

Thematic Panel 24

Disability

How to negotiate with carers to meet sexual need? -Perspectives of men with physical disabilities in Taiwan

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Abstract

Introduction:

Sexual needs of service users with physical disability have not been paid concerned by care policies and services including the care services provided by home carers and personal assistants in Taiwan. This study aims to explore how Taiwanese men with physical disability satisfy their sexual needs and how to negotiate with their home carers or personal assistants to arrange a private space for their sexual needs.

Method:

An in-depth interview was used and ten men with physical disability who need other people to help their daily living were invited through snowball to share their experiences of sexuality. Editing analysis style was used for data analysis.

Findings:

This group of men can meet their sexual needs by masturbation, sexual activity with partner and sexual transactions. According to the participants' perspective, Taiwanese people with disability were sexually oppressed by the society and stigmatized about their sexual needs. In order to have a private space for sexual activities, four themes relate to the negotiation strategies between the carers and people with disability were identified: hidden, taking advantage of care-leave, getting rid of the carers, implicit mutual understanding. The participants of this study argued and advocated that the government should take their sexual needs into account as part of care services.

Implications:

This study found that there were social barriers for sexual needs of people with disability; as well as this group of people's sexual needs have not been considered in the care policies and services. This study suggests that care policy should be modified to care for the sexual needs of people with disability in order to meet their sexual rights.

Key words: sexual rights, sexual health, men with physical disability, care work, sexuality

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Introduction

Sexuality is an important factor for almost everyone in daily life. Tepper (2000) considered that the pleasure from sexuality could make people feel alive. Sex is not only for reproductive but also for pleasure. Therefore, we have to connect sex with health and human rights (Shakespeare, 2000; Tepper, 2000). In our general thinking, everyone should be desirable to someone, there is no one should be left alone from others. However, there is a kind of people who have to face the environment which contains a lot of obstacles. Not just only the environment with unfriendly attitude toward to them, the major discourse of sexuality got the same attitude in the society. Those people excluded from the major discourse of sexuality, it means that when people talk about anything related sexuality, and those people would not include in this issue. They suffered a lot from ableism which does not treat them as a sexy person or does not deserved sexuality (Liu, 2014). Who are those people have to face this unfriendly society? People with disability are the group which I would like to assert.

‘Nothing about us without us’ has been the core value in the disability rights movement. I strongly agree with that the voice from people with disability should be the major part in any issue about them. However, the establish progress of the regulation of care services did not really follow the voice from people with disability in Taiwan, which became the medical model to order people with disability about how they have to be care. The regulation of care services for people with disability in Taiwan asserts that medical institutions or welfare organizations could supply sexual education or sexual counseling to people with disability. But there is not any sexual care services mentioned in the regulation. In addition, Lee, Hsu and Huang (1997) concerned about some issues about sexual counseling from the perspective of nursing. However, these pathway treats people with disability as disabled person therefore teach them how to adapt with the unfriendly environment to meet their sexual needs. Furthermore, we cannot hear any voice from the regulation or the research. This is the situation that people with disability have to face in Taiwan, and it is far away from the core value of the disability rights movement absolutely.

There are a lot of researches which concern about the sexuality of people with disability. For example, Bahner (2012) interviewed ten people with disability about how they meet sexual need and what is the relationship between them and personal assistant in Sweden. Kulick and Rydström (2015) wrote about how Danish personal assistants assist their care user to meet sexual need. However, it is different from the most research in Taiwan indeed. The most research about the sexuality of people with disability conduct in the individual model. Researchers with medical background have been the major research group in Taiwan. These studies usually research in medical

model and neglect the people with disability (Chen & Bih, 1998; Lin, Tsai, Kuo and Yeh, 2000; Weng & Lin, 2006). However, even though medical model is still the major concept in Taiwan, we still could find some disability research related with sexuality conducted by social model, such as the experiences of menstruation of women with learning disability (Chou, Lu, Wang, & Lan, 2008; Lin, 2007; Yen & Lin, 2009). Therefore, I would like to research the sexuality of people with disability in social model, furthermore, I prefer to focus on men with physical disability because according to Chiou (2011), the most research related to sexual issues of people with disability usually focus on women with learning disability.

