

Ethical Consideration of the Stereotype against the Disabled and their Sexuality

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Abstract

Disabled people are among the most marginalised in society, in both developed and developing countries. Due to their condition, they are excluded from many profitable and important social ventures. They are largely stereotyped and most aspects of their lives continue to be neglected by most able-bodied people in all spheres. This study takes an ethical look at the continuing widespread stereotyping of disabled people in general and the neglect of their sexuality in particular. It essentially argues that disabled people are stereotyped, marginalised and mostly suffer from sexual starvation by not dating or marrying them, with most resorting to masturbation and other unethical sexual practices. The paper concludes by condemning the stereotyping of disabled people, claiming that they are sexually active and also need support in terms of their sexuality.

Keywords: Disabled, Sexuality, Stereotype, Marginalisation, Ethical consideration

Introduction

Issues related to disability and the ways in which disabled people are misunderstood, stereotyped, marginalised, mistreated and their basic human rights trampled upon have generally been of little or no interest to many in all global societies. The World Report¹ on Disability notes that

¹ World Health Organization. (2011). World report on disability.

disabled people are among the most marginalised and disadvantaged groups in society, facing barriers to education, employment, health care and political participation. Philosophers too have, until recently, given little or no philosophical attention, discourse, analysis and resolution to these issues. However, in the last 30 years there has been a significant increase in philosophical interest in disability. Disability theory has made valuable contributions to various subfields of philosophy.²

Historically, disability has been seen as a medical rather than a social or political issue. In essence, people with disabilities have been perceived primarily as patients in need of medical intervention, rather than as people who face social, cultural and political barriers to their full integration into society. Traditional philosophical discourse has focused on normative and idealised representations of human beings that have ignored people with disabilities who deviate from these standards. Philosophers have often assumed that human beings are inherently rational, self-governing and self-reliant, which has led to the marginalisation of people with disabilities who do not fit into these classifications. The lack of attention to people with disabilities in philosophical discourse can be attributed to their exclusion from academic institutions and other intellectual domains. However, disability rights activists and scholars have challenged these conventional perspectives and called for the inclusion of disability in philosophical discourse.

Discrimination against the sexuality of people with disabilities refers to the commonly held societal belief that people with disabilities are either lacking in sexuality, sexually unattractive, or incapable of having sexual desires and engaging in sexual activity.³ This stereotype is based on the

² Christine A., James, *Philosophy of Disability, Essays in Philosophy*, vol.9: Iss.1, Article 10, (2008), 1.

³ Kittay, E. F. At the margins of moral personhood. *Ethics*, 116(1), (2005).

assumption that disabled people are defined solely by their disabilities and that their sexual lives are not a valid or important aspect of their identity. As a result, disabled people may face stigma, discrimination and barriers to exploring their sexual desires and having fulfilling intimate relationships. This stereotype can have a significant negative impact on the mental health and well-being of disabled people and is a violation of their human rights to sexual expression and autonomy.

To this end, this study examines and questions some of the key aspects of sexual ethics as they relate to disabled people. It will question the role of the family in the sexuality of disabled people, as the primary agent of socialisation and the vanguard of a healthy sexual relationship leading to a happy and authentic existence. The study will also consider the variety of sexual violations that degrade disabled people. Finally, it will demonstrate that disabled people are a marginalised group whose marginalisation is also manifested in the neglect, abuse and stereotyping of their sexuality by able-bodied people, with little or no significant action taken by the agents and legal and socio-political systems of society.

Defining Disability and Challenging the Medical Model

Disability has been defined in different ways over the years, with different approaches to understanding and addressing it. The traditional or medical view of disability is the most common in the literature, with definitions that focus on the individual's medical problem in need of treatment or cure. However, this narrow and one-sided view of disability has been challenged by many disability theorists who argue that disability is a complex social construct involving both physiological and social barriers.

