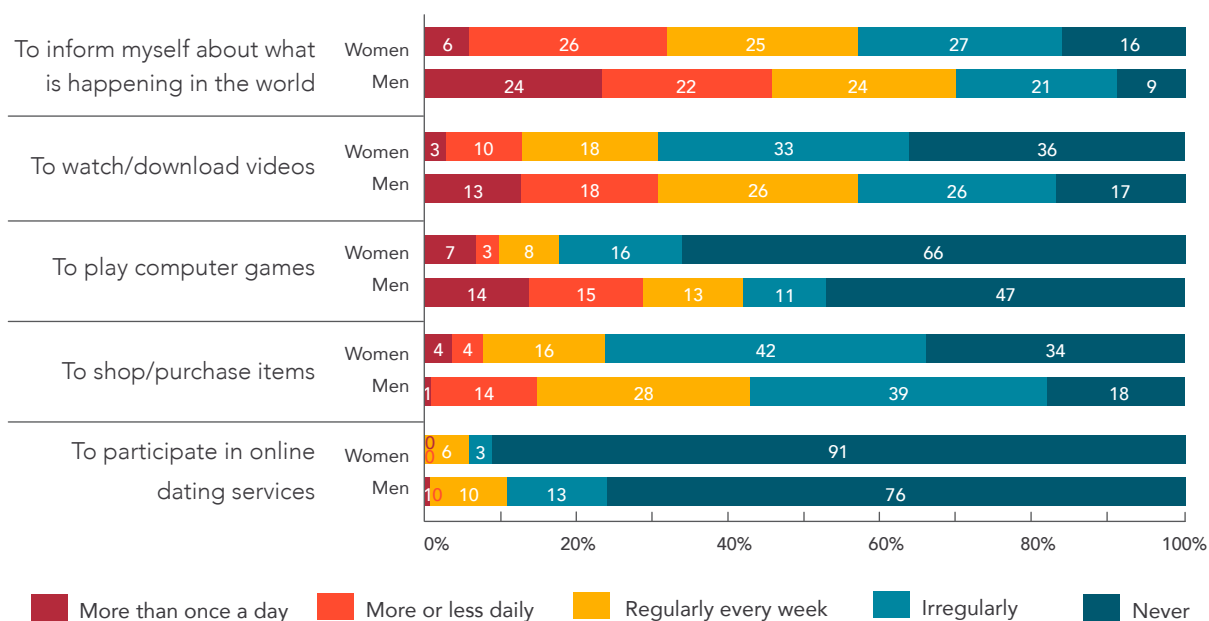


Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

How do you mainly use the internet?

- Nearly all respondents used the internet on a regular basis.
- The young men used the internet more often and more diversely than the young women.

Internet activities by sex (only significant differences, %)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

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3



How Do Young Adults with Impairments Perceive Their Body Awareness in Light of Their Impairment?

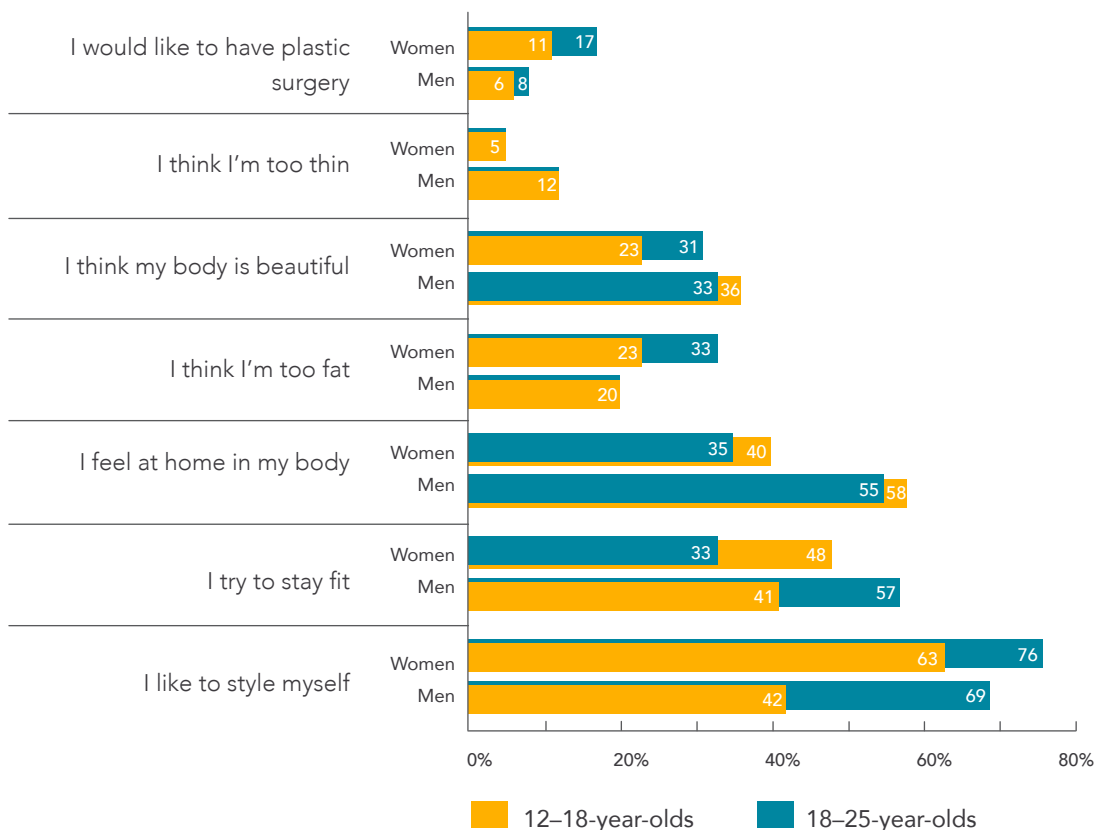
The development of a mature personality means, among other things, developing an understanding of one's self and one's own body. People with impairments experience their own physical, mental and psychological limitations in various ways – as well as how others violate their privacy. This influences not only their body awareness, but also their approach to their own health and well-being.

The young adults with impairments in this survey were asked to answer questions concerning how they deal with and see their own body. As the preceding study with adolescents showed, the male respondents generally had a more positive attitude toward their body, and overall the young adults were more critical than the adolescents from the earlier study.

How would you describe your relationship to your own body?

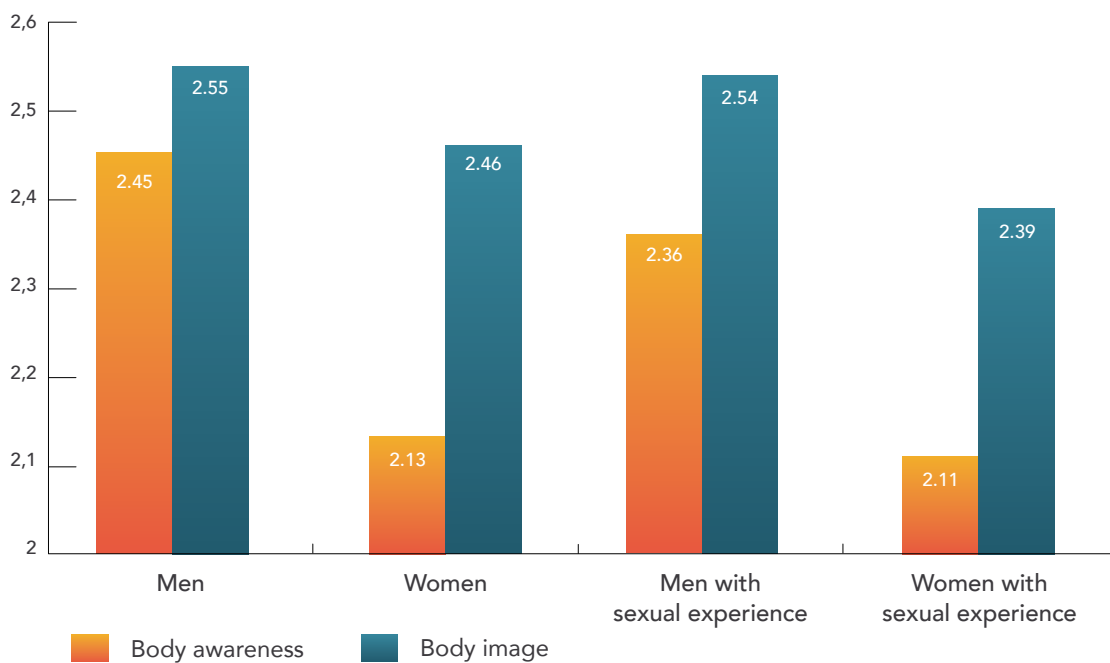
- Male respondents and those who had already had sexual experiences had a more positive relationship to their body and a more positive body image than the female respondents and inexperienced respondents in general.
- Sexual experiences with a partner had a positive effect on their body awareness.
- The extent of body awareness and body image was influenced more by the subjectively perceived level of impairment than by the actual level of impairment.

Body image by sex (only "agree" answers, %)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Body awareness and body image by sex and sexual experience (means)



(Scale values: 1 = negative; 2 = neutral; 3 = positive)

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014



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How Do Young Adults Express Their Need for Sexuality Education and How Did They Previously Obtain Access to Such Information?

Initial contact with sexuality education began for most as early as preschool, though more complete information was generally provided in school. The parental home played a very important role in this matter. Besides persons from the everyday environment, modern media also served as an important source of sexuality-related information. The young adults with impairments were asked which sexual themes were of interest to them, with whom they discussed these themes and which types of media they used to obtain such information.

With whom do you presently speak openly about sexual matters?

- Regardless of the sex of the respondent, overall more females played a greater role in sexuality education and general communication about sexual matters.
- A total of 45% of the respondents reported primarily having received information on sexual matters from their mothers, 40% from a teacher (male or female).
- The role of the father is changing: Compared to the adolescents with disabilities, among the young-adult respondents the male parent fulfilled an important role in the sexuality education especially of the young women.
- The greater the extent of the impairment, the less those affected received sexuality education from their mother, instead receiving information peers or from no particular person.

Order of the most important persons of trust according to type of impairment

Type of impairment	Rank positions 1 to 3 of the most frequently mentioned persons of trust regarding sexual matters	
	Men	Women
Movement	(1) Best friend (m/f) (2) Father (3) None	(1) Partner (m/f) (2) Best friend (m/f) (3) Other female(s)
Visual	(1) Partner (m/f), Best friend (m/f) (2) Other male(s) (3) None	(1) Best friend (m/f) (2) Mother (3) Partner (m/f)
Hearing	(1) Best friend (m/f) (2) Partner (m/f) (3) Mother, Father	(1) Best friend (m/f) (2) Mother (3) Partner (m/f)
Learning	(1) Best friend (m/f) (2) Partner (m/f) (3) Sister	(1) Mother, Best friend (m/f) (2) None
Mental	(1) Best friend (m/f) (2) Partner (m/f) (3) Other female(s)	(1) Partner (m/f) (2) Best friend (m/f) (3) Mother
Chronic disease	(1) Partner (m/f) (2) Best friend (m/f) (3) Mother	(1) Partner (m/f) (2) Best friend (m/f) (3) Other female(s)

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Where would you prefer to receive further information on the areas you mentioned?

- The young adults with impairments primarily received their sexuality education at school, followed by direct discussions with others, magazines, the internet, television and own experiences.
- Asked from which of the media they preferred receiving information, 59% responded with the internet, followed by television, informational events, free brochures on sexuality education, public exhibits and books.
- The widely varying media preferences, depending on the type and level of impairment, clearly revealed that such a wide variety of different media is apparently also necessary.

Preferred media type for obtaining information (%)

Rank	Medium	Total	Movement	Visual	Hearing	Learning	Mental	Chronic disease
1	Internet	59	58	67	65	43	57	54
2	TV/DVDs	58	50	67	63	57	53	58
3	Informational events**	53	58	78	48	21	60	50
3	Public exhibits	53	39	39	43	36	50	46
4	Free brochures on sexuality education	43	42	44	48	43	73	58
5	Books	41	39	17	45	21	53	54
6	Magazines	28	15	22	33	29	30	38
7	Sexuality-education games*	26	15	50	35	21	13	25
8	Audio books	22	27	28	18	7	27	25
9	Comics	18	23	17	23	21	10	17
10	Radio	15	23	22	10	0	7	25
	No further information desired	12	12	11	8	36	13	4

*Significant differences: Informational events $p = .043$; sexuality-education games $p = .048$

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Use the following list to denote which themes you would like to learn more about, which themes you know enough about already, or which themes you are not interested in at all.