Literature review

Sexuality and its pleasure are controversial issue in the world nowadays. Tepper (2000) considered that most of institutions in United States except media do not discuss about sexual pleasure. However, even though media mention about this topic frequently, it usually considers that sexual pleasure belongs to people who are white, heterosexual, and young, single and without disability (Tepper, 2000). This condition is a big difference from Brazil. Parker (1987) asserted that the Brazilian cultural considers that sexual pleasure is a natural thing. But they still have the stereotype about sexuality and sexual role. In their idea, men should be positive and masculinity in sexual behavior and relationship (Mendes, Cardoso & Savall, 2008). In Taiwan, young generation got more positive attitude than older generation from past decade to nowadays (Hwong, Lee & Chao, 2012). In the research which conducted by Hwong et al. (2012), they asked Taiwanese about sexual attitude and sexual ideology by the questionnaire. However, we cannot find any question about the sexuality of people with disability. I consider that they did not think about that people with disability also have sexuality issue. Therefore, there are still furthermore we could discuss and research about sexuality of people with disability in Taiwan.

Hegemonic masculinity is the concept which reduces the sexuality of the men with disability most, I consider it is the most affective factor. Connell (2005) considered that this concept contains heterosexuality, rationality, positive, independent, strong body and full of sexual desires. This concept arranges men with disability in the far behind position in sexuality. In spite of that, this concept tortures many men with disability. Many people with this concept will treat men with disability as asexual, which means they are not the option who prefer to sex with (Shakespeare, 1999). However, we still could find that some men with disability can get rid of this concept and do not follow this sexual stereotype somehow (Gerschick & Miller, 1995). Ableism is another ideology which oppressed people with disability. This ideology makes people with physical disability think their body is not worth to love others or enjoy pleasure.

Taleporos and McCabe (2012) used the Stigma Theory, which developed from Erving Goffman, to analyze how society stigmatize people with disability and how many discrimination they have to face. The oppression from society affect most of people with disability gave low rate to their body and low self-esteem. However, people with disability could redefine themselves if society could support and empower them (Taleporos & McCabe, 2012; Potgieter & Khan, 2005).

Evans (1993) considered that everyone shall have sexual rights and got the rights to practice it. He proposed 'sexual citizenship' which emphasized that every civil in the society has rights to satisfy sexual need by any method, for example sexual transaction or demonstrate their desire in public. Sexual citizenship is an important concept in this research. I would like to implement this concept into the rights of people with disability because Shakespeare (2000) considered that people with disability should present their private emotion and sexual desire into public to expand the issue to the rights of people with disability.

Once this idea upon my mind, I immediately search the articles and literature about sexuality of people with disability. Fortunately, there is an academic journal, *Sexuality and Disability*, focuses on this issue. Consequently, I could find a lot of research but I only choose some of to review in this article. However, these research were conducted out of Taiwan, it makes me wonder how these happened in here.

Sakellariou (2012) interviewed six men with physical disability then found that they still keep their sexual desire although they have impairment with their body, and men with physical will not stop persuading sexual pleasure. Tepper (1999) wrote down his own experience about how he had accident and how positive he has been. Even when he was in the intensive care unit (ICU), he still could express his lovely feeling to nurse. People with disability have their sexual life indeed but the most people of society pretend did not recognize. In spite of that, not every people with disability is born like this condition, some of them had accident or serious illness then became one partner of them, then they usually do not really satisfied their sexual life (Mendes et al., 2008). In my opinion, it would be somehow different for sexual life if you were men without physical disability, but the most important factor change their attitude comes from the environment, which is not friendly to men with physical disability. Gerschick and Miller (1995) considered that it because the impairment threatens the masculinity of men with physical disability. However, Tepper (1999) gave the suggestion, which is breaking the myth of masculinity, to every man with physical disability. In addition, because of the myth of masculinity, Shakespeare (1999) thought men could be the oppressor and victim both, then men with physical disability have to face the oppressed from ableism.

Then, what is the relationship between sexuality of people with disability and care workers? It is the further question I would like to ask, then how people with disability arrange their space or how could they negotiate with their carers? There is no any research about this issue in Taiwan, fortunately, I could find some books or articles discuss about this issue. There are some different between Sweden and Denmark. Bahner (2012) interviewed ten people with disability to understand how they think about care workers should be when they are having sex. Bahner found that most of people with disability do not prefer personal assistance stay in same house when they enjoy sexual pleasure and they would not prefer personal assistance caring their sexual activity. It is different from Denmark indeed. Kulick and Rydström (2015) described how care workers of group home assistance the residents meet their sexual needs or dating with other people. Furthermore, Danish government published 'Guidelines about Sexuality-Regardless of handicap' which could help care workers or organization of people with disability understand how to practice or assistance people with disability meet sexual needs (Kulick & Rydström, 2015). Unfortunately, there are only few governments think about this issue. Therefore, there is a blurred line between carers and people with disability. Shakespeare et al. (1996) considered that the power people could negotiate with cares has depends on who are their carer. People with disability usually got more power when they face the care works, otherwise less power when they face their informal carer.

