



EXPLORING TEACHERS' EXPERIENCES IN DELIVERING SEXUAL AND REPRODUCTIVE HEALTH EDUCATION TO STUDENTS WITH LEARNING DISABILITIES IN SOUTHERN SARAWAK

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Abstract

Objective: This study investigates the experiences of teachers delivering sexual and reproductive health (SRH) education to students with intellectual disabilities in southern Sarawak, Malaysia. It explores the challenges and strategies within Malaysia's socio-cultural framework. **Methods:** Employing a phenomenological approach, the study conducted in-depth, semi-structured interviews with ten educators from Kuching, Kota Samarahan, Padawan, Bau, and Serian. Participants had over two years of experience in special education and SRH instruction. Giorgi's five-step phenomenological method was used for data analysis. **Results:** Teachers reported significant challenges, including adapting SRH content to diverse cognitive abilities, addressing cultural and familial resistance, and navigating inadequate training and resources. Effective strategies identified included repetitive, tailored instruction, culturally sensitive framing of lessons, and embedding SRH into daily classroom interactions. **Conclusions:** Findings emphasize the need for culturally aligned SRH curricula that integrate life skills and support professional development for educators. These insights offer a foundation for policy enhancements, advocating for an inclusive SRH framework within Malaysia's special education system.

Keywords: Sexual and reproductive health education, intellectual disabilities, special education, cultural sensitivity, teacher experiences, Malaysia
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Introduction

The global emphasis on inclusive sexual and reproductive health (SRH) education, as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), affirms the right of individuals with learning disabilities (LD) to access appropriate SRH knowledge and resources [1,2]. However, in Malaysia, this right remains unevenly realised. The national education system continues to face socio-cultural, institutional, and pedagogical challenges in equipping students with LD with SRH content, particularly within special education settings [3–5]. Cultural sensitivities often render SRH a taboo subject, especially for individuals with intellectual disabilities, thereby contributing to educational exclusion [6,7]. While mainstream students receive SRH instruction through the *Pendidikan Kesihatan Reproduksi dan Sosial* (Reproductive and Social Health Education) (PEERS) module embedded in physical and health education, students with LD enrolled in the *Program Pendidikan Khas Integrasi* (Integrated Special Education Programme) (PPKI) are not afforded the same access [3,8,9].

This disparity reflects a deeper disconnect in the curriculum structure. Although PPKI programmes

emphasise *Pengurusan Diri* (self-care), they seldom include structured SRH content, inadvertently marginalising students with LD from learning about body autonomy, personal safety, and relationships [10–12]. Consequently, these students are exposed to risks such as exploitation and abuse due to limited understanding of consent, boundaries, and sexuality [13–15]. Research in both global and Malaysian contexts consistently underscores the vulnerability of individuals with LD to sexual victimisation, particularly when they lack access to comprehensive SRH education [16,17].

Although inclusion policies aim to support students with disabilities through differentiated teaching, the practical delivery of SRH content remains unstructured. Teachers in special education often carry the burden of deciding if and how to introduce SRH topics without formal training, guidance, or materials adapted to various cognitive profiles

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[3,18,19]. Even in instances where students with LD are included in mainstream classes, teachers may not be prepared to adjust the SRH curriculum effectively [20]. This gap leads to inconsistent delivery and reinforces educational inequities.

The lack of a national policy that clearly mandates SRH education for students with LD not only contradicts international obligations under the UNCRPD but also reflects a missed opportunity to equip all students with essential life skills [2,21]. Despite the Ministry of Education's support for inclusive education, no standardised SRH curriculum currently exists for students in PPKI settings [3,22]. This absence represents both an educational oversight and a public health concern, underscoring the urgent need for structural reform and teacher training.

This study explores the lived experiences of teachers who deliver SRH education to students with LD in Southern Sarawak. By capturing their strategies, challenges, and perceived needs, the study aims to inform policy and practice for more inclusive SRH education within Malaysia's special education landscape.

