

Sex Education in Intellectually Disabled Adolescents

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Abstract

The sexual development of adolescents with intellectual disabilities is a turning point of their life and it affects their sense of well-being and identity. Cognitive impairments make them vulnerable and increase dependence on their families to help them with sexual matters. Adolescents with intellectual disability and sexual education in them are seen as a taboo in the society. Parents have difficult time to explain about sex education, even sometimes they feel embarrassed. Proper sex-education by suitable candidate is very crucial for them. It should be provided to all adolescents irrespective of intellectual disability.

Key Words :

Intellectual disability, Sex- education, Adolescents.

change physically, emotionally and sexually. There is rapid bodily growth, increased sexual drive and emotional ups and downs along with a sense of uncertainty about what is happening. It becomes really complicated when adolescent is having Intellectual Disability, because their intellectual disability colors the picture, these adolescents experience a range of circumstances and life events associated with an increased risk of developing mental health problems. A lack of proper understanding of these changes make the adolescent with intellectual disability more vulnerable for sexual abuse and other social and interpersonal difficulties. In addition, people with intellectual disabilities may have fewer psychological resources available to cope effectively with stressful events, as well as poorer cognitive abilities, including memory, problem-solving and planning skills. For the family which is having a child with intellectual disability face many challenges. Parents of adolescent with intellectual disabilities face difficulty in dealing with the additional demands made on them regarding their adolescent's developing sexuality. A major area of concern is the sexual behaviour of the intellectually disabled

Introduction

Adolescence is the age which is marked with several changes, during this time adolescents experience a great deal of

adolescent. With growing age, sexual, emotional and physical changes occurred in body. It seems a great area of concern for parents/ guardians, how to deal with emerging sexuality in adolescent with Intellectual disability. There are differences in both physical & anatomical changes in male and females. There are many barriers have been identified by the parents in communicating with adolescent regarding sex.

Ideally, sex education should include information about certain points, that are important for adolescents with Intellectual disability. These are: Self-esteem, Building the social skills to develop and maintain relationships, Public and private body parts, places and behaviours, Different types of relationships, Individual safety – protective behaviours, Coping with relationship difficulties or rejection, Sex and relationships, including marriage and parenting, The changes of puberty, both physical and emotional, Menstruation, The physical mechanics of sex, including reproduction, Appropriate and inappropriate expressions of sexuality, Sexually transmissible infections, Safer sex, Contraception, Masturbation, Same-sex attraction [1].

The benefits of sex education - Some of the documented benefits of sex education for young individuals with an intellectual disability include: (Pownall, 2011). Increased social skills, Improved assertiveness, Greater independence, An ability to take greater responsibility for their sexuality, Reduced risk of sexual abuse, STIs

and unintended pregnancy, The language to report an incidence of abuse, Changes to behaviour, such as adopting more acceptable expressions of sexuality, Healthier choices, Less chance of risk-taking behaviours[1].

The right time to introduce sex education-A child is never too young to learn proper names for body parts, including genitals, or about ‘public’ and ‘private’. Parents should look out for times when the adolescent expresses interest or curiosity in sex – for example, if they see actors kissing in a film on television and start asking questions. Sex education is an constant process, not a single lecture. Young individuals should be given basic information first and then other areas should be introduced as they mature [1].

Sex Education to adolescents with Intellectual Disability:

Education about sex and sexuality is essential for all adolescents and teenagers. Parental and caregiver participation in sex and relationship education is important, irrespective of whether a child has a disability. Young individuals with an intellectual disability have the same range of sexual thoughts, attitudes, emotions, desires and imaginations as young individuals without disabilities. Yet, they often have fewer chances to engage in age-appropriate sexual activity than their same age counter-parts. Community attitudes make it especially tough for them to achieve appropriate sexual expression. However, for most of the concerns, appropriate education and sufficient social support can noticeably

improve their situation [2]. Sexual education coaches about vital factors for the human being, such as friendship, courtship, marriage, parentage and all type of relations –along with knowledge about sexually transmitted infections, family planning methods, birth control, pregnancy, personal and genital hygiene, among additional factors. When creating sexual education programs for adolescents, it is important to cover the basic areas detailed as Anatomy and physiology, Maturation and changes in physical appearance, Public and private conducts, Masturbation, Responsibility for sexual conduct.

Sexual behavior in adolescents with Intellectual Disabilities

Sometimes, adolescents with intellectual disability may exhibit inappropriate sexual behaviour, such as public masturbation, or soliciting sex from minors or in public. This is more possibly to occurs when the individual lacks more appropriate sexual outlets or has not been delivered with proper education about the complicated social decorum and legal issues around sexual behaviour and relationships. Many individuals with intellectual disabilities get little or no sex education [3] and their attempts at sexual expression are either punished or overlook[4]. In fact, such behaviors may not “reflect deviant arousal, but arise from living in a system in which appropriate sexual knowledge and relationships are not supported” [5]

Discussing the sexual issue with an adolescent with intellectual disability

- 1) Meet him/her alone for at least part of the consultation if at all possible. If the individual is incapable to communicate without support, address questions straight to the individual and observe their response to the question and to their support individual's reply. Undertake that the individual understands more than they can express.
- 2) Ask the individual's permission to talk over sexual issues. The individual may need assurance that it is acceptable to be sexually active and to talk about it.
- 3) Use plain language but exact terms for body parts. If the individual uses their own terms, clarifying meaning and match the individual's language.
- 4) Ask open ended questions as far as possible. However, individual's language skills may not allow detailed answers.
- 5) Visual material such as pictures or models can be very helpful, especially for an individual with limited verbal skills [6].