Methodology and Data

There are two questions in this research. First, how do men with physical disability meet their sexual needs? Furthermore, in order to meet their sexual needs, how do they negotiate with their carers when they were in same place? To understand these two questions clearly, I interviewed ten men with physical disability to collect their living experiences. These ten men with physical disability all are research partner in this study. In the beginning, I contacted with a key person who is also one of the ten men. He was in charge of providing the list and introducing me and other research partner in the snowball sampling. I interviewed them once at least, there was only one person I interviewed him twice. The length of each interview was from one to two hours and it was happened in café, office of research partner or their home. The permit of recording was approved from research partner.

Transcriptions are produced immediately after interview. Then I gave pseudonym to each research partner in order to protect their personal information. Open coding was the analyze method I used. In the second analyze, I coding the transcript and forming these words to concept with editing analyses style. It would be useful to transform the practices in daily life to concept in order to understand what these people have to face

and obstacle. Neuman (1997) considered that research could understand more through this pathway. In addition, the core value of this research is social model. Social model is an idea about what make people feel disabled only because the environment not came from the people themselves (Oliver, 1996). This research has been approved by the Institutional Review Board of National Chung Cheng University; the approved number of this research is CCUREC104061201.

I would like to introduce all of the research participate in this paragraph. There are ten research participates in this study, one of them is bi-sexual, and the rest of them are heterosexual. Then, in the Partner part, 'Y' means he has partner currently, 'CN' means currently no but he had, 'N' mean never have had. Please see the table 1 below to reach further information.

Table 1

Research participate	Age	Sexual orientation	Partner	Carer	Care time (hours a day)
Ah-how	50~55	H	Y	Foreign care worker	10
Ah-san	25~30	B	CN	Home care service Personal assistance	HCS (1) PS (2)
Beckham	40~45	H	Y	Partner	Hard to count
Chief	50~55	H	Y	Home care service	1.5
Luffy	25~30	H	N	Foreign care worker	24
Motor	30~35	H	Y	Home care service Partner	HCS (2) P (Hard to count)
Red-apple	25~30	H	N	Parents Care workers	24
The 70 th guy	30~35	H	Y	Parents Partner	1~2
Yamada	60~65	H	CN	Foreign care worker	2
Yongler	25~30	H	Y	Foreign care worker	24

Findings

I will describe how did men with physical disability meet their sexual needs and how did they negotiate with their carers for arranging the space in order to reach their goals. I found that men with physical disability could satisfy their sexual needs

through three methods, which are masturbation, sexual activity with partner and sexual transactions. Furthermore, in order to meet their sexual needs through these three methods, men with physical disability have to negotiate for their private space and time with their carers no matter they are informal carers or care workers.

The three methods to meet sexual needs

It is quite difficult that men with physical disability to find their mate due to the unfriendly environment. Because of that, the method most of them to meet sexual needs is masturbation. However, there is something different from men without physical disability. Although I would like to analyze the script in social model, but we cannot deny there still are some impairment in the body of men with disability; and that is the main reason why men with physical disability have kind of different way to masturbation. Therefore, I distinguish two types of masturbation for men with disability. First type is masturbation by hands, so called jerk off; the other is by any items which include quilt or mattress, or other sexual assistive device, so called sexual toys. One of research participate, the 70th guy, told me that he cannot jerk off very quickly; therefore he has to do it like juice cow. In spite of that, the 70th guy would like to try to use sexual assistive device but most of them are not in universal design.

Another research participate, Ah-san, told me he usually rub quilt to masturbate because he cannot really jerk off which means it is not easy to touch his own penis by his hands. Therefore, some of home care workers would like to help him masturbating sometimes during bath. Ah-san is a bi-sexual men, he could date with men and women, however most of time he dates with men nowadays. There was some couple of times his daily home care workers help him masturbating during taking bath. He considered that some of them are gay who took interesting to him but some of them just would like to help him to release desire. These incidents could think about should care worker provide sexual care. I will discuss this in the discussion.

