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# WHO Regional Office for Europe and BZgA

*Ensuring the right of children and  
young people with disabilities  
to sexuality education*

*A briefing paper for  
European policymakers*



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

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# Foreword

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recognizes the right of individuals with disabilities to access sexual and reproductive health and family planning information suitable for their needs. WHO/Europe's *The framework for action to enhance the highest possible level of health for persons with disabilities (2022–2030)*, also emphasizes the importance of safeguarding this right.



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Providing inclusive and age-appropriate comprehensive sexuality education (CSE) is crucial for laying a foundation leading to the fulfilment of reproductive health and rights. CSE empowers individuals at the appropriate time to make informed choices about their sexuality and reproduction, while also promoting human rights and challenging harmful stereotypes and discrimination. It truly plays a vital role in creating a fair and equal society for all. The WHO Regional Office for Europe's *Action Plan for Sexual and Reproductive Health (2016)* urges Member States to provide accessible information and educational resources to support well-informed choices on sexual and reproductive health. This includes adapting educational tools to meet the specific needs of people with disabilities.

Children and young people with disabilities, just like their peers without disabilities, need information about sexuality and related issues that includes both risk awareness and empowerment. Inclusive CSE is equally important

for children and young people with disabilities, as it fosters a positive and responsible attitude towards sexuality, promoting overall well-being. Unfortunately, the sexual and reproductive health of people living with disabilities is often overlooked in the WHO European Region and globally, leading to a lack of access to CSE programmes compared to their peers without disabilities. Existing sexuality education programmes rarely address the unique needs and challenges faced by people with disabilities, leaving them more vulnerable to sexual violence and poorer health outcomes.

Failing to provide inclusive comprehensive sexuality education undermines the achievement of the Sustainable Development Goals, particularly those related to education, health, gender equality, human rights and inclusivity. To ensure the success of the SDGs across diverse facets, it is crucial to make CSE inclusive and accessible for people with disabilities, enabling them to exercise their rights, promote gender equality, and contribute to their well-being.

It is hoped that this policy brief will serve as a valuable resource for countries to fulfill their international commitments, including the UNCRPD, and make progress towards the targets outlined in the WHO European framework for action. WHO/Europe – which covers 53 Member States across Europe and Central Asia – urges policy makers to use this brief and its recommendations as a guide to ensure high-quality comprehensive sexuality education for all children and young people with disabilities in the region.

WHO/ Europe, along with national and international partners, is committed to supporting Member States in their efforts to provide accessible and high-quality CSE for children and young people with disabilities. By working together, we can promote inclusive education and advance the health and well-being of individuals with disabilities across the life-cycle.

# What is meant by ...

## Disability?

“Disability is a matter of degree of impairment, and the interaction of individuals with their personal and environmental factors. Various barriers may hinder their full and effective participation in society on an equal basis with others.” (UN Convention on the Rights for Persons with Disabilities)

People with disabilities are a heterogeneous group with a vast variety in the type and degree of impairment (such as physical, cognitive, psychosocial or sensory) as well as in abilities and opportunities deriving from contextual and individual factors, such as social supports, accessible public buildings and societal attitudes (World Health Organization, 2022).

Disability is created by different factors at the biological, personal, environmental and societal levels. It is important to distinguish the concept of impairment (functioning at the level of the body) from disability (the outcomes of interactions between impairment and context in which the person lives).

## Comprehensive sexuality education (CSE)

Comprehensive sexuality education (CSE) denotes education about the biological, psychological, social and cultural aspects of sexuality. Sexuality starts early in childhood and progresses through adolescence and adulthood. For children and young people, CSE aims at supporting and protecting sexual development and gradually equips and empowers them with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people’s sexual health and well-being. (BZgA, 2008). Topics included in CSE comprise the human body, fertility and reproduction, sexuality and sexual behaviour, rights, pleasure, gender, violence and staying safe, skills for health and well-being, emotions, relationships and lifestyles, and social determinants of sexuality.

There is convincing evidence that CSE contributes to better knowledge on the human body, protective measures and health services. Further, it improves attitudes related to sexual and reproductive health, including positive attitudes towards gender equality and sexual diversity. Finally, there is evidence that CSE leads to reduced risk-taking, increased use of condoms and contraception, reduced sexual violence and abuse, delayed initiation of sexual intercourse and decreased frequency of sexual intercourse and of sexual partners. (UNESCO, 2018).

