

An Exploratory Study of Perceptions of SRH Education Among Female University SWDs: Student Perspectives

Chandima Jayasena^{1*}, Ishari Gunarathna² and Abhishek Thakur³

Department of Social Work, Pondicherry University¹

Faculty of Arts, University of Peradeniya²

Department of Social Work, University of Delhi³

chandimaij@yahoo.com^{1*}

Abstract

Sexual and reproductive health (SRH) education is a fundamental component of health education, integral to the well-being of individuals across diverse communities. Ensuring its accessibility to all, regardless of disabilities, is paramount. In Sri Lankan Sinhala society, the confluence of social constructs regarding disability and gender significantly influences the experiences of students with disabilities and their access to SRH education. The research problem addressed in this study is to explore female students' perspectives of perceptions, and barriers to the accessibility, quality, and effectiveness of Sexual and Reproductive Health (SRH) education for female university Students With Disabilities (SWDs). Utilizing a qualitative research approach, this study employed telephone interviews, one focus group Zoom interview, interviews of two key informants, and a snowball sampling method to delve into the lived experiences of university female students with disabilities regarding their access to SRH education. This study involved students with full and partial visual impairment and locomotor disabilities. The study included a diverse sample of 11 female and four male students with disabilities, with thematic analysis as the chosen method for data analysis. This research reveals substantial barriers hindering university students with disabilities, particularly females, from accessing SRH education. The exclusion of these students from SRH education emerges as a pressing concern demanding immediate attention. This study underscores the imperative to dismantle the prevailing social constructs that intersect disability and gender, ensuring that SRH education is universally accessible. In conclusion, this study underscores the critical importance of providing inclusive SRH education to promote the health and well-being of all individuals, transcending age, gender, or ability. It emphasises the urgency of addressing the unique challenges faced by female

university students with disabilities to foster a more equitable and inclusive educational environment. Ultimately, promoting comprehensive SRH education for all is not just a matter of health but social justice and equality.

***Keywords:** SRH Education, Female Students With Disabilities, Qualitative Research Approach, Perception*

1. Introduction and Research Problem

In recent years, there has been growing international concern about the sexual and reproductive health of young people. Despite progress in SRH services in various countries, significant gaps remain. The Sustainable Development Goals (SDGs) aim for universal access to reproductive healthcare by 2030, but this goal faces challenges in low and middle-income countries (LMICs). A survey of 70 LMICs revealed that a tiny percentage of teenage women in these countries visit health centers for family planning information (Vincent et al., 2022, p.102). Debates and campaigns addressing the SRHR of people with disabilities are now increasingly common and of public relevance. They are frequently fronted by statements that imply a commonality of global experience for people with disabilities in the failure of society to recognise them as sexual beings (Adlakh et al., 2017).

According to the United Nations, persons with disabilities include those with long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. The drafters of the Convention on the Rights of Persons with Disabilities were clear that disability should be seen as the result of the interaction between a person and his or her environment (United Nations, 2006).

Sexual and reproductive health is essential for human well-being but often stigmatised, especially in Asian countries like Sri Lanka. This is particularly true for persons with disabilities, who face additional challenges due to cultural and religious taboos, discrimination, and physical barriers (Adlakh et al., 2017; ISPA, 2022). The research problem of this study is to explore the perceptions and barriers to the accessibility, quality, and effectiveness of Sexual and Reproductive Health (SRH) education for female university students with disabilities (SWDs). The researchers therefore aimed to explore the perceptions of female university students with disabilities regarding the accessibility, quality, and effectiveness of SRH education.

Identifying the specific barriers and experiences of students with disabilities in the context of SRH education and identifying the role of educational institutions and policies in addressing the specific needs and barriers faced by students with disabilities in SRH education is also essential in focusing on the perspectives and experiences of students with disabilities. The study also emphasises creating a more authentic and nuanced understanding of the challenges and opportunities in promoting sexual and reproductive health among these vulnerable populations. The knowledge generated from this study will help professionals in the field of disability, including social workers, to improve their practical interventions.

2. Research Methodology

A qualitative, phenomenological research approach was used to investigate the gendered socialization and disability, as well as attitudes, to the sexual and reproductive health education experiences of university students with

disabilities in Sri Lanka and how they perceive sexual and reproductive health education. Data saturation is used to obtain sufficient information in qualitative research to cover the main research objectives.