The second method is sexual activity with partner. I would like to introduce how research participate meet their partner before how they have sexual activity. Men with physical disability have multiple ways to meet their partner just like men without physical disability indeed, for example Chief meet his partner in an social activity, Beckham meet his partner in the gym or hospital and Yamada usually dating women in the internet. However, most of them cannot entry any night clubs because these places usually not built in the universal design. Some of research participates could get marry after they have been in a relationship; some of them just keep changing their partner. It seems that there is nothing different from men without physical disability. The most barriers men with physical have to face when they had partner is the

attitude of their parents, siblings or carers. I will talk about it in the next section later. However, it does not mean there will meet their sexual needs easily. The 70th guy has lived with his parents after got the bachelor degree. When he was dating with his girlfriend in begin, they usually cannot find any places to have sex, even just hang out because the unfriendly environment. In spite of that, sexual activity means not only sex but also all the activity could make people get sexual pleasure in the second method. Therefore, as the 70th guy or Yongler told me, they could meet their sexual needs by touching with partner sometimes. Where could men with disability have sex, or how could they have sexual activity, are other issues also. There are a lot of obstacles even though they have partner. For example, they need assistant to get in the bed whether in home or hotel.

The last method men with physical disability could satisfy sexual desire is sexual transactions. Luffy told me that he had sexual transactions once time and Yamada had it many times. Also both of them used this method to meet their sexual needs, but they receive this information from different way. Luffy is a young man like me, we both grown up in the time which internet developed in a rapid speed. Therefore, he searches information about sexual transactions on the internet. Not like us, Yamada is a man around 60 years old; he is an active person indeed. When Yamada was young men, he usually went to some place to meet his sexual needs by money. He told me that he received how he could do sexual transactions in the first time was from a taxi driver. He did it many times when he was a young man. Besides of that, he even helped his friends, who are men with physical disability also, having sexual transactions.

Allow me to turn the focus back to Luffy. His first experience was quite exciting for him but it was not enough in a way. He told me that the first time he had sex with woman was quite nervous. In begin, he contacted with sexual worker with a sexual worker on the internet. Then, he made a deal with a sexual worker that one session is for 50 minutes. After made a deal on the internet, they meet around a hotel then entry it. The sexual worker pretended to be girlfriend of Luffy when they were check in. It seemed a good way to experience sex. However, most of time they spent was for moving him from wheelchair to bed. Besides of that, he was nervous during having sex with sexual worker not only it was the first time but also worried about his family called him from cell phone because he only told his family "I am out". He was too nervous to enjoyed sex during that time. He would like to say that sexual transaction was not really fulfilling his sexual needs but that was still kind of enough for him. The experience from Luffy is quite different from Yamada. Yamada really enjoyed had sex with sexual worker. He told me that he is teacher for sexual worker during the transaction because he could teach them how to fulfill his sexual needs. I think men with

physical disability could be empowered from sexual transactions according to the experiences from Yamada.

How to negotiate with carers?

I already describe how men with physical disability could meet their sexual needs by three methods, and then I will talk about how they negotiate with carers in order to do these three above methods. Men with physical disability need their own or private space to do all of these three methods. In order to access this space for themselves, men with physical disability developed four strategies to negotiate with their carers whether care workers or family carers. These strategies are 'hidden', 'taking advantage of care-leave', 'getting rid of the carers' and 'implicit mutual understanding'. Men with physical disability will not use all of these strategies. They have different carers to provide care services to them; therefore they will depend on who are those carers. The first one to think about is carer, and then the second one is what methods they would like to use to meet sexual needs. But the most important thing still is carer. In addition, these negotiate strategies is not only for access the space but also for cleaning. Men with physical disability need still need carers help then cleaning after they meet sexual needs because most of times men meet their sexual needs after cum. Last, I found that the most important factor affect which strategy men with physical disability use is the power relationships between them.

'Hidden' is the first strategy to negotiate with carers somehow it cannot really seem to be a 'negotiate' strategy because this does not really negotiate with carers. It is kind of like a strategy to adapt with carers. Yongler usually used this way to arrange the space and facilitate with carers when he was teenager. He has lived in a small apartment with mother and grandmother since alive. The apartment was not enough rooms either space, and in order to care Yongler easily, his family did not allow he could had his own room. He only could masturbate when mother and grandmother go out for work or shopping. Due to the reason which he needs paper and trash can for clean sperm after him cum. Therefore, he asked his family set papers around him because he will be running nose, then move the trash can around him because it make him throw the wasted paper easily. Red-apple use this strategy but in a different way. He frequently lays urine in underwear, consequently he ejaculation in underwear then mixes it with urine usually. Then carers will not recognize he masturbate before. In addition, Luffy hided he was going to deal with sexual worker. He called his foreign care workers 'aunty', and then he only told aunty he was going to hang out with friends but please do not have to company in that time. Carers got more power in the power relationship between men with physical and carers in this strategy. Therefore, men with physical disability would not like to let carers know

they did something just for sexual pleasure.