The sexual behavior of the disabled adolescent being carried out within the guidelines forced by society on any individual depends on adequately controlling sexual education and counseling, so that s/he can be prepared for beginning a sexual life in accordance with their real age.

Sex-Education and Behaviour in Adolescents without Intellectual Disability:

With the beginning of puberty, a great extent of physical and mental changes arise in the normal adolescent. The first appearance of secondary sexual traits marks a corporal transformation that rapidly leads to the child developing the body of an adolescent. This almost always incites a state of anxiety because of not knowing how their body will look "in the end." Along with corporal changes, new intellectual processes are observed that allow the youngsters to begin the stage of formal operations. Nevertheless, it is very tough for them to confront their evolving sexuality, the control of their sexual pulsions. When adolescents or young individuals display sexual behaviour which increases their vulnerability or causes harm to another, adults have a responsibility to take action to provide support and protection. Adolescents are being exposed to an onslaught of sexual messages that come at them with the speed of lightening, from all directions, and on daily basis. They can come from print media, movies, television, music, the Internet, videos, the adolescents' neighborhood and home life. Many of these sexual messages, are inconceivable and frightfully confusing for the adolescents. Even with the best foundation in communication, conversing sex can be difficult for both adolescents and parents. Some parents feel anxious using anatomical language or deliberating sex in general. The sexualized images and messages

commonly represented in movies, television shows, books, magazines and songs can also help parents facilitate conversations about sexuality. Generally, it is easier for adolescents to have discussions about sex with a parent of the same gender.

Discussing the sexual issue with an adolescent without Intellectual disability

Parents need to converse the right type of information; not only the technical aspects of sexual behavior, but also the guidance necessary for managing peer pressure. The following topics should be part of the discussion by Ryan & Blum (1994): Masturbation, Menstrual management and sterilization, Sexual intercourse and pregnancy (making babies), Sexually transmitted infections, Contraception methods, Consent to sexual activity and Sexual abuse prevention, Love, empathy, respect, trust and commitment[7]. There are also those sexual behaviors that are clearly problematic. Which need to be spoken if seen in the adolescents. Some of these are: Repeated genital touching of others, Forced exposure or touching of others' genitals, Sexually explicit threats or inducing fear or threats of force, Masturbation at the expense of other daily activities or anal/vaginal insertion while masturbating, Simulating oral, anal, vaginal intercourse, Attempting oral, anal, vaginal intercourse, Compulsive interest in sexual matters.

Why discussing sexual issue is important with intellectual disabled children:

This disability initiates before age 18. The terminology has changed over the past century. The term now acknowledged as Intellectual disability has undergone many alterations in name, but has always referred to the developmental period. Adaptive behavior has not been protected from changes including: ⁸

- Impairment with one or more of the following: 1) maturation, 2) learning, and 3) social adjustment
- Impairment in two of 10 adaptive skills (communication, self-care, home-living, social skills, community-use, self-direction, health and safety, functional academics, leisure and work), and stated there had to be deficits in two or more of these areas.

There are additional worries that families of young individuals with intellectual disabilities may face when compared them with those of parents of usually developing adolescents, because it takes a lot much patience & efficiency to teach an adolescent with intellectual disability in comparison with an adolescent having no intellectual disability ¹. Researchers have also reported that parents of young individuals with Intellectual Disability often have negative attitudes or unrealistic beliefs regarding their young individuals' sexuality. For example, compared with parents of young individuals without intellectual disabilities, parents of young individuals with intellectual disabilities are

more likely to be ignorant that their child is sexually active, to believe their child is not interested in the opposite sex, and to believe that discussing sex would encourage sexual behavior or promote inappropriate behavior¹¹. Even when communication does occur, it may not always be relevant to the young individual's needs. It may be easier for parents to talk with their children about biological details than about the more social and emotional aspects of sexuality, such as relationships and intimacy. This also relates to parents' uncertainties that their children are potential targets for sexual abuse or exploitation. Parents may be acutely aware of the rights and needs of their sons' and daughters' to have sexual experiences, yet they are encouraged to maintain a protective stance as their children may be more susceptible ¹². This is predominantly perplexing for mothers of daughters, who often have additional concerns about their daughters' potential vulnerability and risk of pregnancy ¹³. Factors related with increased likelihood that parents would talk about sexual matters with their children include parents being of a younger age ^{14, 15} and the increasing age of the children¹⁶. Findings reported in studies investigating the association between sexual communication and other parental demographic variables, such as parental deprivation, religiosity, and education have been inconsistent ^{17; 18; 19}. There are additional worries that families of young individuals with intellectual disabilities may face when compared them with those of

parents of usually developing adolescents, because it takes a lot much patience & efficiency to teach an adolescent with intellectual disability in comparison with an adolescent having no intellectual disability²⁰.

Conclusion

In general, Intellectual disabilities make adolescents more dependent on their families for support regarding their developing sexuality than their friends and siblings without intellectual disability, who are of same age. Parents of adolescent with

intellectual disabilities also face difficulty in dealing with the additional demands made on them regarding their adolescent's developing sexuality. Research has shown that they perceive themselves to be less knowledgeable when talking to their adolescent children about sex and birth control. Parents find it harder to explain sexual matters, and expect that their children will become more embarrassed. But this is not true. One should give proper sex education to their children whether with intellectual disability or without it.

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