# 1. Sexuality education for children and young people with disabilities

Living with a disability is part of the daily experience of more than one billion people around the globe. In the WHO European Region, an estimated 135 million people have one or more disabilities.

Sexuality is part of the human experience and is strongly related to health and well-being. Like everyone, children and young people with disabilities mature sexually on their path to adulthood. This includes physical, cognitive, emotional, social and moral development related to sexuality. A healthy sexual maturation refers to the ability to freely develop oneself sexually and to be in charge of that process.

Having a disability can influence sexual development and sexual well-being in two main ways: firstly, the impairment itself (such as visual impairment or cognitive difficulties), and secondly, the impact of the context (including the people surrounding the children and young people with disabilities and the society in which they live).

Children and young people have questions and information needs while navigating the path to sexual maturity and sexual health.

Comprehensive Sexuality Education (CSE) adapted to the age, developmental level and ability of children and young people empowers them in this process and supports them to safely and responsibly understand and respond to sexuality. CSE aims to provide evidence-based information using development-appropriate methods. It facilitates the development of positive attitudes and life skills related to sexuality.

Children and young people with disabilities have the right to receive CSE. With the adoption of a variety of global and regional agreements, above all the UN Convention on the Rights for Persons with Disabilities (UNCRPD), the international community has progressed in strengthening its commitment to safeguard and promote the human rights of persons with disabilities, including the right to information related to sexuality and reproduction. The WHO Regional Office for Europe also promotes CSE for children and young people with disabilities as a crucial intervention to ensure health and well-being.

Despite these commitments, the implementation of quality CSE programmes is lagging. Research reveals that, compared to people without disabilities, children and young people with disabilities receive less CSE and encounter numerous barriers that hinder them from receiving or accessing CSE.

This briefing paper explains the importance of CSE for children and young people with disabilities (p. 4) and the supporting legal framework for CSE (p. 5). It also discusses current barriers children and young people with disabilities encounter in accessing quality CSE and how to ensure qualitative CSE for children and young people with disabilities (p. 7). Finally, it addresses policymakers' important role in guaranteeing that children and young people with disabilities can access their fundamental rights (p. 8).

# 2

## 2. Different needs regarding sexual and reproductive health

Children and young people with disabilities have the same feelings, wishes, fantasies and dreams regarding sexuality and relationships as children and young people without disabilities<sup>ii</sup>. Most young people with disabilities in secondary education have been in love and entered into romantic relationships during this period of their life<sup>iii</sup>. However, in some areas, research does show differences between children and young people with and without disabilities, which the following paragraphs elucidate.

The type and severity of impairment may lead to specific additional information needs related to sexuality that must be made available, for example, on incontinence, requiring assistance for people with certain physical impairments or hereditary aspects of certain impairments. Disability may also influence how sexuality is experienced, for example, regarding body functioning or communication skills, which may result in specific or adapted information needs.

Yet, access to information is often limited. In many countries, formal education does not include CSE in the curriculum. And, if included, often children and young people with disabilities do not receive adequate CSE, and the CSE

programmes lack representation of people with disabilities. Young people with disabilities might find it difficult to compensate for this lack of formal education, for instance, because of limited opportunity to discuss with peers, social stigma, reduced cognitive abilities or reduced health literacy to search for and filter reputable and quality online information. Furthermore, some adolescents with disabilities depend on assistance, which might lead to a lack of privacy to access information related to sexuality.

Additionally, people with disabilities are at higher risk for sexual violence and ill-health throughout their life course:

- Globally, children with disabilities are almost four times more likely to experience violence than children without disabilities and nearly three times more likely to experience sexual violence, with girls at the greatest risk (UNFPA, 2018)<sup>v</sup>.
- Study in The Netherlands<sup>v</sup>:
  - 31% of women and 23% of men with cognitive impairment report sexual violence (ranging from hurtful comments and in-appropriate touching to rape).
  - 35% of women and 15% of men with physical impairment report sexual violence.
  - 21% of women and 12% of men with visual impairment report sexual violence.
- A study in The Netherlands among young people in special education found that 13% had experienced kissing against their will, and 8% had experienced sexual acts against their will<sup>vi</sup>.
- A study in the United States showed that a higher proportion of pregnancies were unintended among women with disabilities than among women without disabilities (53% vs. 36%). Women with a disability who live independently had the highest proportion of unintended pregnancies (62%)<sup>vii</sup>.

