

# According to the Opinions of Teachers of Individuals with Intellectual Disabilities: What are the Sexual Problems of Students with Special Education Needs? How Should Sexual Education be Provided for Them?

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## Abstract

The purpose of this research is to determine what sexual problems that individuals with special educations needs have and how to provide sexual education for these students, depending on the opinions of the teachers of mentally handicapped individuals. The qualitative research technique was employed in this research. Purposeful sampling method was used for the research. In the research, teachers who have worked at a special education institution for at least five years were included. Particularly those teachers having certain expertise in observing sexual problems and providing exact education related to these issues as a result of their 5 year-experience in institutions that they have worked were selected for the study population of the research. The study population of the research consisted of the teachers of mentally handicapped individuals working in Konya province. The study population consisted of 25 teachers. Eighteen of the teachers were female, seven of them were male. Working year experiences of the teachers ranged between 1-15 years. Semi-structure interview method was used to collect the data in the research. The data which were collected through the interview were analyzed using the content analysis technique. Themes were determined while interpreting the data. Categories for each theme were prepared. According to the results obtained through the content analysis of the data which were collected from the semi-structured interview form applied in the research, individuals with special education needs often apply to teachers about problems such as masturbation, marriage, adolescence problems and controlling sexual urges. The teachers report that they inform about general hygiene, problems encountered in adolescence period, dressing and behaving in accordance with gender characteristics. They emphasize that it is important to carefully monitor and know the individual, use clear and understandable words and provide sexual education by someone of the same gender while providing sexual education for individuals with special education needs. About the problems while providing sexual education for the handicapped individuals, the teachers overemphasize issues such as difficulty of quitting a learned behavior by handicapped individuals, not knowing how to behave in public and closing themselves off, behaving shy.

**Keywords:** teachers of mentally handicapped individuals, sexual problems, sexual education

## 1. Introduction

Individuals have intellectual, emotional, social, moral and sexual development needs (Kesici, 2007; Kesici, 2008). These needs should be met properly. The developmental problem in which both individuals and parents experience the most difficulty while meeting these needs is the sexual development need. Both people with disabilities and people without disabilities exhibit similar sexual development characteristics (Brunnberg, Boström & Berglund, 2009; Tepper, 2005). However, the target group in which the highest difficulty is experienced in meeting sexual development needs and sexual problems gradually increase includes people with disabilities. Therefore the purpose of this research is to detect the sexual problems of people with intellectual disabilities and to develop an action plan related to things that must be done in order to solve these problems.

As it is known, no matter they have disabilities or not, sexuality is an essential physiological need for all people. (Azzopardi-Lane, & Callus, 2014; Dune & Mpofu, 2015; Mattila, Määttä, & Uusiautti, 2016; Moilanen, 2016). However, people with disabilities experience more different problems in meeting sexual development needs than people without disabilities. Particularly, both individuals with intellectual disabilities and family members or caretakers who take care of them often encounter negative and prejudiced attitudes related to the sexual problems of people with intellectual disabilities and sexual needs of people with intellectual disabilities. Additionally, they have little if any knowledge and practice about how to solve these problems (Aunos, & Feldman, 2002; Chou, Lu & Pu, 2015; Esmail, Darry, Walter, & Knupp, 2010; Meppelder, Hodes, Kef, & Schuengel, 2015; Szollos, & McCabe, 1995; Venkat-Lakshmi, & Navya, 2015; Quint, 2016; Young, Gore, & McCarthy, 2012).

Teachers, family members, caretakers and special education specialists who take self-care of individuals with intellectual disabilities encounter problems of individuals with intellectual disabilities related to sexual and intimate relationships concerning incorrect generalizations of the society, handicaps in getting

information, overprotective parenting and lack of places to meet, physical difficulty in sexual intercourse and maintaining it, difficulties in the formation of sexual arousal, psychological problems, problems of fertility, hygiene problem in genital regions, overmasturbating, being excessively insistent on sexual intercourse with the opposite sex, not being able to control sexual urges and being excessively insistent on getting married, loving, being in love, romanticism needs (Elbozan-Cumurcu, Karlıdağ & Almış, 2012; Evans, McGuire, Healy & Carley, 2009; Girgin-Büyükbayraktar, Konuk-Er & Kesici, 2016a; Girgin-Büyükbayraktar, Konuk-Er & Kesici, 2016b; Morales et al., 2015; Sullivan, Bowden, McKenzie, & Quayle, 2015).