Accordingly, a sample consisting of 04 male and 11 female participants aged 18 and above identified as undergraduate students with disabilities at a public university in Sri Lanka was selected using the snowball sampling method. Students with partial visual impairment and locomotor disabilities participated in this. Male students with disabilities involved in this study were used to comparatively investigate whether mainstream students have greater access to sexual and reproductive health education due to their gender and disability status.

A study group was formed, and the leading researcher occasionally contacted the students who participated in this study to guide them to university education before the study. It was possible to reduce the problems of dealing with a sensitive topic and to build research trust in that relationship. Researchers were aware of the limitations of telephonic interviews, noticing visual cues and non-verbal information. Based on the research problems and objectives, the telephonic interview method was chosen regarding accessibility, convenience for participants, and any other relevant factors. During the Covid-19 period in January and February 2022, the option of conducting telephonic interviews was considered. Therefore, the respondents were selected from university students with disabilities and their friends belonging to the study as mentioned in the above group. The students involved in the study were from the faculty of the University of Colombo.

Data were collected through telephone interviews and Zoom focus group discussions, and with two key informants who closely work with students with disabilities. Data were collected through informal conversations, encouraging participants to discuss the issues without any influence from the researchers. Data were analysed thematically using qualitative analysis techniques, and secondary source literature, including published articles and online resources related to sexual and reproductive health, were used for the literature review. Research ethics were strictly adhered to in obtaining information. The study was conducted with their prior consent. In this study, non-participation of students with disabilities and speech and language impairments in other universities can be a limitation.

2.1. Participants' Background Information

The study participants were students enrolled in the University of Peradeniya and the University of Colombo who were categorised as fully visually impaired, semi-visually impaired, or locomotor impaired based on the International Classification of Functioning Disability and Health. The sample consisted of male and female students with fully and semi-fully impaired vision and only female students with locomotor impairments. It should be noted that excluding students with speech and hearing impairments may have implications for the generalizability of the study findings. Furthermore, the participants were drawn from diverse backgrounds, including rural and urban settings, particular educational backgrounds, and those admitted to the university through a particular intake.

2.2. Objectives of the Study

The Main Objective of the Study

To explore the perceptions of female university students with disabilities regarding the accessibility, quality, and effectiveness of SRH education.

The study had two specific objectives:

- To identify the specific barriers and experiences of female students with disabilities in the context of SRH education.
- To identify the role of educational institutions and policies in addressing the specific needs and barriers faced by female students with disabilities in SRH education.

3. Scope and Significance of the Study

The scope of this study is to explore the sexual and reproductive health education experiences of university students with disabilities in Sri Lanka, focusing on identifying existing socio-cultural barriers and proposing interventions for individual needs. The current discourse on disability in Sri Lanka primarily focuses on the welfare, health, and education of persons with disabilities, with limited attention given to their social conditions and the human dignity and value they deserve (Liyanage, 2022; Emanuel, 2017; Sheren, 2022; Kandasamy et al., 2016, Hettiarchchi et al., 2014; UNFPA, 2017). While the Charter of the Rights of Persons with Disabilities mentions the right to marriage and sexual rights, there is a lack of dialogue on the sexual rights of persons with disabilities for their holistic development (The United Nations Declaration on the Rights of Disabled Persons, 2006). In Sri Lankan

culture, disability is understood through a charitable lens, characterised by distinct vocabulary delineating between "normal" and "disabled" individuals. Terms like "arbadita" and "arbaditaya" are used to describe disability, while more specific terms like "andha," "golu," and "bihiri" are employed to refer to specific impairments. These linguistic distinctions create a hierarchical divide, with able-bodied individuals considered "normal" and those with disabilities labeled as "abnormal" or "ill-being," often carrying a stigma that leads to discrimination (Liyanage, 2017, p. 251; ICF, 2001).

Therefore, this study aims to fill this gap by exploring the experiences of students with disabilities at public universities in Sri Lanka. By identifying the existing socio-cultural barriers that hinder their access to sexual and reproductive health education, this study aims to propose interventions that cater to their individual needs. The study also highlights the importance of addressing the social constructs surrounding disability and gender to ensure that all individuals can access this critical aspect of health education. The findings of this study can inform policy and practice to improve the accessibility of sexual and reproductive health education for university students with disabilities in Sri Lanka.

