

Sexuality and Sex Education: A Subjective Debate for Persons with Intellectual Disabilities in India

VIJAY KUMAR

Assistant Professor in Special Education
Swami Vivekananda College of Special Education, Nagpur
Maharashtra, India

Dr. ANIL KUMAR JAIN

Associate Professor
School of Education
Vardhman Mahaveer Kota Open University
Kota, Rajasthan, India

Abstract:

This paper describes all possible aspects and approaches of sexuality and sex education for persons with intellectual disabilities analyzing existing problems, issues, myths, perception, current conditions and focuses on major suggestions related to this for parents and all. This conceptual framework suggests unique guidelines which may be a future guideline for single national strategy for sexuality and sex education towards persons with intellectual disabilities to be implemented. It is based on the concept of fundamental rights which ensure that each and every individual have equal rights and they should be treated equally before law. No discrimination can be made on the basis of mental, physical and psychological limitations. As the legal arena is presently revising laws and policies towards rights of sexual consent among the persons with intellectual disabilities, it is necessary that determinations of physical, psychological and mental competency follow national standards in order to delineate clearly any unwanted incidence or instance of sexual abuse. It is necessary that all rehabilitation professionals including physicians and parents of persons with intellectual disabilities have a basic knowledge and understanding of the unique sexuality and sex education training and

the unified inference has been drawn for suggestive framework and guidelines.

Key Words: Sexuality, Sex Education, Intellectual Disability, Equality, Parents, India

Overview:

After the 18th century, awakening of parents of persons with disabilities (including intellectual disabilities) and persons with disabilities they are always raising their voice towards their actual rights. After the several movements and years the government of India implemented several laws, policies and programs towards their indeed rehabilitation. But one of the big issues “Sexuality” and “Sex Education” is still a taboo subject not only for persons with intellectual disabilities but for all¹.

In recent years, significant changes in public law, policies, strategies and attitudes have resulted in well improved opportunities for persons with intellectual disabilities. Now, persons living with intellectual disabilities assume their rightful position in state, society and community as the equals of persons with non-disabled people. Unfortunately, societal and community attitudes have changed very less or minimum in regard to sexuality, sex education and persons with

¹ For comparison in accordance with the law of India on **Persons with Disabilities** (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995: ‘the concept ‘**Mental Retardation**’ (currently the term used in the place of intellectual disability) denotes a condition of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence or a person suffering from not less than forty percent of any disability as certified by a medical authority’ on the other hand, **according to the American Association on Intellectual and Developmental Disabilities, United States, 2008** (AAIDD, 2008): ‘**Intellectual Disability**’ (previously term used mental retardation) is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before the age of 18.’

disabilities including intellectual disabilities. Even today or current condition shows that a majority of population / most people refuse to accept / acknowledge that all people have sexual urge / feelings, needs and desires regardless of their psychological, physical, emotional and / or mental abilities. As a result, most of the persons with intellectual disabilities do not receive sex education either in school or at home.

Correspondingly, the nature of intellectual disability represents a unique hidden feature of the community, society, civil institutions and material environment; due to that people with various degrees of intellectual limitations have no equal chance of their sexual life in comparison to the persons without intellectual disabilities. All persons with disabilities can enjoy success married life except persons with intellectual disabilities because the conditional aspects of persons with intellectual disabilities are totally different due to their lack of cognitive and rational intelligence.

Persons with intellectual disabilities fall within a spectrum of abilities, characteristics and personal attributes, as is seen in any general population. However, intellectual disabled individuals have developmental delays in learning, cognition, information processing and independently caring / personal development for themselves. Such individuals show definite delays in adaptation to a changing environment or slow in acquiring new knowledge. Yet even so, nearly 85% of persons with intellectual disabilities are capable to live successfully sexual life in the community.