The purpose of this research is to determine what sexual problems people with intellectual disabilities experience and what kind of sexual education should be provided for these people. Answers for the following questions will be searched in order to achieve this purpose:

- As an expert, what are the sexual problems of people with special needs?
- As an expert, which topics related to sexual education do you think should be provided through sexual education?
- As an expert, how and in what way do you think sexual education for individuals with special needs should be provided?
- As an expert, what problems do you think are encountered while providing sexual education for individuals with special education needs?

## 2. Method

### 2.1. Research Model

In this research, qualitative research technique was used. Distinctive qualities of qualitative research techniques are: providing sensitivity to natural environment, participant role of researchers, having an integrated approach, enabling expression of perceptions, flexibility in research design and having an inductive analysis (Yıldırım & Şimşek, 2005). Particularly, a qualitative research emphasizes meanings, experiences and descriptions. Comprehensive and detailed data consist of statements completely described by people (Coolican, 1992).

### 2.2. Study Population

Purposive sampling method was used in the research. The reason for choosing this sampling method is to obtain deeper and more detailed information depending on the opinions of teachers of individuals with intellectual disabilities about what sexual problems that individuals with intellectual disabilities who need special education have and what kind of sexual education should be provided. A certain criterion was determined in order to choose teachers for the purposive sampling (Kesici, 2008; Yıldırım & Şimşek, 2005). The criterion of choosing teachers for the study population is conducting the research on teachers who work in special education institutions and volunteer to participate in the research. The research was conducted on the teachers of individuals with intellectual disabilities who are working in special education and rehabilitation centers belonging to National Education in the central districts of Konya Province. The study population consists of 25 teachers. 18 of these teachers are female, 7 of them are male. Distribution of teachers by age is; 11 people in 25-30 age range, 7 people in 31-35 age range, 7 people in 36-40 age range. Working year experiences of teachers range between 1 and 15 years; 3 people have been working in a special education institution for 1 year, 2 people for 2 years, 9 people for 3 years, 2 people for 4 years, 2 people for 5 years, 1 person for 6 years, 1 person for 7 years, 1 person for 8 years, 2 people for 10 years, 1 person for 13 years, 1 person for 15 years.

### 2.3. Semi-Structured Interview Technique

In the research, the semi-structured interview technique was used as data collection method in gathering the data and related literature was reviewed. Particularly, literature on sexual problems of individuals who needs special education and what kind of sexual education to provide them was emphasized. Topics of sexual education differ from society to society, according to the sociocultural and economical structure and needs of that society. The most important factors determining the content of sexual education are developmental characteristics, level of the group for whom education would be provided, philosophical and ethical values which direct the education (Çağlayaner, 2003). Starting from this point, themes of sexual problems, sexual education, things to be considered while providing sexual education and problems which might be experienced while providing the education were determined and the semi-structured interview form was developed using the questions which can measure these themes.

In order to provide the validity of the interview form, the interview form was delivered to five academic members from Necmettin Erbakan University Ahmet Keleşoğlu Faculty of Education and semi-structured interview form was constructed considering the opinions of the academic members. Afterwards, pilot studies were conducted and interview forms were made ready for application after revision considering the obtained results. Pursuant to the interview technique, applications were conducted through note-taking which is one of the major methods which are used to record data obtained through interviews (Yıldırım & Şimşek, 2005).

Audio recording was not employed during interviews with teachers. The reason of this is that teachers did not have enough time and the purpose was to get sincere answers because the topic was sexuality in individuals with disabilities. Including direct quotes from teacher opinions and explaining results using them are significant for validity. In order to provide this, some of the data obtained in the research were cited as they were and credibility was tried to be established by this way (Wolcott, 1990).

