

Let's Talk About Desire and Pleasure...



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## 01.

# INTRODUCTION

Hello, and welcome to Pyaar Plus at Point of View. We are so happy to have you here.

Pyaar Plus is a digital toolkit about pyaar and all the pluses – from attraction to abuse – for young women and people of other marginalised genders with disabilities. And for the people around them.

In our last booklet, we spoke to you about romancing our bodies, attraction, meeting new people, redefining what romance means to us, and navigating relationships. With this booklet, we lift the veil on the shame associated with pleasure and desire. We learn from the intimate stories that the people in this booklet share with us - of their fantasies, of what pleasure and desire means to them. We learn about our bodies, sexuality, gender and consent in a deeper way and start to look at sexual exploration through the lens of pleasure.

## 02.

# HOW TO USE THIS BOOKLET

This booklet has been designed as an accessible multimedia resource.

It contains a combination of videos and images, with afterthoughts that will help you think about and discover yourself. There are spaces for you to jot down your thoughts through the booklet.

Our hope is that you'll use this booklet to explore your own desires, the small and the big, centre your sensual and sexual self, and reflect on what pleasure means to you.



### 03.

## LET'S TALK ABOUT DESIRE AND PLEASURE...

Desire and pleasure have been taboo words for a lot of us. How can we think of our sexual desires and want pleasure when we live with a disability? How can we want to explore our own body, or centre our pleasure when we have limited mobility or are blind? A lot of us have erased this part of ourselves from the story of what makes us who we are. Many of us have taken on society's stance on pleasure and desire being dirty, immoral and wrong.

Society has always looked at disability from the lens of lack. We've been told that we aren't complete individuals, and don't fit into the schema of attractive, sexual beings. Many of us have internalised this lack and formed our self-image based on the discriminatory standards that society promotes.

We want you to spend time with this booklet and all our others, to slowly **write your own story. What are the different things that shape our identity?** For many, their disability and/or their sexuality is very much at the centre of their identity. For many others, it might not be so.

**What do you love about your body? Which parts are you learning to love?** Are you centring rest and building a love language for your own body? (Ours are warm baths, lots of pillows.)



**What are your desires?** Desire is a spectrum, so don't feel pressure to think of your sexual desires straightaway! Foods, different smells, things we watch or listen to can stimulate desire. Talking to our crush or seeing them can make us feel that throb in our body. Thinking of kissing our partner can lead to sexual desire. **Don't feel guilty about feeling sexual desire. Don't feel guilty about not feeling it either!**



As **ALICE WONG**, a disability activist and author says,

“**Pleasure and desire are not luxuries but as necessary as the air we breathe.**”

Our goal with Pyaar Plus has been to create a well-rounded sexuality toolkit that brings you personal stories and information and prompts you to think about yourself, rewrite negative beliefs around romance, love, attraction, desire and pleasure.

There is so much we want to say about pleasure. Our society has censored all information on pleasure. All the sex education we have been given as people with disabilities is based on preventing risk and abuse. We've been told that pleasure is derived only from sexual intercourse and after we get married to someone. This is far from true!

We are told that our pleasure doesn't matter. The truth is **pleasure matters.** Knowing and learning about pleasure helps you decide what feels good and what doesn't feel good. Knowing pleasure means you are an active participant in any sexual encounter or experience.

Pleasure can be a physical and mental experience and goes beyond conventional notions of sex. You decide what pleasure means for you. Start by thinking about what makes you content? What brings satisfaction and pleasure?

As **ADRIENNE MARE BROWN** says in a talk about her book *Pleasure Activism*,

“ So often it’s like really just saying have a conversation with yourself about who taught you pleasure. Have a conversation with yourself about getting naked. Have a conversation with yourself about what consent feels like to practice for you. Be in those conversations. And I feel like so much of that I’ve learned from disability justice movements, right? It’s just like oh, be in conversations and listen. Your body is always talking to you. ”

We are hoping this pleasure-focused booklet helps you redefine pleasure, and experiment and build pleasure practices with your disabilities.



for you to explore...

How I practice pleasure.....



1. A hot cup of coffee
2. Singing loudly
3. Digging my fingers in mud for gardening, and managing pain with hot water bags later
4. Having my partner massage my back
5. Brushing my hair
6. Someone whispering softly in your ears



Now you go!

A large, empty rectangular box with a dashed black border, intended for the user to write their own list of ways to practice pleasure.



## a. Exploring Our Fantasies

This amazing video, created by **AGENTS OF ISHQ** has eight diverse people with disabilities share their intimate fantasies, talk about romance and pleasure and what they find sensual and sexy. They tell you that there is so much pleasure in fantasy, in thinking about all the things you want to explore or enjoy. They wonder about sex, discuss dates, and express kinky desires, too. They share that if a lover or partner learns about their disability, that is a major turn on and much more! Listen in!