Several factors contribute to the increased risk of violence experienced by children and young people with disabilities, including exclusion from education, dependence on personal assistance, communication barriers, reduced physical and emotional defenses and living in institutions<sup>viii</sup>.

Learning needs and processes are diverse, both within the group of children and young people with disabilities and compared to their peers without disabilities. Depending on the type and severity of the impairment, children and young people need different forms and methods to access CSE. Important factors include their emotional, social, intellectual and physical development, learning capacity and communication capacity. For example, children and young people with autism spectrum disorder may need additional support in learning social interactions related to sexuality, such as flirting, romantic and sexual relationships and sexual behaviour, while children and young people with intellectual and developmental impairment may need different instructional approaches, such as visual tools, simple use of language and repetition.

### 3. ... But equal rights to sexual and reproductive health

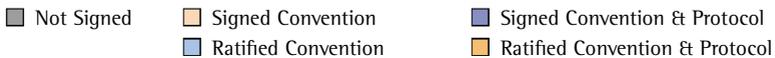
With the adoption of a variety of global and regional agreements and legal frameworks, largely influenced by the UNCRPD, the international community has made progress in strengthening its commitments to safeguard and promote the human rights of persons with disabilities, and to acknowledge and value all persons as global citizens who actively contribute to shaping social, economic and cultural developments.

A core principle in these agreements is the right to non-discrimination and non-stigmatisation: Persons with and without disabilities are entitled to the same rights. This principle relates to various spheres of life, such as education and health, and includes the right to sexual and reproductive health. The latter rests on recognizing the basic rights of all couples and individuals to attain the highest standard of sexual and reproductive health. This includes the right to make decisions concerning reproduction free of discrimination, coercion and violence and the right to information and the means to do so<sup>1</sup>.

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1 [http://ennhri.org/wp-content/uploads/2019/10/ennhri\\_opp\\_monitoring\\_methodologies\\_report.pdf](http://ennhri.org/wp-content/uploads/2019/10/ennhri_opp_monitoring_methodologies_report.pdf) (WHO Regional Office for Europe, 2019; WHO, 2017), <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

... But equal rights to sexual and reproductive health



## The UN Convention on the Rights of Persons with Disabilities

(UNCRPD) was adopted by the United Nations in 2006. It creates a legal obligation for the signatory parties to uphold this commitment. The UNCRPD requires states to promote the human rights of all people with disabilities, including children and adolescents. Several articles refer to different aspects of sexual and reproductive health:

- the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children (Art. 7), as well as equality before the law (Art. 12);
- freedom from exploitation, violence and abuse (Art. 16);
- freedom of expression and access to information, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice (Art. 21);
- respect for privacy (Art. 22);

- respect for home and the family, including the right to marriage and to found a family, the right to decide freely on the number and spacing of children, and the right to have access to information and education on reproduction and family planning (Art. 23);
- the right to education without discrimination based on equal opportunity (Art. 24)
- the right to enjoy the highest attainable standard of health without discrimination, including in sexual and reproductive health and population-based public health programmes (Art. 25).

The UNCRPD has been ratified by 52 of the 53 countries in the WHO European Region.

## International commitments to sexuality education

Many countries have committed to providing sexuality education to all young people. The WHO Regional Office for Europe promotes CSE for children and young people with disabilities as a crucial intervention to promote health and well-being. In the Action Plan for Sexual and Reproductive Health, which 50 countries in the WHO European Region have approved<sup>2</sup>, the WHO calls upon its Member States to establish and strengthen formal and informal comprehensive sexuality education (Objective 2.1). This includes establishing mechanisms for providing CSE to people with disabilities and other less easily accessible groups (key action 27g). Further, the Action Plan reflects on the importance of providing information and services that enable people to make informed decisions about their sexual and reproductive health (Objective 1.3). This includes key action 28e on promoting the development of educational tools, including tools adapted to people with disabilities, which are evaluated and monitored for use in counselling clients in making informed choices<sup>ix</sup>. Recently, the WHO European Region adopted the WHO European Framework

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2 Action Plan for Sexual and Reproductive Health: Towards achieving the 2030 Agenda for Sustainable Development in Europe – Leaving No One Behind and its resolution were adopted by the 66th session of the WHO Regional Committee for Europe in September 2016. Hungary, Poland and Turkey disassociated themselves from the Action plan.