The World Health Organization (WHO) defines disability as an umbrella
December, 2022

term covering impairments, activity limitations, and participation restrictions. According to the WHO, disability is a condition or function that is significantly impaired relative to the usual standard of an individual or group. Disability is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment, mental illness, and various types of chronic disease.⁴ An impairment is a problem in body function or structure; an activity limitation is a difficulty experienced by an individual in performing a task or action; while a participation limitation is a problem experienced by an individual in engaging in life situations.⁵

According to Krishna, Dutt and Rao, a disabled person is defined as someone who is recognised as such because of differences in acceptance or behaviour combined with functional or activity limitations.⁶ However, this definition is limited to the traditional or medical view of disability and only describes disabled people from a clinical perspective, neglecting other perspectives and the diversity within the disabled community. The medical model of disability is based on the assumption that disability is a problem that exists in a person's body.⁷ Seen in this way, disability is primarily an individual's medical problem that requires treatment. This view implies that the person in question needs treatment or care to correct the disability, to approach normal functioning or, perhaps as a last resort, to help the person adapt and learn to function despite the disability.⁸ The medical model of disability holds that a

⁴. Disabled World, *Disabilities: Definition, Types and Models of Disability* (14th December, 2019), Accessed 25 January, 2020, <https://www.disabled-world.com/disability/types/>.

⁵. WHO, *Health Topics: Disabilities* (2020), <https://www.who.int/topics/disabilities/en/>.

⁶. V.V. Krishna, B.S.V. Dutt and K.H. Rao, *Disabled Persons* (New Delhi: Discovery Publishing House PVT Ltd, 2015), 7.

⁷. Sara Goering, 'Rethinking Disability: The Social Model of Disability and Chronic Disease,' *Curr Rev Musculoskelet Med*, 8 (2015), 134, DOI 10.1007/s12178-015-9273-z.

⁸. Goering, 'Rethinking Disability,' 134; A. Silvers, 'A Fatal Attraction to normalizing,' in Parens ed., *Enhancing Human Traits* (Washington DC: Georgetown University Press, 1998), 95-123.

person's functional limitations (impairments) are the cause of all the disadvantages they experience, and therefore these disadvantages can only be remedied by treatment or cure.⁹

However, this view has been challenged by many disability theorists who argue that disability is a complex social construct involving both physiological and social barriers. According to these theorists, the social environment and social attitudes towards disability are as important in shaping the experiences of disabled people as their impairments or activity limitations. Disability is not just a medical problem, but a social problem that requires a social solution. Susan Wendell introduced a novel categorisation: disabled people who are either healthy or unhealthy. The healthy disabled category refers to people with physical conditions that are 'predictable for the future' and stable, who consider themselves healthy and whose medical needs are typical of someone their age. This category may include people who are deaf, paraplegic or living with Down's syndrome. In contrast, the category of unhealthy disabled refers to people with medical conditions that, if left untreated or untreatable, will result in them feeling unwell and unable to take advantage of available opportunities, and whose conditions can fluctuate rapidly.¹⁰ Wendell writes,

Wendell asks, for instance, is illness by definition an evil, or have we made less progress in recognizing chronic illnesses as potentially valuable differences than we have in relation to other disabilities? If we see deafness and paraplegia as different, but not necessarily lesser ways of being in the world (if we can celebrate them as distinctive ways of being that may

⁹. Liz C. Crow, 'Including all of our Lives,' in Morris ed., *Encounters with Strangers* (London: The Women's Press Ltd, 1996), 208.

¹⁰. Wendell, S. 'Unhealthy Disabled: Treating Chronic Illnesses as Disability,' *Hypatia*, 16(4), 2001), 30.

even sanction a certain kind of cultural pride), then why not do the same for chronic illness or unhealthy disabilities? They too promote different ways of understanding and appreciating the world, of conceiving the self, of questioning the foundations of normal.¹¹

Wendell challenges the common understanding of disability as physiological or mental suffering that cannot be remedied by social change. She argues that suffering should not be the sole criterion for defining disability. Instead, Wendell suggests that suffering is part of valuable ways of being,¹² and that disability can be accompanied by valuable perspectives and experiences that are inseparable from physiological suffering.¹³ Some people may not wish to be cured of their condition because they find value in the way of life that results from it, while others may welcome the opportunity to eliminate the suffering but still value the perspective it gives them.¹⁴ To truly understand disability pride, Wendell stresses the importance of listening to the explanations and testimonies of disabled people themselves. Although suffering is generally something people try to avoid, it can also be an inevitable accompaniment to valuable ways of being.¹⁵

However, most traditional definitions are based on the medical model of disability, which sees disability as a personal tragedy or a medical problem that needs to be fixed. This narrow definition excludes other forms of disability and fails to address the social and environmental

^{11.} Wendell, 'Unhealthy Disabled,' 30-31.

^{12.} Wendell, 'Unhealthy Disabled,' 31.

^{13.} Goering, 137.

^{14.} Goering, 137.