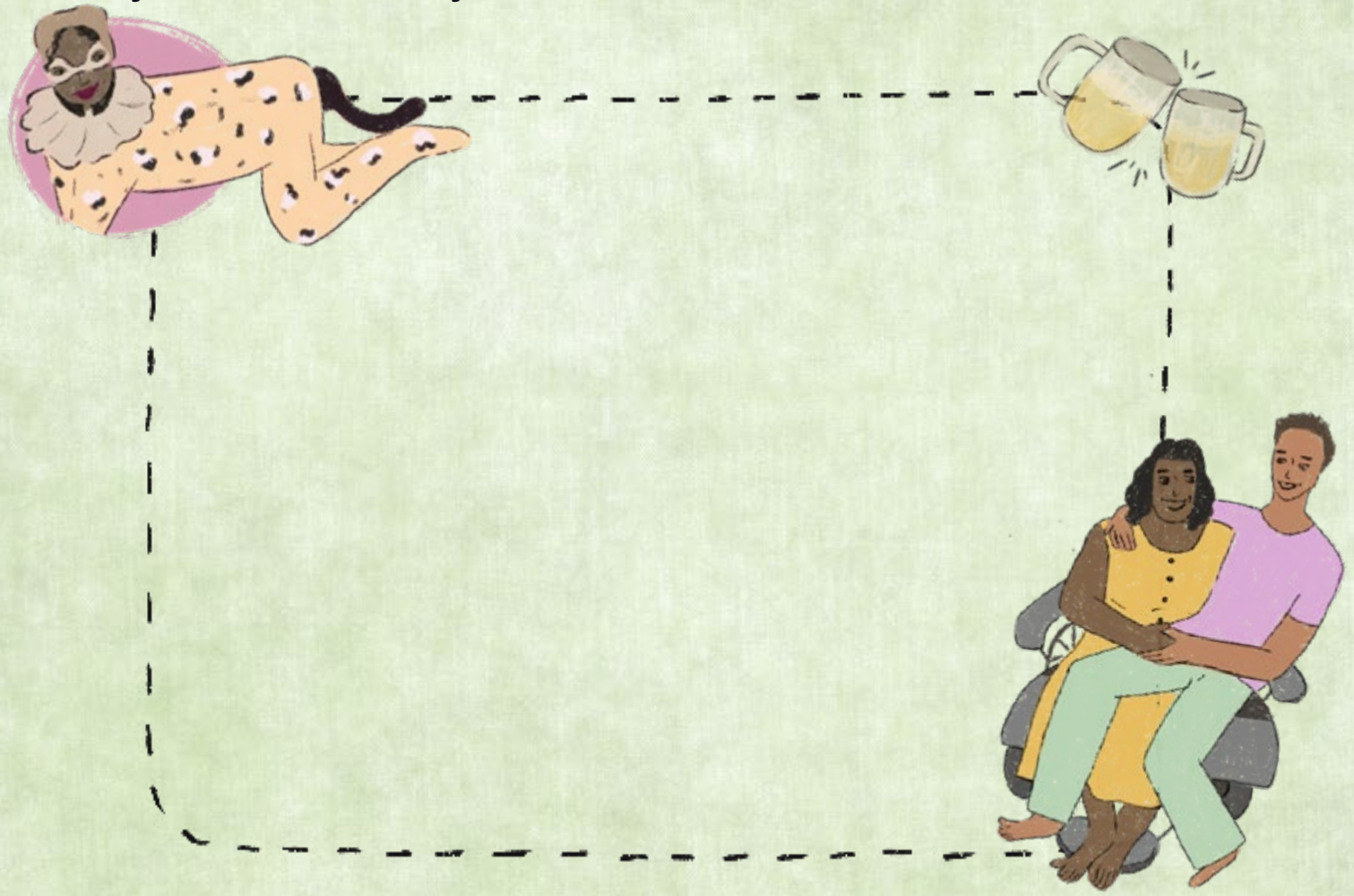


for you to explore...

Now let's do our own fun exercise. We want you to think about your fantasies. Fantasies can be imaginary situations or images that you can think about that might make you feel good or sexy. What do you fantasize about? How do you see yourself in them? Focus on how they make you feel.

Use this space to write down or draw your fantasy and everything it made you feel, or let it play out fully in your mind and focus on the pleasure of it, and all the feelings it brings.

What are the things that turn you on? (It can simply mean what might make you feel good.) Like in the video, is it body hair, or a deep voice? Is it your partner understanding your disability? Is it being touched a certain way? Use this space to make a list of your own or do it in your head.



## b. Pleasure Mapping Your Body

Pleasure mapping is a technique to better understand what kind of touches you like and what feels pleasurable. Initially, pleasure mapping can be hard or uncomfortable because we have internalised the feeling that pleasure is not natural.

**But remember there is no shame in experiencing pleasure by exploring your body and touching yourself.** Also, remember that pleasure is not just about ultimate sexual responses like having orgasms. **The path to discovering pleasure is different for everyone. Take it at your own pace.**



**Learn about sexual pleasure from this video by Dr. SANGEETA SAKSENA, a gynaecologist and co-founder of Enfold India.**

**Now think about the support and space you need to pleasure map your body.** How can you create a private space for yourself? What do you need to get into the mood? What kind of assistance do you need in undressing yourself? If this is embarrassing for you, you don't necessarily need to undress completely, or at all, to touch yourself. Feel free to create your own methods. **Learn about the different erogenous zones that comprise your body through this video by DR. SANGEETA SAKSENA. She also talks about the various tools you can use to do so if you live with low mobility.**



Here is a chart of the erogenous zones. Remember that while we give you a few to explore, you know your body best. You might find other places where touch feels sensitive, exciting, relaxing or provides you pleasure or pain.

For example, **some people with spinal injuries like to be stroked on their arms or feet. Some others find touch on their hair or their nipples pleasurable. Some others may find consensual painful sensations (for example, spanking or pinching) enjoyable. This pleasurable-pain is different from the pain we feel due to our disabilities, or from what we experience in our everyday life. We will talk about some of this in a deeper way in our next booklet.**



If you can, try touching yourself in different ways. If you can reach them, don't be afraid of exploring your genitals. Many of us have internalised that touching them is immoral or dirty. This could be from what we hear growing up. Do you remember the refrain '*chi chi don't touch there!*'? But in reality, there is nothing dirty about your genitals. If you have a partner, you could do this with them too.

You can also explore some of the tools shown in the picture below. From lubrication and oils to pillows of different shapes, here are some everyday tools that may help make exploring more pleasurable for you!



Watch out: In our next booklet, we share more about safe toys and aids you can use! Slowly with practice, you will open up new possibilities for pleasure!

