SEX EDUCATION FOR STUDENTS WITH DISABILITIES

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ABSTRACT

What accounts for the high rates of teen pregnancy, contraction of sexually transmitted diseases and infections? Sex education is crucial for students with developmental disabilities, and the current sex education curriculum violates the spirit of the Individuals with Disabilities Education Act which offers a free and appropriate education to students with disabilities. Educators, parents, and health professionals must not only be available, but also must find the necessary curriculum to establish healthy living skills for America's youth in general and more specifically for students with disabilities.

Sexual education encompasses many aspects of life, such as: anatomy, health, personal hygiene, reproduction, relationships, the sexual response cycle, religion, and expression of love.

> Sex education, is needed by all human beings. Ideally, effective sex education begins informally at home. As people grow, their needs for education about sexuality also grow. Sex education should be developmentally appropriate and continuous throughout the lifespan. The goals of sex education are to impart basic information, to teach skills necessary for sexual well being, and to encourage positive attitudes towards sexuality (Cornelius, Chipouras, Makas, & Daniels, 1982, p.13).

CURRENT SEX EDUCATION CURRICULUM

Despite its importance and broad impact it has on the lives of all individuals, the current sex education curriculum is generally characterized as being indirect, often relying on euphemism and vague expressions (e.g., the birds and the bees) to describe sexual behavior to students. There are many controversies in the field of education, but perhaps the most contentious of disagreements is sex education. What should be taught and who should be responsible? Even more controversial than sex education in general education is educating students with disabilities about sex.

The topic of sexual education is further complicated by the educator's attitudes toward the subject. Much of the sex education curriculum is inadequate. One possible reason may be general educators'

discomfort with the topic. Furthermore, even with the limitations in current sex education for students in general education, students with special needs are often excluded in the discussion and rarely receive any sex education at all. Leaving students with disabilities to figure out sex on their own can lead them down challenging, dangerous, and sometimes deadly pathways. What is the current sex education curriculum? Is it adequate to meet the educational needs of students with disabilities? Unless educators answer these questions without flinching, students with disabilities are unlikely to learn about the birds and the bees.

Sexual Activity and Students with Disabilities

Sex education is not only a problem for general education students, it is also a problem with students with emotional behavioral disorders, who are more inclined to participate in risky behaviors such as drug and alcohol use and sexual activity. "Early sexual activity and premature parenthood are often accompanied by emotional or behavioral disorders of both teenagers and their children…" (Kauffman, 2005, p. 360). In fact, according to Kauffman, early sexual activity can also be a warning sign of an emotional behavioral disorder, as it is also seen in those individuals already diagnosed with disorders. Delinquency, sexual activity, and substance abuse are often linked activities for individuals with emotional behavioral disorders (Kauffman, 2005).

Miller (2002) states that more than two-thirds of the sexually transmitted disease (STDs) cases in America have been found in adolescent and young adults. This statistic is not only surprising, but it also underscores the importance of providing an appropriate sex education curriculum to students with disabilities. According to Kauffman (2005) "adolescents with psychological problems are at a particularly high risk for contracting Acquired Immunodeficiency Syndrome (AIDS) and other STDs through casual sexual encounters" (p.358).

Pregnancy & Students with Disabilities

Early sexual activity and teenage pregnancy has become a problem in America. The American Family Physician Journal reported that 900,000 teenage girls become pregnant each year (Miller, 2002). The young women who become pregnant face many challenges, including whether to keep and raise the child, place the child up for adoption, or abort the fetus. Of those young women who choose to bear the child, the young mothers tend to have lower than average socioeconomic status, more repeat pregnancies, lower academic performances, and are at increased risk to be single parents throughout their lives (Miller, 2002).

Clearly there is a problem in America today. Perhaps students with disabilities are not being properly educated, and this problem can be changed by the effort of the student's parent(s) and educators. As role models, parents and educators of young adults and adolescents need not only be teaching their students about English, literature, mathematics, history, science, visual arts, and music; they should also teach them how to make wise and informed decisions that will greatly influence their lives and their health. Perhaps there needs to be more of an emphasis in the curriculum that enables students with disabilities to be more sexually responsible.