... But equal rights to sexual and reproductive health

for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030. It includes objective 2, which aims to ensure that people with disabilities have access to sexual and reproductive health care services by 2030, including family planning, information and education<sup>8</sup>.

Annex 1 provides an overview of international conventions and instruments that are particularly relevant to CSE for children and young people with disabilities. Most conventions and instruments address the need and right to be informed and emphasise the importance of CSE in supporting children and young people in healthy development.

The Universal Periodic Review (UPR) of the UN Human Rights Council is a unique instrument of the UN to review the human rights records of all UN Member States. On a regular basis, the actions of each Member State to improve the human rights situations in their countries and to fulfil their human rights obligations are reviewed in three ways: a national report prepared by the Member State, a compilation of United Nations information on the Member State prepared by the Office of the United Nations High Commissioner for Human Rights and information submitted by other stakeholders (including civil society actors, national human rights institutions and regional organisations).

An analysis of the UPR reports of 29 European and Central Asian countries\* shows that **sexuality of people with disabilities is prominently missing from almost all documents**. When topics of disability and sexuality are mentioned, it often is problem-oriented, such as portraying people with disabilities as potential victims of sexual violence. The right to sexuality and the need for sexual and reproductive healthcare services and education are not given attention in the reviews. Only Georgia's stakeholder review calls for sexual and reproductive healthcare services for people with disabilities, along with the call for assistance in their motherhood. **None of the UPRs or stakeholder reports mention sexual and reproductive rights of children and youth with disabilities**, leading to the conclusion that this is neither the focus or high priority of decision-makers nor on the agenda of stakeholders.

\*Albania, Andorra, Austria, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Ireland, Italy, Latvia, North Macedonia, Netherlands, Norway, Poland, Portugal, Spain, Sweden, Switzerland, Tajikistan, United Kingdom of Great Britain and Northern Ireland.

## 4. Ensuring quality CSE for children and young people with disabilities

### **Current barriers to sexuality education**

Despite the international commitment to provide CSE for children and young people with disabilities, the implementation of CSE programmes is lacking throughout the WHO European Region. Research shows that children and young people with disabilities receive less sexuality education than their peers without disabilities, and that numerous societal and institutional barriers hinder children and young people from receiving CSE<sup>xi</sup>.

A literature review on barriers to sexuality education for children and young people with disabilities in the WHO European Region identified the following key barriers:

- The most prominent barrier, which underlies all other barriers, is the societal misperception that people with disabilities are asexual and need protection.
- Limited support for educators. Among other things, this results in educators redirecting responsibility for providing sexuality education to one another.

- Competing priorities related to the health needs of children and young people with disabilities may position sexuality education low on the list of relevant issues.
- The wide diversity among children and young people with disabilities, even within one specific type of disability, makes a general approach difficult. The diversity in social, religious and cultural backgrounds as well as in sexual orientation and gender identity only compounds this diversity in disability types.

### **Adapting CSE to the needs of children and young people with disabilities**

Quality CSE for children and young people with disabilities should meet the following key principles:

- CSE for children and young people with disabilities is, first and foremost, general CSE, based on human rights and a sex-positive approach. At the basis lies the recognition that all people are sexual beings and are entitled to fulfil their sexual rights, regardless of their age, gender, religion, sexual orientation or (dis)ability. Therefore, CSE should go beyond biological topics and risk prevention to include the positive aspects of feelings, sexuality and relationships; it should empower children and young people by increasing their knowledge and skills to make well-informed decisions about their sexual and reproductive health and well-being. Annex 2 overviews the essential components of CSE programmes for children and young people with disabilities and includes specific examples.
- CSE for children and young people with disabilities should meet their needs and demands. It should be attuned to the needs, capacities and developmental level of the individual since physical, psychological, social and emotional development can vary considerably. Wherever possible, children and young people with disabilities themselves should be involved in designing CSE.

## Ensuring quality CSE

- CSE for children and young people with disabilities is a shared responsibility of the different caretakers in their lives. It should be delivered in different settings, both formally and informally, both inside and outside of school settings. This includes working with parents, educators, institutions and the healthcare sector to offer the best possible support to children and young people with disabilities.