Structured Sexual and Reproductive Health (SRH) Education in Malaysia

Access to structured sexual and reproductive health (SRH) education is essential for individuals with learning disabilities (LD) to develop personal autonomy, understand consent, and engage safely in social interactions [10,11]. However, prevailing misconceptions, such as the belief that individuals with LD are either asexual or perpetually dependent, have contributed to their systematic exclusion from SRH programmes [10,16]. These assumptions, often shared by families, teachers, and the wider community, result in limited opportunities for students with LD to learn about bodily autonomy, relationships, and protective behaviours [9,17]. The absence of such education leaves many students unprepared to manage risks associated with adolescence and adulthood, including vulnerability to exploitation and abuse [15].

In educational settings, teachers are directly responsible for implementing SRH content. Nevertheless, available literature highlights a lack of preparation and limited institutional support for teachers, particularly in special education environments [19,15]. In Malaysia's *Program Pendidikan Khas Integrasi* (PPKI), SRH instruction is not formally embedded within the curriculum. Teachers working in this context often report minimal access to training, pedagogical tools, or contextualised guidance on how to deliver SRH topics to students with diverse cognitive profiles [5,6,14,18]. As a result, delivery of SRH content depends largely

on individual discretion, contributing to inconsistencies in both scope and depth of instruction.

Religious and cultural norms in Malaysia further shape the implementation of SRH education. In many schools, particularly those operating within Muslim-majority communities, SRH content is adapted or restricted to align with prevailing social expectations [3,5]. These constraints are more pronounced for students with LD, whose families may express reluctance or opposition to SRH instruction, often due to concerns about misinterpretation or behavioural consequences [4,9]. Although such concerns are often motivated by protective intentions, they may inadvertently limit the student's understanding of personal safety and boundary-setting [6,7]. To address this, there is a need for culturally informed yet educationally robust SRH frameworks that account for cognitive, linguistic, and social diversity among students with LD [18].

Although Malaysia promotes inclusive education in policy discourse, the absence of structured SRH education for students in special education settings highlights a gap in implementation. Teachers are central to this issue, as they are expected to deliver sensitive content without dedicated training or institutional support [19]. This study examines how teachers navigate this responsibility in Southern Sarawak, offering insights into the challenges they encounter, the informal strategies they adopt, and the broader implications for policy and curriculum development in the context of SRH education for students with LD.

Methodology

This study was conducted with teachers from various regions in the southern part of Sarawak, including Kuching, Kota Samarahan, Padawan, Bau, and Serian. These locations were selected to capture a broad spectrum of educational environments and socio-cultural backgrounds, providing a detailed perspective on the experiences and challenges faced by teachers delivering SRH education to students with special needs. By focusing on these regions, the study aims to reveal the unique socio-cultural factors that shape SRH education within these communities, offering insights that reflect the specific realities of southern Sarawak.

The research adopts a phenomenological approach to explore the lived experiences of these teachers, who operate within the complex socio-cultural landscape of Malaysia [22]. As a qualitative study, it employs in-depth, semi-structured interviews (Table 1) to gather detailed insights into the perspectives, challenges, and strategies of educators working in SRH for special needs students. This study received approval from the Human Ethics Research Committee