Since the sexual behavior and moral outlook of persons with intellectual disabilities are learned and reinforced by their own environment, parents, professionals, caretakers, educators, and rehabilitation institution, government organization, non government organization and group home members have a pivotal role towards shaping these minds. The several studies shows that persons with intellectual disabilities are capable of sustaining “reasonable, valuable, consistency and happy

marriages” and that marriage often provides a well stable and cooperative / supportive environment for companionship and care, most of the community, society, parents, citizens and professionals still recognize the persons with intellectual disabilities at extremes ranging from “childlike” to “overly sexed.

Thus neglecting the persons with intellectual disabilities about their own sexuality²² persists due to the hesitance of parents and organizational staff to broach these issues; such neglecting aspects of sexuality and sexual matters has been recommended to make the persons with intellectual disabilities concretely much vulnerable to sexual abuse. Thus basic sexual abuse precaution education for parents, professionals, caretakers, trainers and sexually mature clients is a crucial component for preventing sexual abuse among the persons with intellectual disabilities. The whole who is involved in caretaking and training of persons with intellectual disabilities including their parents, relatives should be encouraged to fulfill an advocate’s role by broaching the matter of sexual activity with the persons with intellectual disabilities and toward local community resources and support groups to strengthening these issues.

Parents are the first persons in the family who care for the persons with intellectual disabilities and help him to develop. Therefore they must be advised and supported in all fields to be able to fulfill the difficult task of sexual education in the broadest sense of the word. Sexuality education helps people with an intellectual disability recognize if someone is

² **According to the World Health Organization (WHO, 1975):** ‘the concept **‘Sexuality’** denotes an integral part of the personality of everyone: man, woman and child; it is a basic need and aspect of being human that cannot be separated from other aspects life’ or in another words **‘Sexuality** is the lens of being a male or female through which a person views and responds to the world. There are biological, genetic, medical, social, educational, psychological, spiritual, cultural and legal aspects to sexuality and these differ depending upon where, when and how you live, who is raising you and what is personally important to each individual’.

trying to take advantage of them so they can recognize inappropriate sexual advances early on, better protect themselves from exploitation and/or be able to report incidents of suspected sexual abuse. Education also helps people with disabilities avoid making social mistakes that might make the look foolish or might be mistaken for criminal activity.

Thus, the issue related to sexuality and sex education for persons with intellectual disability should be focused and discussed on the priority basis keeping the view point of “that sexuality is a fundamental part of being human, one that is worthy of dignity and respect” and supports the rights of all people to have “accurate information, comprehensive education about sexuality and sexual health services.” It requires not only the legal provision of the rights of persons with intellectual disabilities but also a coherent policy for strengthening the sexuality and sex education for persons with intellectual disabilities in India.

Problems:

According to Census of India 2011 the total populations of persons with intellectual disabilities are almost 2 million (The data is gathered by Office of the Registrar General & Census Commissioner, India, New Delhi). It represents the significant part of the population of India. It also highlights that almost 70 % of persons with intellectual disabilities belongs to rural areas and 30% belongs to urban areas. This is the only known facts of intellectual disabled population and unknown fact of intellectual disabled population may be increase in more numbers.

Indian state, community and society, traditionally, perceives ‘Sex’ as taboo subject, and as such, is seldom discussed openly, and rarely taught in schools. Under these circumstances, most Indian people never discuss openly about

‘Sex Education’³ during their formal and informal school years. Persons with intellectual disabilities are one of the marginalized groups in society. They tend to remain unattended and ignored, in many developing countries. Unfortunately many parents/families of adolescent with mild mental retardation not able to make a future plan or decision for their life partners or marriage towards their sons and daughters due to lack of awareness, societal fear and stigma. These reflect the parents thought and decision while concerning the matter of sexuality and sex education. In the field of disability, parents from different cultures, seldom discuss issues concerning sex openly with their children and certainly not in public. Because of conservative attitudes ‘Sex Education’ is not implemented on a formal basis and still it is very difficult in Indian situation.