Exemplary Sex Education Research & Programs

In Seattle Washington, the Seattle Social Development Project, or (SSDP) performed an extensive experiment on the sexual behavior and associated outcomes of students. This special intervention includ-

ed teacher education (classroom management, interactive teaching, and cooperative learning), child social and emotional-skill development, and parent training. The study began when a group of students were in first grade and continued until the end of their sixth grade year. At the age of 21, the students were surveyed about their sexual experiences and their number of pregnancies. The majority of the students had a lower than average rate of pregnancy and STD contraction by the age of 21. An interesting editor's note from the article says, the SSDP intervention project did not include any type of sexual education or discussion in the classroom, it's teaching were primarily directed towards building and strengthening the student's emotional and developmental skills (Miller, 2002).

The Seattle program was considered a success because the students retained the skills learned from younger grades. However, this study was carried out with general education students rather than special education students. Although this experiment did not teach any kind of sexual education to the elementary students, the components of the curriculum served as a first step or an underlying theme for building healthy and responsible decision making. While these results are encouraging for students in the general school population, students with disabilities are less likely to benefit from indirect curriculum instruction. Exceptional students with emotional behavioral disorders, learning disabilities, and/or mental retardation may not be able to follow a themed curriculum such as the Seattle Social Development Project. However, if the primary communication skills necessary for a healthy emotional development and guided sexual life can be applied at the elementary level there is reason to believe that there is room for improvement in this realm. Skills such as effectively and politely refusing an offer, maintaining self control, and conversation initiation are particularly important when a young adult is developing his or her sexual identity and can provide students with the skills necessary to maintain healthy relationships (Miller, 2002).

> Persons with physical, cognitive, or emotional disabilities have a right to sexuality education, sexual health care, and opportunities for socializing and sexual expression. Family, health care workers, and other caregivers should receive training in understanding and supporting sexual development and behavior, comprehensive sexuality education, and related health care for individuals with disabilities" (Sieces, 2001, p.1).

Whether families, health care workers, or caregivers should receive training and actually do receive training are two different things. "Barriers to sexuality education for individuals with severe intellectual disabilities include lack of training of school personnel and lack of adequate materials that are suitable to meeting the special needs of students" (Wolfe & Blanchett, 2002, p.1). This lack of training can be seen in the material used to teach sex education to American students. In a survey performed by The National Longitudinal Study of Adolescent Health during the 1994-1995 school year, adolescent students, grades 7-12, were asked if they had received education on AIDS, and if they were taught information about pregnancy and conception. The students were also asked if they had discussed sex, birth control methods, STDs or pregnancy with a parent or their peers.

Of note, students with special needs have a lower proportion of classroom instruction on all topics. Deeper analysis of the data revealed differing results among

special education students compared to their counterparts without disabilities. Between 66-74% of students with mild mental disabilities, and 38-39% of students with severe mental disabilities had discussed birth control and contraception with their parents. Results of students who had talked about sexual topics with peers had data ranging from 73-83% for mild disabilities, and 45-66% of students with severe mental disabilities. Students in the study also had misconceptions about contraception and made errors when using various methods of contraception (Coren, 2003). This information not only highlights a lack of sexual education for students with disabilities, it also warrants educators to further investigate, and modify, the sex education requirements of America's school systems.

Sexuality still remains a personal and private topic and it is only touched on briefly in health classes. Unfortunately, many American public school systems fail to provide sex education as part of the curriculum. As of February 1, 2005, only 22 states and the District of Columbia mandate that sex education be taught in schools. However, 38 states and the District of Columbia are required to provide HIV/STD education, 25 out of the 38 states stress abstinence, and 17 out of the 38 states are required to teach contraception but they are not required in any way to stress the topic (Alan Guttmacher Institute, 2005). If less than half of the states are teaching sex education combined with the results of The National Longitudinal Study of Adolescent Health one can infer that students with disabilities are receiving less sex education than their peers.