4. Review of the Literature

Sexual and reproductive health is integral to overall health, well-being, and quality of life. It is a state of physical, emotional, mental, and social well-being concerning sexuality and not merely the absence of disease, dysfunction, or infirmity (World Health Organization, 2019). Essential steps in this transitional process are several critical life events such as puberty, initiation to

sexuality, marriage, and childbearing. These events' timing, sequence, and context have immediate and long-term repercussions for sexual and reproductive health. Generally, adolescence is associated with rapid physical growth, in which a gradual development of reproductive organs occurs, along with the appearance of gender-specific secondary sex characteristics and menarche in girls (Suranga, 2019).

Disability, when viewed from a charitable perspective, is typically defined as a physical or intellectual impairment, often intertwined with the concept of karma, which justifies inequalities among individuals. This construct profoundly impacts all aspects of the daily lives of people with disabilities. Discrimination against this group often begins within families and is perpetuated by more comprehensive social institutions (Liyanage, 2017). The socio-cultural framing of disability significantly influences the experiences of students with disabilities, forcing them to navigate exclusion from family, community, school, and university settings.

Their lives are based on compassion, not full empowerment of persons with disabilities. According to the study's findings, although there is an opportunity to provide education, individuals with disabilities have no idea how to enter into a married life or lead a social life. As a result, families need to pay more attention to the teachings of body changes required to lead an independent life, and they need to understand the essential skills that can be given to a person to lead an independent life.

Sexual and reproductive health is identified as a target of the Sustainable Development Goals. As per the World Health Organization (WHO), by 2030, ensure universal access to sexual and reproductive healthcare services,

including family planning, information and education, and the integration of reproductive health into national strategies (WHO, 2022). Although UHC pledges to “leave no one behind,” disability is not a focus of Universal Health Coverage despite being an essential dimension of inclusion for the SDGs (UNFPA & WHO, 2019; World Bank, 2019). The situation of sexual and reproductive health education and awareness, therefore, is complex and requires due attention and a systematically designed approach to reach the target communities.

Studies conducted on the persons with disabilities field in Sri Lanka have primarily focused on education, health, welfare, and issues related to war-related disabilities (Liyanage, 2022; Emanuel, 2017; Sheren, 2022; Kandasamy et al., 2016; Hettiarchchi et al., 2014). In general, students with various forms of disabilities necessarily need to be identified and accommodated in an inclusive education to succeed in higher education and attain social mobility (Addlakha, 2013; Booth, 2000; Liyanage, 2017; Herath, 2014; Herath, 2015). Favorable changes have taken place for disabled university students in public universities through inclusive education policy and a rights-based approach. For example, establishing separate centers and various projects has allowed disabled students to collectively discuss their progressive plans to receive good education and opportunities during their academic tenure (Liyanage, 2022; Oliver, 1996). These included accessibility for disabled people, technical programmes for disabled people, provision of technical equipment, and teaching and learning some social skills. Nonetheless, it was identified that there was no attempt to provide at least primary education on sexual and reproductive health for university students (Annual Report, 2012). Moreover, the consideration of youth with disabilities

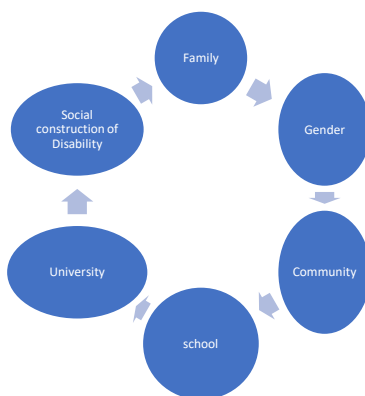
is also essential as they enter the active labour force, as well as holding civic and household responsibilities in the long term (Addlakha, 2013). However, in Sri Lanka, research on SRH issues among university students as the youth of Sri Lanka with disabilities has yet to be addressed. Knowing about sexual and reproductive health issues is very important in the social interaction of students with disabilities. Until now, sexual and reproductive health issues and awareness of students with disabilities have not been paid sufficient attention. Hence, drawing due attention and promoting knowledge is indispensable (UNFPA & WHO, 2019; World Bank, 2023).

5. Results and Findings

5.1 Barriers that Influence SRH Education

An analysis of the overall study findings highlighted that multiple factors influence the sexuality and reproductive health education of university students with disabilities.