## things to REMEMBER

- **We experience so much in life, that sometimes sexual pleasure isn't our priority. This is completely okay.**
- Thinking about sexual pleasure might bring strong emotions for someone. It might make you sad, frustrated or confused.
- **Pay attention to your own thoughts and feelings.** There might be days when you don't want to touch your body, or don't feel any love for it. Give yourself grace.
- **Remember that sexual feelings and excitement can come from varied sources.** From a fantasy you might be building in your mind, or from dressing up. Interacting with someone you like can make you desire them, get you excited. This might feel like a tingle deep within you, and make your heart race. **Notice the signs of pleasure in your own body.**
- For some of us, touch can also remind us of our past experiences or perhaps trigger a traumatic memory. It is okay to stop, to start again only when you feel like it, and if you want, hold off on touch completely, too.

for you to explore...

Here is a little pleasure mapping template for you to fill out. Can you plot where touches feel pleasurable? (include the relaxing-pleasure, exciting-pleasure, pain-pleasure ones too!)



**If you aren't a visual person, would you like to use another way to map your body's pleasures? You could write a poem or a story. We want you to have fun with it. Use this box below!**

A large, empty rectangular box with rounded corners, outlined by a dashed line. This box is intended for the user to write a poem or a story as a non-visual way to map their body's pleasures.

## c. Feeling Sexual

For a lot of us, feeling sexual doesn't come easy. Whether it is feeling sexy, acknowledging the sexiness that exists within us, or feeling sexual feelings like arousal, we've suppressed or denied ourselves these feelings. Think about if this is because you didn't want to feel it, or didn't care for it, or whether it was because someone told you not to feel this way.

There are other things that can make feeling sexual and thinking about pleasure less inviting and exciting. Let's talk about them a bit.

Several of us might be living with pain and fatigue that does not completely go away. This pain and fatigue can be so chronic that it is hard to focus on anything else. The pain can change everyday, and is always unpredictable. In such situations sexual pleasure and desire are not something we may have energy for. Even if we do feel sexual, just thinking about how exhausting it might be, may leave us feeling demotivated. Focusing on pleasures like reading an erotic story or watching a sexy movie, or indulging in foreplay that doesn't utilise a lot of physical energy can be relaxing. Finding what works for your energy levels is most important.



Several of us might have mobility restrictions. We might need assistance dressing up, getting in and out of our beds, wheelchairs etc. We might have loss of function in certain parts of our body or muscle weakness or restriction in joint movement etc. Mobility restrictions mean that there might also be a lack of privacy if we are always around caregivers or people who provide assistance.



Remember that you can schedule pleasure. This could be after you finish your routine tasks, when you are comfortable and alone and need minimal assistance. This could be in your bed, or when there is privacy or quiet if you live in a shared space. You might have to actively ask your caregiver to give you privacy when you need it too. If you are blind, you might need to make sure you have shut the door or windows to build a private space for yourself.

Many of us use different medications on a daily basis. This might be to manage pain, or because we live with a psychosocial disability, or for some other reason. When a medicine is prescribed to us, very often doctors don't tell us about the side effects because they assume that people with disabilities don't have a sexual life. Since doctors are known to have expertise, the power dynamic in the doctor-client relationship remains unequal, but remember that as a client you know your body best and are the first authority on it. You hold the right to ask important questions about your medications and how they impact your ability to experience pleasure, orgasms and so on. It is very important that you do this, even if it is uncomfortable for you. Going prepared to a medical appointment by writing down or organising your questions in your mind will help you get over this discomfort. Remember that your discomfort is not your burden to carry, but one that has been created by the structural pressure to conform. You have a right to know what impacts your body and in what manner, and this also includes your sexuality.

#### **References:**

Cory Silverberg and Fiona Smyth (2015) *Sex Is a Funny Word: A Book about Bodies, Feelings, and YOU*, New York: Seven Stories Press.

Miriam Kaufman, Cory Silverberg and Fran Odette (2003) *Ultimate Guide to Sex and Disability: For All of Us Who Live with Disabilities, Chronic Pain, and Illness*, New Jersey: Cleis Press.

## d. Arousal, Orgasms and Pleasure

So we've spoken about pleasure, begun to build pleasure practices thinking about our fantasies and desires, and learned to pleasure map our bodies.

A lot of our understanding of sexual experience and pleasure has comprised the traditional stages of arousal, orgasm and ejaculation. We've been told that these are the only stages we experience and receive pleasure from, but this is not true.

Our goal with this section is to discuss what sexual responses may feel like in your body and mind and to expand the way we understand them, as a way of making space for your own sexual exploration and pleasure.



### **What is arousal?**

Our bodies often react to the things we experience that we find sexual. This can be a film we watch that might have an intimate scene that resonates with us, or a conversation with our partner that feels deeply satisfying, or something as simple as holding hands, hugging or kissing. What feels sexual can differ completely for each person. Your body may respond in different ways. Common responses include feeling wetness in your vagina, a racing heart, a feeling of butterflies in your stomach, or something entirely different. This is called arousal.



## Arousal has many stages

In the books we read, arousal has been described as a way in which your body prepares for any sexual activity. It starts with a feeling of excitement. Arousal can also be called 'being turned on' in our everyday conversation. Doctors say that when the body is aroused there is blood flow to your genitals, the opening of the vagina gets lubricated, and the penis becomes erect. This is the way in which we have been told to think of arousal, but **remember that arousal has many stages to it that you can choose to make your own and they are all valid.**

**Arousal is a mixture of what you are feeling in your mind and in your body.**

Maybe you are fantasizing about your crush or reading a romantic novel and it is making your body feel aroused. Your body will have its own unique way of responding to arousal. For example, if you experience limited sensations in your genital area, you might feel arousal in completely different parts of the body.

for you to explore...

**Think about when you have been aroused or turned on and how it made you feel. Use this space to write it down.**



### **What are orgasms?**

Doctors describe orgasms as a type of sexual resolution that comes from sexual stimulation or activity. It is described as a state during which your body and mind reaches a peak, followed by rhythmic contractions all over your body and in particular in the pelvic and genital area. After a person orgasms, they may experience their next orgasm after a short variable of time. For some, this can be in a few hours, and for some, a few days. Many people experience orgasms through clitoral stimulation or penile stimulation using their fingers, sex toys or tools, or if rubbed by a partner. For many others, penetration or foreplay may give them orgasms.