^{15.} Wendell, 'Unhealthy Disabled,' 32; E. Parens, 'The Fragility of Goodness,' *Kennedy Inst Ethics J.*, 5(2) (1995), 141-53.

barriers that prevent disabled people from participating fully in society.¹⁶ To challenge this view, the social model of disability was introduced, which argues that disability is not just an individual issue but a social and political one.¹⁷ Wendell draws on her own experiences and those of other disabled women to explore the social and political implications of disability. She argues that disability is not just a medical condition but a social and political one that affects the lives of millions of people worldwide.¹⁸ The social model of disability emphasises the need to remove barriers that prevent disabled people from participating fully in society. These barriers can be physical, such as inaccessible buildings or transport, or social, such as negative attitudes and stereotypes. The social model sees disability as a product of the interaction between the individual and the environment, rather than a personal tragedy or medical problem.¹⁹

Anita Silvers²⁰ also discusses the historical marginalisation of disabled people in society. She argues that historical counterfactualisation is a conceptual test that asks whether a practice would be the same if disabled people were the majority rather than a powerless minority. This test helps to identify deprivation that is the arbitrary artefact of social arrangements controlled by the standard of normality. It argues that reducing exclusion is preferable to compensating for it, and that policy should focus on removing social and environmental barriers rather than trying to fix the individual.

^{16.} WHO, *World Report on Disability* (Malta: WHO Library Cataloguing-in-Publication Data, 2011).

^{17.} Oliver, M. Social origins of disability. In C. Barnes & G. Mercer (Eds.), *Exploring the Divide: Illness and Disability*. Leeds: The Disability Press. (1983). Pp. 27-44.

^{18.} Disabled World, *Disabilities*.

^{19.} Oliver, M. *Understanding Disability: From Theory to Practice*. Palgrave Macmillan. (1996); Shakespeare, T. *Disability Rights and Wrongs Revisited*. Routledge. (2014).

^{20.} Anita Silvers, 'People with Disabilities,' in *The Oxford Handbook of Practical Ethics*, LaFollette, Hugh ed., (University of South Florida, St Petersburg Print Publication, 2005; Published to Oxford Handbooks Online: September 2009), 323-4, doi:10.1093/oxfordhb/9780199284238.001.0001.

The disability rights movement has been instrumental in challenging the medical model of disability and advocating for the social model. The movement has fought for the recognition of disability as a social and political issue and has made significant progress in improving the lives of people with disabilities worldwide. The movement has also challenged negative attitudes and stereotypes about disability and promoted the inclusion of people with disabilities in all aspects of society.

The Thrust of Philosophy of Sexuality and Sexual Ethics

In order to approach the sexuality of disabled people from an ethical perspective, it is crucial to consider the philosophy of sexuality and sexual ethics. In doing so, we can ensure that the discussion of stereotypes about disabled people and their sexuality is grounded on a human rights perspective and that the dignity and agency of disabled people are respected. Sexual ethics and philosophy of sexuality are related concepts, but differ in focus and approach. Sexual ethics focuses on the practical and ethical implications of sexual behaviour. It is concerned with the moral and ethical issues that arise in sexual relationships and practices. It explores issues such as what constitutes consent, how to balance an individual's sexual desires with the needs and rights of others, and how to address issues of power and exploitation in sexual relationships. Sexual ethics also examines the social and cultural norms that shape sexual attitudes and practices, and the ethical implications of these norms.²¹

²¹. Eric N. Besong, 'Emerging Sexual Ethics and the Erosion of African Ethos,' *THE LEAJON: An Academic Journal of Interdisciplinary Studies*, vol.10, no.1 (2019), 68; Eric N. Besong and Odey S. Robert, 'Ethical and Moral Considerations of Gay Practice, Legalisation and Rights: African Perspective,' in Michael, Matthew, Aliagba, Eugene T. and Alagba, Adewole A. eds., *Human Rights, Religion and Society: Festschrift Rev. Fr. Prof. Jake Omang Otonko on his Birthday*. Jos: Eiwa Press Ltd, 2020).

