

Sexual Stigma and Self-Actualization of Persons with Disabilities

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Abstract: This study aims to examine the stigma experienced by persons with disabilities, focusing on physical and sexual stigma and its relationship with self-actualization. Using a qualitative approach, the study involved 11 individuals with disabilities aged 20–31 years from various regions in Indonesia. Data were collected through questionnaires addressing sources and forms of stigma, as well as participants' perceptions of their ability to achieve self-actualization, particularly in romantic and sexual relationships. Findings indicate that more than half of the respondents experienced stigma related to their physical condition, especially from family and neighborhood environments. Sexual stigma was less prevalent, with only a quarter of participants reporting such experiences, likely due to the cultural taboo surrounding sexuality in Indonesia. Notably, male participants were more likely to face stigma from family members, while females encountered it more in social settings. Despite facing stigma, the majority of respondents maintained a positive belief in their ability to form fulfilling relationships and achieve self-actualization. Only one respondent expressed doubt about finding a suitable partner. These findings suggest that while stigma remains a persistent issue, it does not uniformly hinder self-actualization, as individual resilience, religious beliefs, and social support play moderating roles. Further research with a larger and more diverse population is needed to better understand how stigma impacts individuals with disabilities across different cultural and social contexts.

Keywords: stigma; sexual stigma; self-actualization; disability

INTRODUCTION

Stigma, in its linguistic and sociological sense, refers to a negative label imposed on an individual by their surrounding environment, shaping how they are perceived and treated. It is a complex social construct that arises from two primary mechanisms: first, the recognition of a particular difference in an individual, and second, the devaluation of that individual based on that perceived difference (Heatherton, 2000). Link and Phelan (2001) provide a comprehensive model of how stigma operates in society, outlining it in four distinct stages. The first stage, labeling, occurs when society identifies and classifies individuals based on certain characteristics, such as a disability or a deviation from social norms. The second stage, stereotyping, follows when these labels are associated with negative attributes or assumed deficiencies. The third stage, separation, reinforces the divide between those who fit societal norms and those who are considered different, leading to exclusion or marginalization. The final stage, status loss and discrimination, is where the stigmatized individuals face tangible social disadvantages, including limited opportunities in education, employment, healthcare, and social participation.

Stigma is especially pronounced in individuals who are seen as deviating from the societal norm. This includes not only ethnic minorities but also people with distinct physical features such as skin color, hair type, or body weight (Gary, 2005; Chaturvedi, Singh, & Gupta, 2005; Schielein et al., 2020; Alimoradi et al., 2020; Earle, 2005; Topkaya, 2014). Among these groups, individuals with disabilities are particularly vulnerable to stigma, which manifests in multiple dimensions. While much of the stigma surrounding disability pertains to

physical or cognitive impairments, an often-overlooked aspect is the stigma related to sexuality. People with disabilities are frequently viewed as lacking sexual desire or being incapable of romantic and intimate relationships. They are sometimes perceived as "asexual" or assumed to have no interest in or capacity for sexual experiences (Lund & Johnson, 2015; Kim, 2011). As a result, societal attitudes often dismiss their rights and needs in areas of romance, marriage, and parenthood. Furthermore, many people hold the misconception that individuals with disabilities are unfit to engage in relationships or sexual activities, further marginalizing them in social and romantic contexts (Corrigan & Watson, 2002).

The effects of stigma are far-reaching, influencing both social and psychological aspects of a person's life. On a broader social level, stigma can lead to exclusion from social groups, limited opportunities for relationships, and discrimination in both personal and professional settings. On an individual level, stigma can result in self-stigma, where individuals internalize negative societal attitudes and begin to doubt their own worth. This self-perception can lead to a negative self-concept, decreased self-esteem, and even mental health challenges such as anxiety and depression (Rizzo & Sitibondo, 2023; Moses, 2009; Link et al., 2021). When stigma is related to sexuality, it can have an even deeper psychological impact, influencing how individuals perceive their own desirability and ability to form intimate connections. Studies have shown that internalized sexual stigma can lower confidence in building romantic and sexual relationships, ultimately hindering self-actualization (Corrigan & Watson, 2002; Rogers, 2004). Shakespeare (2000) highlights the unique dilemma faced by individuals with disabilities regarding sexual stigma: they must either accept and internalize the stigma imposed by society or actively resist societal norms, both of which present emotional and psychological challenges. This issue is further compounded by the lack of access to adequate sexual education for individuals with disabilities (McDaniels & Fleming, 2016; Coren, 2003). Without proper education and resources, they may struggle to develop a healthy understanding of their own sexuality, further limiting their ability to achieve self-actualization.