#### *2.4. Data Collection*

Voluntary basis was considered in the interviews. An explanation was prepared, the purpose of the research and how the study would be conducted was clearly expressed in this explanation. Besides it was also emphasized in the interviews that the identities of the participants would be kept secret. Written interview forms were used during the interviews. Interviews took around 25-30 minutes.

#### *2.5. Analyzing and Interpreting the Data*

The collected data were analyzed using content analysis technique. The purpose of content analysis is to obtain concepts and connections which might explain the collected data. Basically, what is done in content analysis is to organize and to interpret similar data clearly by gathering them within the frame of certain concepts and themes. For this purpose, first of all, the collected data were conceptualized, next they were arranged in a logical way according to the obtained concepts and the themes explaining the data were determined (Tavşancıl & Aslan, 2001; Yıldırım & Şimşek, 2005).

The opinions of the interviewees were recorded into semi-structured forms in writing. Each interview was numbered beginning with number 1. In order to determine the intended idea while reading the data, words, sentences and paragraphs were coded by conceptualizing (Brott & Myers, 2002). Coding was done within the frame of research purpose and questions in the interviews. While coding, “computer assisted qualitative data analysis program Nvivo 7” was used. Categories are used to analyze and compare various meanings in a category which is composed at the lowest level. The unique richness of these category items reveals qualitative analyses (Coolican, 1992).

As a result of opinions which were obtained considering the related literature for this research; the themes of sexual problems, sexual education topics, how and in what way sexual education would be provided, problems which emerge while providing sexual education were determined. These themes were divided into sub-categories. Sample teacher opinions related to each category were also included.

### **3. Findings**

What sexual problems individuals with special education needs have and how to provide sexual education for these students were analyzed according to the opinions of teachers of individuals with intellectual disabilities, and four themes were determined in the direction of these opinions (sexual problems, sexual education topics, how and in what way sexual education would be provided, problems which emerge while providing sexual education). Afterwards these four categories were categorized. Opinions related to each category were included. Themes, categories related to the themes, number of teachers expressing their opinions on categories and sample teacher opinions were given in detail in Table 1.

Table 1. Opinions of the teachers of individuals with intellectual disabilities on what problems individuals with special education needs have, and how and in what way sexual education would be provided for them

Themes	Categories	Number of Teachers	Sample Opinions of Teachers of Individuals with Intellectual Disabilities
Sexual Problems	Over(uncontrolled)-masturbation	10	“We generally encounter masturbation problem”( T14). “Male masturbation is very common” (T18).
	Desire to get married	5	“They express things such as they want to get married” (T2). “They wonder what kind of event marriage is and they express their desire to get married” (T5).
	Tendency toward sexual touching	5	“Children have touching, kissing problems” (T3). “I have observed that students have tendencies such as approaching to opposite gender, touching, hugging and kissing” (T17).
	Physical Changes During Adolescence	3	“They contact with us because of physical changes that they encounter in adolescence” (T6).
	Not Being Able to Control Sexual Urges	2	“Not being able to control their sexual drive, trying to satisfy their needs regardless of time and place” (T9).
Sexual Education Topics	Satisfying sexual need in an appropriate environment	8	“First of all, I contact with parents. We share our views about how to direct children at home and school.” (T23).
	Tendency toward opposite sex	7	“I teach them that girls and boys are friends, they should not touch each other, they should not let people that they know or strangers touch them” (T25).
	Physical Changes During Adolescence	5	“In adolescence period, in sexual education, first of all, we inform children about the changes happening in their bodies, and then we contact with parents. We talk about how parents should approach to children, what they should teach” (T6).
	Sanitation of sexual organs	5	“I explain my students how they must maintain their genital sanitation” (T5).
How and in what way sexual education would be provided	Individual Differences	8	“It is necessary to consider student’s diagnosis, disability type and gender. (T6).
	Cooperation with parents	5	“It is very important to inform parents and to get their support. We must avoid harsh reactions.” (T7).
	Suppressing Sexual Feelings	5	“What is critical is not to suppress sexual feelings. S/he must know that it is a need and it is quite normal, so s/he should not feel themselves guilty and bad.” (T17). “I believe that it should be explained in a plain language without blaming, getting angry, scaring.” (T25).
	Choosing Appropriate Environments	3	“It is necessary to be careful about not triggering students’ urges more. The environment where the education would be provided must be chosen carefully.” (T9).
	Sanitation Rules	2	“Sanitation of genital regions is another significant point. Genital sanitation must be taught and its significance must be emphasized quite often” (T5).
	Receiving information from a same-sex specialist	2	“First, the person who will provide this education must be from the same-sex. There must not be any other people with them, there should not be any touching. ” (T8).
Problems which emerge while providing sexual education	Development of wrong attitudes	7	“It is stated by teachers that especially male adolescents might be very aggressive and angry, and female teachers have prejudices related to the possibility of sexual harassment by students.” (T25).
	Parents’ failure to cooperation	6	“It is a very delicate issue, parents cannot be neutral, they might misunderstand, avoid these issues” (T16).
	Generalizing	5	“Students can generalize, that is, although they may control themselves at school, they might exhibit sexual problems at home or when they are with other people, except for their teacher.” (T22).
	Habits	4	“An individual may want to continue his/her life with the sexual process that s/he gets used to. There might be difficulties in the process of changing this behavior. S/he refuses new methods.” (T4).
	Withdrawal	3	“Withdrawal of individuals with special education needs, behaving recessively, not having appropriate environments and conditions, being suppressed by parents” (T8). “Being ashamed, withdrawn” (T14).