Figure 1: Multiple Factors that Influence Sexual and Reproductive Health Education



Based on the literature review, parents in rural areas do not discuss sexual and reproductive health with their children and often assign the responsibility of caring for children. Interest in sexual and reproductive health education in schools was also low, with little emphasis on providing life skills necessary for independence (Suranga, 2019). This same condition affects children with disabilities in a much more comprehensive way. Although sexuality and reproductive health among youth is a covered topic due to the family, gender, community, school, social construction of disability, social, cultural, and legal status in Sri Lanka, non-disabled youth often have access to knowledge. In contrast, the youth with disabilities faces additional challenges due to prevailing socio-cultural constructs making discussions on sexuality and reproductive health more of a taboo within this population.

The study also found that interest in sexual and reproductive health education in school was very low. Although education can be seen as the transmission of values and accumulated knowledge in a society, schools tend not to teach the life skills necessary for a person to be independent. The majority of the students in the study who received inclusive education revealed little interest in providing sexual and reproductive health knowledge for students.

"The teacher assigned for science lessons told us to ask the health teacher when we have questions about sexual and reproductive health" (P3, 24 Female, 24, Fully Visually Impaired).

In Sri Lanka, teaching sexuality and reproductive health education is not exclusively taught by female teachers, which affects the socio-cultural context. Due to the existing socio-cultural teaching methods, teachers do not advance the sex education conversation in an interactional education setting or in a

unique education setting where teachers are shy. Students with disabilities in inclusive education experience a lack of unique skills and competition. Teachers do not advance the sex education conversation, and students in special education have higher knowledge due to NGO programmes. In interactive education, students are exposed to unfavorable conditions in the socio-cultural environment, where sexual and reproductive health is considered taboo.

The study included students from university-accredited groups who received special education and those who entered university through inclusion education. The experience of sexual and reproductive health in those groups was unique. Students with disabilities in particular education backgrounds have more interaction within the disability community compared to those from inclusive education backgrounds. Respondents in the study reported high levels of romantic relationships among students with disabilities, which sometimes resulted in unintended pregnancies due to a lack of knowledge about safe sex and contraception. It further revealed that students with disabilities often come to university with limited sexual and reproductive health education from their families and schools. They mentioned that there is more sleep in the university environment.

"It was unbelievable the spaciousness of the university. After coming to university, I was able to roam with my friends, and that was amazing." (P6, 23, Female, Visually Impaired).

A visually impaired assistant lecturer (Key Informant1, Female, 28) and a visually impaired student representative (Key Informant2, Female, 27) who participated in the study commented that disabled students often form close

relationships, interact frequently, and share personal and academic matters. This increase in intimacy can lead to the development of intimate relationships, leading to unintended pregnancies due to the lack of knowledge about safe sex and contraceptives. They mentioned examples in their university student life in this regard.

“Visually impaired university students gather in the room reserved for students with disabilities during non-lecture hours and nothing beyond that. This is where all relationships are built, and breakups happen. They do not know about sexuality and reproductive health. Girls are more affected (Key Informants2, Female, Partial Visually Impaired).”

“Most of the time, visually impaired students gather in the room reserved for them and make connections between them. However, locomotor-impaired students become self-isolated. They do not participate in the programmes organised by the university (Key Informants1, Female, Fully Visually Impaired).”

The study highlighted the perception that persons with disabilities do not need marriage and sexual relationships, reinforcing the stereotype that persons with disabilities should be under constant supervision and care, leading to a lack of independence.

The female students with disabilities who participated in this study perceived a negative attitude toward love, marriage, and sexuality. It was confirmed through the experiences of locomotor-impaired students.

I have already considered living away from home and somewhere that accommodates people like us. (P8, Female 24. Locomotor impairment)

The study confirmed that sexual curiosity is common to all individuals, including those with disabilities, and they have the right to experience sexuality, have sexual relationships, and access information on the sexual functioning of their bodies in an accessible form, according to Rule 9.2 of the UN Standard Rules on the Equalization of Persons with Disabilities. Therefore, it is crucial to provide comprehensive sexual and reproductive health education to students with disabilities to ensure their sexual and reproductive rights are protected.

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

"I have a sister in my family. She is married and has two daughters. She always says, 'I should have sister's two daughters. These two will take care of you when you get old.' They always have the same perception. Marriage and sexuality are not for us." (P4, Female, 24, Fully Visually Impaired)

The fourth participant of the study above explains that marriage is not even necessary for people with disabilities because sexual and reproductive health is more of a concern. The disabled community is constantly under the supervision of others and loses their body language. This interview confirms that their lives are lived under the care of another, protected and isolated and that they are no longer independent. Although they are given opportunities to climb the social ladder through university education, the society in which they are built is not ready to accept them as independent people.