## Let's redefine orgasms

Remember that having orgasms is not the only way to experience sexual pleasure. Think about what sexual pleasure means to you and what brings you satisfaction. Because orgasms have been centred in all sexual pleasure discussions, the obligation to experience one can lead to feeling pressure or dissatisfaction.

**Remember that orgasms are a small part of sexual pleasure; working on decentering it takes the pressure off and helps you explore your sexuality in your own way.**

Many people have used fantasies in which they imagine being powerful and sexy as a way to experience orgasms. Some also used sensory play (using touch, and any other sensory exploration like music, soft or rough touches, cold touches, blindfolds. This list is truly endless). Experiencing clitoral, vaginal or penile orgasms might be difficult for some for a variety of reasons that might or might not be disability related. This is completely okay and you can choose different ways to try and experiment and build your pleasure practice.

Many myths around disability, orgasms and sexual pleasure exist, which come from societal discrimination and a lack of understanding of the disability. For example, individuals with spinal cord injuries are told they can't experience orgasms, but this might not necessarily be true.

for you to explore...

**What myths around sexual pleasure, orgasms and disability have you heard? How did they make you feel?**

RESPECT,  
LOVE, CARE,  
DESIRE,  
PLEASURE

## e. Navigating Desire, Intimacy and Asexuality

Society has often assumed that people with disabilities are asexual. Our representation of disability in media and film has also been devoid of any expression of desire or pleasure. A lack of inclusive sexuality education and a dearth of safe spaces for exploration have made sexual exploration complicated for many of us.

**The truth is that just like anyone else, someone with a disability has a right to be sexual or asexual on their own terms. Our desire to be sexual or not is completely our decision.** Someone might be asexual and not desire sexual contact but want emotional and mental intimacy, may fall in love, be in relationships or get married. Someone who is asexual may experience sexual attraction or choose to have a sexual relationship. There is no one way to be. You might also change your mind about sexuality, your body, how you interact with it, and what you want for yourself over time.



People choose to have sex or sexual experiences (and remember sex is what you want it to be, more on this in our next booklet) or not for so many reasons and they are all valid.

We want you to explore this intimate essay by **KIMBERLY FERNANDES** who is a disabled researcher and writer, where they

talk about their understanding of themselves, their needs, their relationship and how they navigated desire and intimacy, built their boundaries, and learned to honour themselves in the most authentic way.



**I have spent most of my life being proud of the fact that I wouldn't need to fall in love, and that my progressively disabled body would not need a non-disabled lover to validate it through the expression of desire, or through the establishment of an intimate relationship.**

This thought-pattern has been many parts shame, ableism and confusion about my own sexuality. From various doctors, I had the language to know that something was



very clearly wrong with my body, even if this was not the kind of language that was helpful for me to navigate my identity as a disabled person. What I did not have in any form was language for my sexuality, or the absence thereof.

Growing up, each tentative, new sexual encounter terrified me. I was absolutely certain that this was something I did not enjoy, but it was not until a handful of years ago that I learnt more about asexuality, and started trying to notice my sexual desire as separate from exhaustion and pain. **For most of my life, I had thought, quite neatly, that I did not have any sexual desire because of the exhaustion and pain from being sick, from doing too much, from really having no time left over to schedule in time for desire. It had never occurred to me that on account of being on the asexual spectrum, I might never feel this desire at all, even if my pain were better managed.**

Learning from the internet about asexuality confused me deeply, because it coincided with when my current partner, V, and I started dating. We met over a decade ago, and when we first decided that we wanted to be together, five years ago, I was affirming, mostly to myself, that despite experiencing romantic feelings toward people of different genders, I still didn't quite ever feel like doing anything with them sexually. I am also a little ashamed to say that I didn't know how to broach this conversation with him either - what did it mean to say that I wanted to be in a relationship with him for a long time, that I saw us spending lots of time together, but that I also could not feel sexual desire? I knew that I didn't have the answers, and was nervous that he would just think this whole question of identity, desire and pleasure was too much trouble.

So I didn't bring this up at all. This was also the start of a period when I was acquiring another chronic illness diagnosis, and on many days of the week, I was very apparently sick. I could explain neither what it meant to be this disabled (and I worried that I

came across as too disabled!) nor what I would do about not feeling any desire. I knew - theoretically, technically - that asexuality was a spectrum, and that I must be on the end that feels almost no desire at all. For many weeks, when I did not have the words, I would avoid talking to V about why we could not be physically intimate, hoping silently that he would assume that I was sick and therefore couldn't. As ashamed as I was of being disabled, I was much more ashamed of not knowing why I couldn't just bring myself to feel desire, and every chunk of time we spent together felt fraught, a running countdown in my head of wondering when he would leave and whether I would ever be enough for him to want to stay with me.

During one of these weeks, very early on in our relationship, I was starting to form a reason for why I thought today might not be a good day for us to navigate intimacy, when he reminded me: **“You don't have to if you don't want to.”** This expression stunned me because I had seen reminders all over the internet about boundaries, and yet I had never thought about what they might look like in a relationship. Always afraid to establish them because I worried that they would make me seem more than my disabled, asexual self already was, I was overwhelmed that V reminded me that I could set boundaries and they would be respected, that I didn't need to think of a justification each time for why I wasn't able to be someone other than who I already was.