Barriers to CSE should be actively removed. To ensure health services are disability-inclusive and ultimately accessible, they must be available, affordable, relevant, appropriate and acceptable to people with disabilities.

Available	CSE should be made available in various settings, including in remote areas, online, both in and outside of schools or other institutions, in residential homes, and with the engagement of parents and family or caretakers.
Accessible	This includes physical accessibility (online, transportation, accommodation), information and communication accessibility (large print, sign language, simplified formats, braille) and financial accessibility (free of charge or at low cost).
Acceptable	CSE should be relevant and appropriate. It should demonstrate respect and dignity for children and young people with disabilities and should be rights-based.
Of high quality	CSE should be evidence-based and comprehensive.

## 5. What can you do?

### Policy recommendations

Policymakers in the WHO European Region can intervene in various key areas to act on the legal commitments and guarantee the right to CSE for children and young people with disabilities:

Recognize the health inequalities experienced by persons with disabilities:

- **Map the situation in your jurisdiction:** Assess the current state of CSE provision, including for children and young people with disabilities. Depending on the particular context, relevant questions include: How many children and young people with disabilities are there in a particular country, region or city? In which facilities do they receive education? What kind of CSE do they receive? What is the curriculum? What is the quality of the current CSE provision? What are the unmet needs of children and young people with disabilities regarding CSE in your jurisdiction?
- **Research and monitoring:** Invest in research on needs, sexual development and CSE for children and young people with disabilities. Additionally, it is important to collect data that is disaggregated by type of disability, sex and age in order to understand the situation and

## Policy recommendations

to inform policies that ensure the social inclusion and human rights of these young people. Data collection further allows for monitoring the progress towards the realization of the legal frameworks and action plans as well as measuring progress in achieving set CSE goals.

In partnership with persons with disabilities and their organizations, act to implement actions:

- **Advocate for quality CSE for all children and young people in your country.** Ensure all laws, policies, strategies and programmes regarding CSE comprise the **inclusiveness** of children and young people with disability.
- **Develop action plans:** Collect information on governmental commitments, existing laws, regulations and legislation in your country and region, but also internationally and globally. In collaboration with people with disabilities and their representative organizations, develop action plans that include clear timelines and allocated budgets for the implementation of the agreements that your country and region signed and ratified.
- **Support educators and organizations:** Provide training and information for key stakeholders in the lives of children and young people with disabilities, including parents, institutional staff, teachers, healthcare providers and other professionals who work closely with children and young people with disabilities. Organizations should be encouraged to develop an integrity policy.
- **Raise awareness and address stigmatising societal views:** A key aspect of any action plan should be acknowledging and addressing stigmatising societal views regarding the sexuality of people living with disabilities, particularly children and young people. These perceptions form the basis for discrimination related to sexuality and disability, including, for example, increasing the visibility of people with disabilities in CSE for everyone.

Include persons with disabilities and their organizations in all processes and decision-making:

- **Connecting with stakeholders:** Throughout all actions, it is important to connect with stakeholders such as children and young people with disabilities, representative organisations for people with disabilities and their families, educational boards and researchers in your jurisdiction who work on sexuality and disability.
- **Empower children and young people with disabilities:** To develop CSE programmes that are targeted towards the needs of children and young people with disabilities, one must actively include their voices in the design, development and evaluation of such programmes. Also, within the programmes, ample attention should be directed towards empowerment. Since studies show that caretakers don't necessarily talk about sexuality with children and young people with disabilities in their daily lives, they should be empowered to request the support they need.

# 6

## 6. Annex 1 – International conventions and instruments

Many international conventions and instruments provide legal and ethical frameworks for the advancement of CSE for people with disabilities. The text above highlighted the UN CRPD. Annex 1 provides a brief overview of additional international conventions and instruments particularly relevant to CSE for children and young people with disabilities.

- **International Conference on Population and Development Programme of Action** (ICPD; UN, 1994 & recommitted in 2019). This Programme of Action promotes the advancement of gender equality, the elimination of violence against women and universal access to healthcare for men and women (UNFPA, 2014), while directly addressing the needs of persons with disabilities.
- **Sustainable Development Goals** (UN, 2015) were agreed upon in 2015 by all UN Member States as part of the 2030 Agenda for Sustainable Development. Several SDGs are relevant to the issue of CSE

for children and young people with disabilities, for instance, SDG 3 (Ensure Healthy Lives and Promote Well-Being for All at All Ages) and SDG 4 (Ensure Inclusive and Quality Education for All and Promote Lifelong Learning).