It is seen that the onset of puberty differ widely among persons with intellectual disabilities, and sexual progress of the intellectual disabled may be reached at a later or high chronological age. It is also found that majority of persons with intellectual disabilities develop normal secondary sexual features but they need accurate support and help in understanding these sign of changes. Persons with intellectual disabilities are especially vulnerable to misuse, abuse and exploitation. It is estimated that the persons with intellectual disabilities are victimized at 4 to 10 times the rate of the normal cases or population. The several studies also revealed that in comparison to general population 26% and 87% of the persons with intellectual disabilities faced / victims of sexual abuse or exploitation.

³ **According to Netsanet Fentahun** (2012): ‘the concept ‘**Sex education**’ is described as education about human sexual anatomy, sexual reproduction, sexual intercourse, reproductive health, emotional relations, reproductive rights and responsibilities, abstinence, contraception, family planning, body image, sexual orientation, sexual pleasure, values, decision making, communication, dating, relationships, sexually transmitted infections (STIs) and how to avoid them, and birth control methods’.

Furthermore it is also found that between 16,000 and 20,000 individuals with intellectual disabilities experienced physical and mental harassment / rape every year. There are various causes or reasons why persons with intellectual disabilities are easily prone to sexual abuse, the utmost important of which is the ingrained reliance on the caretaker authority figure. Emotional and social insecurities, ignorance of sexuality and sexual abuse and authority less / powerless condition / position in society and community have been noted as frequent reasons of regular exploitation. In addition it has been noted that persons with intellectual disabilities are frequent / often prime victims for abuse due to their limited intellectual capacity and understanding and it occurs frequently.

Sexuality, Marriage, sex education and Parenthood is probably the most debatable issues in normalization for Persons with intellectual disabilities. The sexuality and sex education of persons with intellectual disabilities is determined by the myths, concerns and ignorance of parents, professionals and the general public.

Following Particular Problems are Found Related to Sexuality and Sex Education:

1. Our Indian culture is one of the most traditional cultures of the world. From beginning of the history of India sexuality and sex education is a subject of taboo and never discussed openly. Our Indian and State government did not emphasis on the issues related to sexuality and sex education especially in the case of persons with intellectual disabilities. Indian government fails to involve parents, society, self governance and community people to debate on this matter. The government system is also facing lack of well trained professionals whose suppose to give such type of training to persons with intellectual disabilities.

2. The Indian families, community and society never raise their voice for sex education for their children with intellectual disabilities so that persons with intellectual disabilities will be able to take the right decision and secure themselves from the unexpected incidence. With sex education they can also enjoy their sexual / married life with confidence as a normal being of the society and community.
3. The Indian and State government management of the issues related to sexuality and sex education for persons with intellectual disabilities, the prospective laws, policies and various work programs are not yet to done or came into existence. It reveals that the Indian government and state government having no common long – term planning and functionary infrastructure.
4. The information, which is gathered by the government of India towards persons with intellectual disabilities, is insufficient due to several known and unknown reasons. The Indian government having no stable system for acquiring the exact data on intellectually disabled people to who need to sexuality and sex education training.
5. The government – state – private – local partnership and cooperation connecting with persons with intellectual disabilities issues related to sexuality and sex education is yet to fully develop on ground basis. There is no any predetermined structure of to work on sexuality and sex education for persons with intellectual disabilities.
6. The government of India and state is not updating their educational system in comparison to internationally standard for persons with intellectually disability. In foreign country, their governments are giving more emphasis on sexuality and sex education as a major part of school curriculum.