- The respondents expressed the greatest amount of interest in sexually transmitted diseases, personal affection and love, pregnancy and birth, sexual practices as well as marriage and partnership.
- Their interest in so-called taboo and stigmatised matters was minimal; these themes were especially rejected by women and by persons without a secondary education.
- More than one-third of the respondents expressed a need for information concerning sexual dysfunctions, sexually transmitted diseases, pregnancy, abortion and sexual practices.

Interest in sexual themes, comparison between adolescents and young adults (means)

Theme	Adolescents	Rank	Adults	Rank	Men	Women
Sexually transmitted diseases	1.7	1	1.7	1	1.7	1.7
Sexual practices	1.8	2	1.8	2	1.7	1.9
Pregnancy	1.8	2	1.8	2	1.8	1.8
Personal affection and love	1.7	1	1.8	2	1.8	1.8
Marriage and partnership	1.8	2	1.8	2	1.9	1.8
Sexual development	1.9	3	1.9	3	1.8	2.0
Female menstrual cycle	2.0	4	1.9	3	1.9	1.9
Contraception	1.8	2	1.9	3	1.8	1.9
Role models	1.9	3	1.9	3	1.9	1.9
Sexual dysfunctions	-		1.9	3	1.8	2.0
Sexual organs	2.0	4	2.0	4	1.9	2.0
Abortion	1.8	2	2.0	4	1.9	2.0
Sexual abuse	1.8	2	2.1	5	2.0	2.1
Sex toys and aids	-		2.2	6	2.2	2.2
Homosexuality	2.0	4	2.2	6	2.3	2.1
Masturbation	2.1	5	2.3	7	2.2	2.4
Prostitution	2.2	6	2.4	8	2.3	2.5
Pornography	2.2	6	2.5	9	2.3	2.6

(Scale values: 1 = would like to learn more, 2 = know enough already, 3 = does not interest me)

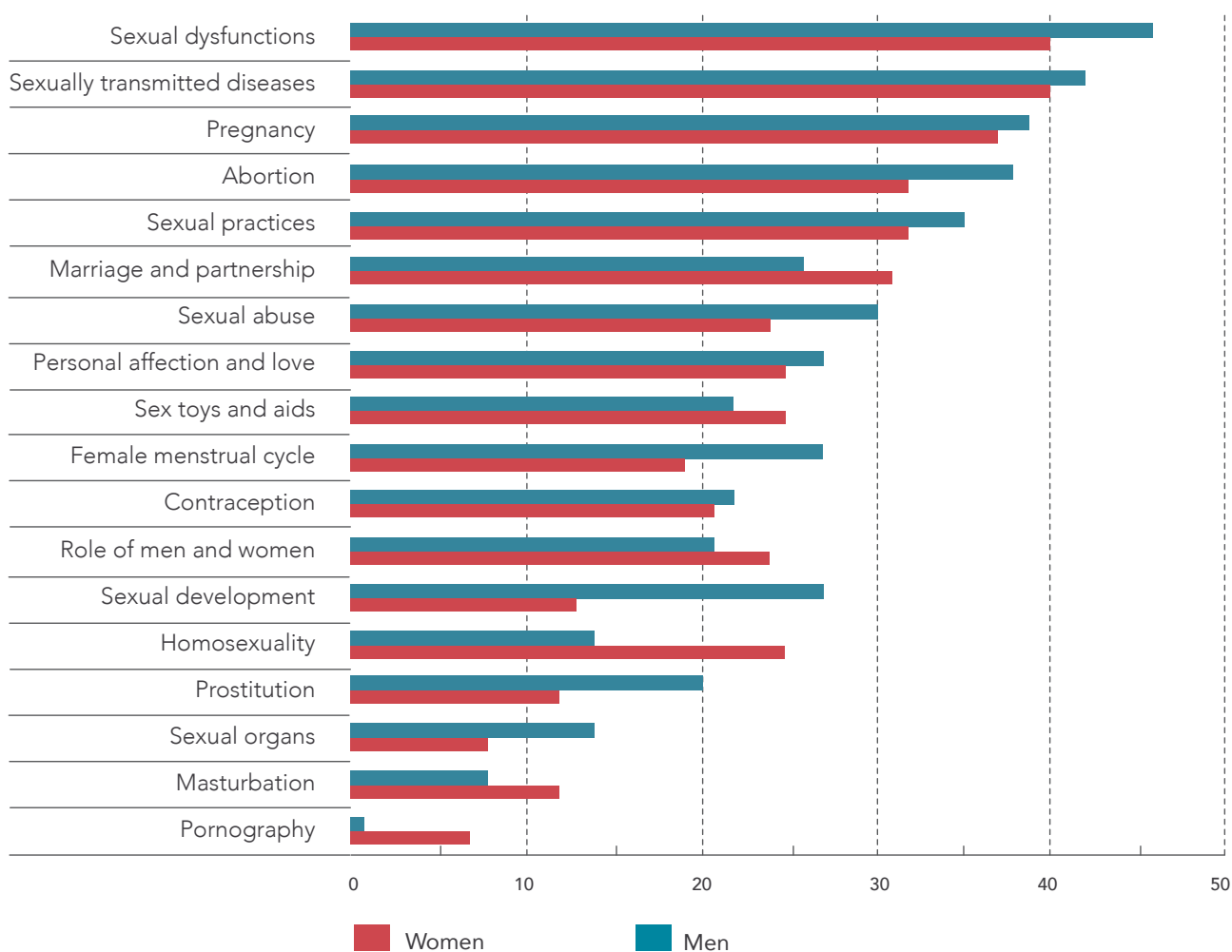
Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014 and data from "Jugendsexualität und Behinderung in Sachsen" (Adolescent Sexuality and Disability in Saxony) 2011

Response category "I am uncomfortable with this matter" (%)

Rank	Theme	Men	Women	No qualification	Lower secondary school	Secondary school	Abitur
1	Sexual abuse	13	27	29	15	24	14
2	Prostitution	10	19	24	20	7	5
3	Pornography	10	16	29	14	7	10
4	Abortion	7	12	19	8	9	5
5	Masturbation	5	12	24	8	7	0

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Need for information by sex (%)
(response category: "I would like to learn more")



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

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5



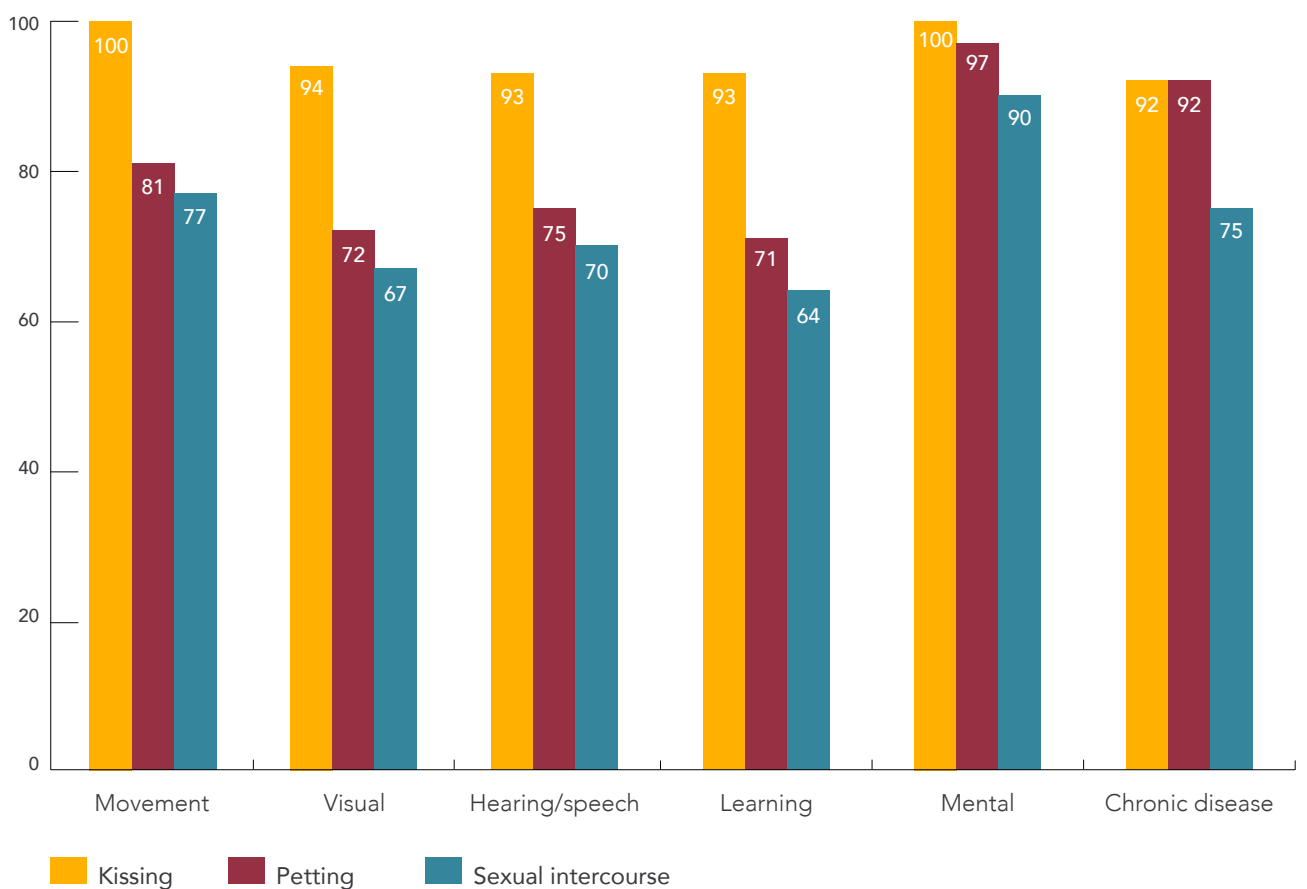
How Can Young Adults with Impairments Enjoy Their Sexuality Against the Background of Institutionalised Living Arrangements (in Particular Residential Facilities) and How Do They View Their Sexuality?

Besides looking at their access to information on sexuality education and sexual counseling, this survey also studied the sexual experiences and sexual activities of young adults with impairments. Against the background of institutionalised living arrangements, such as residential facilities, we were interested in discovering which chances young adults with impairments have to live out their sexuality and how they view their own sexuality. The questions included such aspects as establishing couple relationships, sexual experiences with and without intercourse, masturbation, and experiences with homosexual contacts as well as reasons for possible sexual inexperience.

There are many different ways two people can exchange affections. What have you yourself done or experienced in this regard?

- 88% of the young adults with impairments considered themselves to be exclusively or predominantly heterosexual, with 10% calling themselves bisexual or homosexual, thereof twice as many women as men. Women who had experienced sexualised violence reported being bisexual or homosexual twice as often as those without such experiences (16% vs. 8%).
- At the time of the survey, almost all of the 18- to 25-year-olds had had kissing experience; the rate of those who had engaged in petting or partner sex was 82% and 71% among men, respectively, and 81% and 79% among women, respectively.

Forms of sexual contact by type of impairment (%)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Masturbation is another possibility. Have you masturbated during the last 12 months?

- About half of the respondents (52%) reported having masturbated during the past 12 months. Especially single men with a higher educational level and who subjectively felt more severely impaired regularly practiced masturbation, with the highest rate among the mentally impaired, the lowest rate among the learning-impaired respondents.

