

Voices from Israel



“This work helped me find my sexual self, to attempt to understand it, listen to it, be complete with it, to love it.”
Project beneficiary

Israel Family Planning Association: Promoting the sexual and reproductive health and rights of people with disabilities

This case study is one of a series of qualitative reviews called “IPPF Changing lives” which capture the stories of IPPF’s beneficiaries and clients from around the world. A rapid PEER (participatory ethnographic evaluation and research) approach was used to train project beneficiaries to interview people in their social network. These voices provide us with powerful testimonies on lives changed - in some cases, lives saved - and illustrate how IPPF is making a difference.

The sexual and reproductive health and rights of people with disabilities are often ignored or overlooked. People with disabilities are not always seen as reproductive beings able to experience sexual pleasure. Negative messages around sexuality and people with disabilities can lead to low self-esteem and a lack of access to high quality sexual and reproductive health information and services.

By focusing on the sexual health and rights of people with disabilities, the Israel Family Planning Association (IFPA) is leading the way in an area that is often neglected. IFPA’s three-year Innovation Fund project supports people with disabilities to make responsible choices regarding their sexuality and sexual and reproductive health and rights. IFPA used a three-pronged approach of sexuality education, service delivery and advocacy.

The programme was the first of its kind in Israel. People with physical and sensory disabilities were invited to attend a comprehensive sexuality education course, from which participants graduated as trained sexuality educators, going on to deliver sexuality education workshops for youth with and without disabilities. IFPA’s project has had a profound effect on many of the participants not only in relation to their knowledge of sexual health but also in other more subtle ways, with many of them stating that it was the first time that their sexuality had been taken seriously. The project also contributed to raising the profile of IFPA as an expert in matters relating to the sexuality of people with disabilities.

¹ www.options.co.uk/peer

“For many years after I was paralysed, I told everyone else that I didn’t want to have a boyfriend, even though secretly I wished I had one. But through my participation in the course, I discovered my sexuality, as well as my femininity. I have altered my appearance... and today I feel beautiful and attractive.”
Project participant



Achievements

IFPA’s project has significantly improved the well-being and emotional health of those involved who were able, sometimes for the first time, to understand their own sexuality. It has also increased the capacity and skills of the participants, and increased awareness of the importance of sexuality and disability for participants, the Member Association and the wider community.

Involvement in the education programme has significantly improved participants’ overall well-being. Some had previously thought of themselves as being non-sexual, and without the same sexual rights as people without disabilities. Now, however, they understand and recognize their own sexuality and that sexual rights are an entitlement and not a privilege. One participant explained, “The course influenced my perception of my own sexuality. I understand that first I am a woman and second a person who has a disability. I deserve to have a partner, children and a family.”

Many linked their new understanding and acceptance of their sexuality to an increased confidence in themselves. For some, the project had an effect on their external appearance. One participant said, “I thought I am not sexual, I looked different. I used to hide my body. But now I feel sexual. I have changed my appearance and the way I dress. Now I am feminine.”

Participation in the project has changed the way they communicate with others, which has impacted on their relationships with family and friends. One participant said, “[the project] has strengthened my relationship with my daughter; I am a better friend to her now.”

One striking outcome was the change in participants’ attitudes towards their own disabilities. The programme required them to draw on their own personal experiences, and for some this meant relating to their disability in a way they had not done before. As well as accepting their sexuality, the programme also helped them to accept their disability.

Some participants also noted a change in their attitude towards other people with disabilities. Prior to the project, a lot of them did not know many other people with disabilities. Taking part in the training programme gave them the opportunity to get to know others that had disabilities different from their own. This helped to broaden their understanding and acceptance of a range of disabilities.

The education programme led to increased knowledge and understanding of a range of subjects and issues relating to sexuality, sexual health and sexual rights. The training contributed to improved technical knowledge, as well as a marked improvement in the participants’ communication skills. This was a significant outcome and they found they were able to apply their new skills to all aspects of their lives, particularly when talking about sexuality related issues. For many, the programme gave them a vocation and provided an important source of independence and empowerment.

Another important achievement of the project was the increased profile and attention given to the issue of sexuality and disability. A highly taboo topic, this subject had previously been little discussed in the public or private arenas in Israel. Both project staff and project beneficiaries perceived a noticeable change in the amount of interest this issue was generating on a national level.