Philosophy of sexuality, on the other hand, is concerned with the nature and meaning of human sexuality. It is a branch of philosophy concerned with the nature, meaning and significance of human sexuality. It explores questions such as what sexuality is, what its purpose or function might be, how it relates to human identity, and how it should be understood in ethical, social and political contexts. Philosophy of sexuality is concerned with the theoretical and conceptual aspects of sexuality rather than the practical and ethical implications of sexual behaviour.²²

The formation of sexual ethics is influenced by several factors such as culture, religion, personal beliefs and social norms.²³ Sexual expression and behaviour have been subject to strict moral and religious codes in many cultures for centuries, resulting in sex being considered a taboo subject.²⁴ These factors create a wide range of attitudes towards sex and shape the values and norms that regulate sexual behaviour. For example, some cultures consider premarital sex taboo, while others consider it acceptable, and some value monogamy, while others accept polygamy. Different religions have specific teachings about sexual behaviour and relationships that reflect their beliefs, such as Christianity's view that sex should only take place within marriage and that adultery is a sin. Personal beliefs also influence sexual ethics because they are shaped by personal experiences, values and attitudes towards sex, such as believing that casual sex is morally wrong or that sex should only occur within a committed relationship. Societal norms also influence sexual ethics by shaping laws and policies related to sexual behaviour and relationships, such as laws against rape, sexual harassment and sexual assault, which

^{22.} Soble, A. Philosophy of sexuality. In L. Becker & C. Becker (Eds.), *Encyclopedia of ethics* (Vol. 3, 2002.Pp. 1448-1456); Solomon, R. C., & Higgins, K. M. (Eds.). *The philosophy of sex: Contemporary readings*. Rowman & Littlefield Publishers, (2011).

^{23.} Abrams, K. *Sex appeal: Six ethical principles for the 21st century*. Boulder, CO: Westview Press. (2009).

^{24.} Foucault, M. *The history of sexuality: An introduction*. New York: Pantheon Books. (1978).

reflect societal beliefs that non-consensual sexual behaviour is morally wrong.²⁵

The philosophy of sexuality aims to challenge traditional assumptions about sex and explore how it can be a positive and fulfilling aspect of human experience. This involves examining different forms of sexual expression and behaviour to understand their ethical and moral implications, and advocating for society to promote healthy and consensual sexual practices. In addition, the philosophy of sexuality seeks to understand the complex relationship between sex and power. Throughout history, sexual behavior has often been used as a tool of oppression and control, particularly against marginalized groups such as women, people of color, and LGBTQ+ individuals. This philosophy critically examines these power dynamics and strives to create a more just and equitable society in which all individuals are free to express their sexuality in safe and consensual ways.

The philosophy of sexuality has recently shifted its focus to addressing the impact of traditional assumptions and societal norms on the sexual experiences and identities of disabled people. Historically, disabled people have often been seen as asexual or incapable of having fulfilling sexual experiences because they are assumed to lack the physical or cognitive ability to engage in sexual activity.²⁶ However, the philosophy of sexuality challenges these notions and recognises that disabled people have the same sexual desires and rights as non-disabled people. It aims to promote the idea that disabled people have the right to explore and express their sexuality in a safe and consensual way, while advocating for the removal of societal barriers that prevent them from doing so.

^{25.} McGraw, B. *The politics of rape and sexual assault: A feminist analysis*. New York, NY: Routledge. (2016).

^{26.} Kahn, S., & Klinger, L. Demystifying disability: a review of the International Classification of Functioning, Disability and Health. *Sociology of health & illness*, 26(3), (2004). 287-305.

In addition, the philosophy of sexuality recognises that disability and sexuality are complexly intertwined and that disability-related issues can affect sexual experiences and identities in unique and nuanced ways.²⁷ For example, disabled people may face accessibility challenges when seeking sexual health resources or when accommodating physical impairments during sexual activity. In addition, societal attitudes towards disability can have a negative impact on how disabled people view their own sexuality and relationships, creating barriers to forming intimate relationships with others.²⁸

The ethical concerns of disability issues have been taken up by a considerable number of philosophers within and outside of ethics. As Anita Silvers²⁹ has noted, one challenge for practical ethics is to clarify the implications not only of different constructions of disability rights, but also of theories in which the pursuit of certain goods or the cultivation of certain virtues eclipse proposals to address the social exclusion of disabled people through the recognition of their rights. Equally important is the challenge of improving both private and public efforts to address the problem of disability by bringing to these highly emotional and politicised debates the higher standards of clarity, coherence and sensitivity to nuance that are associated with serious efforts at practical ethics.

Ethical Consideration of Stereotype against the Sexuality of the Disabled

The recognition of ethical considerations goes beyond stigma and stereotypes and promotes a society that values and respects the sexual

^{27.} Shakespeare, T. *The sexual politics of disability: Untold desires*. Cassell. (1999).