**I am so grateful for the intimacy that we have developed over these years. Being together has been a constant negotiation, one that I could not have anticipated in any way even during our first conversation about comfort and boundaries. Since then, he has spent a significant amount of time reassuring me that what I want is as legitimate as what the rest of the world might want, even when what I want is to spend days resting from pain, and even when intimacy is an enduring negotiation to ensure that each of us feels supported in this relationship.**

We have done a lot of negotiating towards halfway spaces, asking ourselves what it might look like to find a physical balance that lies between my asexuality and his

sexual needs. It has helped me tremendously to hear his reminders in the midst of our conversations that boundaries are not only for the purposes of closing off experiences, but rather for defining what experiences enable us to feel the safest we can around each other.

In the years that we have been together, I have become progressively sicker, and now conscious too that my body will not spring back to any kind of 'normal,' that it will never be like what it was when I first met him. Navigating so many of these questions has been paradoxically difficult and heartwarming at the same time, a place of allowing myself to feel more supported and to ask for support within and outside this relationship while also realizing over and over that I am worthy of support and love. Many of these conversations, whether with V or other friends, have been difficult for the new vocabularies they push me to acquire, for the years of internalized ableism that I am challenged to undo.

V's firm understanding of boundaries and consent has reminded me that these are practices that are not just limited to our relationship, and that they matter in all parts of my life, **that perhaps some of the most important boundary-setting work that I might be doing is for and with myself, that just because I said yes one time doesn't mean I can't say no the next time.** Although negotiating intimacy and desire has been a big part of our relationship dynamic, another deeply important thing that I have learnt from V has been to center myself, to stop dismissing my own needs or putting them aside as less valid.

**Over the years of our relationship, I have learnt to approach myself - my body and my mind - from the same kind of care and gentleness that V approaches me with. This has included understanding that I am only able to show up, whether for myself or other people, when I am not physically worn out. No matter how much I would like to push past pain or illness, reinforcing for myself the idea that I will not, allows me to show up more fully when I have the capacity to.**

Although I never thought I would need a relationship, much less one that is as nourishing as the one with V, I am continually surprised at how much space this relationship has given me to explore both disability and sexuality, to love myself as I am. Anxious as I am, I had many worst-case relationship scenarios in my head, both from past relationships and from knowing how my body was changing with illness, but I had never quite imagined that this would be the kind of love that would teach me to love myself.

for you to explore...

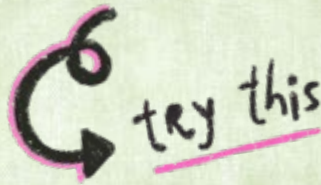
**What does intimacy look like for you? How do you picture intimacy in your relationships? (Remember that intimacy can be different for everyone. For some it may look like sexual intimacy, for some it is napping together, making tea, care massages and more!)**

## f. Gender, Sexuality and Disability

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Gender is socially constructed. In every society and culture, there are different rules or norms on how people should behave, dress, interact etc. For example, you have probably heard from your family what being a woman means and how women should behave or what they can or cannot do.

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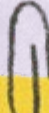

Reflect on the gender roles assigned to you and make a list of them. **Now think about them as 'constructed' and rewrite them for yourself in a way that feels true to you.**

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People assume that our gender identity is based on our biological sex assigned at birth, or that we can only be sexually attracted to people of the opposite gender but this is not true. Gender and sexuality are spectrums. Just because someone was assigned male or female at birth, doesn't mean they identify as one.

For many of us who live with disabilities, navigating gender and sexuality exploration and expression has been doubly harder. Facing structural inaccess in education, everyday life, or healthcare, experiencing loneliness from the lack of inclusion in social settings, and more hasn't been easy.

We wanted to begin some of the discussion around gender, sexuality and disability by linking some stories of people with disabilities.




Listen to this very important story by **SHIVANGI AGRAWAL**, a queer disabled artist and activist, who talks about how they struggled to accept their queer identity as they were growing up because of the lack of representation and normative messaging in society. They trace the different transformations they went through and how they found comfort and confidence in their body and sexuality. "This journey took me 22 years" they say. Listen in!



Read the story of KIRAN, a disability and trans rights activist who talks about their life and journey.

"There was a lot of confusion in me about my gender which affected my social relationships. I did not have enough friends. I used to ask my teachers where I should be seated in the class. The boys shunned me, so did the girls, so I used to go sit at the back." he says.

Eventually, during school years, Kiran avoided using the female name he was given by his family, and instead picked his gender-neutral middle name. Kiran goes on to talk about how they navigated the social stigma and discrimination that came with their intersectional identities. They talk about their relationship too.