### *3.1. Theme of Sexual Problems*

The theme of sexual problems consists of 5 categories. These categories are; over (uncontrolled)-masturbation, desire to get married, tendency toward sexual touching, physical changes during adolescence and not being able to control sexual urges. Among 25 teachers who participated in the research, 10 of them expressed their opinions on “over(uncontrolled)-masturbation” category, 5 of them delivered their opinions on “desire to get married” category, 5 of them expressed opinions on “tendency toward sexual touching”, 3 of them expressed opinions on “physical changes during adolescence” and 2 of them delivered opinions on “not being able to control sexual urges” categories. Sample teacher opinions related to these categories are given in Table 1.

### *3.2. The Theme of Sexual Education Topics*

Sexual Education Topics consists of 4 categories. These categories are; satisfying sexual need in an appropriate environment, tendency toward opposite sex, physical change during adolescence and sanitation of sexual organs. Among 25 teachers who participated in the research, 8 of them expressed opinions on “satisfying sexual need in an appropriate environment” category, 7 teachers expressed opinions on “tendency toward opposite sex”, 5 teachers delivered opinions on “physical changes during adolescence” and 5 of them expressed opinions on “sanitation of sexual organs” categories. Sample teacher opinions related to these categories are given in Table 1.

### *3.3. The Theme of How and in What Way Sexual Education Would Be Provided*

The theme of how and in what way sexual education would be provided consists of 6 categories. These categories are; individual differences, cooperation with parents, suppressing sexual feelings, choosing appropriate environments, sanitation rules and receiving information from a same-sex specialist. Among 25 teachers who participated in the research, 8 teachers expressed opinions on “individual differences” category, 5 of them expressed opinions of “cooperation with parents” category, 5 of them delivered opinions on “suppressing sexual feelings”, 3 of them expressed opinions on “choosing appropriate environments” category, 2 of them delivered opinions on “sanitation rules” category and 2 of them expressed opinions on “receiving information from a same-sex specialist” category. Sample teacher opinions related to these categories are displayed in Table 1.

### *3.4. The Theme of Problems Which Emerge While Providing Sexual Education*

The theme of problems which emerge while providing sexual education includes 5 categories. These categories are; development of wrong attitudes, parents’ failure to cooperate, generalizing, habits and withdrawal. Among 25 teachers who participated in the research, 7 teachers, 6 teachers, 5 teachers, 4 teachers, 3 teachers expressed opinions on the categories of “development of wrong attitudes”, “parents’ failure to cooperate”, “generalizing”, “habits” and “withdrawal” respectively. Sample teacher opinions related to these categories are given in Table 1.