7. Practically, no records are maintained about what type of quality of educational program is imparting in different government and non government schools and what type of education is needed accordingly to present situation.
8. Implementation of International law / convention and norms is not taken place in indeed condition and in commonly the degree of International support is low / minimum level. Also the international organizations not properly monitoring or not giving their proper attention towards sexuality and sex education for persons with intellectual disabilities.
9. Another big problem is that the society and community recognize the persons with intellectual disability as stigma, misbelieves, sin, fate, compassion, pity, non functionary, non productive etc. This condition is still remain from past to present especially when we talk about the married life of persons with intellectual disabilities. Society / community never perceive their actual abilities, their desires, and productive members.
10. The persons with intellectual disability face the discrimination not in even their home but in everywhere. The families of persons with intellectual disabilities gives more focus on their normal child rather their abnormal child. Families never accept that their children with intellectual disability having also some sexual urges and reproduction ability on humanitarian ground.
11. In Indian government and state government having no common plan and curriculum model for sexuality and sex education for persons with intellectual disabilities. In connection to this there is no internal and external communication between the different ministries. The Ministry of Social Justice and Empowerment, Ministry of Human Resource Development and Rehabilitation

Council of India, should collaborate and do needful toward sexuality and sex education for persons with intellectual disability.

12. Due to limited cognitive capacity persons with intellectual disabilities never express their sexual needs to anyone. It does not reveal that they having no any sexual urges only we need to give proper training and education and it possible only when we receive proper training to train them and for this government initiative is required. Medical field can help better to disseminate the information on sexuality and sex education.
13. In the field of rehabilitation multidisciplinary team / workers are working and for each and every problems / disability the specialists are available but government of India not organizing the proper camp / seminar / workshop on sexuality and sex education training for rehabilitation professionals which is also covers one aspect of rehabilitation and due to that most of persons with intellectual disability are sexually abusing / exploit.
14. In inclusive and continuing education there is no any chapter of sexuality and sex education for persons with intellectual disabilities. When we talk about inclusive education then is should emphasis on psychological, mental and physiological / biological developmental aspects of persons with disabilities including intellectual disability without this there is no means of inclusive education.
15. The possibility of full participation in sexual life for persons with intellectual disabilities is yet to take place in real ground. The full opportunity movement is yet to begin. World is changing rapidly and the different activities and training is possible with the latest technology in the field of rehabilitation. So, we also have to equip according to the changing world.

16. There is a need to develop a common curriculum framework including sexuality and sex education for all. Till this there is no initiative steps have been taken by government of India and state governments due to community and societal conservative attitude and lack of desires to do. The Indian government should be active and take consideration the development in other countries related to aspects of sexuality and sex education for persons with intellectual disabilities.
17. Persons with intellectual disabilities are usually biologically able to have sex; our culture and judicial system impose restrictions upon many sexual activities of persons with intellectual disability. Especially restricted are those activities where the risk of irreversible harm to self or others is high. Persons with intellectual disabilities can have and want to have physical relationships that include sexual expression. Therefore it is important for people with disability to have age appropriate, comprehensive sexuality education. That is to say, sexuality education should include not only make responsible choices and distinguish right from wrong.

Sexuality, Issues, Myths and Intellectual Disabled:

Sexuality is a complex phenomenon which is difficult to define but perhaps easy to understand. Certainly Sexuality is and is not sex, or sexual behavior, or the sex act or sexual intercourse. Sexuality is and is not love and feelings, and is and is not an expression of our sexual selves. In fact, Sexuality is all this and more- “a fine combination of the physical, emotional, intellectual and social aspects of an individual’s personality which expresses maleness or femaleness”. Sexuality means many things to many people. If we ask different persons, their answers would include:

1. A method of procreation.
2. A way to reduce tension.
3. A form of communication and merging in which tenderness, mutual concern, love and affection are expressed.
4. A muscular activity ending in orgasm.
5. A means to control and manipulate another person.
6. A form of recreation.
7. A way to support one's ego.
8. A spiritual union.
9. An integral part of one's personality affecting all aspects of one's life.
10. An expression of one's maleness or femaleness.

The sexual development of intellectual disabled persons is greatly affected and determined by the issues, myths, concerns, and ignorance of parents, professionals, and general public. Some of these **issues** and **myths** include: -

1. Persons with intellectual disabilities are not interested in Sex.
2. They are oversexed.
3. They lack the ability to comprehend information regarding their Sexuality.
4. They lack the ability to responsibly control their sexual desires.
5. They have enough difficulties without becoming involved with the risks of a sexual relationship.
6. They will produce their kind.
7. They cannot adequately care their child.
8. Persons with intellectual disabilities are child-like and dependent.