However, the impact of stigma is not universal; it is heavily influenced by cultural beliefs and societal norms (Koschorke et al., 2017). Cultural perspectives on disability vary significantly across different regions and communities, affecting how stigma is expressed and experienced. In Indonesia, for example, discussions on sexuality remain largely taboo, which may contribute to the underreporting of sexual stigma. While there is growing discourse on disability rights in Indonesia, much of the existing research has focused on issues related to sexual education and the vulnerability of individuals with disabilities to sexual violence (Azhar, Hidayat, & Raharjo, 2023; Windy Luthfiah, 2023; Rasyid, 2019; Haryono, Kinasih, & Mas'udah, 2013). Research on the stigma surrounding the sexuality of individuals with disabilities remains scarce, leaving a gap in understanding how these individuals navigate relationships, intimacy, and self-perception. Al Yusainy, Thohari, and Gustomy (2016) examined the effects of implicit bias interventions on reducing stigma but did not specifically address sexual stigma. Given these gaps, this study aims to explore the experiences of individuals with disabilities in Indonesia concerning sexual stigma and its impact on their journey toward self-actualization.

METHOD

This study is qualitative and aims to explore the sexual stigma experienced by persons with disabilities and its impact on self-actualization. Qualitative research provides a broad philosophical framework and allows for in-depth exploration using various methods such as interviews, observation, content analysis, and more (Maher & Dertadian, 2018). The study involved 11 persons with disabilities aged 20-31 years, consisting of 5 males and 6 females. Data were collected using questionnaires that covered the following areas:

1. Stigma experienced,
2. The source of the stigma (immediate family, extended family, close community, or school/university), and
3. Self-actualization related to sexuality, including their belief in their chances of finding a partner and satisfying their partner sexually.

The following is the data from the respondents in this study:

Table 1. Respondent Data

Respondent	Gender	Age (Years)	Region	Education
1	Male	20	Bekasi	Bachelor's
2	Male	21	Malalengka	Bachelor's
3	Male	31	Bandung	Bachelor's
4	Male	20	Bandung	Bachelor's
5	Female	29	Bekasi	Bachelor's
6	Female	23	Cirebon	Bachelor's
7	Female	22	Subang	Bachelor's
8	Female	21	Lubuk Linggau	Bachelor's
9	Female	20	Bandung	Bachelor's
10	Female	21	Bandung	Bachelor's
11	Male	21	Bandung	Bachelor's

The data obtained will be processed using qualitative analysis for the questionnaire responses, following several steps from Sgier (2012) for qualitative data processing:

1. Coding, where each questionnaire item is coded;
2. Thematic analysis, involving data recognition, naming, and identifying themes;
3. Validity checking, conducted through the member-checking technique; and
4. Reporting, presented narratively according to the discussed themes.

FINDING AND DISCUSSION

Finding(s)

Based on the data from the questionnaires provided to 11 respondents regarding stigma related to physical conditions, the findings are as follows: 1) Only 3 respondents (1 female and 2 males) reported receiving stigma from their immediate family; 2) A total of 5 respondents (2 females and 3 males) experienced negative stigma from their extended family; 3) Six respondents (4 females and 2 males) experienced stigma from their neighborhood; and 4) Only 3 respondents (1 female and 2 males) received stigma at school.

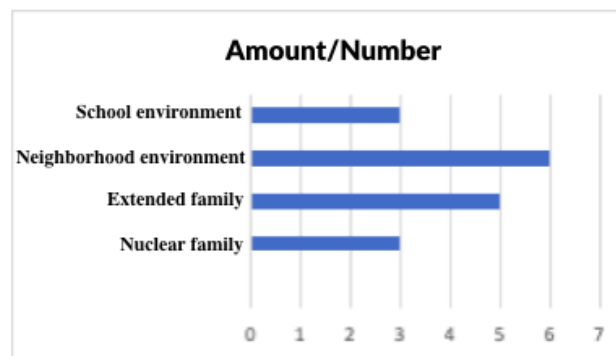


Figure 1. Physical stigma and sources of stigma

On the other hand, in social settings around the home, females were more likely to encounter stigma compared to males. The findings from this study, based on responses from 11 individuals with disabilities, provide insight into the prevalence and sources of stigma they experience in their daily lives. The data reveals that stigma related to physical conditions is more commonly reported than sexual stigma, and the sources of stigma vary depending on gender and social environment.