Experience with masturbation (%)

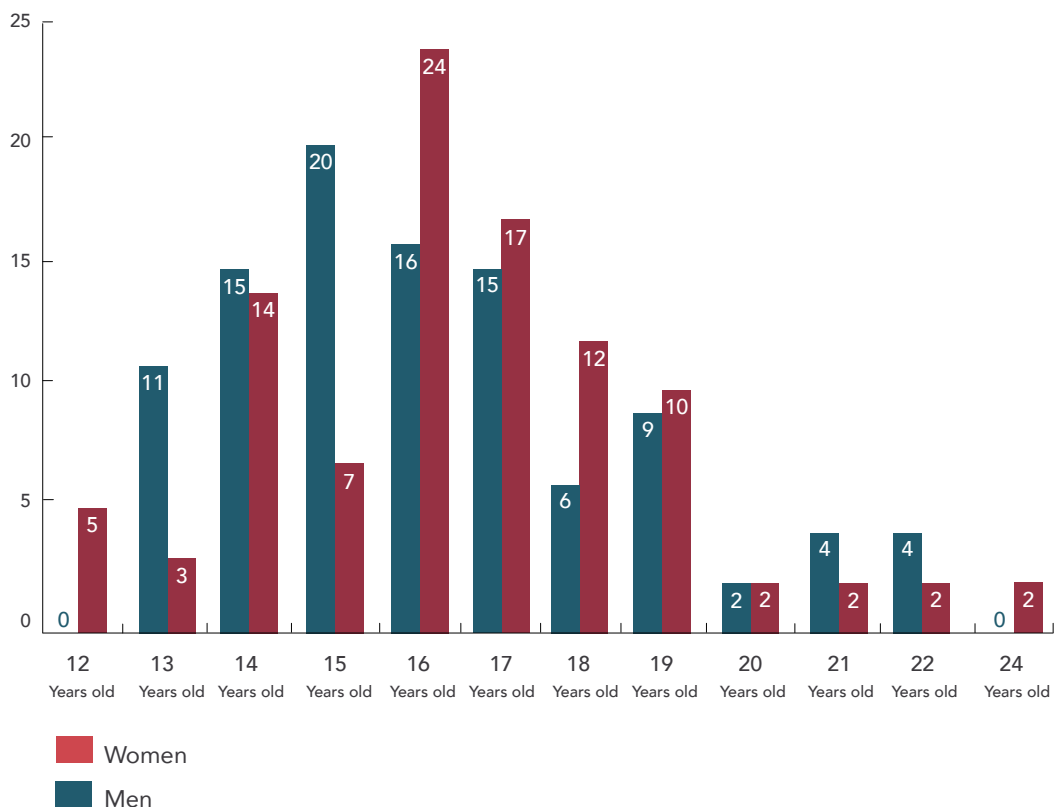


Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

How old were you when you first had sexual intercourse?

- 75% of the young adults with impairments had experienced partner sex.
- Most of the adolescents and young adults with impairments had their first sexual experiences with a partner later than the average among the overall German population.
- Sexual experiences with a partner generally commenced among the respondents at the turn of adulthood, approximately parallel to the end of their schooling and the beginning of their vocational training.

Age at first intercourse (%)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

What were the reasons for your not having exchanged affections or not having gone further than exchanging affections?

- A lack of self-confidence and fear of failure were the most common reasons given for sexual abstinence.
- Neither subjective nor objective level of impairment nor educational level played a role in the extent of partner sex.
- Two-thirds (66%) of the young adults with impairments who had no sexual experience at the time of the survey also had no regular partner, as opposed to one-third (34%) who had a regular partner.
- The singles among the respondents were the most inexperienced, largely because of their shyness. The male respondents desired a certain level of independence before commencing with intercourse. Among all young adults with impairments, respondents with visual impairments showed the greatest level of apprehension of being clumsy. Respondents with hearing and speech impairments had the highest level of feeling immature and, together with those who subjectively felt themselves to be moderately to very impaired, were the most disinterested in partner sex.

Reasons for not having experienced intercourse (multiple designations possible, ≤3 choices, %)

Theme	Rank	Total	Men	Women
I'm too shy	1	45	50	38
Haven't met the right person yet	2	34	27	44
Afraid of being clumsy	2	34	41	25
Need to stand on my own two feet*	3	18	32	0
Because of my impairment/disease	4	16	14	19
Fear of pregnancy	5	13	9	19
Want to take my time	5	13	14	13
Uninterested	6	11	14	6
Feel myself to be too young	6	11	9	13

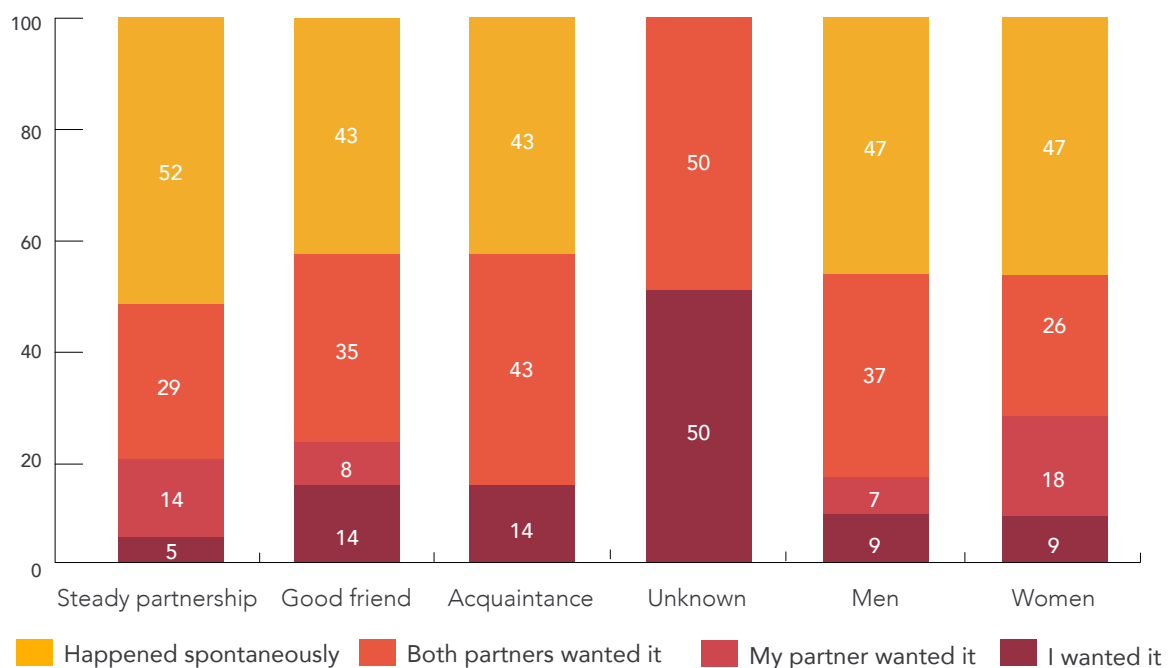
*p ≤.05

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Where did your first experience with intercourse occur (e.g., at home, outdoors, etc.)? What led up to your first experience with intercourse?

- In 85% of all cases, the “first time” occurred in the private domain, that is, in one’s own residence or in that of one’s partner, in a residential home or room at boarding school.
- Some 8% of the respondents experienced their “first time” in semiprivate situations, such as in a car or a tent, and 7% reported first having sex in a public place such as a public restroom or outdoors. More men than women (13% vs. 2%) had their first sexual experience in a public place, and fewer respondents without an educational qualification experienced sex for the first time in a protected space than did those with a lower secondary or a secondary school qualification (69% vs. 88%/95%).
- About half of the respondents (47%) experienced their first intercourse spontaneously and without having planned it. One-third (31%) of the respondents had planned their “first time” together with their sex partner. For one-fifth of the respondents (22%), either the partner (13% or the respondent (9%) initiated intercourse unilaterally.
- Among the respondents in firm relationships, the first sexual experience was generally unplanned, as was the case where the two partners were only good friends. If the partner was hitherto unknown, then the initiative for intercourse stemmed exclusively from one of the participants.

Initiative for first sexual experience according to relationship status (%)

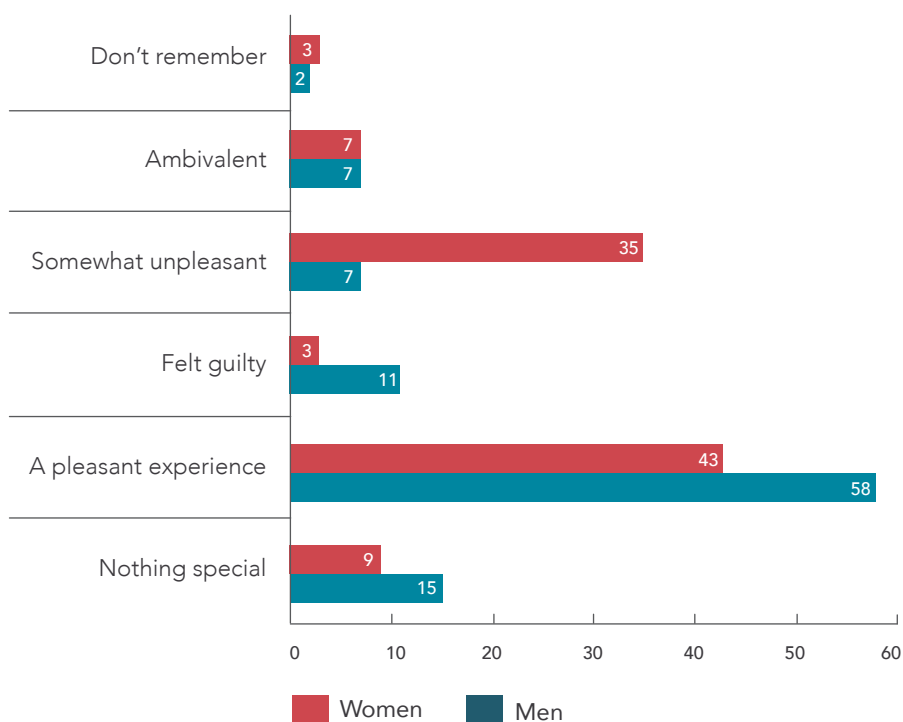


Source: BZgA, data from “Familienplanung und junge Erwachsene mit Beeinträchtigungen” (Family Planning and Young Adults with Impairments) 2014

How did you experience your first sexual intercourse?

- Half (50%) of the respondents experienced their first sexual intercourse as positive, whereas for 21% it was unpleasant, 12% considered it to have been nothing special, and 7% each felt guilty or were ambivalent.
- Men gave significantly different answers to this question about their first sexual experience than women ($p = .013$).
- Slightly more than one-third of the women respondents considered their first intercourse to have been a negative experience.

Evaluation of first sexual intercourse (%)