^{28.} Thomas, C. *Female forms: Experiencing and understanding disability*. McGraw-Hill Education. (2004).

^{29.} Anita Silvers. *What can practical philosophers do? Disability theory, practical ethics, and the capabilities approach*. *Metaphilosophy*, 34(5), (2003).

expression and autonomy of persons with disabilities. It highlights the need for greater awareness and education about disability rights and sexual diversity, and the role of society in promoting diversity and reducing stigma. Discussing ethical considerations helps to develop a framework for understanding the complex and interrelated issues involved in this discussion, leading to a more empathetic and nuanced approach to the experiences and perspectives of disabled people. Ultimately, addressing ethical considerations is essential to creating a just and equitable world for all, including persons with disabilities.

As Anoemuah and Idowu note, wellness and health are very relevant to discourses of sexuality and disability, where disability is conventionally understood as a state of incapacitation and illness.³⁰ Studies have shown that persons with disabilities, or even in a state of terminal illness, remain sexual beings and yearn to express their sexuality when and where the opportunity does not exist.³¹ It is therefore wrong, unjust and stereotypical for disabled people to be denied meaningful sexual activity or to be denied sexual pleasure and fulfilment in any way. Because of the way in which disabled people are largely misunderstood by society, their sexuality is also misunderstood. They are most often seen as people who have no sexual feelings, erection, poor or weak erection and/or sexual desire and stamina, and who are unable to have sex as satisfactorily as able-bodied people.

^{30.} Olayinka Falola Anoemuah & Foluke Idowu, 'BROKEN PIE: The Expressed and Compromised Sexuality of People with Disabilities,' *Sexuality in Africa Magazine and Monographs*, vol.6, issue 1 (Lagos: Africa Regional Sexuality Resource Centre, 2010), 6.

^{31.} A. Katz, 'The Sounds of Silence: Sexuality Information for Cancer Patients,' *Journal of Clinical Oncology*, vol.23, no.1 (January, 2005), 238-241; M. Oswald and L. Powes, 'Health, Wellness and Disability,' Position Paper of the RRTC Consortium on Health and Wellness of Persons with Long Term Disabilities, Rehabilitation, Research and Training Centre, Oregon Health and Science University (2002).

It is difficult to point the finger at any one individual or group as being responsible for the mentality that disabled people are asexual. This stereotype has been perpetuated by cultural, social and historical factors, including ableism, which is the discrimination or prejudice against people with disabilities. It is therefore important to recognise that this stereotype is the result of a complex interplay of societal attitudes and structures, rather than the fault of any one individual or group. It follows that although the family plays an important role in the sexuality of its members, who are also members of the wider society, it fails to live up to expectations in playing the same role for its disabled members. As the primary agent of socialisation³² and the vanguard of a healthy sexual relationship leading to a happy and authentic existence, the family owes the disabled this socialising role at a satisfactory level. This paper therefore blames the family for failing to socialise its able-bodied [non-disabled] members to the extent that almost all disabled members of the family and society as a whole are also sexually active. Society does not play the same role. As a result, disabled people are largely left to their own fate or ruin when it comes to sexuality. As a result, some of them, knowing that they are sexually active persons, resort to alternative sexual practices that degrade their humanity and clash with the established legal and ethical sexual practice(s) of their respective societies. For example, when such disabled people of African origin engage in masturbation, homosexuality and the like, they are violating African sexual ethics. Ethically, such acts are sexual violations.

It should be noted that few disabled people whose sexual organs are affected by the cause of their disability are not sexually active and cannot enjoy sexual pleasure and the benefits of sex. However, such persons

³². Besong, E.N, & Robert, O.S., Socialisation agents' task in early career guidance/counselling and rousing students' interest to arts/humanities. *International Journal of Arts and Literature*. (Vol. 3, No. 1, 2019), pp. 1-8.

who are not castrated still have sexual urges. But the problem is that the able-bodied people around or with them would never tolerate peripheral sexual acts (e.g. arousal) by these sexually disabled people. From the above it could be concluded that the disabled are a marginalised group of people whose marginalisation is also manifested in the neglect, abuse and stereotyping of their sexuality by the able-bodied, with little or nothing significant being done by the agents and legal and socio-political systems of society. Until recently, society not only concealed or remained ignorant of the facts about the sexuality of disabled people, but also allowed the spread of falsehoods about disabled people in various respects, including various misleading views about the sexual life, ability, performance, id and libido of disabled people. In fact, because of such falsehoods, disabled people could hardly marry non-disabled people. Today, changes have been recorded, but many families, friends and allies still frown upon this and discourage their able-bodied relatives from marrying their disabled relatives.