Myth 1: Persons with intellectual disabilities are not interested in Sex: As we know that all people are sexual beings, regardless of whether or not they live with disability or

not. And, every individual with disability need affection, love and intimacy, acceptance, and companionship. At the same time, children and youth who live with disabilities may have some unique needs related to sexuality and sex education. For example, persons with intellectual disabilities may learn at a slower rate than do their non-disabled friends / peers; yet their physical maturation usually occurs at the same rate. As a result of normal physical maturation and slowed emotional and cognitive development, they may need sex education that helps to build appropriate skills for well conversation / language and behavior in public / home / social place.

Myth 2: They are oversexed: It is common myth among the parents and general public that persons with intellectual disabilities are oversexed due to unknown fact and misbelieves. In fact persons with intellectual disabilities are not oversexed. It may be that they feel the strong sexual urges likes to other normal persons. Sex education can help better them to recognize and the way by which they can satisfy themselves.

Myth 3: They lack the ability to comprehend information regarding their Sexuality: Obviously nothing is like that. Individuals can say due to his / her cognitive limitations but it is not true in every case. They have the ability to comprehend information regarding their sexuality and needs only we have to provide them better sex education and training practically with using different materials and activities.

Myth 4: They lack the ability to responsibly control their sexual desires: In comparison to individual with non disability, persons with intellectual disabilities have more ability to control their sexual desires responsibly. Due to limited cognition, they occasionally show their sexual desires. They need deep and insightful sexual training to control their sexual desires in public / home or other places.

Myth 5: They have enough difficulties without becoming involved with the risks of a sexual relationship: Persons with intellectual disabilities are physically fit. In few cases they can be associated with other types of disabilities but it does not mean that they cannot live a successful sexual life. Practically they need the exposure of a sexual relationship with the help of different technologies / activities and appropriate sex education can help in preventing the different risks of a sexual relationship like Sexual Transmitted Diseases (STDs), unwanted pregnancy and others.

Myth 6: They will produce their kind: Indeed it is not true. It can happen in few cases due to inappropriate medical guidance and treatment. Today is the age of technology and everything is possible with the latest technology. If proper guidance and counseling will be provided to persons with intellectual disabilities then the chance of sexual relationship risks and pregnancy problems can be minimized.

Myth 7: They cannot adequately care their child: It is the common view and misbelief of the parents, teachers, professionals and caretakers that persons with intellectual disabilities are not able to take care of their child due to their innate limited capacities. Indeed they are able to properly care of their child if the intense guidance and counseling will be provided.

Myth 8: Persons with intellectual disabilities are child-like and dependent: It may arise from a belief that persons with intellectual disabilities are somehow unable to contribute and participate equally in an intimate relationship. Societal discomfort both with sexuality and also with the sexuality of persons / individuals who live with disabilities may mean that it is easier for anyone who lives with disabilities as an 'eternal

child'. This demeaning view neglect and ignores the need to accept / acknowledge the young person's / individual's sexuality and also denies / limited his / her full harmony and humanity.

Aspects of Sexuality and Sex Education:

The term '**Sexuality**' and '**Sex Education**' should include the following information about:

1. Development of different social skills, including different concepts such as public and private place recognition. Training about the appropriate social sexual behavior.
2. How to acquire, develop and maintain different concepts, situation and types of relationship. Which type of relationship is appropriate according to their age and level?
3. Coping strategies and defense mechanism with relationship issue / matter or rejection. How to handle the different unfavorable situation and what to do an emergency?
4. What is sexuality and what is sex? Meaning of sex and their relationship, including marriage / safety precaution and parenting. They should be prepared like as responsible adults.
5. In unwanted situation / unfavorable condition / in exploitation situation the persons with intellectual disabilities should be taught about different way of protective behaviors. How they can ask for help immediately?
6. What type of physical / biological / emotional changes occurs during and after puberty stage? What are their signs and meaning in their life?
7. The knowledge of sex, including reproduction stage and care during that period. Persons with intellectual disabilities should be well trained about different