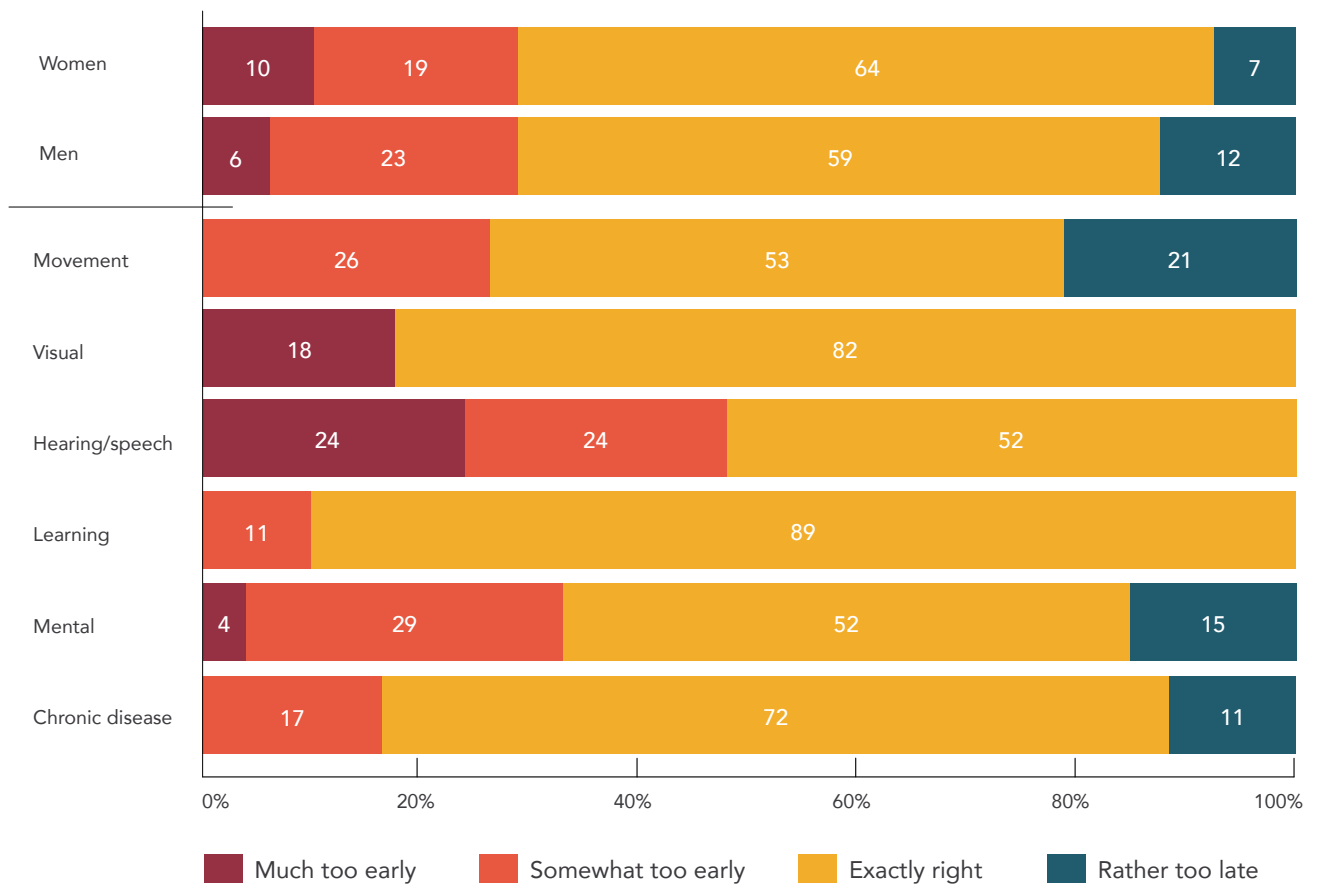
In this survey, the subjective experience of the "first time" was expanded to include a further category, to include answers such as "it was partially nice and partially unpleasant" or "strange feeling, unusual," which did not fit properly in existing answer categories. These were coded as "ambivalent".

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

When you think back today to your first sexual intercourse, was the time for the “first time” too early, somewhat too early, exactly right, or rather too late?

- About two-thirds (62%) of the young adults with impairments thought they experienced their first sexual intercourse at the right time.
- 29% said it occurred too early.
- There was a clear difference among the various impairment groups concerning the category “too early”: About half (54%) of the men with hearing and speech impairments thought the time was too early, which agrees with the results found among the adolescents with hearing disabilities.

Evaluation of the timepoint for first sexual intercourse (%)



Source: BZgA, data from “Familienplanung und junge Erwachsene mit Beeinträchtigungen” (Family Planning and Young Adults with Impairments) 2014

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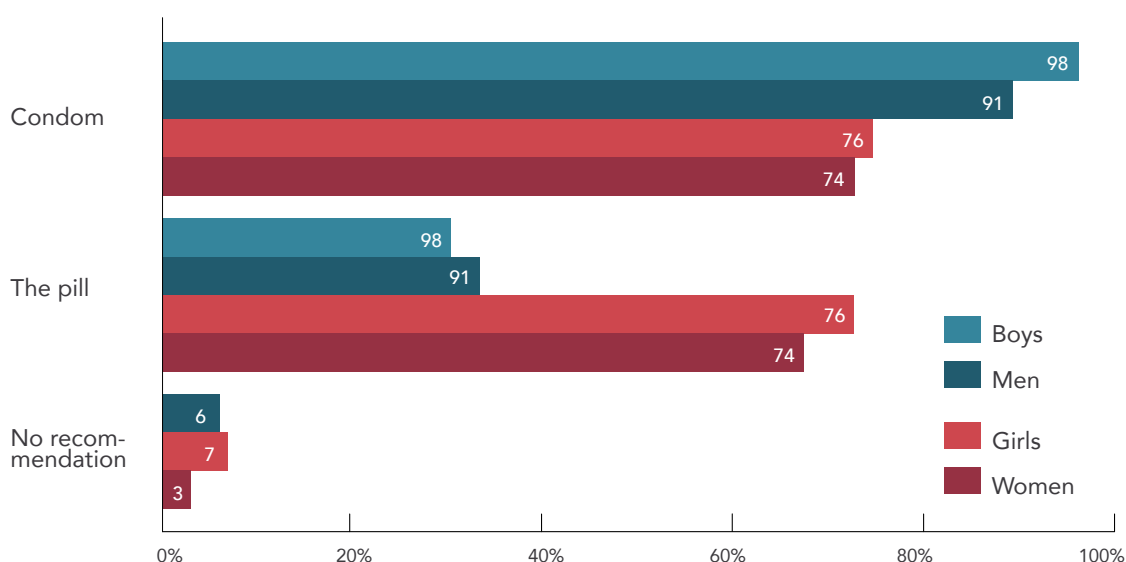
How Does Contraceptive Behaviour Change over Time?

The contraceptive behaviour of young adults with impairments at their first intercourse can be considered reliable: Nine out of ten young adults with impairments employed some type of contraception during their first sexual intercourse. In the following we look at the contraceptive counselling provided by parents and physicians, at the contraceptive behaviour of the respondents as well as their use of contraceptives at the first and last instance of intercourse.

What did your parents or legal guardian recommend to you as the best form of contraception?

- About half of the young adults with impairments (46%) at least once received extensive advice from their parents concerning contraception. In the group of young adults with learning impairments, on the other hand, only 29% of the respondents had discussed this matter with their parents.
- The later the “first time” occurred, the later parents had spoken with their children about contraception.
- Parental recommendations tended to be that the men should use condoms and the women condoms and the contraceptive pill.

Parental recommendations for contraception, comparison between adolescents and young adults with impairments (multiple designations possible, %)



Source: BZgA, data from “Familienplanung und junge Erwachsene mit Beeinträchtigungen” (Family Planning and Young Adults with Impairments) 2014

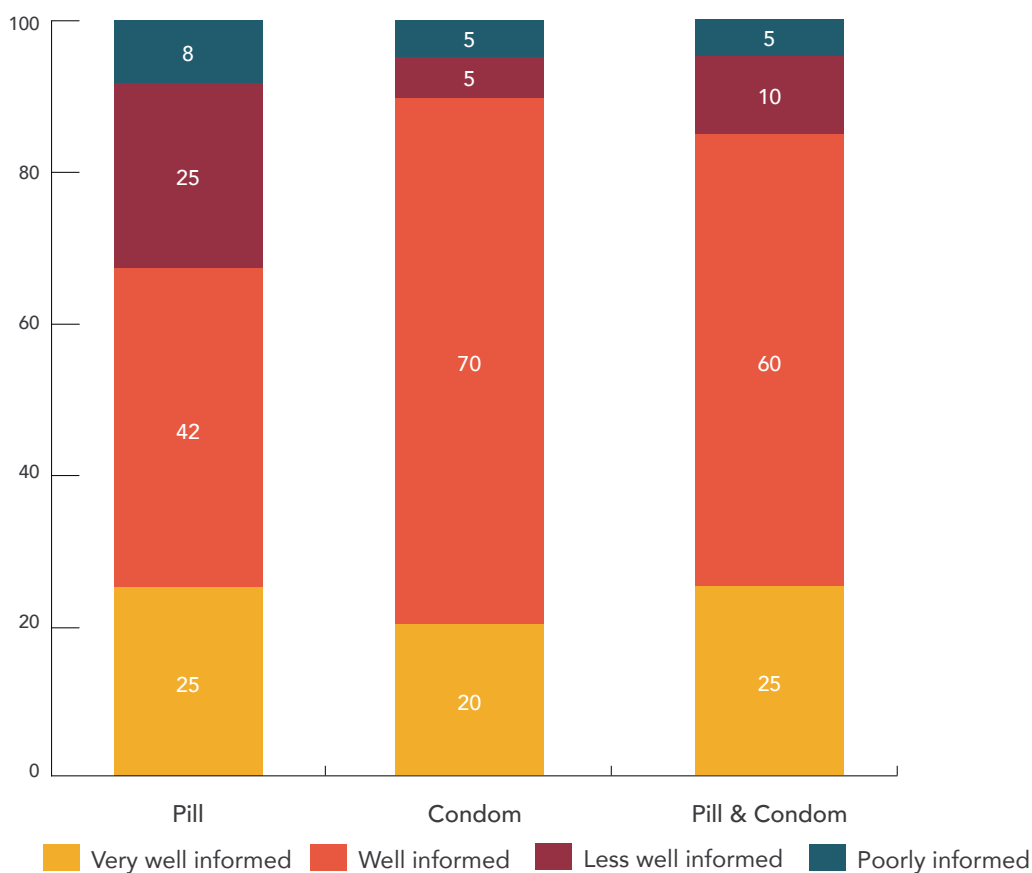
The reasons for parental discussions regarding contraception can be divided into eight subcategories:

- Sexuality education: “was taking place at school.”
- The adolescent expressed interest: “I just wanted to know more.”
- The parents felt the need: “That was the age at which my parents thought I ought to know more.”
- Contact with the opposite sex: “I had a date with a girl. I told my parents, and they then took the opportunity to talk with me about contraception.”
- First serious relationship: “Brought my boyfriend/girlfriend home for the first time.”
- Signal effect: “Saw a report on television.”
- Sexual maturity: “Got my period.”
- Preventive measure: “Since I’d had sex for the first time and wanted to prevent anything from happening,” “general safety precaution,” “rather sooner than later.”

Did a physician speak with you in detail about contraception? What did he or she recommend as appropriate means of contraception?

- A total of 64% of the young women who had already been to a gynecologist had received counseling concerning contraception. The direct connection between sexual activities and the necessity for counseling about contraception was clear to them.
- The most frequently recommended means of contraception among all groups of young adults with impairments was the contraceptive pill (76%); the second most often recommended means was the condom (34%); the third-ranked means was the three-month depot injection (16%); in fourth position were other hormonal contraceptives (11%). Instead of the three-month depot injection, other hormonal methods with fewer side effects, such as the contraceptive ring, rod and patch, were often recommended.

Assessment of own level of awareness of means of contraception (%)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

What means of contraception did you use during your first instance of sexual intercourse? What motivated you to choose that method?

- Nine of ten young adults with impairments (90%) had used some means of contraception during their first sexual intercourse.
- The condom was the clear choice above all other means of contraception.
- 59% used a condom, 18% used a combination of contraceptive pill and condom, and 9% used only the pill.
- The choice of contraception (primarily the condom) was made because of its wide availability, its uncomplicated application and its high level of safety. The respondents reported a high level of awareness about this means of contraception.