Table 1. Semi-Structured Interview Questions

No.	Questions
1.	<i>Pada pendapat cikgu, apakah matlamat pengajaran pendidikan kesihatan reproduktif dan seksual kepada murid berkeperluan khas?</i> In your opinion, what is the objective of delivering sexual and reproductive health (SRH) education to students with special needs?
2.	<i>Sehingga ke hari ini, adakah cikgu pernah menyampaikan pendidikan kesihatan reproduktif dan seksual kepada pelajar ?</i> <i>jika Tidak, lanjutan soalan seterusnya</i> <i>jika Ya : Apakah teknik/kaedah yang cikgu gunakan untuk memberi kefahaman tersebut?</i> To date, have you ever conducted SRH lessons for students with special needs? If No: (Follow-up questions will differ accordingly.) If Yes: What techniques or approaches have you used to help students understand the content?
3.	<i>Apakah cabaran dalam mendepani isu seksual dan reproduktif dalam kalangan murid berkeperluan khas?</i> What are the challenges you have encountered in addressing reproductive and sexual health issues among students with special needs?
4.	<i>Apakah teknik yang berkesan bagi mengajar topik seperti ini? (bagi yang ada mengajar)</i> <i>Apakah teknik yang dirasakan berkesan bagi mengajar topik ini)</i> <i>Lanjutan : bagaimana (kayu ukur) melihat kepada kebersanan atau penerimaan pemahaman murid?</i> In your view, what are the effective methods or techniques for teaching this topic? (If applicable): How do you assess the effectiveness or level of student understanding after delivering this topic?
5.	<i>Adakah cikgu menerima peluang pembangunan professional untuk meningkatkan pengetahuan dalam pengajaran kesihatan reproduktif dan seksualiti? Jika ya, apakah contoh latihan tersebut? Atau; adakah inisiatif peribadi untuk meningkatkan kefahaman terhadap pengajaran KRS terhadap individu OKU (Jika ya: Contoh latihan yang telah dihadiri secara sukarela.)</i> Have you received any professional development opportunities to enhance your knowledge and skills in teaching sexual and reproductive health education? If yes, could you provide examples of the training or workshops attended? (or) have you taken any personal initiatives to deepen your understanding of RSHE specifically for students with disabilities? (If yes: Please share examples of such voluntary training sessions.)
6.	<i>Mengambil kira situasi adat dan budaya kita di Malaysia, apakah pandangan guru mengenai pengaruh agama dan budaya dalam menyampaikan pendidikan KRS?</i> Considering the socio-cultural and religious context in Malaysia, what are your views on the influence of religion and culture in delivering SRH education?
7.	<i>Boleh cikgu kongsi perkara lain mengenai pengalaman cikgu dalam mengajar pendidikan KRS kepada pelajar berkeperluan khas?</i> Is there anything else you would like to share regarding your experiences in teaching reproductive and sexual health education to students with special needs?

of Universiti Malaysia Sarawak (UNIMAS) [HREC (NM)/2023 (1)/41], adhering to rigorous ethical standards to ensure participant confidentiality, respect, and integrity in the data collection process.

A purposive sample of ten teachers was selected, meeting inclusion criteria such as a minimum of two years of experience with special needs students and active engagement in SRH instruction. This purposeful sampling strategy enabled the study to focus on educators with substantial field experience, thereby enhancing the depth, relevance, and academic rigor of the findings.

Data collection involved semi-structured, in-depth interviews, designed to elicit comprehensive and authentic responses from participants. These

interviews encouraged open dialogue, allowing teachers to share their experiences in their own words, which provided the research with a rich narrative of their professional journeys. Interviews were audio-recorded, transcribed verbatim, and subjected to a thorough analysis using Giorgi’s five-step phenomenological method [23]. This method was chosen for its structured approach to phenomenological data, enabling a rigorous yet respectful interpretation of each participant’s experiences.

Giorgi’s method involves reading and re-reading transcripts to grasp the full scope of the content, followed by identifying key meaning units that reveal essential aspects of the teachers’ experiences. These units were then transformed into descriptive

expressions that convey the participants' insights. The final steps involved synthesizing these expressions into cohesive narratives that encapsulate the shared experiences of the participants, allowing the study to highlight common themes and unique challenges within the context of SRH education for special needs students in southern Sarawak.

This methodological approach ensures that the study meets high academic standards, while also honouring the voices of the participants by reflecting the cultural and personal nuances of their experiences. The phenomenological analysis provides a solid foundation for understanding the specific challenges and realities of SRH education within the special needs context, contributing valuable insights into an area that is often underrepresented in educational research in Malaysia.

Result

Teachers highlighted the difficulty of teaching abstract SRH concepts such as consent or personal space to students with learning disabilities. Many students had limited vocabulary, minimal understanding of their own bodies, and required extensive repetition over time.

Teacher Aina, from a rural school in Serian, shared:

"Some of them can't even name parts of their own body, let alone understand what's private. I had to start from scratch, 'this is your chest, this is your back, this is your private part'. We go one by one, over and over again. Even then, it doesn't always sink in."