- preventive measures which should be considered before and after pregnancy.
8. The persons with intellectual disabilities should be given frequently exposure of appropriate and inappropriate expressions of sexuality. The well trained professionals should handle these tasks gently. The professionals should be equipped with different activities which can present the real situation.
 9. The persons with intellectual disabilities should be given the deep knowledge about the safer ways of avoiding sexually transmitted infections / sexually transmitted diseases. They should be given well stimulation about the means of different safer ways of sexuality and sex.
 10. Sex can be great but it can also carry big risks of sexually transmitted diseases and unwanted pregnancy so persons with intellectual disabilities should be well trained about the use of different forms of contraception. When it is useful and harmful? For this the professionals should give practically exposure to them.
 11. Masturbation should be discussed as a healthy and natural way to explore and express sexuality on your own in a private place. It should be treated as one way of satisfaction of sexual desires for persons with intellectual disabilities. It should not be considered as 'shame' or unexplainable subject.
 12. The persons with intellectual disabilities should be taught about the appropriate sex attraction accordingly to their gender. The well trained professionals should trained the individual with intellectual disability at which level which type of sexuality and sex education will be appropriate for them? For this the professionals can use the different types of toys, materials and latest technologies and

should aware about this to parents of persons with intellectual disabilities.

Why Should Parents Be Concerned about Sexuality and Sex Education for Persons with Intellectual Disabilities?

Parents of persons with intellectual disabilities are, or should be, their children's first / primary sex educators, but most of the parents are afraid to deal this subject or talk to their children (whether disabled or not) about sexuality and sex. Parents often feel hesitate and fear that: 1) communication about sexuality and sex will encourage practical sexual experimentation; 2) the parents don't know enough how to deal / handle questions appropriately; and 3) their children are not able to understand this properly due to limited cognitive capacity. In connection to that parents of persons with intellectual disabilities may feel that their children are easy / potential targets for sexual misuse / abuse / exploitation. Or the parents may fear that their children may be unable to express their sexual needs / feelings rightly or appropriately. In literarily sense, parents often fear that communicate about sexuality and sex may raise / cause problems. But, indeed parents need to assist any child – regardless of his / her abilities – to develop and increase their life skills. For instance, without proper social and personal skills, young persons may have difficulty in making and keeping friends and feel lonely and 'different'. Without important and basic knowledge of sexuality and sexual health, young persons may take unwise and irrational decisions and / or engage / involve in sexual health risks and exploitations.

General Suggestions for Parents:

1. Parents of persons with intellectual disabilities should acknowledge / accept that everyone, including your child,

is a sexual – and has sexuality related emotions, expectations, satisfactions and desires.

2. It is suggested that before starting discussion / conversation with your child with intellectual disabled, be sure that you know your own values, restriction and beliefs. Parents should be honest with themselves.
3. Parents should be ready to assert their own personal privacy boundaries. For instance, say forthrightly, if asked, that you will not disclose / discuss your own private sexual activities / behavior.
4. Parents should start talking with their children with intellectual disabled about sexuality while they are close to young. It is recommended that parents do not wait until they reach puberty (or later stage) for these types of discussion and conversation.
5. Parents should use accurate / proper language for body parts and their various functions. It is found that when a child has appropriate language for their private body parts, he / she is less likely to report exploitation / abuse / harassment rather than the child who lacks of appropriate language about their private body parts.
6. Parents need to identify certain times to make discussion, conversation and communication strategies / techniques which work and suit best for you and your child with intellectual disability. For example, parents can choose Saturday morning on the way to a recreational event or after the school schedule. The best way of discussion on sexuality issues like play word games. For another, other times and different strategies might work best.
7. Parents should avoid busy schedule / times and strategies which really do not support to your children and your condition. For instance, parents may be unable to continue discussion or focus on sexuality or sex education while driving or busy with your work. Do not

use the complex word games which can create confusion to your child with intellectual disability.