They found that sexual curiosity is common to all individuals, with sexual stimulation occurring throughout the life span, hormone changes, attraction to the opposite sex, etc. Rule 9.2 of the UN Standard Rules on the Equalization

of Persons with Disabilities argues that disabled people have the right to "experience sexuality, have sexual relationships, and access information in accessible form on the sexual functioning of their bodies." (UN, 2006)

The focus on issues related to stigma and gender discrimination elicited the following response:

"Students with disabilities indicated that love, sex, and parenting were a no-go zone, including taboo." (Research Data, 2022)

This was more frequently observed among female students with disabilities. According to their view, Students with disabilities, particularly girls, often lack understanding about safe sex practices due to societal taboos and, therefore, do not use contraceptives like condoms. They resort to natural methods, leading to risky sexual behaviour and severe complications like STDs/HIV, pregnancy, and abortion.

Four locomotor-impaired female students and four fully visually impaired students participated in this study and received inclusive education. The experience of all these people was that they did not receive education about sexual and reproductive health in the schools where they received inclusive education. They stated that the family and the school have been given less importance based on society's sociocultural facts. When the non-disabled students also miss the opportunities for sexual and reproductive health, the students with disabilities have never had the opportunity for it due to the minimal social conditions.

This is a question often asked in research related to students with disabilities. Are you getting inclusive education? We study together at the university, that

is all. We also attend such programmes. Never ask questions on sexual and reproductive issues. Even non-disabled students do not get a fair chance to ask. Male students may get the opportunity to get this kind of education in an informal way through peer groups, mainly in the company of friends in their hostel. We become evil women if we ask these questions, even from an ordinary female student. We constantly question whether we are included in sexual and reproductive health education in inclusive education.

(Informal conversation through a focus group interview)

When studying the impact of gender on access to sexual and reproductive health education, both females and males with disabilities lost opportunities to access education.

The response of one of the male students with disabilities in the study was,

"We do not know what the female body is and what the difference is between the two of us. Can you tell us the difference? We did not even know the difference that everyone knows when we live a social life. It does not come from the family or educational institutions." (P11, Male, 23, Fully Visually Impaired)

Although male students with disabilities are more able to interact with the external society, they also need to acquire more information. Curiosity and enthusiasm were observed during the interviews.

"When it comes to sex topics, I open my mouth and listen to them. I have so much curiosity about sexuality." (P12, Male, 23, Visually Impaired)

According to the perception of male students with disabilities, sexual harassment faced by female students with disabilities is more than sexual violence faced by male students with disabilities due to insecurity in society.

I am a third-year Sociology student, aged **23**, enrolled in a special intake at a Sri Lankan university. I grew up with my grandparents since childhood, as my parents could not care for me and my disabled younger sister. While my grandmother educated me about menstruation, she avoided discussing topics like rape, pregnancy, and sexually transmitted diseases. One day, I asked my grandfather about rape, but my grandmother immediately intervened, insisting that such subjects would not be discussed with me. As a member of the disabled community, I believe that sexual education should be provided to all individuals, regardless of their abilities. Unfortunately, such education is currently unavailable to us, which limits our knowledge about critical health and safety topics.

(P1, Female, 23, Visually Impaired).

The COVID-19 pandemic has significantly impacted the lives of university students, particularly in terms of their leisure time and social activities. The study revealed that most students had limited opportunities for activities such as reading books, watching movies, and socializing with friends due to pandemic restrictions and spent most of their free time attending online lectures. This has affected how students acquire social knowledge, with many feeling that their options for learning in a university setting have been greatly diminished. However, the socially constructed ideologies, myths, and negative attitudes towards people with disabilities continue to be reflected in university education systems. The Orientation programme at universities was found to

be a brief awareness about sexuality and reproductive health and not enough to improve safe and protective practices of sexual and reproductive health.

As one respondent noted,

"Their attitude was that we do not need love, marriage, and sexuality, and parenting skills. Sometimes we do not even know the skills required for sex"
(P1, Female, 24, Visually Impaired)

This highlights the importance of sexual and reproductive health education, particularly in university settings where romantic relationships are common. It is important to note that sexual desire is a subjective feeling triggered by a range of internal and external factors and may or may not result in overt sexual behaviour.

