



# INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact Factor: 6.078

(Volume 8, Issue 5 - V8I5-1136)

Available online at: <https://www.ijariit.com>

## Sex education program for intellectually disabled

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### ABSTRACT

*Individuals with special needs experience the same sexual feelings like the neurotypical population. This process consists of an interaction between the physical, cognitive, mental, social, relational, ethical, religious and cultural factors as illustrated by Murphy and Elias (2006). Sex education can support children and young people with disabilities in their sexual development and contribute to their health and wellbeing but most of them are deprived of this privilege and do not get the required education that would foster a positive image of sexuality and would empower them. The present paper aims at presenting a full-fledged curriculum design that can enable the intellectually disabled to learn about sex education in a step by step and gradual manner with reinforcement at different stages to gauge the level of understanding of the same.*

**Keywords:** Intellectual Disability, Sexuality, Sex Education Programmes

### 1. INTRODUCTION

Sexuality is an integral part of adult life however individuals with intellectual disability encounter several barriers which prevent them from exploring and understanding their own sexual behaviours. These hurdles prohibit them from achieving the same autonomy and quality of life that their peers enjoy. Their lives are severely restrictive with no access to sexual education and literacy or the freedom to discuss their thoughts, feelings or fears. The areas of sexuality and intimate relationships are arguably the most difficult of all human interactions to pursue.

Sexual behaviours and intimacy are the most natural yet complex human behaviours but an integral part of social interactions which makes it a challenge for those suffering from intellectual disability to face the world. Deviant behaviour from the acceptable norm is often shunned and viewed negatively by society.

Due to their lack to knowledge in this aspect they are often susceptible to child abuse, teenage pregnancy, molestation and other forms of sexual exploitation. They are often punished for sex related offences such as indecent exposure and statutory rape. The other issues faced by those suffering from intellectual disability is the difficulty in understanding the feelings and the urge that an individual goes through when they are sexual attracted to another person. Those belonging to families that are conservative learn rather late in life about appropriate forms of sex related behaviour. The needs of adults with disabilities are not less than those of their counterparts without disabilities, although they may be different. According to Blackburn the issues of those with intellectual disability are multi fold, firstly they are addressing their issues related to their disability as well as the universal sexuality issues. In his study he focuses on adolescents, however with the limited opportunities for sex education, formal and informal it can be concluded that these concerns may be prevalent in adults as well. A well formulated and structured program on sex education could be instrumental in generating awareness about sexuality in the intellectually disabled and could be introduced in a step by step manner with reinforcement at different stages to check the level of understanding of the differently disabled.

Below are the stages of the sex education program to be implemented for the differently disabled, however there is no specific age group that we would be targeting with this program at it would be a fluid program based on the level of intellectual disability of the

adolescent and the level of comprehension. The reinforcement at every different level would depend on the level of success achieved along with the mastery of skills which would vary from person to person. The sequence to be followed for the Sex education program is as follows:

**Parts of the Body:** This the very first step to familiarize the differently disabled individuals with their body and the parts which need to be covered. The use of charts, flashcards eventually followed by the practical demonstration would be a good method to begin with.

**Private Parts:** Once the earlier concept is clear, they can be introduced to the intimate parts of the body which cannot be touched by anyone other than their mother or immediate caregiver or doctor in the presence of a known family member in case of a medical requirement. The concept of 4 parts of your body which no one can touch is introduced in this stage. It begins with the face, the chest, between your legs and your backside. For the younger kids it could be initiated in the form of a simple concept of good touch and bad touch. This could be reinforced in the form of videos where they could understand through audio and visual representations.

**Hygiene of Private parts:** This is a major concern when it comes to the sexual wellbeing of the differently abled. During this stage individuals are taught about the sensitivity of their private parts and how it is essential for them to maintain hygiene on a regular basis. The same could be well explained with the use of flashcards or 3D models. Immediate caregivers could also take them for a practical demonstration and if the same is taught by a therapist it is essential that it is in the presence of the caregiver.

**When to complain:** One of the most important stages in sexual education is when to complain or when to inform your caregiver that you have been touched inappropriately. This is an extension to the concept of private parts and good touch - bad touch. This can be introduced by affirming the earlier concepts and then informing them that when such an instance occurs, they need to immediately scream and shout to draw the attention of the others around them so that the inappropriate behaviour is brought to a halt. This will prevent cases of molestation as well as statutory rape that are highly prevalent in society.

**Difference between male and female anatomy:** The concept of difference in male and female body parts is explored in this stage. However, before introducing this stage they need to be comfortable with the concept of their own body and private parts. Post which through flashcards, education videos the concept of the difference between the male and the female anatomy is explained to them.

**Understanding the transition between childhood and adulthood:** During the transition from childhood to adulthood the complexity of the body is an important issue to be addressed in adolescents. Females experience menstruation so for them the training program will include details with respect to wearing a sanitary pad and menstrual hygiene. Removal of pubic hair is also a part of hygiene which can be explained in a phased manner depending upon the level of intellectual disability. For adolescents who are able to comprehend an elaborate explanation of the genitalia can also incorporated as a part of this sexual education curriculum.

**Pregnancy & Contraception:** On the basis of their level of intellectual disability these concepts can be introduced in a step by step manner. The example of plants and animals and their process of mating can be used as a case study to explain the process of pregnancy and childbirth. This can also be introduced in a staged manner depending on the level of understanding of the intellectually disabled. Contraception is another important aspect to be addressed to avoid unwanted pregnancy as well as sexually transmitted diseases. These can be explained with the help of 3D models or flashcards, in some cases video content can also be used to explore the topic and ensure a more comprehensive understanding of the same.

**Visit to a gynaecologist or a therapist:** They also need to be explained about the importance of visiting a gynaecologist in case of personal difficulties or in case of difficulties in understanding the sex education programs. The hygiene management, global gynaecological care, prevention of unplanned pregnancy, sexually transmitted diseases, and abuse have been frequently identified as areas in which the presence of intellectual disability dictates specific support needs. (Servais 2006)

## **2. CONCLUSION**

The research paper has addressed the topic of sexuality research and the barriers faced by individuals that are intellectually disabled in accessing sexuality. These barriers have an impact on how individuals perceive their own sexuality and their quality of life and subsequent outcome for adult life. It is important to address these barriers and the first step to do so would be to begin with a comprehensive sex education program right from the basics so that the concept of body , parts of the body , private parts as well as complex topics like pregnancy as well as sexually transmitted diseases are addressed in a staged manner. The idea is to educate and inform the differently abled about sexuality and to enable them to take independent and informed decisions regarding their own sexuality and eventually enhance the quality of their life.

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