Reasons for the choice of contraception (multiple designations possible, absolute numbers)

Reason	Mentions	Examples
Good availability, uncomplicated application	28	"Always available, can be used spontaneously" (condom). "It is the simplest and cheapest method" (condom)
High level of safety	25	"I think it's the safest method out there" (condom)
Recommended by others	11	"My parents recommended it to me" (pill & condom)
Transitional solution	10	"Since I wasn't taking the pill then" (condom)
No alternative	8	"The only thing available to me" (condom)
Well-known means of contraception	9	"I'd already practiced using the condom during sexuality education" (condom)
Partner's decision	6	"It was her decision, she said she was taking the pill" (pill)
High level of responsibility	2	"It gave me the feeling of doing something for our contraception" (condom)
Medical grounds	2	"I was taking the pill because of my menstrual cycle" (pill)

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

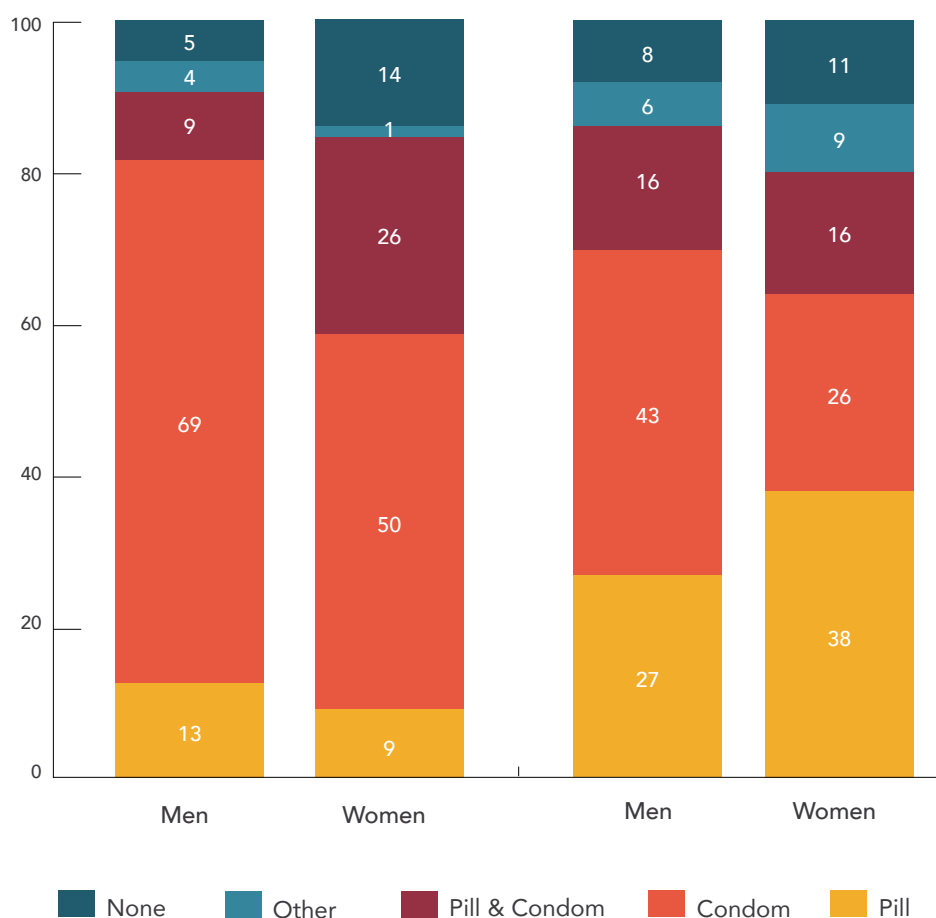
What means of contraception did you use at the last instance of sexual intercourse?

- With increasing experience, the choice of contraceptive changed.
- Overall, the use of condoms decreased from first to last sexual intercourse from 59% to 34%, whereas the number of young women using the pill rose from 9% to 33%, respectively. However, the condom remained the contraceptive of choice above all among singles.
- The parental recommendations were generally taken up at the last instance of sexual intercourse. At the “first time” the condom was by far the first choice. It is notable that especially those respondents who had not employed a contraceptive at the first instance of sexual intercourse had received the recommendation by a physician to not take the pill, but rather some other hormonal and barrier means of contraception instead of using a condom.
- The percentage of those who felt very well informed about available means of contraception rose to 50%, and those who felt well informed rose to 47%. Thus, the percentage of young adults with impairments who expressed deficits in their knowledge sank from 13% to 3%. The need for further information referred particularly to the use of IUDs and the contraceptive rod.
- Women were more consistent in their approach to contraceptives than were men.
- Nearly three-fourths (74%) of the women were very conscientious about preventing unwanted pregnancies, whereas 11% paid little or no attention to this matter. Among the men, the rate of those paying little or no attention to contraception was about half as high (5%), whereas more than half (53%) were very consistent in their attention to preventing pregnancy.

Reasons for the choice of contraception:

- The reason for the increasing acceptance of the pill lay in the fact that “it’s considered safe” and because “it’s more practical than the condom”: A “condom is a nuisance and bothersome.”
- The rate of condom use was high because “we didn’t know each other very well yet” and because “I wasn’t taking the pill and men don’t have much choice.” Also, it’s “the least harmful means” and it “appeared to be the best-known and safest means.”
- Using a combination (of condom and pill) was chosen because “double-stitched holds better – a condom can break, so the pill is there as backup.”
- The advantage of the hormone depot lay in the fact that “you don’t have to remember to take a pill every day.” One young woman with an impairment said she was “forced to do so by my mother, and the doctor also recommended it.”

Choice of contraceptive at first and last instance of sexual intercourse (%)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

When contraceptives are not well tolerated:

At the time of the survey, 60% of the young women with impairments were taking a hormonal contraceptive: 82% the pill and 18% so-called hormone depots. Three women had received a three-month depot injection, and two women each used the contraceptive ring and an IUD.

An impairment or chronic disease may be a hindrance in one's choice of contraception. For this reason, we asked the young adults with impairments to report whether they had knowledge of why one or more means of contraception might be unsuitable for them. 82% of those queried responded with "no," and 11% failed to answer. As expected, it was the female respondents who generally or, particularly with high-dose hormonal contraceptives, were unable to use certain contraceptives because of interactions with medicines to treat their primary disease or an increased risk of thrombosis (coagulation disorder). The young women with impairments had all been warned by their gynecologist about this. Men, on the other hand, were less hindered in their use of condoms, and only a single young man with an impairment was unable to put on a condom himself because of his spasticity.

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How Do Women with Impairments Experience Their Access to and Offers of Gynecological Care?

The most frequent reason a woman goes to a gynecologist is to undergo her general preventive examination or to get a prescription for contraceptives. A handicapped-accessible practice as well as barrier-free surroundings and communication are thus essential to preserving her privacy and autonomy.

What was the reason for your first visit to a gynecologist? How did your first gynecological examination go?

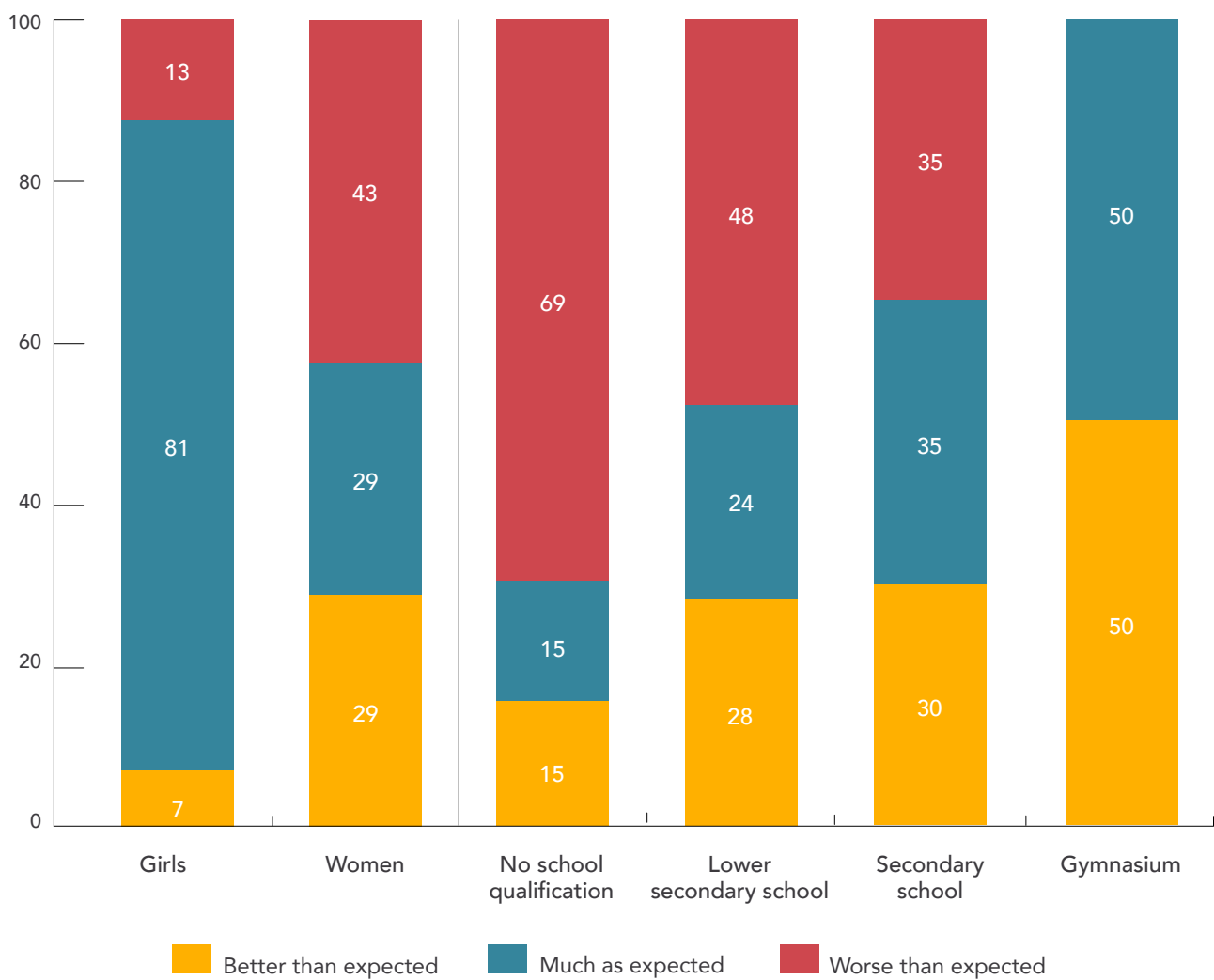
- The average age at first visit to a gynecologist was 15.3 years, depending on whether or not the woman had had sex (younger) and on the severity of the objective and subjective level of impairment (older).
- In 75% of all cases, the first visit to a gynecologist was done in the accompaniment of someone else, 79% thereof together with the woman's mother. At their last visit to the gynecologist, on the other hand, only 22% reported being accompanied; this was especially true of women with physical, hearing, or speech impairments.
- Most doctor's offices were handicapped accessible. More than two-thirds (69%) of the young women with impairments remembered that their doctor's office was handicapped accessible, and 13% failed to supply an answer.
- Most of the women were in accompaniment during the gynecological exam because of existing physical or communicative barriers. "My mother had to heave me onto the gynecologist's chair." "The doctor didn't know any sign language and thus talked only to my mother."
- The most often noted reasons for visiting the gynecologist was the general preventive examination or control examination and to get a prescription for contraceptives.
- About one-third (29%) experienced the first visit to a gynecologist more positive than had been expected, but nearly half (43%) thought it was worse than anticipated, especially women with physical, hearing and speech impairments. The lower the level of education, the less positive the first visit to a gynecologist was considered, primarily because of fears and feelings of shame.

Reasons for visit to gynecologist (multiple designations possible, %)

	Reason for first visit	Reason for last visit
General control exam	50	76
Prescription for contraceptives	47	66
Menstruation problems	16	10
Other abdominal problems	10	10
Suspicion of pregnancy	6	7
HPV vaccination	11	2
To secure evidence of sexualised violence	4	-
Skin problems	3	2
Breast complaints	3	-
Desire to have children	-	2

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Evaluation of first visit to gynecologist (%)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

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How Do Young Adults Describe the Chances and Obstacles Facing Them in Their Pursuit of Intimate Partnerships?

The previous study on adolescent sexuality and disability asked only whether the respondents presently had a partner, whereas this study provides detailed information on the nature of that partner as well as how the partners got to know each other, how long the relationship had been going on, and how happy the two partners were with their relationship.

Are you presently in a firm relationship?

- 43% of the male respondents and 63% of the female respondents were presently in a firm relationship.
- Two-thirds of the sexually inexperienced young adults with impairments were without a partner.
- The average age upon commencing a firm relationship was 15.9 years for both men and women.
- The young adults with impairments had on average experienced a total of two relationships.
- The first contact generally occurred at their place of education or work, or from within their circle of friends. Those with a higher level of education also used the internet to make contact.
- The higher the educational level and the lower the level of own impairment, the lower the presence of an impairment/chronicity in the partner was. A total of 56% of the respondents had a partner with an impairment.
- If both partners had an impairment, their parents tended not to have been informed about the relationship. About one-third were not acquainted with their (potential) in-laws or had not informed their own parents.
- Regardless of the length of the relationship or the intensity of the contact, 60% of the couples met at least four times a week. This was coupled with a high level of satisfaction with the contacts and the partnership in general.
- 65% of the young adults with impairments considered the search for a partner to be a difficult matter. On average, the male respondents had been single for 2.3 years, the female respondents for 1.5 years.