‘Taking advantage of care-leave’ is the second strategy. This strategy means men with physical disability utilize the time of care-leave to meet their sexual needs. Even though care schedule is all day routine, there will be some section time carer not around men with physical disability. Consequently, they will masturbate or do some sexual activity during that time. Luffy lives with his family and aunty in two buildings. His family arranges one ground floor for him and aunty. However, even he got his own room but he still cannot do whatever he wants to do. Therefore, he could watch porn and masturbate when aunty goes out or clean other rooms and he has to pay attention for her coming back. Not like Luffy, Ah-how utilize the time before taking shower. The carer of Ah-how is foreign care worker who has to care him almost all day even Ah-how go to work. He needs his care worker assistance taking shower. The process of taking shower is Ah-how wash some place he could touch it by himself first, and then care worker will get into bathroom help him washing other part. Therefore, he usually utilizes the time in the bathroom to masturbate in the first step. Ah-how told me it would be easy to clean after he meets sexual needs and no one will bother him. Men with physical disability utilize the care-leave not only masturbate but also sexual activity. Yongler dated with a woman who has been his wife since years ago. When they did not get marry, he lived with partner with mother and other family. They had to take the care-leave time to have sex, for example everyone were out in the morning. Red-apple told me he usually masturbates when his parents fall asleep in midnight, it is same to Beckham when he was single. Nevertheless this strategy seems a good way, but there is a disadvantage. Most of research participatates told me that they have to pay attention to their around because carers will back around them accidentally sometime. It will be embarrassed if carers find they are masturbating or having sex. Due to this, they cannot get into the atmosphere. Even cannot really enjoy about sexual pleasure.

‘Getting rid of the carers’ is the strategy which men with physical disability got more power than carers in the care relationship. Yongler keep hiring foreign care worker after he got marry and finally he could have his own room share with partner. In order to care him quickly and easily, foreign care worker sleeps in the same room with Yongler and his partner. When Yongler or partner wants to have sex or do some intimate things, they will ask foreign care worker go to other room in a polite way in midnight. He thinks it would be better to ask carer leave there directly than tell nothing. Ah-how use this strategy also. He does not live with his partner together but who comes to his place frequently. When his partner arrived there, Ah-how will tell his foreign care worker go out to buy something food or daily necessities. Then Ah-how

could have sexual activity with partner during carer is going out to buy something. Furthermore, Yamada helped his friend not just doing sexual transaction but also leading the carer of his friend to other place when his friend was dealing. I observed that men with physical disability usually got more power in the care relationship will use this strategy and their carer usually is foreign care worker.

The last strategy, which men with physical disability use, is 'implicit mutual understanding'. This strategy means that both men with physical disability and carer understand what is going on and the sexual needs of men with physical disability but they will not mention it. After men with physical disability meet their sexual needs, carer will help them cleaning or other else. The most interesting thing is that no one discusses about this but everything will be fine. Carer will take care all of them without any words. They will arrange and negotiate to a space which men with physical disability could meet their sexual needs. Yongler conduct this strategy sometime. He usually throws the wasted papers with sperm on the floor after him cum. Then, care worker will get into his room to clean floor in the next day. This situation is similar with Luffy. After cum, Luffy always put them in a plastic bag, then he will call aunty to throw it to trash can. However, Luffy told me aunty seems not really like to help him doing this but she still will do it for him, but he have to control do not masturbate too frequently.

Almost all of research participate considered that the Taiwanese society oppressed their sexual desire. For example, most of men with physical disability do have their own room or space because their family (usually are their parents) think it would be care them easily. Then they forgot or neglect men with physical disability still have their own private, and they do not even consider that their child will have sexual desire even they are mature man. Their parents felt shock when they found their son could watch porn or have sexual desire in begin. Although most family could accept this happening truth, but some of family do not accept men with physical disability get marry. In addition, even some of people recognize men with physical disability still have sexual desire as men without physical disability, but most of them usually joke about it. Red-apple describe that his friends and kinship (e.g. uncles) understand he eagers for having sex with women, therefore they ask him go to find some sexual worker to have sex frequently, but in a very contemptuous way. Even though Red-apple pretend he does not care about others make fun or joke with him, but it seems that the environment is not friendly. In conclusion, due to this environment, men with physical disability have to find the strategy to negotiate with their carer to access their own space in order to satisfy their desire. There are a lot of obstacles which were produced by the unfriendly environment.