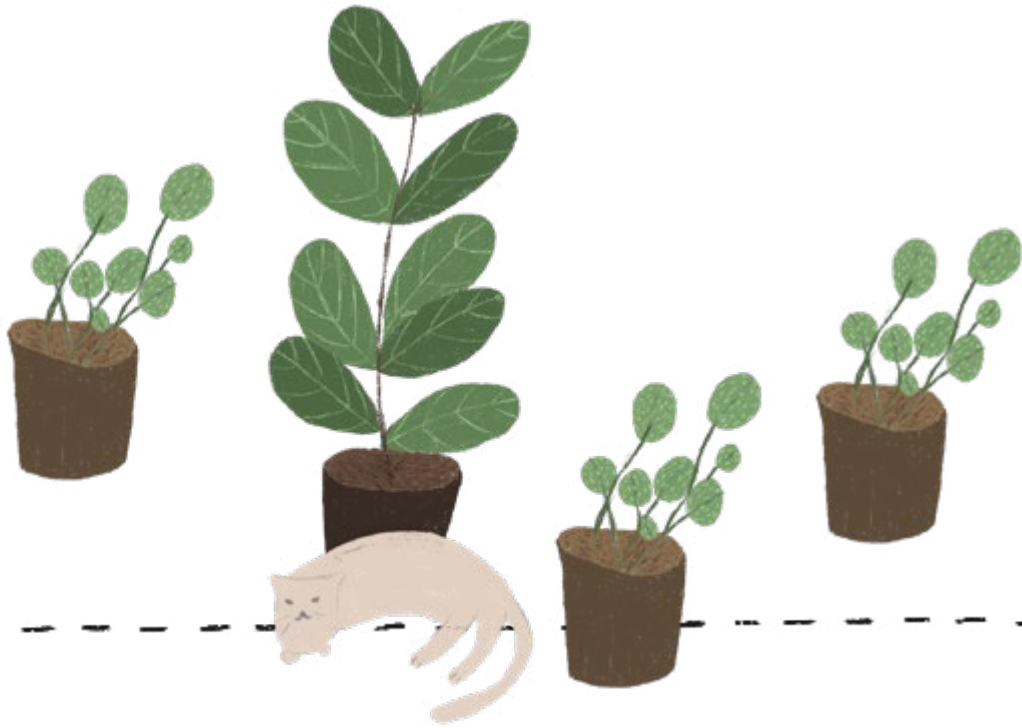


If you need additional information on topics of **gender** and **sexuality**, you can click here to listen to **APURUPA**, a sexuality trainer, share some of the basics with you.

for you to explore...

We encourage you to use these stories and conversations to dig deeper for yourself. **What are some of the things you learned about gender, sexuality and disability that you would have wanted your younger self to know?**





Thank you for being with us until this point. We know that some of these conversations are not easy, and we wanted to create space for you to pause and just chill. We understand that this booklet has a lot of information and this might be very overwhelming. Use this page as a reminder that you can rest, take a break and come back to bits you want to explore. Going forward we explore deeper topics like reproductive health, pregnancy, parenting, consent and more and we hope you will engage with it, in the way that works best for you.





## g. Learning About Our Bodies is Building Our Agency: Reproductive Health


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For many of us, learning about our bodies while growing up has meant that we first learned all the things our bodies cannot do. This means that we may not feel good about ourselves or our bodies and we may not view our bodies with the radical love and care they deserve. Moreover, it is assumed that we don't need to learn about our bodies, or the ways in which they can give us pleasure. Access to reproductive health care and sexual knowledge is harder for us as it is ridden with stigma and discrimination. We are told that we cannot make decisions about our bodies, and are not left with space to make informed choices about our sexuality. It is assumed that we don't want sex or can't have babies, and that we simply don't need to know about reproductive and sexual health.


Disability has been viewed as a medical concern that needs intervention and screening. This is a societal construct that needs change.

Let's have some more conversations around our bodies and pleasure, begin to learn more deeply about our bodies, our reproductive health and more.






To access a candid chat with **DR SANGEETA SAKSENA**, gynaecologist and Co-founder, Enfold Proactive Health Trust on demystifying reproductive health and centring pleasure in sexuality education, click [here](#).





You might already know a lot around menstruation, but if you are a parent or have a young sibling or friend with a disability who needs access to information on menstruation and what it will feel like in their bodies, you can [click here to listen to DR SHAIBYA SALDANHA talk about menstruation.](#)



If you want to view the normative male and female reproductive anatomy drawings and explanations [click here](#).

To access a candid chat about menstrual pain and when to see a doctor, PCOS misdiagnosis, myths around endometriosis, and childbirth and more [click here](#).

You can also read Shreya Ila Anusuya's very powerful editorial piece on living with Endometriosis and more from Point of View's Skin Stories [click here](#).



## Let's talk Pregnancy and Parenting

Pregnancy, parenting and everything that comes with it, are considered big milestones and choices for everyone. Some may choose to get married, have children and some may choose a completely different path for themselves. But in the lives of people with disabilities, making choices around reproduction is much harder due to the assumption that we might not have sexual or reproductive interests. Our healthcare professionals often lack expertise and knowledge about disabilities, they may not have adequate training or may hold biases. Families may not be supportive of any sexual or reproductive decisions, may not even provide information or support to discuss these topics which are otherwise happy milestones in many lives.

**We want to tell you again that you are a sexual being and that you can make reproductive decisions for yourself, based on what works best for you and on what you want.**

Remember that because you have a disability, doesn't mean your reproductive system is impacted. Some of us get our periods late, some may have painful periods or endometriosis- our bodies are different and may have different needs. Misassumptions around disability and reproductive health stop many people from pursuing the path of pregnancy and parenting. For example, people living with spina bifida or congenital amputation are able to have sexual relationships, conceive, give birth, parent and more.

**[Read this story of a triple amputee mother on her conceiving, birthing and parenthood journey here.](#)**



Today there are many interventions that can help people make some of these choices such as artificial insemination or in-vitro fertilization, among others.

Women living with spinal muscular atrophy have shared how speaking to doctors about having children was very invalidating due to their utter bewilderment. They were told that conceiving would be very difficult but this is not necessarily true and based on many baseless assumptions. Many women with spinal muscular atrophy have had pregnancies and given birth.

There are also mistaken assumptions about heritability and a lot of women are told that their disability might be passed on to their children. This is not true.

We understand that a lot of us have limited access to quality healthcare and information, but remember that no healthcare professional can make assumptions about your disability, you have a right to ask complicated medical questions and it is within their duty to provide the same intervention options and knowledge as they do for anyone else.

If you are giving birth with a physical disability there might be a lot to consider - how you will manage the child once they want to move around, among many other child care needs. Remember that just as you worked with your disability, asked for support when and where you needed it, you will do the same with your child.

A lot of blind and deaf women who may want to parent experience biases and judgement around their parenting abilities. How will they raise children if they cannot see or hear? Remember that all parents doubt their parenting abilities, but you learn as you go along. You read from braille books, you teach the baby sign language, you learn from other blind and deaf parents. You can still provide all the emotional and mental support your child needs.

**To hear disabled mothers chat about their experiences, access this amazing chat by Rising Flame called 'Is it Really Different?' A conversation on being a disabled mother here.**

Whole books have been written on abortions and due to the limited scope of this booklet, we cannot delve into abortions in as deep a way as we would have liked to.