5.2. Nature of Programmes Organised by Universities

The research revealed that while the university organised various programmes on sexual and reproductive health along with collaborative associations for university students, they were mainly targeted at the entire student body.

“A session on sexual and reproductive health is conducted for all students during student orientation in the first year of university. We participated in it. In addition, there is a course on sexual and reproductive health by the community science department of the Faculty of Arts. During COVID-19, students were informed about sexual and reproductive health by the Faculty of Arts and the Sociology Alumni Association of the University of Colombo. However, in no place did they pay much attention to students with disabilities. Even if we have questions, we do not hesitate to ask. The teaching methods

they use are not suitable for students with disabilities” (Informal conversation through a focus group interview).

The liberal atmosphere of the university has failed to provide sexual and reproductive education to the students in general. A one-hour discussion on sexual and reproductive health for higher education students is sufficient to promote sexual and reproductive health knowledge (P4, male, 23, Visually Impaired).

This approach made addressing sensitive issues in large lecture halls with broad audiences challenging. The study found that even "all" students faced sexual and reproductive health issues, but many programmes only addressed macro-level issues. Therefore, small group discussions and simulations were identified as crucial to address the diverse needs of different target groups. The study recommends that universities prioritise and differentiate between macro- and micro-level themes, guide resource pool selection, and ensure audiences' clarity before conducting any awareness programme.

5.3. Recommendations for Policy Implications

The perceptions of female students with disabilities who participated in the study were that there are still misconceptions about the inability to have sex and body ugliness. Sexual and reproductive health literacy is neglected in family, school, and university settings. Students with disabilities feel they have limited opportunities to receive sexual and reproductive education, and the epidemic has made that even more complicated. Orientation programmes conducted at university entry were not sufficient to improve their safe and secure practices of sexual and reproductive health in the educational setting.

Students with disabilities do not get to raise their voices during orientation, and programmes should be conducted targeting them.

The study recommends valuing people with disabilities with dignity and worth and providing comprehensive sexual and reproductive health education for students with disabilities. The study underscored the need for carefully planned projects to educate students with disabilities about sexuality and reproductive health, as respondents had limited knowledge and understanding of these issues. The study recommends programmes targeting students with disabilities to allow them to open up their stories in a healthy environment.

The study also pointed to a lack of sexual and reproductive health education for students with disabilities, who are more likely to face negative attitudes toward love, marriage, and sexuality. The study highlighted the importance of removing these negative attitudes and empowering the disabled community.

Education on sexual and reproductive health is also essential to reduce sexual harassment faced by girls with disabilities living alone. Knowing about sexual and reproductive health issues is also very important to know about the changes in girls' bodies and reproductive problems that occur with age.

In addition, sexual and reproductive health education is essential as they prepare for marriage and parenthood in the future. Counseling and soft skills awareness programmes are recommended to fill the knowledge gap related to sexual and reproductive health for students with disabilities. In addition, independent life should be organised at the individual and group levels within the university system.

6. Conclusions

In conclusion, this study highlights the urgent need to provide inclusive sexual and reproductive health (SRH) education to female university students with disabilities in Sri Lanka. It sheds light on the significant barriers these students face in accessing SRH education, stemming from societal constructs related to disability and gender. To ensure equitable and inclusive education, it is imperative to address these challenges and promote comprehensive SRH education for all individuals, transcending age, gender, or ability.

This exploratory study highlights the critical need to address the perceptions and barriers surrounding sexual and reproductive health education among female university students with disabilities in Sri Lanka. The study highlights the existing socio-cultural constructs that contribute to the marginalization of this group, emphasizing the importance of tailored interventions and policy changes to ensure equitable access to sexual and reproductive health education. With sexual and reproductive health being a crucial aspect of overall well-being and sustainable development, this research underscores the imperative to leave no one behind, especially those with disabilities, in achieving universal access to comprehensive healthcare services.

The study reveals multiple factors significantly impact the sexual and reproductive health education of university students with disabilities in Sri Lanka. These factors include societal taboos surrounding sexuality, lack of comprehensive school education, and the misconception that individuals with disabilities do not require or should not engage in romantic relationships and sexual activities. To uphold the sexual and reproductive rights of these individuals, it is imperative to provide inclusive and accessible sexual

education that empowers them with knowledge and choices regarding their bodies and relationships.