Couple relationships

		First sexual partner	Ex-partner	Present partner
Age difference (ø years)	Men	0.8	0.1	0.5
	Women	2.7*	2.9*	3.7*
Length of relationship (ø years)	Men	-	1.1	1.5
	Women	-	1.1	1.9
Initial contact		School, friends, disco/party	Vocation, school, internet, friends	Vocation, friends, internet
Impairment (in %)	Men	28	44	55
	Women	36	44	57

*significant

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

When you are together with your boyfriend/girlfriend, do you have the chance to exchange affections without being disturbed by others?

- 90% of the respondents said they were able to exchange affections in privacy, although there were some restrictions especially in the rules laid down by caregivers.
- Nearly two-thirds (64%) of the respondents who were presently in a relationship were having partner sex. The rate increased the longer the relationship had been going on, the higher the educational level was as well as the lower the subjective and objective levels of impairment were. The primary reasons for sexual abstinence within a relationship lay in a lack of relationship maturity and sanctions by parents. However, the respondents also mentioned restrictions stemming from the level or type of disability/impairment.

Reasons for abstinence in a relationship:

- The regimentation of couple and intimate relationships in residential facilities: “At boarding school they watch out for these things.”
- Absence of privacy: “We were afraid that one of the caretakers would come in.”
- Matter of personal and partner maturity: “We wanted to take our time.”
- Fear of parental sanctions: “We were afraid that our parents would find out, so we backed off.”
- Physical problems: “We didn’t have the opportunity since I need help and he was unable to get me into the bed.” (a woman in a wheelchair)
- Problems related to the disability/impairment: “Because of my disease, it was difficult for me to get involved with someone. I haven’t been together with my friend long enough.” (mentally impaired woman)
- Regimentation by legal caretaker: “I have to get the approval of my caretaker,” “My mother doesn’t want that, and no one is allowed to enter his residential facility without permission,” “There’s no place where we can be together undisturbed,” and “His caretaker didn’t want it and told us so.” (all women with learning impairments)

What made it so difficult for you to find a girlfriend/boyfriend?

- Despite their being in a firm relationship, nearly two-thirds of the respondents (65%) said the search for a partner had been difficult, especially for those with physical, hearing and speech impairments.
- According to the respondents, the most important things for them in their search for a partner were character traits and personal expectations, and for one-fourth of the respondents likewise the respective impairments.
- A positive level of body awareness, on the other hand, contributed positively to how the respondents considered the search for a partner.

Difficulties in the search for a partner (multiple designations possible, %)

Difficulties because of	%	Example quotes
Character traits	50	"shy," "distrustful," "moody," "jealous"
Expectations	26	"high expectations," "choosy," "on the same wavelength," "inner values," "faithfulness"
Impairment	25	"some people can't imagine being with a disabled person," "lack of acceptance"
Overall conditions	13	"too little time," "lack of alternatives"
Past experiences	4	"bad experience the last time," "was cheated on"

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

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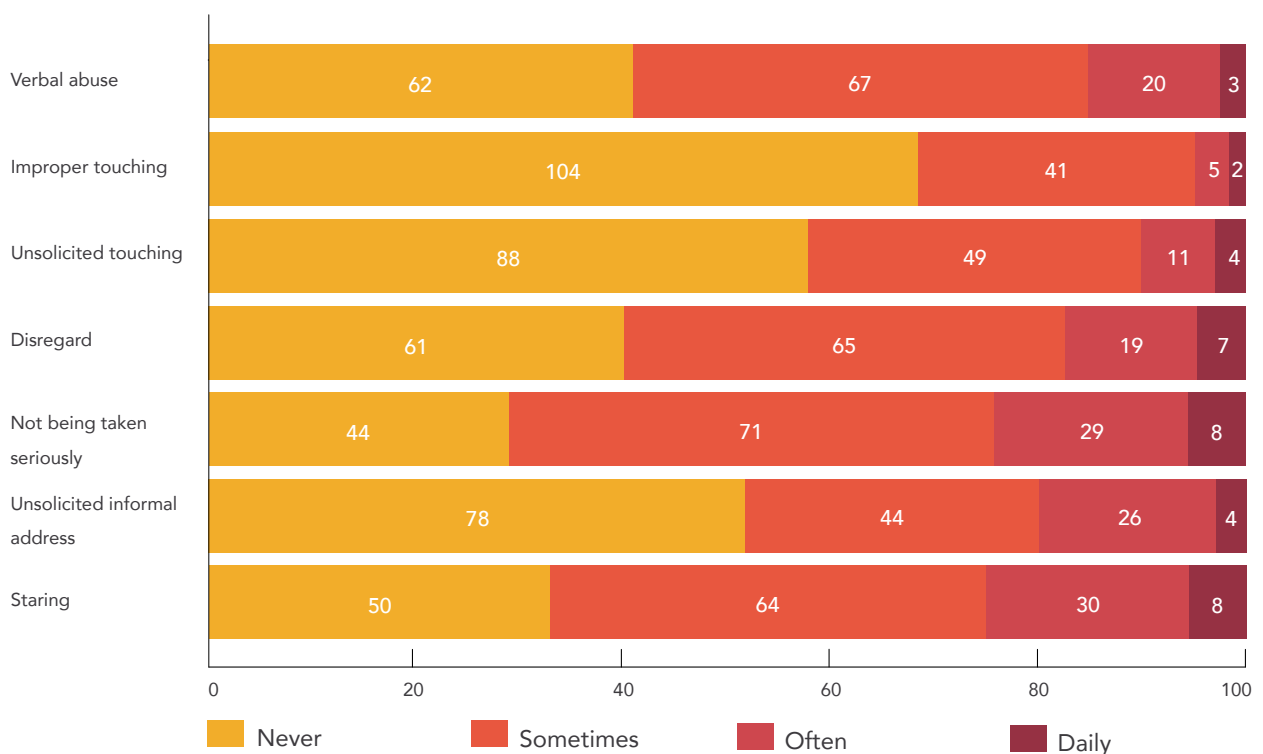
What Percentage of Young Adults with Impairments Have Experienced Breaches of Modesty and Discriminatory Statements or Actions, and How High Is the Rate of Sexual Assault?

People with an impairment or a chronic disease are today still often the victims of discrimination, insults and violence, especially when their impairments are visible ones. The young adults with impairments in this study were asked to describe their past and present experiences of being marginalised or discriminated against.

How often have you experienced discrimination in connection with your impairment or disease?

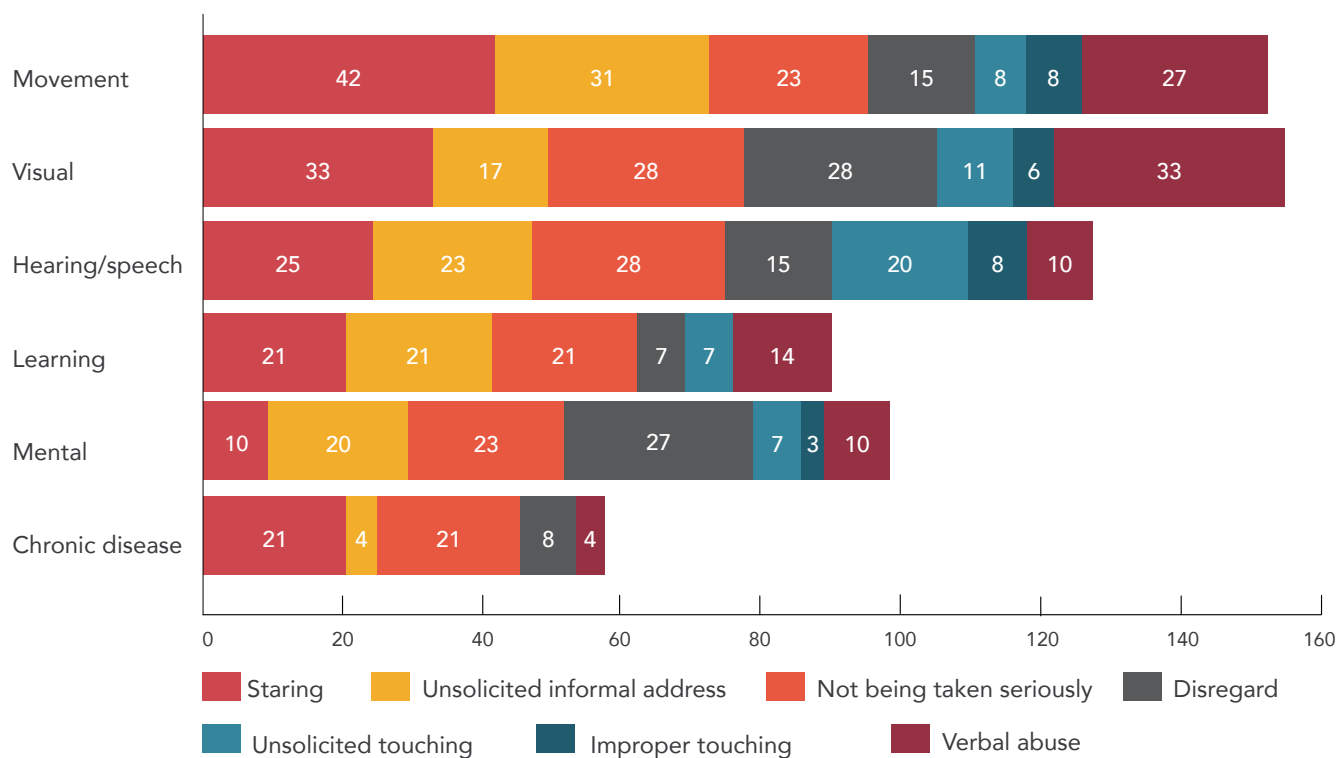
- Over nine out of ten young adults with impairments (92%) had experienced some sort of discrimination in the past.
- The most common forms were being stared at, not being taken seriously, and being verbally abused.
- Their experiences of discrimination were connected to their type of impairment. Those with the fewest such discriminatory experiences were persons with chronic diseases and respondents with learning impairments; those most often subject to such discrimination were respondents with physical and visual impairments.

Experiences of discrimination (%)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Experiences of discrimination according to type of impairment* (%)



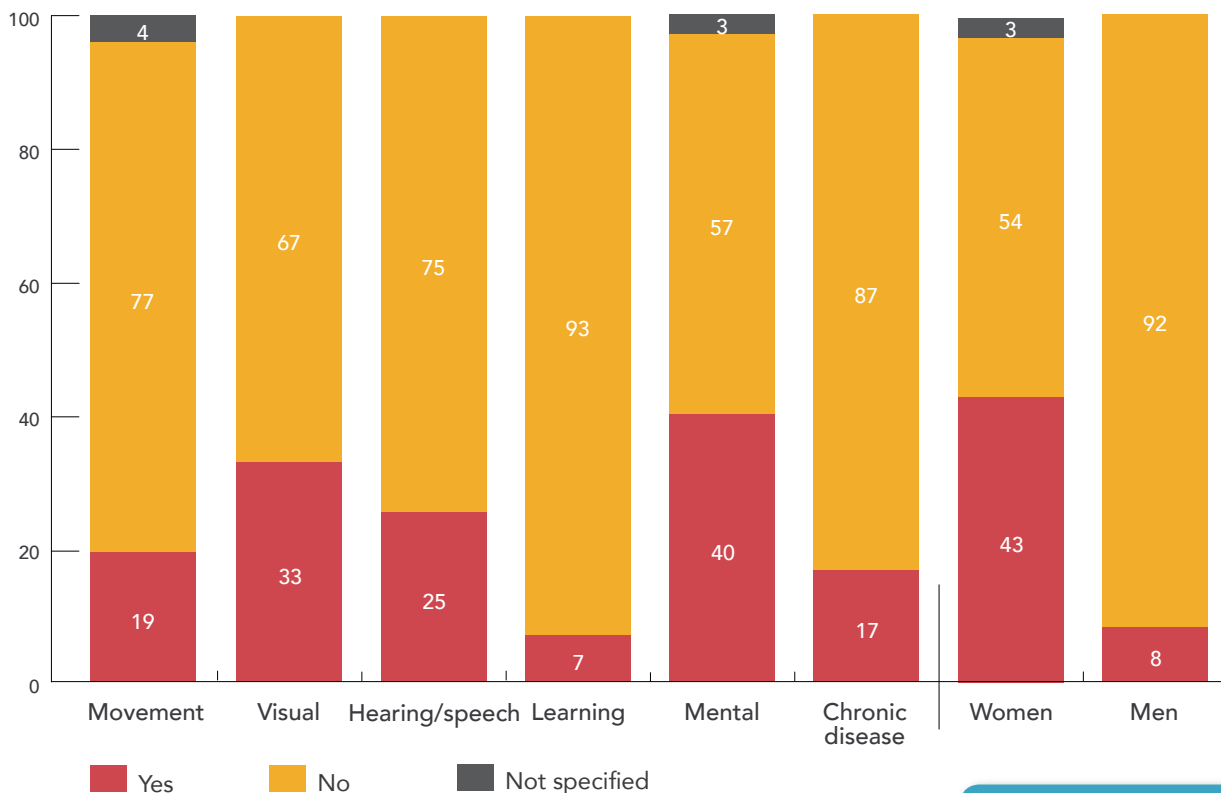
* includes only "daily" and "often"

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Has someone ever tried to force you to have sex or show affections by putting you under pressure?