Teacher Hafiz, who teaches in Padawan, added:

"One of my students kept hugging strangers. He thought that's how you make friends. I had to keep showing him when it's okay and when it's not. It's tiring, but if I don't, no one else will."

Such accounts reflect the extensive time and emotional labour teachers invest in ensuring students understand concepts most mainstream

Teacher James, from Bau, explained:

"We don't wait for 'SRH class'. We teach while we brush their teeth, when they queue up, or when one touches another student without understanding. These kids need to see and feel the context to understand."

These incidental lessons form the backbone of SRH delivery in special needs education, making it embedded, real-time, and responsive to immediate behaviour.

Teachers described carrying the emotional burden of being the only adults addressing these topics. In many cases, they stepped into roles beyond teaching — acting as protectors, counsellors, and life-skills mentors.

Teacher Lina, from a rural school in Serian, expressed:

students grasp easily. The absence of accessible, localised teaching tools further compounds the challenge.

Teachers frequently described a culture of silence and discomfort around SRH issues, particularly from parents and school administrators. In many cases, SRH is seen as taboo, even more so when applied to children with disabilities.

Teacher Farah, from Kota Samarahan, explained:

"Some parents accused me of corrupting their child. They said 'why are you teaching them about sex? They don't need to know'. I had to calm them down and explain if we don't teach them, they will be the easiest targets."

Teacher Zul, from a semi-urban school, described similar tension:

"I was told by one parent, 'my daughter is like a baby, she doesn't need to learn all this'. But this same student had already been touched by someone she didn't know how to say no to. That's when I knew I had to push back."

These reflections underline a core issue: the deep-rooted belief in some communities that children with learning disabilities are asexual or forever childlike, thus unfit for SRH education. Teachers often must navigate these tensions while protecting their students' right to safety and information.

Rather than structured lessons, many SRH interactions happened spontaneously for example during toileting, hygiene routines, or group activities. Teachers found these moments to be more effective, especially when teaching social cues and personal boundaries.

Teacher Melissa, from an urban school in Kuching, noted:

"When a boy pulled down his trousers in front of others because he felt itchy, I didn't scold him. I used that moment to teach everyone, where and when it's okay to adjust your body. These are the moments where learning happens."

"Some girls get their periods and don't know what's happening. They cry, they panic. I have to clean them, explain it's normal, show them how to use pads. Parents sometimes don't teach them, maybe because they don't know how to."

Teacher Kamal, from Padawan, added:

"A boy once told me someone touched him inappropriately, but he didn't know how to say it until we did a lesson on safe and unsafe touch. That moment broke me. I realised then how important this is."

These testimonies reveal that in the absence of formal systems, teachers become first responders to SRH-related crises. They are often the only line of defence for these students against misinformation, vulnerability, and abuse.

These findings reveal that SRH education for students with learning disabilities in Sarawak is deeply intertwined with cultural, emotional, and contextual challenges. Teachers do far more than deliver content; they adapt, protect, and advocate, often in isolation and without institutional guidance. In conservative and under-resourced contexts, especially in rural Sarawak, the burden of SRH instruction falls disproportionately on teachers who must balance professional responsibility with community sensitivities. Their lived experiences underscore the urgent need for culturally responsive training, context-specific teaching materials, and policy-level support that acknowledges the complex realities of SRH education in Malaysian special education settings.

Discussion

The findings from this study illuminate the broader challenges of delivering SRH education within a culturally conservative environment, highlighting an urgent need for approaches that respect cultural values while upholding educational imperatives to protect and empower students with intellectual disabilities [2,23]. In Malaysia, despite progress toward inclusive education, SRH instruction for special needs students remains fragmented and inadequately supported. This gap reflects systemic issues within the educational framework, where SRH education is limited in both scope and delivery, particularly in special education settings. Teachers' experiences underscore significant shortfalls in professional training and resources, revealing a pressing need for structured policies and clear guidelines to address the unique cultural and educational challenges of SRH instruction. Echoing similar calls from educational bodies such as the Swedish Schools Inspectorate [20], the findings suggest that Malaysia's education system requires robust SRH policies that prepare educators to manage culturally sensitive topics with competence and confidence.