Furthermore, all of research participate in this study agree with that sexual needs should be part of care needs. Ah-how considered that government should include sexual needs to care needs, then if any care worker would like to provide this care services, he or she could receive more salary. He also throw an idea is that when should be the right time to provide hand job care service. Before taking bath, care worker could provide some sexual care by hand. It would be easily to clean the body of men with physical easily if choose that time. Ah-san agree with this idea also, but he thought government should design who got this qualify and how to practice carefully. In addition, Red-apple thought it would be not enough if sexual care service only provide hand job because he can masturbate by himself, the only thing he need is put his penis into vagina. I would like to say that sexual need is an important care need for men with physical disability indeed.

Discussion

I found that which strategy men with physical will choose to use depends on the power relationship with carers. They will use 'hidden' and 'taking advantage of care-leave' when they have less power in the care relationship. In contrast, if men with physical disability got more power than carer, they will choose 'Getting rid of the carers' and 'implicit mutual understanding'. It shows that although men with physical disability consider their sexual need is just a normal thing, however they still have to worry about their how their carer feeling, especially their carer is member from family. Shakespeare et al. (1996) asserted that the most important obstacle which deprived sexual life of people with disability is the unfriendly environment which makes people with disability has to constraint their sexuality. I consider that could explain why men with physical disability usually would like to avoid discussing their sexual need with carer. Sometimes even pretend they do not have this kind of feeling. It seems somehow the situation in Taiwan kind of similar with Sweden, but there is still some different. Because in the research of Bahner (2012), Swedish people with disability consider sexuality is their private thing, they do not prefer any one involve. But in my research, it seems that men with physical disability need some assistance when they are going to meet sexual need and they would like to some others assistance indeed. But why do not they discuss with carer? Because the society does not allow them discuss their sexual needs. People with disability still have received a lot of sexual stigma from society in Taiwan. Therefore, I agree with the idea which proposed from Shakespeare (2000). He consider that people with disability should present their sexuality in public and we should discuss about it in order to make the society understands that people with disability is not asexual.

In order to empower the sexual rights of people with disability. I suggest that every

government should learn how to practice or implement this concept into reality from Denmark. In conclusion, I would like to suggest two advices to the government in Taiwan. First, the training of care worker should contain issue about sexuality of people with disability. For example, Danish government published 'Guidelines about Sexuality-Regardless of handicap' which could help care workers or organization of people with disability understand how to practice or assistance people with disability meet sexual needs (Kulick & Rydström, 2015). I do not expect our government alter in a good way quickly. Therefore, adding some sexuality of people with disability lesson in the training lesson of care worker is enough for Taiwanese public sector. Because it will broaden the view of our care workers from these lesson. I consider that every care worker should acknowledge that people with disability is not asexual. Second, government have to include sexual need into care need. Therefore, people with disability could receive sexual care when they would like to meet their sexual need. However, the context of sexual care still could be defined, there is no specific definition in Taiwan at least now. I think we could discuss about the further definition.

Although I already describe how men with physical disability meet sexual needs and how they negotiate with carer, but there are still something further issue could research and discuss. First, this research only included men therefore I suggest that it could explore more than one single gender in the next research.

Conclusion

I already present how men with physical disability meet their sexual need and how they negotiate with their carer in this article. I found that men with physical disability can meet their sexual needs by three methods, which are 'masturbation', 'sexual activity with partner' and 'sexual transactions'. Furthermore, according to the perspective of research participants, Taiwanese people with disability were sexually oppressed by the society and stigmatized about their sexual needs. In addition, in order to access their own space for sexual activities, four themes relate to the negotiation strategies between the carers and these people with disability were identified: 'hidden', 'taking advantage of care-leave', 'getting rid of the carers', and 'implicit mutual understanding.' Consequently, men with physical disability argued and advocated that the government should take account of their sexual needs should be included into a kind of care need. Governments should provide sexual care services according to the previous issue men with physical have advocated. Otherwise, the most reason affect people with disability have to oppress their sexuality is the social environment. I consider that everyone should respect to the sexuality of every others. If there is any obstacle stop people with disability meeting their sexual need, it is the duty of govern-

ment, which should fight for the basic human rights for its citizen.

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