- **The General Comment No. 22 on the right to sexual and reproductive health** (Article 12 of the International Covenant on Economic, Social and Cultural Rights) mentions that the right to sexual and reproductive health is an integral part of the right to health. It explicitly mentions the right of people with disabilities to access sexual and reproductive health services and information.
- **The European Child and Adolescent Health Strategy 2015–2020** (WHO Europe, 2014) aims to enable children and adolescents in the WHO European Region to realize their full potential for health, development and well-being and reduce their burden of preventable disease and premature mortality.
- **The WHO European Framework for Action to Achieve the Highest Attainable Standard of Health for Persons with Disabilities 2022–2030** recognizes the importance of sexual health for persons with disabilities. Target 2.2 focusses on ensuring that persons with disabilities have access to sexual and reproductive health care services, including family planning, information and education.
- **The WHO Action Plan for Sexual and Reproductive Health** (WHO Europe, 2016) is a comprehensive framework supporting countries to ensure that people achieve their full potential for sexual and reproductive health and well-being. Objective 1.2 calls for establishing and/or strengthening formal and informal CSE and includes key action 27g to establish mechanisms for providing CSE to people living with disabilities and to other less easily accessible groups. Objective 1.3 calls for providing information and services that enable people to make informed decisions about their sexual and reproductive health, including key action 28e on “promoting the development of educational tools, including tools adapted to people with disabilities, which

are evaluated and monitored over time, for use in counselling to assist clients in making informed choices.”

- **The Strategy for the Rights of Persons with Disabilities 2021–2030** of the European Commission serves to tackle the diverse challenges that persons with disabilities face. It aims to progress in all areas of the UNCRPD, both at the EU and Member State levels. The goal is to ensure that persons with disabilities in the EU – regardless of their sex, race or ethnic origin, religion or belief, age or sexual orientation – enjoy their human rights, have equal opportunities, have equal access to participate in society and economy, can decide where, how and with whom they live, can move freely in the EU regardless of their support needs, and no longer experience discrimination.

# 7. Annex 2 – Essential components for CSE programmes for children and young people with disabilities

In the table below, the left column presents the essential components defined in key CSE documents. The right column presents examples of how these components can be applied to CSE for children and young people with disabilities.

Essential components of CSE (UNFPA, 2018; UN-ESCO, 2018)	Example of how to apply this component to CSE for children and young people with disabilities
Introduce children and young people, both with and without disabilities, to the ideas of <b>equity and the human rights</b> of people with disabilities	Increase the visibility of children and young people with disabilities in general CSE materials and direct information channels.
Promote <b>gender equality</b>	Girls and women with disabilities are more vulnerable to poor sexual and reproductive health outcomes than peers without disabilities. Addressing gender equality in CSE programmes is necessary because their disability is seen first (and their gender later or not at all).
Provide <b>scientifically accurate information</b>	Address the misconception that children and young people with disabilities are asexual: all children and young people develop sexually.
Provide CSE in a <b>safe, healthy and disability-inclusive learning environment</b>	Avoid discrimination and adhere to rules of conduct; accessible information and communication materials are available, such as large print, sign language, simplified formats, braille, etc..
Link to other <b>sexual and reproductive health services</b>	Consult with relevant professional services, such as gynaecologists or sexologists, about the specific questions of children and young people with disability and their families.
Use <b>participatory teaching methods</b> and strengthen skills in communication, decision-making and critical thinking	Use pictograms, easy-read format, examples and repetition; stimulate exchange and discussion between students.
Involve <b>children and young people with disabilities</b> in the design of programmes	Ensure that CSE programmes correspond with the students' daily lives; children and young people with disabilities benefit from participation in design, as it contributes to their independence, empowerment and self-determination.
Be <b>culturally sensitive</b> and address myths and misconceptions that exist in the local context	Address the myth or misconception that discussing sexuality increases the wish of children and young people with a disability to have sexual experiences.
Use <b>developmentally appropriate information</b> to engage young people in a variety of settings	Adapt CSE materials to the developmental stage of the students, particularly considering those with intellectual disabilities, instead of their age.

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## Essential components for CSE programmes

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This factsheet is provided free of charge.

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