To effectively bridge the SRH education gap for children with intellectual disabilities, structural reforms at the institutional level are essential. Teachers in this study voiced concerns about the lack of professional development and practical resources to help them navigate the dual demands of SRH instruction and cultural sensitivity. Institutional support must include comprehensive training programs that empower teachers with the skills and resources necessary for delivering SRH education inclusively and appropriately within Malaysia's socio-cultural context [13]. A transformative approach would involve integrating SRH with life skills training, thus providing special needs students with a holistic educational experience that goes beyond traditional classroom instruction to address essential life competencies [11,15]. By embedding SRH into life

skills curricula, teachers could more effectively reinforce critical concepts in real-life contexts, helping students develop a practical understanding of boundaries, respect, and self-care.

In line with these findings, the Ministry of Education could consider establishing a dedicated SRH module within special needs education that provides educators with structured guidance on curriculum content, adaptable teaching strategies, and culturally sensitive communication practices. Such a framework would ensure that SRH education is consistent, accessible, and adaptable to meet the diverse cognitive needs of students with intellectual disabilities. Teachers equipped with targeted resources and ongoing training would be better prepared to deliver SRH education that aligns with both educational and cultural standards, thus empowering students without infringing on community values.

The complex landscape of SRH education in Malaysia also points to the need for an intersectional approach that accounts for various dimensions such as religion, ethnicity, gender, and cognitive ability. Recognizing these intersecting identities within SRH curricula can help educators deliver content that respects individual and familial beliefs while fulfilling educational goals. In diverse societies like Malaysia, integrating intersectional awareness into SRH instruction allows teachers to navigate the socio-cultural landscape with greater sensitivity, tailoring their approach to address the distinct needs and expectations of each student and family [4,17]. For instance, SRH topics could be framed in ways that emphasize respect, personal safety, and community values, focusing on foundational concepts like consent and bodily autonomy within culturally appropriate boundaries.

Adopting an intersectional framework in SRH education also calls for greater collaboration among stakeholders, including educational authorities, religious leaders, and parents. This collaboration would not only strengthen community support for SRH initiatives but also ensure that curricula are aligned with societal expectations, increasing the likelihood of acceptance and successful implementation. Higher authorities, such as the Ministry of Education and the Human Rights Commission, could play a pivotal role in championing intersectional SRH curricula, helping to shift the focus from compliance to genuine understanding and empowerment for special needs students. By endorsing policies that prioritize intersectional awareness, Malaysia's educational system could move towards a more inclusive model of SRH education that respects cultural nuances while advocating for the fundamental rights of all students to safe and supportive learning environments.

The insights gained from this study strongly suggest that without dedicated structural support, SRH education for students with intellectual disabilities in Malaysia will remain fragmented and insufficient. Policymakers and educational authorities must recognize that SRH education is not merely an “additional” aspect of learning but a fundamental part of the holistic development of every child, including those with intellectual disabilities. Implementing policies that mandate SRH training, provide culturally adaptable resources, and promote inclusive practices would be transformative in bridging the current gaps in SRH education.

Moreover, educational authorities could consider forming a task force dedicated to SRH education in special needs settings, comprising experienced educators, cultural advisors, and disability advocates to guide policy development and curriculum design. Such a body could ensure that SRH curricula are both culturally sensitive and universally accessible, enabling teachers to deliver SRH education that fosters safety, empowerment, and social inclusion for students with intellectual disabilities. By actively engaging educators, parents, and cultural representatives, higher authorities would foster an environment where SRH education is not only tolerated but supported as a necessary foundation for students' lifelong well-being.

In sum, the study's findings emphasize that SRH education within Malaysia's special needs education system requires comprehensive reforms to address the specific challenges faced by teachers and students. By strengthening institutional support, incorporating intersectional awareness, and promoting culturally respectful yet empowering SRH curricula, Malaysia's educational system could better fulfill its role in equipping all students with the knowledge, skills, and confidence they need to lead safe, respectful, and self-determined lives.

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