This study underscores the critical need for comprehensive sexual and reproductive health education for individuals with disabilities, particularly in university settings. The findings reveal that societal taboos and misconceptions persist, preventing students with disabilities from accessing essential knowledge and resources. Despite limited attempts at awareness programmes, the existing approach falls short of meeting the diverse needs of this group. Universities must prioritise inclusive and tailored sexual and reproductive health education to empower all students, regardless of their abilities, and bridge the existing knowledge gap.

7. Acknowledgments

We want to acknowledge the motivational groups of students with disabilities at the University of Colombo (2020-2022) for their invaluable contribution of rich data to this research.

8. References

- Addlakha, R., Price, J., & Heidari, S. (2017). Disability and sexuality: claiming sexual and reproductive rights. *Reproductive Health Matters*, 25(50), 4-9.
- Addlakha, R. (2013). Disability studies in India: *Global discourses, local realities*. London: Routledge.
- Annual Handbook. (2012). University Grants Commission, New Delhi.
- Booth, T., Ainscow, M., Black-Hawkins, K., Vaughan, M., & Shaw, L. (2000). Index for inclusion: developing learning and participation in schools (Bristol, Centre for Studies on Inclusive Education). *Ainscow et al. Inclusion and the Standards Agenda*, 27. Compulsory Education Ordinance of Sri Lanka No. 1003/5 of 1997. (1997). Parliament of Sri Lanka.

- United Nations. (2006). Convention on the Rights of Persons with Disabilities. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
- Emmanuel, S., & Saroor, S. (2022). Experiences of Gendered Norms and Mobilizing for Rights of Women Living With Disabilities in the Post-war Context in Sri Lanka. *Frontiers in Sociology*, 7, 715240.
- Hettiarachchi, S., & Das, A. (2014). Perceptions of 'inclusion' and perceived preparedness among school teachers in Sri Lanka. *Teaching and Teacher Education*, 43, 143-153.
- Herath, S. (2015). The politics of aesthetics in negotiating identity among university students with disabilities in Sri Lanka. *Teorija in Praksa*, 52(4), 777-791.
- Herath, S. (2014). Negotiation of self-identity and the contingency of self-actualization among the students with disabilities striving for higher education in Sri Lanka. 53(3-5), 217.
- International Classification of Functioning, Disability and Health (ICF). (2001). [https://www.physio-pedia.com/International_Classification_of_Functioning_Disability_and_Health_\(ICF\)](https://www.physio-pedia.com/International_Classification_of_Functioning_Disability_and_Health_(ICF))
- International School Psychological Association. (2022). <https://ispaweb.org/resources/learning-learning-disabilities-inclusion>.
- Kandasamy, N., Soldatic, K., & Samararatne, D. (2017). Peace, justice and disabled women's advocacy: Tamil women with disabilities in rural post-conflict Sri Lanka. *Medicine, conflict and Survival*, 33(1), 41-59.
- Liyanage, C. (2022). Inclusivity of children with disabilities and downsides of welfare-oriented service delivery system in Sri Lanka with special reference to rural areas in Galle district. *University of Colombo Review*, 3(1).
- Liyanage, C. (2017). Sociocultural Construction of Disability in Sri Lanka: Charity to Rights-based Approach.
- Oliver, M. (1996). Understanding disability: from theory to practice. Basingstoke, Hampshire: Macmillan.

- UNFPA, (2017). *Population Matters*.
https://srilanka.unfpa.org/sites/default/files/pubpdf/NEW%20CRHE%20Policy%20Brief%20%283%29_0.pdf
- Suranga, S. (2019). *Youth Sexual and Reproductive Health Research in Sri Lanka; Current Status, Challenges and Future Directions*.
https://www.researchgate.net/publication/337945339_Youth_Sexual_and_Reproductive_Health_Research_in_Sri_Lanka_Current_Status_Challenges_and_Future_Directions
- United Nations Convention on the Rights of Persons with Disabilities. (2006).
https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf
- World Health Organization, (2019). *Sexual and Reproductive Health Definitions*.
<http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2011/06/sexual-health-throughout-life/definition>
- Vincent, R., & Krishnakumar, K. (2022). School-based interventions for promoting sexual and reproductive health of adolescents in India: a review. *Journal of Psychosexual Health*, 4(2), 102–110.