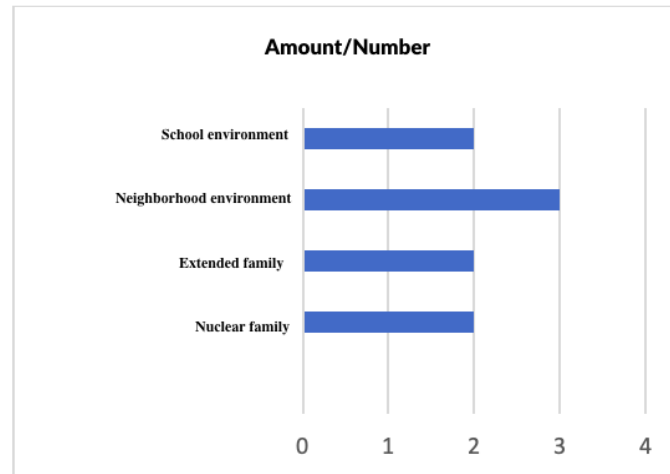


Figure 2. Sexual stigma and the individuals who impose it

The sources of stigma experienced by individuals with disabilities vary across different social contexts, including family, neighborhood, and educational settings. The following sections outline the specific environments where stigma is most prevalent and how it manifests in the daily lives of respondents.

1) Stigma Related to Physical Conditions

The sources of stigma experienced by individuals with disabilities vary across different social contexts, including family, neighborhood, and educational settings. Three respondents (one female and two males) reported experiencing stigma from their immediate family, which often manifested as overprotectiveness, skepticism regarding the individual's independence, or negative perceptions about their capabilities. Additionally, five respondents (two females and three males) encountered negative stigma from their extended family, where traditional or outdated beliefs about disability led to social exclusion or differential treatment within family gatherings and events. Six respondents (four females and two males) faced stigma within their neighborhood, often in the form of social distancing, exclusion from community activities, or derogatory remarks. Studies suggest that in many societies, a lack of awareness and exposure to persons with disabilities contributes to stigmatization (Chaturvedi et al., 2005). Furthermore, three respondents (one female and two males) experienced stigma in a school setting, which included bullying, stereotyping, or being perceived as less competent than their peers. Previous research highlights that educational institutions often lack inclusive approaches, exacerbating stigma among students with disabilities (Ahmad & Smith, 2022).

2) Stigma Related to Sexuality

While physical stigma was more commonly reported, sexual stigma was present in some cases. Unlike physical stigma, which was encountered in various settings, sexual stigma was mostly expressed within familial and social circles. Notably, none of the respondents reported being perceived as asexual, contradicting some existing literature on the topic (Lund & Johnson, 2015). Two individuals (one female and one male) received remarks from their immediate family suggesting that they were unlikely to find a sexual partner, as families may

hold assumptions that individuals with disabilities are incapable of forming romantic relationships or fulfilling traditional marital roles (Kim, 2011). Similarly, two males experienced sexual stigma from their immediate family, while three respondents (two females and one male) reported such experiences in their neighborhood. In community settings, disability is often equated with dependence, reinforcing the notion that individuals with disabilities cannot maintain intimate relationships. In school settings, two males reported encountering sexual stigma, which could include teasing, exclusion from discussions about relationships, or being discouraged from participating in activities that promote social interaction and self-confidence.

3) Self-Actualization

Self-actualization refers to the process by which individuals achieve their full potential, including personal growth and fulfillment in relationships. Despite the presence of stigma, most respondents demonstrated a strong belief in their ability to build meaningful relationships. Only one female respondent expressed doubt about finding a partner that met her criteria, suggesting that, despite stigma, most individuals maintain optimism regarding their future relationships. All respondents believed that if they found a partner, they would be capable of maintaining a fulfilling relationship, including in sexual matters. This aligns with research suggesting that personal resilience and self-perception play significant roles in overcoming societal stigma (Jacobs, 2002; Sayyidah et al., 2022). The findings indicate that while stigma remains a persistent challenge for individuals with disabilities, its impact on self-actualization is not uniform. Factors such as religious beliefs, personal resilience, and social support networks may mitigate some of the negative effects of stigma, highlighting the importance of fostering inclusive attitudes within society.

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Discussion

The findings of this study align with previous research indicating that individuals with disabilities are susceptible to both general and sexual stigma, which can impact their psychological well-being and social interactions (Corrigan & Watson, 2002; Rizzo & Sitibondo, 2023). Stigma is deeply rooted in societal perceptions of disability, particularly in collectivist cultures like Indonesia, where family honor and societal expectations influence how individuals with disabilities are treated (Demartoto, 2010; Uyun, 2002).