Many people still doubt the reproductive capacity of people with disabilities. Disability certainly affects the sexuality of people with disabilities. It affects their personality and the way they experience and express pleasure, eroticism and desire. Disabled people tend to have their first kiss, first date and first sexual encounter later than their non-disabled peers. Until recently, their families married for them. Now that most of them are educated, they do not marry for them. They marry for themselves. Educated disabled women find it more difficult to marry than their non-disabled counterparts.³³ The various reasons for the challenge of not marrying easily border on the falsehoods and stereotypes about them. They are stereotyped socially, culturally, politically, educationally and religiously. They are negatively perceived

³³. Anoemuah & Idowu, 7.

and variously accused of not being able to do this or that. The stigma against them is so strong that many who would normally want to marry would first consider the ridicule they would face from those around them. The challenges of fitting in well in marriage are also why disabled people find it difficult to marry. The educated disabled women find it more difficult because of their perspectives and views on relationships with non-disabled people. Their attempts to assert themselves and challenge the odds against them also explain why they do not marry easily. Other factors include perceptions, stories, myths, idiosyncrasies, beliefs, historical untruths, rhetoric, status and clashes of personality and interests, socialisation, level of exposure, world view and religious and cultural or tribal factors in marriage considerations.

It is claimed that lack of economic empowerment deprives disabled women of the ability to negotiate sex and makes them more vulnerable to abuse, especially those with intellectual disabilities.³⁴ This study refutes this claim because the disabled woman does not need money to negotiate sex as she is not a prostitute. Nor does she hire men to sleep with her. Even if she does, it is no different from the cases of able-bodied women who sleep with able-bodied men. Nor does a disabled woman's vulnerability to sexual abuse depend on her disability, economic status, power or education. There are many cases of able-bodied women with enormous economic resources who have been sexually, physically, socially and otherwise abused in various ways, including raped in their own homes. At a youth summit in Lafia, Nasarawa State, one speaker revealed to the audience that she had been raped in her own home while dressed as a Muslim and wearing a hijab. She argued that women's nakedness was only one of the causes of rape in the society. If the so-

^{34.} A.O. Olaleye, O.A. Anoemuah, O.A. Ladipo, G.E. Delano & G.F. Idowu, 'Sexual Behaviours & Reproductive Health Knowledge among In-school Young People with Disabilities in Ibadan, Nigeria,' *Journal of Health Education* 107(2), (2007), 208-218; Anoemuah & Idowu, 'BROKEN PIE: The Expressed.'

called able-bodied women are raped, then it could be inferred that disabled women are raped more easily or too often. The rape cases of disabled women are rarely heard and taken to court. However, because many able-bodied men do not want to be publicly identified with disabled lovers, such women are seen as mere objects of secret or forced sex.

Studies have also raised awareness about the sexuality of disabled people. For example, Whipple³⁵ has shown that women with spinal cord injuries (SCI) are in most cases still able to perform reproductive functions such as menstruation, pregnancy and childbirth. The passive role during sex becomes a blessing for women with SCI, as they can both enjoy sex and give a man as much sexual satisfaction as their able-bodied counterparts.³⁶ These Whipple results are interesting. In the midst of these realities, these women are mostly sex-starved because of their clinical health status. Because disabled people have little or no opportunity to have sex, it is reported that a higher percentage of young people engage in masturbation.³⁷

Regarding spinal cord injury (SCI), it should be noted that there are more men than women with SCI³⁸ because men are more exposed to SCI risks such as diving, climbing and driving, among others.³⁹ It has been observed that the sexual function of men with SCI may be even more compromised because they do not have erections that are timely and long enough to sustain sexual intercourse.⁴⁰ Culturally, they may be less

³⁵ B. Whipple, 'Female Sexuality,' in J.F.J. Leyson ed., *Sexual Rehabilitation of Spinal Cord Injured Patient* (Clifton, NJ: Humana Press, 1990), 19-38.

³⁶ Billings and Stokes, 1982 cited in Whipple, 'Female,' 19-38.

³⁷ Anoemuah & Idowu, 7.