Many women with disabilities have said that having abortions is easier than having pregnancies as society often questions how they will manage babies with their own needs. Remember that no one can make you have an abortion without your consent. At the same time, you might want to terminate the pregnancy because of several other reasons that you don't need to justify to anyone. Your consent is the only validation needed.

You can make these decisions for yourself and you deserve empathy and consideration just like anyone else. Talk to a trusted counsellor or healthcare professional about these procedures.

**References:**

Conversation with Dr Sangeeta Saksena from Enfold Proactive Health Trust

[AMA J Ethics. 2016;18\(4\):430-437. doi: 10.1001/journalofethics.2016.18.4.msoc1-1604.](#)

Look out for a lot more around sexual health and wellbeing in our next booklet -- from STIs and STDs, to information on safe sex, contraception, safe abortions and other such decisions we may encounter in our lives.



CAN I KEEP MY HAND ON YOUR WAIST?

YOU HAVE A RIGHT TO SAFE ABORTION...

HAVING SEXUAL DESIRES AND URGES IS ABSOLUTELY OKAY!

RIGHT TO PARENT

How I want to pleasure myself is a choice

MY Pleasure MATTERS

CONSENT BRINGS SAFETY TO PLEASURE

## h. Boundaries and Consent

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Our boundaries can help us understand what works for us and what doesn't. They help us gauge what makes us uncomfortable. For many of us with disabilities, our boundaries are constantly violated. For example, someone pushes our wheelchair or someone touches or taps us without our permission. Sometimes someone may ask us intrusive questions about our disability or sexuality. Setting boundaries for ourselves can be very hard, especially because we have always been told to accept help, or be accommodating and put all our needs aside. Remember that you can be assertive, ask for what you need and say no to what you don't want to do. Don't ever let anyone make you feel otherwise.



Consent is at the centre of sexuality exploration and the basis of all relationships and interactions. Consent is always asking, never assuming. Consent centres respect and personhood and helps us build a safe space for ourselves and others around us. **[Explore a conversation on consent by APURUPA, a sexuality trainer and queer and disability rights advocate here.](#)**

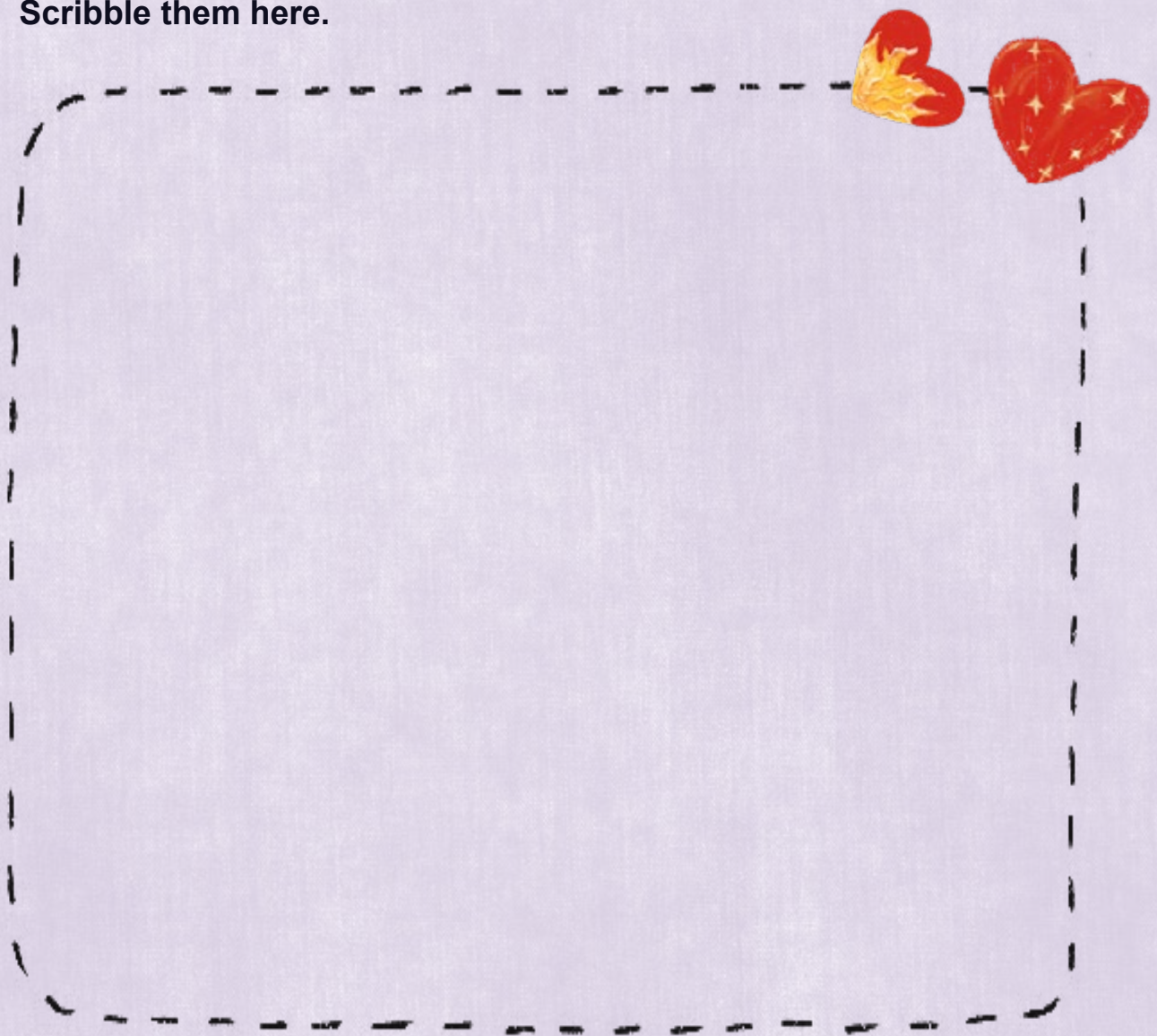


for you to explore...