- Sexual assaults and attacks took place largely during adolescence or young adulthood and were in part never acknowledged. This points to an overall underestimation of the events.
- 43% of the female and 8% of the male respondents were victims of sexualised violence.
- The respondents reported experiencing sexualised violence at the average age of 17.6 years. The perpetrators were generally only slightly older (41%) or of the same age (28%).
- The perpetrators of those who experienced sexualised violence as adolescents or young adults were often (48%) ex-partners. 24% experienced sexualised violence at the hand of other pupils or colleagues; three of the perpetrators had lived in the neighbourhood, and four had been new acquaintances. Only 4% of the cases of sexualized violence reported in this survey stemmed from unknown persons.
- One-third of the victims (34%) were able to repel the perpetrator, nearly one-fourth (24%) did not report the incident.
- About one-fourth of the respondents experienced sexual abuse during childhood (begin at on average 7.3 years). All perpetrators were males, generally very much older, and from the victim's social surroundings.

Experiences with sexualised violence (%)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

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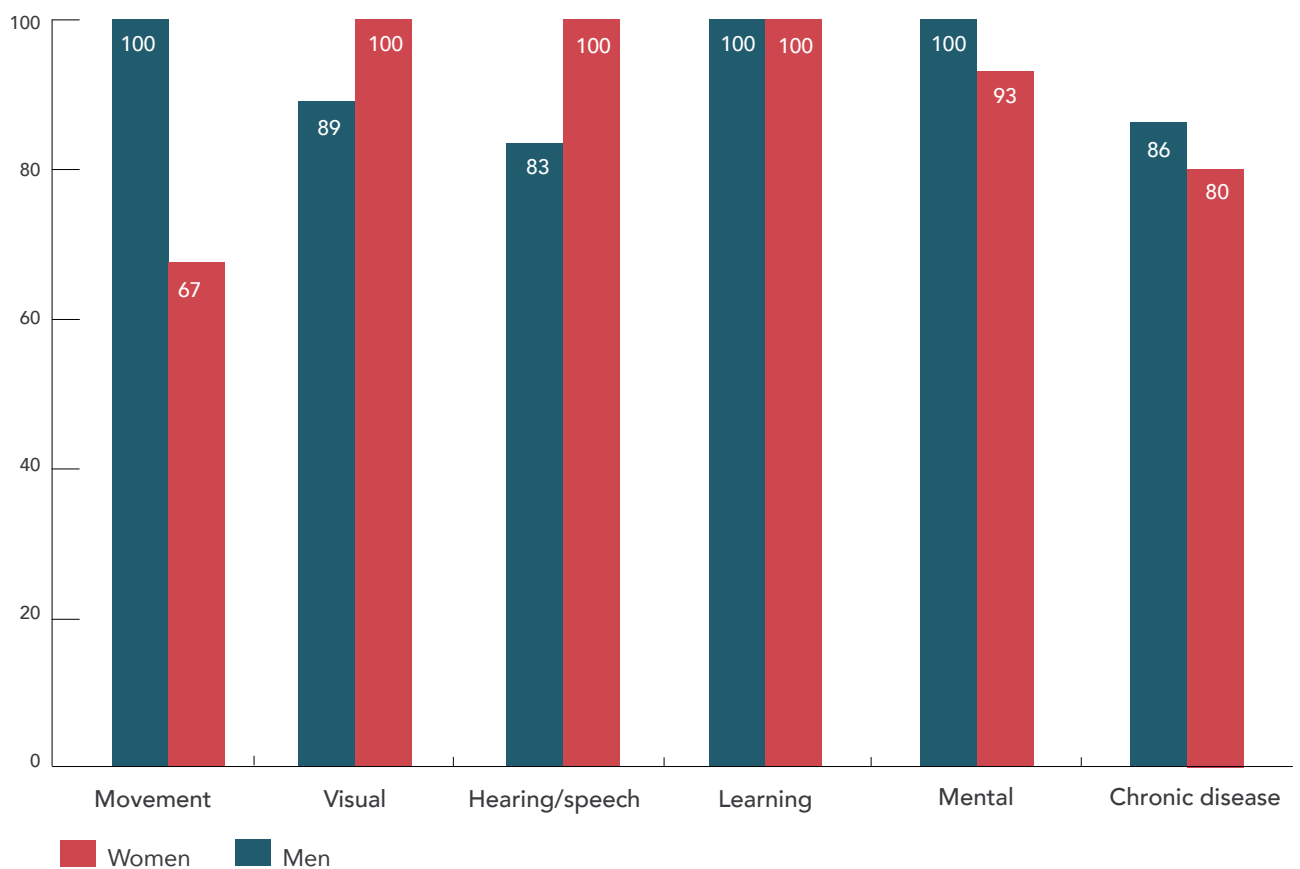
What Plans Do Young Adults with Impairments Develop in Order to Live Independent Lives and Experience Partnership, Sexuality, and Parenthood, and What Role Does Their Parental Home Play?

Young women and men with impairments develop the same needs as all other young people, but depending on the type of impairment, they are faced with very different circumstances in life. The socialisation they experienced in their parental home has a major influence on their future lifestyle.

Can you imagine having children of your own one day?

- The desire to have children was well established among the young adults with impairments, more so than among the adolescents with disabilities: 90% wanted to have children of their own.
- On average, the respondents wanted to have two children. The higher the educational level of the women, the more children they wanted to have.
- Women with chronic diseases and women with physical impairments as well as men with hearing and speech impairments spoke out most against children, the latter because of a lack of desire to have children. Women mostly saw difficulties in their raising children because of their physical and mental capabilities as well as the possible heritability of their affliction.

Desire for children (%)



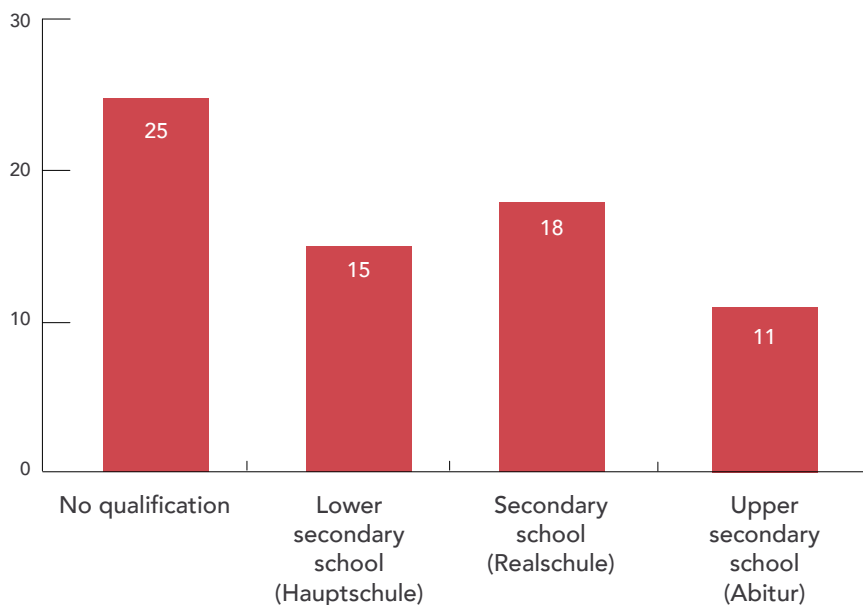
Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Have you ever been pregnant?

Whereas the desire to have children reflects the general mindset of the young adults with impairments, this question pertains more to the realisation of that desire. The following results refer to the answers given by heterosexual young women with previous partner-sex experiences.

- The desire to have a child was quite pronounced among the 18- to 25-year-old women: 41% had had the desire to get pregnant.
- 17% of the respondents reported having actually gotten pregnant, most of whom had a lower secondary education and mental impairments.
- The average age at first unplanned pregnancy was 17.9 years (in the age group 13–24 years); the average age at first planned pregnancy was 20.3 years.
- The younger the respondents were at their first sexual intercourse and the higher the number of previous sexual partners was, the more likely they were to have become pregnant.
- 87% of the pregnancies were unwanted, a third of which were terminated by abortion.

Pregnancies (%)



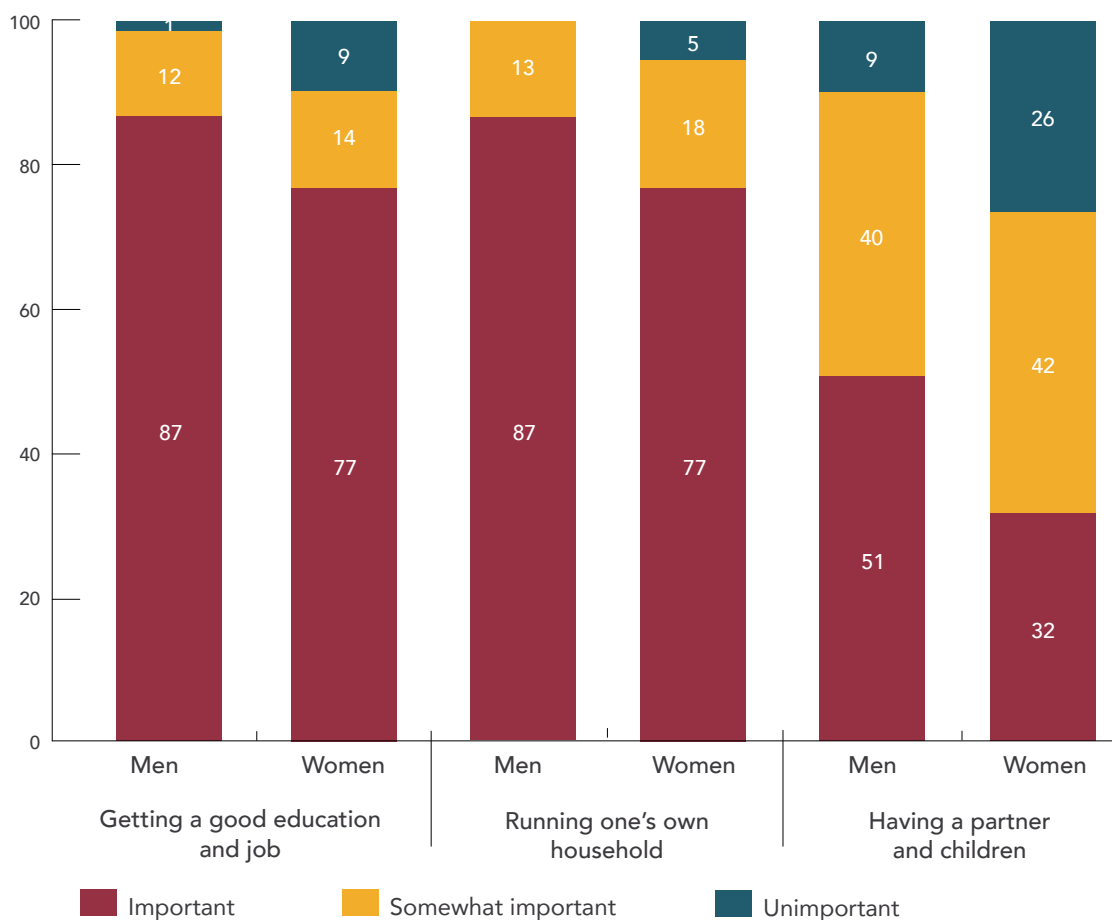
Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014



What was important to your parents/guardians during your upbringing?