³⁸ M. L. Sipski, 'Spinal Cord Injury: What is the Effect on Sexual Response?' *Journal of American Paraplegia Society*, 14(2) (1991), 40-43.

³⁹ Anoemuah & Idowu, 7.

⁴⁰ Anoemuah & Idowu, 'BROKEN PIE: The Expressed,' 7; Whipple, 'Female,' 19-38.

assertive than women with SCI, as sexual ability is seen as an integral part of masculinity.⁴¹ It is important to note at this point that the above facts prove this researcher right that it is not good to assume that only female disabled people suffer severely from the hardships of disability. It is clear from the above that female disabled people with SCI suffer less than their male counterparts. It should be noted that for cultural reasons, disabled people in Nigeria are rarely involved or considered in sexual matters. Consequently, most of them feel that they cannot date, marry or have sex.⁴² Their sexual fantasies have little hope of fulfilment. Most able-bodied people also feel that disabled people are asexual. However, several studies have shown that they are not asexual.⁴³

Sara Goering's article 'Rethinking Disability: The Social Model of Disability and Chronic Disease',⁴⁴ looks at disability using the social model of disability, which distinguishes between impairment and disability, and argues that disability is the disadvantage that results from a lack of fit between a body and its social environment. She considers how the social model of disability might deal with chronic illness or impairment and the need for health professionals to learn about disability perspectives in order to improve professional practice.⁴⁵ Goering highlights the impact of the mainstream medical perspective:

One result of the common medical understanding of disability is that people with disabilities often report feeling excluded, undervalued, pressured to fit a questionable norm, and/or treated as if they were globally incapacitated. People with disabilities often

⁴¹. Anoemuah & Idowu, 7.

⁴². Anoemuah & Idowu, 7.

⁴³. Olaleye, et al., 'Sexual Behaviours & Reproductive'; H. Becker, A. Stuifbergen & M. Tinkle, 'Reproductive Health Care Experience of Women with Physical Disabilities: A Qualitative Study,' *Archives of Physical Medicine and Rehabilitation, Supplement 5, vol.5* (1997), 26-33.

⁴⁴. Goering, 'Rethinking Disability,' 134.

⁴⁵. Goering, 'Rethinking Disability,' 134.

express frustration when they are met with pitying attitudes or incredulity if they speak about anything positive related to living with their conditions.⁴⁶

Goering goes on to note with regret that, for many disabled people, the main disadvantage they experience does not stem directly from their bodies, but rather from their unwelcome reception in the world, in terms of how physical structures, institutional norms and social attitudes exclude and/or denigrate them.⁴⁷ Many philosophers, as well as scholars in other disciplines, have lamented the marginalisation of disabled people. Examples include Susan Wendell, Elizabeth Anderson, Anita Silvers and Iris Marion Young. They argue that equal opportunities should be offered to people with similar talents, regardless of whether their mode of functioning is normal or abnormal. As such, equality is a social relationship free from exclusion, coercion and oppression.⁴⁸ Functioning as a social being requires functioning as a human being, which includes effective access to the means of sustaining one's biological existence and agency. It also requires effective access to the means to be productive, to develop talents and to form relationships in civil society.⁴⁹

Conclusion

So far, this paper has condemned all kinds of stereotypes against disabled people, claiming that they are sexually active and do not need to be starved of sex. In virtually all societies, disabled people are stereotyped

^{46.} Goering, 134.

^{47.} Goering, 'Rethinking Disability,' 134.

^{48.} Wendell, S. *The rejected body: Feminist philosophical reflections on disability*. New York: Routledge. (1996); Anderson, E. *What is the point of equality?* *Ethics*, 109(2), (1999); Silvers, A. A. Silvers, 'A Fatal Attraction to normalizing,'; Young, I. M. *Justice and the politics of difference*. Princeton, NJ: Princeton University Press. (1990).

^{49.} Anderson, E. *What is the point of equality?* 318.

and marginalised due to their disability. Disability is most often viewed from a medical perspective as a physical impairment alone, ignoring the social factors that exacerbate their physical impairments. One of the most devastating social factors is stereotyping. Stereotyping leads to the marginalisation of this group of people, who are often seen as 'other people' outside the able-bodied population. An ethical consideration of all situations and abuses against disabled people proves the injustice against these people who are as human as the so-called able-bodied people. This means that it is unethical to stereotype and marginalise any group or minority because it dehumanises and degrades them.

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- 78
- December, 2022

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