IMPLICATIONS FOR TEACHING

> Students with mental retardation have a wide range of abilities and disabilities. Most of these students have difficulty learning as easily and comprehensively as their non-disabled peers. Many do not readily understand concepts presented in the abstract. Often the ability to generalize from experience is absent or greatly reduced. These learning characteristics increase the special education students' vulnerability to sexually transmitted disease, including human immunodeficiency virus (HIV). Many students with mental retardation live more protected lives than do adolescents without disabilities. This overprotection often heightens the risk of abuse, lack of knowledge, habitual over compliance, limited assertiveness, and undifferentiated trusting are frequent by-products of this "protected" lifestyle (Muccigrosso, 2001, p.1).

Issues revolving around sex education include the uncomfortable or embarrassing nature of sexuality. Unfortunately, it is often assumed that a person with disabilities is not sexually active (Cornelius et al., 1982). Sex is necessary for reproduction and human survival. It is a basic human instinct and one of the most natural human acts. Students with disabilities may not be able to fully comprehend the human anatomy and sexual reproduction without a more comprehensive explanation.

In a survey, 17 mothers of teenage women with moderate developmental disabilities were asked if their daughter's feminine hygiene was difficult to maintain and teach to their daughters. 15 out of the 17 mothers agreed. (Chamberlain, Rauh, Passer, McGrath, & Burket, 1984). Personal hygiene is of particular importance and can be a very difficult challenge for an individual with a severe disorder to overcome. For the educator, teaching personal

hygiene can also be troublesome.

Increased education and awareness of sexual health promotes knowledge of genital infections and the symptoms that can occur. Such infections include urinary tract infections, urethritis (inflammation of the urethra), cystitis (inflammation of the bladder), vaginitis (inflammation of the vagina), proctitis (inflammation of the rectum), and yeast infections, or Candida albicans, which can be found in both males and females (Brook, 2002).

It is also essential to teach students with disabilities about sex education in order to define sexual abuse. Teaching students what a "good touch" and "bad touch" is and what wanted and unwanted sexual behaviors are will allow students to comprehend sexual abuse and what to do if they suspect abuse. This is of utmost importance because victims of sexual abuse are 4.8 times more likely to be a child with mental retardation than a child without (Mansell, Sobsey, & Moskal, 1998). Perhaps this statistic would be lowered if our special education students received adequate sexual education.

It is crucial for the educator to maintain a relationship with the student's parents and discuss with the parent if they feel it is appropriate to teach this topic to their children, especially for students with a religious upbringing and/or disabilities. Educators and parents can work together to establish these skills and teach students to prevent such risky behavior and make good choices throughout their lifetime. Parents are often encouraged to talk with their children about sexual activity regardless of their mental capabilities. Parents may find it helpful to use self disclosure, or to convey their own personal experiences to provide their children with support. This type of communication allows for a parent to more effectively relate to their children.

Another survey performed by the National Longitudinal Study of Adolescent Health found that it is twice as likely for a teenager with disabilities under the age of 16 to have had sex without parental knowledge verses a student without disabilities. Researchers say that the parents must become aware and comfortable with sex education in order to help their children discover their own sexuality (Coren, 2003).

"Access to complete and accurate sexuality related information is pivotal to students with disabilities; as with all students, sexuality education can help them enjoy healthy and fulfilling sexual lives" (Wolfe & Blanchett, 2003, p.50). Such instruction for special education students is seen as controversial in many school systems and may not be accepted with open arms. However, America's school systems must put more thought and preparation in teaching sex education, sexual activity, and the risks of sex to all students in order to change the current trend. Special educators can go the extra mile by providing their exceptional students with 3-dimensional models, dolls, drawings, pictures, and diagrams explaining genitalia and its functions. Another option for educators is using videotapes or slides to teach sexual education.

In particular, The James Stanfield Company has created a line of slide programs specifically aimed at teaching students with severe disabilities. Stanfield has a comprehensive selection of programs including, sexuality education, medical gynecological examinations, topics on male and female puberty, menstruation, and sexual abuse. "No-Go-Tell" is a program within the Stanfield Series geared toward students with disabilities between the ages 3-7 years old, a much younger audience than most sexual oriented programs. "No-Go-Tell" provides simple explanations on child protection, and separates strangers from friends, what the private parts of the

body are, related information on sexual abuse, and how a student can tell someone if they need help. This particular program would be most beneficial in an elementary school setting. Programs aimed at older individuals are also available, the topics include; dating, AIDS/HIV, sexual transmitted diseases, sexual orientation, ways for disabled individuals to avoid sexual exploitation, the social rules of intimacy, and social boundaries (Stanfield, 2005).