- The parental upbringing was dominated by attaining financial and personal freedoms, for example, by getting a good vocational education and by being able to live on one's own.
- Much less important were partnership and founding one's own family, especially for women, those with a lower educational level, those with a higher subjective level of impairment, and when the impairment had existed from childhood on.
- Persons with chronic diseases and respondents with hearing and speech impairments were more likely to assume their parents' parenting style, whereas persons with mental impairments and those with visual impairments tended to reject their parents' parenting style.

Priorities in parental upbringing (%)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

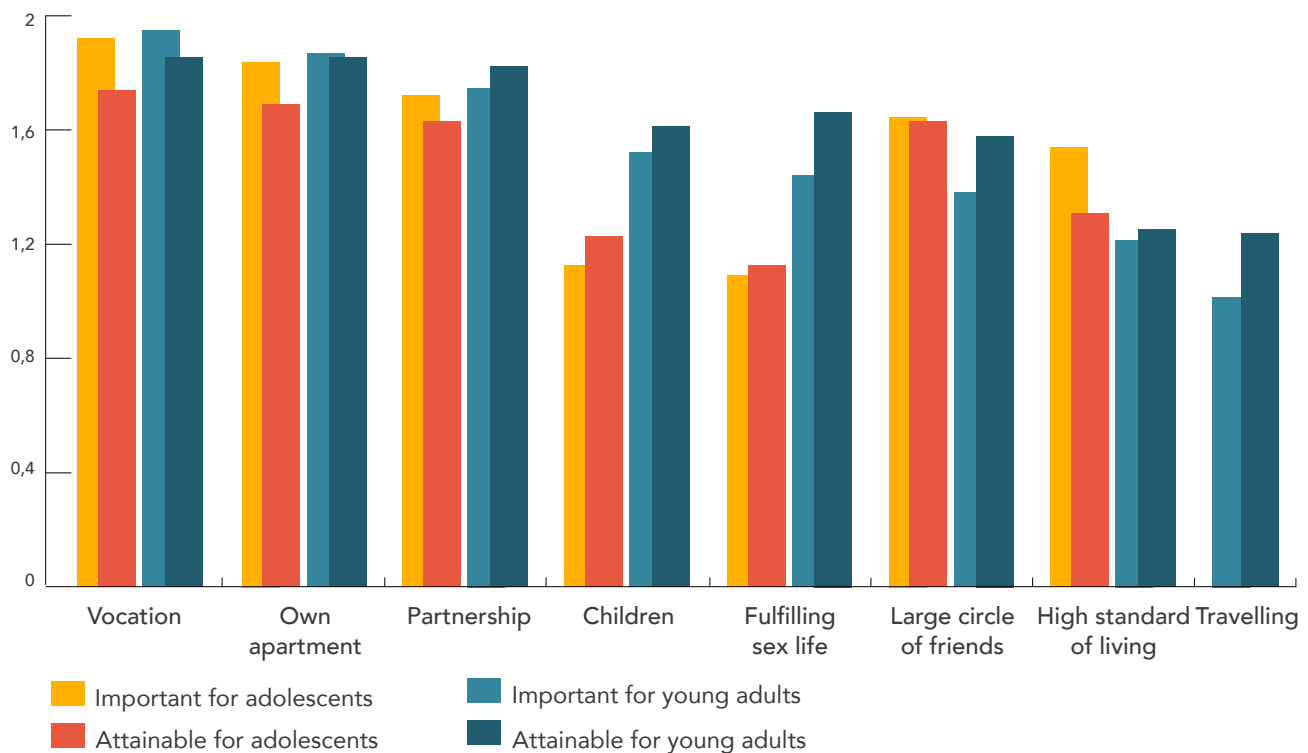
Those who rejected their own parents' style of upbringing noted the following changes they would introduce to their own parenting style (multiple designations possible):

- Supporting and encouraging their children, making them offers (17 mentions)
- Setting limits (11 mentions)
- Giving them freedoms (11 mentions)
- Showing affection (9 mentions)
- Showing understanding, taking them seriously (8 mentions)
- Complete nonviolence (8 mentions)
- Being a strong and stable caretaker (6 mentions)
- Showing tolerance and openness (6 mentions)
- Treating all siblings equally (2 mentions)

What are the most important things for your future? How achievable are these goals?

- Getting a job, living on their own, and having a partnership were the most important goals of the respondents.
- However, in contrast to the adolescents with impairments, in the young adults with impairments the importance of some goals had shifted. Having children of one's own and having a fulfilling sex life were much more important to the young adults with impairments than having a large circle of friends and a high standard of living.
- A high subjective level of impairment negatively influenced the importance of future goals. But the ability to reach one's goals was considered highly probable in all areas.

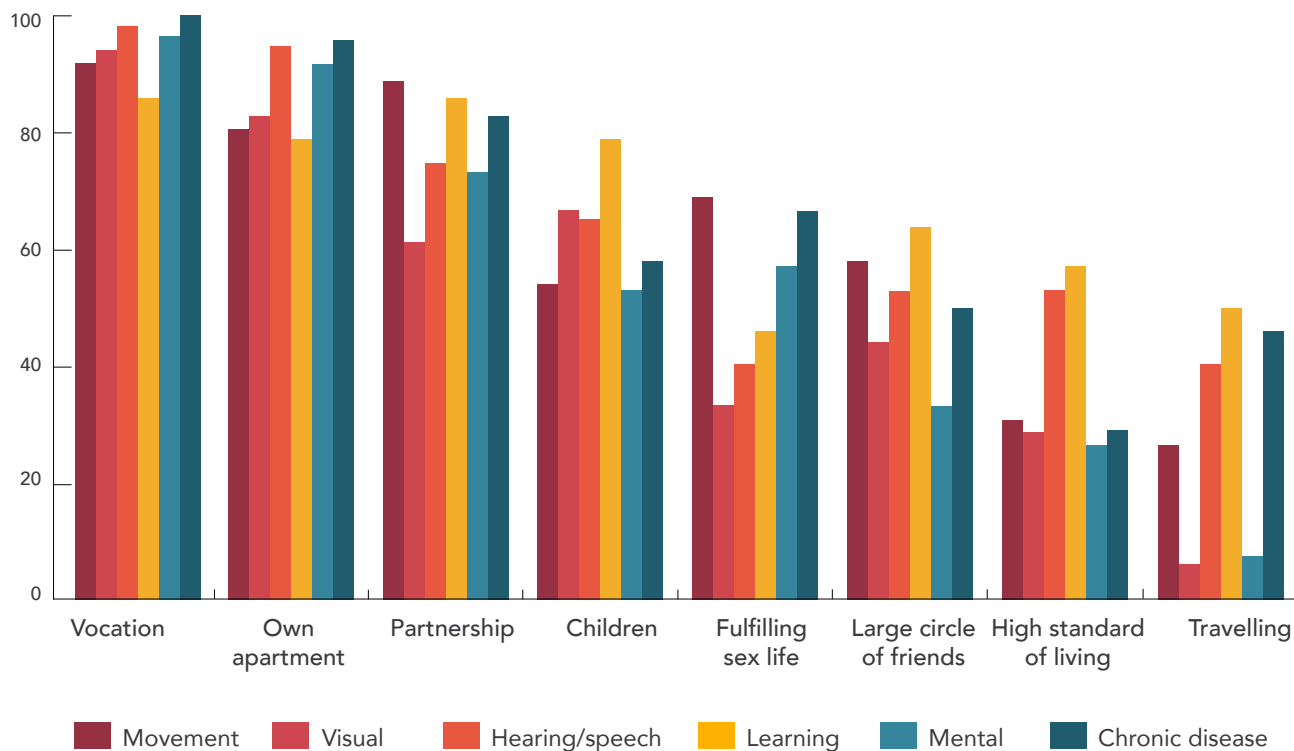
Comparison of future goals among adolescents and young adults with impairments (means)



The scale ranged from 0 = unimportant/attainable, 1 = somewhat important/attainable, 2 = important/attainable

Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

Future goals according to type of impairment (only rates for "important," %)



Source: BZgA, data from "Familienplanung und junge Erwachsene mit Beeinträchtigungen" (Family Planning and Young Adults with Impairments) 2014

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Conclusion

This study was able to show that young adults with impairments are sexually active, educated, active and experienced persons. At the same time, it also showed that they are confronted with very diverse challenges in life.

Most of their sexuality education was provided at school. The preferred means for obtaining information among the young adults with impairments was the internet, which results in our recommendation to couple sexuality education in the school with existing information on the internet, with particular reference to the individual learning needs. Persons with impairments need a sort of sexuality education that reflects their particular disability or chronic disease, their body image, their sexual self-image, and a responsible interaction. Materials prepared for their sexuality education should represent good alternatives to the traditional ones, be available in simple language, and be combined with a multitude of visual, auditory and tactile methods of presentation. They should also include materials directed toward the parents and other important persons in their life. Since a large section of the young adults with impairments reported having experienced discrimination and (sexual) violence, the theme of sexual self-determination should be an essential component in all offers of sexuality education.

Most of the young adults with impairments gathered their initial experiences with partner sex at the beginning of their vocational training, when their desire to achieve autonomy blossomed, for example, after leaving their parental home to live in boarding schools or shared residential homes.

Their experiences with partner sex also had a positive influence on their body awareness, which in turn provided them with the chance to approach their own body in a healthy and protected manner. The rate of young adults with impairments who used contraceptives remained stable over time (between their first and last instance of sexual intercourse), which reveals their great insight into practicing safer sex. The least number of sexual encounters (smallest number of sexually inexperienced persons and smallest number of previous sexual partners) and the poorest record of contraception were logged by those with the lowest level of education. This might be a sign of poor support structures in their environment and an absence of access to information on contraceptives. A positive atmosphere that promotes sexuality and partnership is one of the primary prerequisites for achieving self-determined and responsible sexuality, resulting in a willingness and competence to practice contraception as a means of protecting oneself from negative impacts.

A large part of the instances of partner sex took place

within stable couple relationships, though being in a partnership does not necessarily lead to sexual intercourse. Saying yes to partnership and no to sex – that is one of the formulas for many people with impairments, especially for those in caretaking situations who live under restrictive structural conditions. The central meeting places are their schools and places of work and education, which tends to regulate their partner choice by limiting the choice of possible partner(s), which in turn may explain the high number of partners with impairments.

Gynecological healthcare still lacks sufficient accessibility, so that accompaniment is generally necessary. Barrier-free communication, accessibility and medical practice design, however, are essential requirements for protecting the privacy of young women with impairments. In addition to addressing the necessity to remove barriers, physician's offices must also implement the complete and sustained inclusion of persons with impairments. Only a deep understanding for their otherness can lead to a diverse and self-determined togetherness:

“My greatest wish is that everyone, both disabled and nondisabled persons, had to live together. That alone would create mutual acceptance.”
(*young man with spasticity*)

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Publications

Youth Sexuality and Disability. Results from a Survey Carried out at Special-Needs Schools in Saxony

The present volume examines the attitudes and knowledge of young people with physical disabilities, or visual/hearing impairments at special-needs schools in Saxony regarding matters of sexuality. The main subject matters of the quantitative survey are sexuality education in school and at home, first sexual experiences and contraception, as well as physical development, desire for children and experiences with violence.

Publication date: 5/2015

Order Number: 13300736



[Link to the publication](#)

[Click here](#) to go to the website of the research project

Research Results on the Internet

Additional information on the study “Young Adults with Impairments” may be found in the online presence of the BZgA, which offers studies, evaluations, model projects and expert opinions on sexuality education, contraception and family planning in both English and German.

The online offering under www.forschung.sexualaufklaerung.de provides a quick access to current and past research projects of the BZgA. Each project has its own profile as well as an abstract, which are complemented by select results, references and link lists as well as information on experts in the field and other background information.

Click [here](#) to go to the English version of the website



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