## **4. Discussion and Result**

There are limited numbers of researches on individuals with intellectual disabilities, especially on sexual problems of individuals with intellectual disabilities and solutions of these problems and how to provide sexual education for individuals with intellectual disabilities (Eastgate, 2008; McKenzie, & Swartz, 2011; Pownall, Jahoda & Hastings, 2012; Kijak, 2011). Thus, the findings of this research are significant as they detect sexual problems of individuals with intellectual disabilities and determine how to solve these problems. The sexual problems that individuals with intellectual disabilities experience and solution recommendations for them will be systematically discussed in the discussion section. While discussing research findings, analyses will be done on sexual problems experienced by individuals with intellectual disabilities and their solutions and initiatives which must be taken for solutions.

One of the most important problems experienced by individuals with intellectual disabilities is the habit of excessive and unpreventable masturbation. Masturbation is a primary need for the handicapped (Leutar & Mihokovic, 2007) and parents find this need acceptable (Isler, Beytut, Tas & Conk, 2009a). Nevertheless, excessive and uncontrolled masturbation of individuals with intellectual disabilities which is performed without paying attention to the environment causes problems for both themselves and their parents. This is because parents feel embarrassed as their children masturbate in an inappropriate environment and they feel guilty as they cannot prevent their children from masturbating in an inappropriate environment. For individuals with disabilities, this problem causes overfatigue and exhaustion because of over and uncontrolled masturbation and masturbating in inappropriate environments, besides the possibility of being exposed to physical and verbal violence increases because they do not masturbate in appropriate environments.

Another sexual problem experienced by individuals with intellectual disabilities is the desire to get married. There is a dysfunctional belief in the society and families that individuals with intellectual disabilities would have difficulty in finding a life partner (Murphy & Young, 2005) and responsibilities of individuals with disabilities must be transferred to their spouses. Individuals with intellectual disabilities want to get married with

a model behavior by observing their families and people around them. Besides there is a dysfunctional belief that parents of individuals with intellectual disabilities want and expect to transfer some of their responsibilities to spouses of individuals with intellectual disabilities when they get married. Not being able to self-care and the need for someone's continuous care show that individuals with intellectual disabilities cannot undertake responsibilities of marriage. Besides it is not thought that individuals with intellectual disabilities would have a healthy communication and a healthy sexual intercourse with their spouses because of their insufficient intellectual capacity. Consequently, the desire of individuals with intellectual disabilities to get married is a dysfunctional belief.

The main reason why the desire of individuals with intellectual disabilities to touch and kiss people around them is considered to be a significant problem by other people is that individuals with intellectual disabilities absolutely want to touch the opposite gender and they cannot control this touching desire. Individuals with intellectual disabilities cannot decide whom to touch and whom not to touch. In addition to this, they cannot control themselves as they do not know the opposite gender's genital regions which they must not touch. Besides, it is a significant problem that individuals with intellectual disabilities hurt people that they touch by holding them tight when they try to go away.

Physical change in adolescence and not being able to control sexual urges is another sexual problem experienced by individuals with intellectual disabilities. Individuals with intellectual disabilities know very little about physical changes in adolescence (Isler, Tas, Beytut & Conk, 2009b). Individuals with intellectual disabilities cannot adapt to physical changes which appear in adolescence all of a sudden. Particularly, they cannot get their behaviors under control because of increase in hormonal development and sexual urges. Therefore, in addition to self-care skills in early years, the problems of individuals with intellectual disabilities and people who undertake their self-care may expand like a snowball as a result of increase in sexual desire and hormone secretion.

Satisfying sexual needs in an appropriate environment is among the most important primary topics concerning the content of the sexual education which will be provided for individuals with intellectual disabilities. Specialists working with people having intellectual disabilities must provide training for both individuals with intellectual disabilities and people who deal with their self-care about avoiding the habit of overmasturbating in an inappropriate environment, decreasing the habit of overmasturbating gradually, controlling this behavior and masturbating in any environment would not be appropriate as it is seen in the theme of sexual problems. An awareness training should be provided by specialists on not reacting too strongly, especially to people with intellectual disabilities who satisfy their sexual needs in inappropriate environments.