Compared to the United States, Great Britain has made great progress with sexual education in schools. Some interesting techniques and exercises listed by Britain's Personal, Social, and Health Education and Citizenship Handbook (PHSE) include; exploring the life cycle in ways such as, arranging photographs of various ages of people and sorting the images by age, selecting clothing from magazines and discussing why clothing covers a person's body. The PHSE also gives examples of educational activities related to sexuality such as drawing or labeling the body parts of a male and female and then explaining which body parts are considered "private" and should be covered with clothing (Qualifications and Curriculum Authority [QCA], 2001). Students may also play a game called "Public or Private" in which a student receives cards with images printed on them and decides if the picture is appropriate to be seen in public or if it is something private and should be done behind closed doors. Some of these images are public, such as holding hands, another image such as a person changing clothes or using the restroom would be considered private. Another level of instruction discusses sex education and relationships. Some helpful student activities include: watching videos on the different stages of conception; the gestational period, the growth of sperm and egg into a zygote cell, an embryo and a fetus which forms a baby. Bringing an infant into the classroom can teach students the various dependent needs a baby has on adults, such as feeding, diaper changes, and all around care (QCA, 2001).

As individuals with disabilities become parents they face difficult cognitive challenges. The film "I Am Sam" focuses on the story of an autistic father who must prove himself as an adequate and fit father for his incredibly bright 8-year-old daughter, whose intelligence is beginning to surpass that of her father's. The movie brings up an interesting and difficult topic. Should a disabled single father be able to parent and raise his own daughter, or is his unstable mental condition dangerous for a child? Can he provide her with guidance in life, maintain her health records, or take care of her financially on his low income? Is parenting a basic human right or does one have to prove him or herself to be a fit parent? In "I am Sam," one of Sam's strongest defenses is that he loves his daughter. Is love enough to prove that someone is competent to be a parent? To take a child away from his or her family or parent can be an incredibly emotional and traumatizing experience for both the parent and the child. However, thinking back on what could be done to keep this family together one might consider such things as educating the parent about sex in order to prevent a pregnancy until the parents felt that they were ready to raise a child.

CONCLUSION

Teaching all of these subjects thoroughly and clearly may be the most challenging aspect of the curriculum. However, finding resources and lesson plans with ideas on how to present and inform students about sex education is also challenging. Researching this topic proved to be difficult on many accounts. Many educators have their own opinions on the topic and how it should be approached, but finding the appropriate way to teach

students sex education is nearly impossible. This issue is further complicated by religion. Many common religions only teach abstinence and the use of contraception is prohibited.

Different criteria for teaching students with unique learning disabilities and at appropriate levels also proved to be limited. Resources and references on the topic of sexual education for students with disabilities are few and far between. I feel it would be interesting to relate the incidence of sexual abuse with sex education to see if sex education helps students with disabilities steer clear of unwanted sexual contact and sexual exploitation. Another issue of my concern is sexuality itself; individuals who are heterosexual, homosexual, bisexual, transgendered may be able grappling with their sexual orientation and may need such education to fully comprehend their own sexuality.

The truth is that sex education for America's disabled students is lacking. Resources are limited, and a void in research affects all people with disabilities and their personal sexual lives. In a survey, 50% of disabled adults said that they felt dissatisfied with their current sex life, and complained of a lack of helpful resources (Cornelius et al.,1982). Lack of resources causes one to ponder many questions, "Where can educators and teachers find information to facilitate sexual education?" "What sexuality resources are available for those individuals with disabilities themselves?" "What adaptations to curriculum are the most effective when teaching sex education to special education students?" Sexual education will benefit America's disabled students and give disabled individuals an opportunity to seek out resources for a healthy sexuality. A real change will be seen once Americans are comfortable with sexual education and understand the underlying importance that this type of education encompasses. Until educators and researchers take the initiative to ensure proper sexual education this problem will continue to escalate and our disabled individuals will be left with this burden.

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