From this data, although the overall comparison between males and females receiving stigma is not significantly different, males were more likely to experience stigma from their immediate and extended families. In Indonesian culture, males are often seen as the family's hope and pride (Demartoto, 2010; Uyun, 2002), and having a family member with a disability can have a profound impact on the family (Reichman, Corman, & Noonan, 2008). This may sometimes lead to parental rejection (Gusrianti, Winarni, & Faradz, 2018). Several factors might explain why male children tend to experience more stigma than females. A notable trend in the findings is that males were more likely to experience stigma from their immediate and extended families. This phenomenon can be explained by the cultural expectation that males carry the family's legacy and are expected to be physically and socially independent (Reichman, Corman, & Noonan, 2008). When a male family member has a disability, it may disrupt these expectations, leading to increased stigma from within the family unit (Gusrianti, Winarni, & Faradz, 2018). Conversely, females were more likely to encounter stigma in their social environment, a finding supported by research indicating that females with disabilities

face higher instances of verbal bullying and social exclusion than their male counterparts (Ahmad & Smith, 2022; Rivers & Smith, 1994). This could be attributed to previous research by Ahmad & Smith (2022), which found that females are more vulnerable to verbal bullying in social circles. Another study by Rivers & Smith (1994) indicated that direct bullying is more common among females than males. This suggests that stigma in social environments is more likely to affect females than males. Regarding sexual stigma, only a few respondents out of the 11 experienced this, and none reported being viewed as asexual. Two individuals (1 female and 1 male) were told by their immediate family that they were unlikely to find a sexual partner, 2 males experienced similar stigma from their immediate family, 3 respondents (2 females and 1 male) from the neighborhood, and 2 males at school. The low incidence of sexual stigma among respondents may be due to the fact that discussions around sexuality are still considered taboo in Indonesia (Yusuf, 2020; Billah & Erfantinni, 2021), making sexual stigma less likely to be openly expressed.

Sexual stigma was reported at a lower incidence compared to physical stigma. This could be due to the prevailing taboo surrounding discussions of sexuality in Indonesia, which limits open expressions of prejudice related to sexual matters (Yusuf, 2020; Billah & Erfantinni, 2021). However, previous research has shown that even when not explicitly stated, implicit sexual stigma exists and influences how individuals with disabilities perceive their own desirability and potential for romantic relationships (Lund & Johnson, 2015; Kim, 2011). The respondents in this study demonstrated a relatively high level of self-confidence regarding their ability to form meaningful relationships. This contradicts earlier studies that found that stigma can lead to self-doubt and hinder self-actualization (Jacobs, 2002). One possible explanation for this discrepancy is the role of religious beliefs in fostering self-acceptance and resilience, as suggested by Sayyidah et al. (2022). In terms of self-actualization, only one respondent (female) did not believe she would find a partner that met her criteria. The rest of the respondents were confident they would find a suitable partner. All respondents believed that if they did find a partner, they would be able to make them happy, including in sexual matters. Jacobs (2002) noted that stigma can hinder individuals from achieving self-actualization by lowering their hopes and self-confidence. However, individuals with strong faith in God may be more accepting of all aspects of themselves, including their disabilities and the stigma they face (Sayyidah et al., 2022). Since all the respondents believed in God, their self-acceptance might have been strong enough that the stigma they encountered did not significantly impact their self-actualization.

Overall, these findings highlight the complexity of stigma among individuals with disabilities and the need for further research with larger sample sizes and diverse demographic backgrounds. Future studies should explore how different factors, such as education level, socioeconomic status, and religious beliefs, mediate the impact of stigma on self-actualization. Additionally, efforts should be made to reduce societal stigma by implementing inclusive education programs and awareness campaigns that challenge misconceptions about disability and sexuality (McDaniels & Fleming, 2016; Coren, 2003). By fostering an inclusive social environment and enhancing educational initiatives, society can work towards breaking the stigma surrounding disability and supporting individuals in achieving self-actualization and social acceptance.

CONCLUSION

This study shows that among the 11 respondents with disabilities, more than half have experienced stigma related to their physical conditions, while only a quarter have faced sexual stigma. This is likely due to the fact that discussions about sexuality in Indonesia are still considered taboo, making such stigma less frequently expressed by people in their environment. Males are more vulnerable to experiencing stigma from family, while females are more likely to face stigma from their social circles. Although there is a theoretical relationship between self-actualization and the stigma one encounters, this research did not show a significant impact of the stigma experienced on self-actualization. Therefore, further investigation is needed. Given that this study involved a very small number of respondents, these conclusions apply only to those participants. More extensive research involving a larger number of individuals with disabilities from various educational levels, ethnic backgrounds, religions, and potentially different parenting styles is necessary to better understand the relationship between stigma and self-actualization.

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