One of the topics on which people with intellectual disabilities should be trained is the awareness training about tendency towards opposite sex. People with intellectual disabilities want to touch the opposite gender and they might show this desire to people they know or they do not know, but those people might misunderstand this touching. Thus, experts should teach people with intellectual disabilities both how to show a healthy reaction when their genital regions are touched and which genital regions of the opposite sex they must not touch. In order to manage this, people with intellectual disabilities must be kept under control and these touching and not touching exercises must be reinforced.

Another sexual education content to provide for people with intellectual disabilities is physical changes in adolescence and sanitation of genital organs. Teachers and specialists working with people having intellectual disabilities must inform both people with intellectual disabilities and their parents about primary and secondary sexual development characteristics emerging in adolescence. Additionally, people with intellectual disabilities must receive information concerning self-care skills about how to clean genital regions on their own (Konuk-Er, Girgin-Büyükbayraktar & Kesici, 2016).

After determining the content of the sexual education which will be given for people with intellectual disabilities, the most significant strategy in the theme of how and in what way this education would be provided appears in the category of considering individual differences. There are researchers who emphasize how to provide this education and which topics should be focused (Cuskelly & Bryde, 2004; Galea, Butler, Lacono & Leighton, 2004). Answers which will be given to the questions of whether people with intellectual disabilities can be educated or taught, whether they are female or male, whether they have benefitted from special education opportunities before, if their parents cooperate or not might play a significant role in determining strategies and techniques of sexual education. Sexual education, in short, must be provided considering individual differences and cooperating with parents because in order to make behaviors permanent and generalize it to similar situations after teachers and experts provide sexual education, parents, individuals with intellectual disabilities and specialists must cooperate.

In terms of sexual education which will be provided for people with intellectual disabilities, first of all dysfunctional beliefs must be solved. Particularly, there is a lack of information about suppressing sexual feelings of individuals with intellectual disabilities and punishing those which cannot be suppressed (Bedard, Zhang & Zucker, 2010) and there are false beliefs (Kim, 2011; Tepper, 2000). Parents must be informed about

how to overcome them. An awareness training must be provided for parents having children with intellectual disabilities and for their relatives about how individuals with intellectual disabilities should satisfy their sexual needs in a healthy way and in moderation in appropriate and safe environments. Enabling same gender specialists providing sexual education for individuals with intellectual disabilities is important in terms of being a role model and raising awareness. Individuals with intellectual disabilities may keep their negative behaviors under control toward people of the same gender.

Some problems may emerge while providing sexual education for individuals with intellectual disabilities. These problems are related to both dysfunctional beliefs and beliefs which are based on not satisfying sexual needs of individuals with intellectual disabilities and isolating them from society. Whereas, according to World Association for Sexual Health (2014) (World Association for Sexual Health, 2014), sexual rights form the basis of international human rights (p. 1). Consequently, democratic education opportunities must be established in order to explain that each person is an individual, equal and must be independent, no matter they have disabilities or do not have disabilities (Büyükkaragöz & Kesici, 1996; Büyükkaragöz, Kesici & Yılmaz, 1995; Kesici, 2008).

### 5. Suggestions

While determining the content of the sexual education for individuals with intellectual disabilities, sexual problems should be detected by observing parents having children with intellectual disabilities and individuals with intellectual disabilities. In order to solve sexual problems, individuals with intellectual disabilities, their teachers and parent should cooperate. Awareness related to the problems which might emerge in the future should be raised in families that do not cooperate. During sexual education, the smallest details and individual differences should be taken into consideration. Parents' reactions to individuals with intellectual disabilities when they satisfy their sexual needs in inappropriate environments should not be harsh but they should show a high level of tolerance. Besides, both specialists and parents should be more patient and use more reinforcement in order to make sexual education permanent. Additionally, it is necessary to develop positive attitudes instead of negative ones.

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