Overall, this project successfully highlighted the linkages between disability and sexuality issues.

Challenges

Sexuality for people with disabilities is still not recognized as a pleasurable and normal part of life. The main challenge the project faced was the attitude and ignorance of parents, teachers and health professionals towards sexuality and disability related issues. The lack of education, training and awareness among health professionals and family members has created a significant barrier for people with disabilities to access the information and support they need. One participant said, "We always have to convince others that we have 'normal' sexual needs, we have 'normal' sexual rights. I ask why?"

The attitudes of health professionals towards disability and sexuality can have a huge impact on the quality of services and information people with disabilities receive. An IFPA service provider explained, "A person with severe injuries in an accident could have the biggest question about how and whether he or she will be able to make love – but that issue is seldom addressed by any provider."

Another challenge that the project has faced is the attitude of some participants towards other sensitive issues such as homosexuality, domestic violence and sexual abuse. Some people remarked that they were not comfortable discussing these topics, and would therefore not address them.

Finding a suitable venue for the education sessions that was accessible to all of the trainees was also a challenge. The trainees were recruited from a wide geographical area and some had to make long journeys to the training venue, meaning that the education programme required a significant investment of time from the participants. Some of the trainees felt that the course was too short or that there was not enough time to discuss issues in depth.

The group composition in the course was mixed in terms of age groups, sex and types of disabilities. While some saw this as positive, others thought it slowed down the pace of learning. Some participants also expressed feelings of segregation from the

other trainings that IFPA conducts for people without disabilities, feeling that there should have been more overlap between these trainings.

Lessons

Since this was the first project of its kind in Israel there were issues that had not been thought of and a great many lessons learned. One major lesson is to ensure adequate time for implementation and not expect changes overnight, as sexuality education is a slow process. For many people, it takes time to warm up to the topic of sexuality and to be able to openly discuss it. An IFPA project staff member explained, "To straight away start talking about sexuality can be distressing and intrusive. Going and doing just one session is like an assault, it cannot happen that way."

An important aspect of increasing awareness on sexuality and disability is the involvement and leadership of people with disabilities. Training people with disabilities to be sexuality educators who then have the skills and knowledge to talk with authority on this issue on a professional level at conferences and workshops was an innovative and crucial part of this process.

Recruiting the right instructor and participants is an important element of this kind of education and training course. Care should be taken to ensure that the appropriate candidates are recruited for the programme, rather than simply filling the available spaces. Likewise, having a supportive instructor who helps the group to bond is an important part of the learning process. Almost all participants mentioned group sessions as a highlight of the course. It was viewed as a valuable and important approach to learning.

IFPA staff made a conscious decision to have people with different backgrounds and different disabilities in the same group. Most participants viewed this as an opportunity to increase sensitivities towards 'other' types of disabilities."

"I understand that sexuality is related to every aspect of life. It is not just intercourse or the body's appearance - there are also a lot of psychological, cultural and social aspects of sexuality."

Project participant

"I have learned to understand other people with disabilities and have more interest in them and their disabilities. I previously hadn't thought much about what it means not to be able to hear in the classroom, or whisper into someone's ear during sex."

Project participant

“Before, I felt I was not part of the community, I never saw myself as a disabled person. I was not born disabled, but injured in an accident. I [did not] accept that I had a disability. Through the programme, I learned to forgive myself and that it is OK to be hurt and angry. I give myself more time for things and I accept my disability now. I have more peace within myself.”

Project participant

“I opened up my heart when I was on the course. The facilitator let us tell our own stories and did not tell her own.”

Project participant



Israel	
Country context¹	
Population (millions), 2011	7.6
Public expenditure on health, 2009 (% of GDP)	4.5
Context for disability	
Israel's Equal Rights for Persons with Disabilities Law comes in force providing a statutory framework to protect equal rights for people with disabilities.	1999
The 61 st United Nations General Assembly adopts the Convention on the Rights of Persons with Disabilities, proclaiming the rights of people with disabilities to sexual and reproductive health.	2006
The Convention on the Rights of Persons with Disabilities comes into force.	2008
The World Health Organization issues a guidance note that addresses issues about sexual and reproductive health programming for people with disabilities.	2009

¹ UNDP (nd) International Human Development Indicators: Israel (Website, accessed on 6 July 2012).



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The International Planned Parenthood Federation is global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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