**What does consent look like in your relationships? With family, friends, a partner, or when you are casually flirting with someone? What kind of words, feelings come to mind?**

**In reality, saying no can be hard. We feel like they might not want us or we might be rejected as a result. Have you been in a situation where you felt like you couldn't say no, and you gave in even when you didn't want to?**

**Scribble them here.**



The form consists of a large, empty rectangular area defined by a dashed black line. The corners of the rectangle are rounded. In the top right corner of the dashed box, there are two decorative hearts. The heart on the left is red with yellow and orange flame-like patterns. The heart on the right is red with white stars.



## 04. IF YOU'RE A PARENT

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Dear Parents, with this section, we want to build support and understanding around desire and pleasure. These conversations may be very hard for you and we understand that. Try to remember the start of desire and pleasure in your life when you were a young person. What are the ways in which you learned about pleasure? What messages did you receive from your parents or family members around it? Jot those down and reflect on how you think of them now. Has something changed?

Explore this starter pack where **DR SANGEETA SAKSENA** from Enfold Proactive Health Trust talks to you about **sexual pleasure and masturbation** as basic human needs for all people.



**In this video, GOPIKA KAPOOR, a parent just like you, answers some of the many questions you may have as your daughter navigates the world of sexuality.**

## 05. IF YOU'RE A COUNSELLOR

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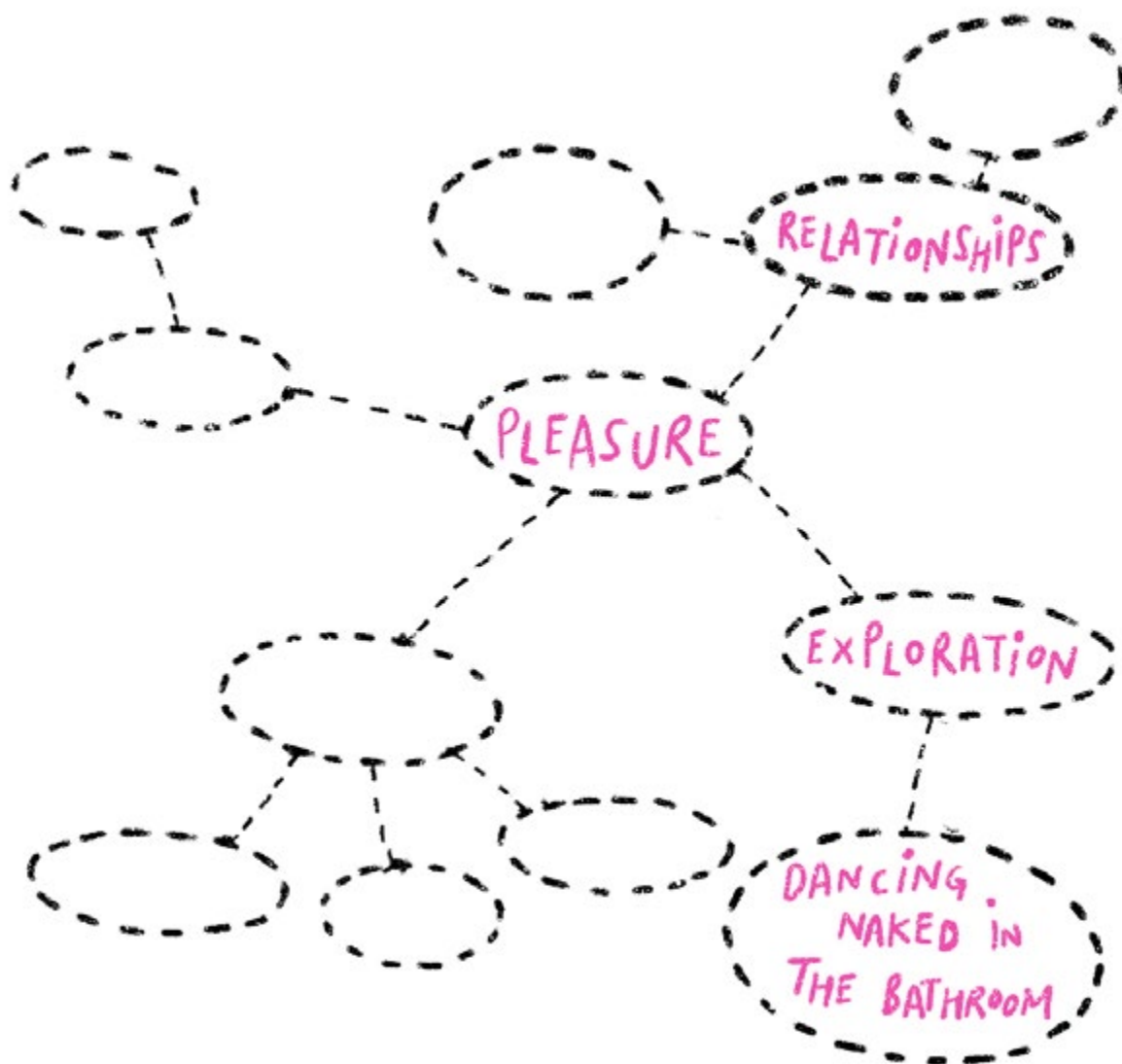


In this section, **YASHNA VISHWANATHAN**, a counsellor and mental health professional talks to counsellors on how to centre desire and pleasure in their conversations with people with disabilities and hold space for affirmative reflections. **To access this video, click here.**

## 06. REFLECTIONS

We hope that you can make pleasure a daily aspect of your life, introduce pleasure rituals and start to think of your bodymind as your pleasure partner.

We want you to think of many pleasures in your life. Whether it is deep friendships, in relationships, in learning and exploring your body, in safe sexual exploration, in dressing up, or in parenting too.





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Desire and Pleasure...was:**

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