8. Parents of persons with intellectual disabilities should be clear while discussing the relationships. For example, calling your spouse 'Mummy' or 'Daddy' can confuse a child and interpret wrongly / confusing messages about family relationships and about sexuality; instead elaborate the relationship. "Your Mummy is my wife, so I call her Milo, not Mummy." Or parents might say, "Your Uncle John is my brother, like Rajesh is your brother. John is your uncle, because he is my brother. When you got marriage and you have your own kids, Rajesh will be uncle for your kids".
9. Parents with intellectual disabilities should use different photos, pictures, technology means and other visual assets as much as possible. Interacting with family's photos and video will help individual with intellectual disability to understand different aspects and types of families and relationships.
10. Parents should use and focus on 'trainable / teachable moments' which arise in our daily life. For instance, talking about family's relative and neighbor's new pregnancy or their relatives / friend's upcoming marriage, divorce, move, operation, pregnancy termination, new birth child or retirement.
11. It is suggested to parents that they should be honest with their child and when their child ask indifferent questions. If you are unaware of the answer and thinking that how you should address your child question, say so. Inform him that you will get the answer and then we will discuss. Parents should be sure to get back as soon as possible to their child with appropriate and relevant answer to their child's question.

12. Parents with intellectual disabled should have the attitude of always acknowledgement towards value of your child's feelings, desires, necessities and experience. Frequently give praise and support to your child with intellectual disability. Parents should remember that minimizing how he / she feels is not an appropriate way to build trust while talking about sensitive subjects or sexuality. For instance, "Good question asked by you, and It is the one which I have had in my past life, too." Or, "I am glad you feel happy when we discuss. I feel happy, too".
13. Parents of persons with intellectual disabilities should be ready to show their willingness to repeat the information over time. Parents should not be an impatient or do not expect that your child learnt everything whatever you discussed or got entirely the discussed matter.
14. Parents should use all the relevant and reliable sources of information which is available with you – other persons whom you trust, the government library, public library, genuine/ reliable website, local magazine or bookstores, professionals, educators, doctors and health care providers. The different information may be exactly useful to you when it comes from reputed institutions which deal with intellectual disabilities and / or sexuality. It is also recommended that parents need not be more wary of relying on such material that is negative about sexuality and sex education as such materials can restrict or limit your ability to become your child's primary sex trainer and educator.
15. There is several training materials are available on sexuality and sex education. Many organizations are also providing training to the parents on "Sexuality and Sex Education". It is suggested to parents of persons with intellectual disabilities that they should approach

and participate in that type of training program because it will develop the deeper insight that how you can talk and train your child in easier way and this will protect their child from sexual abuse or exploitation.

General Suggestions for Professional Sex Educators:

In fact, there are several materials available on sexuality and sex education which are specially designed within the criteria to meet the needs of persons with physical, emotional, and / or intellectual disabilities. It doesn't matter whether these young children with disabilities go to public or special school, stay in house or in an hostel / institution, they all need age and level appropriate sex education through innovative and creative training or teaching methods. Although these general framework / guidelines will be helpful, content and different training and teaching methods must be particularized to meet the individual's with intellectual disabilities need.

1. Professional and care takers should remember that, regardless of the psychological, physical, emotional or intellectual challenges they face, young people have sexual feelings, sexual desires, sexual satisfaction and a necessity for establishing physical relationship and closeness. In order to behave / achieve these sexually responsible manners, each and every one needs appropriate skills, well knowledge and intense support.
2. Professionals sex educators should understand that youth with intellectual disabilities are far more vulnerable or at high risk to sexual abuse / exploitation than are their same age peers. Youth who live with intellectual disabilities are especially easy target to vulnerable. Sex education must, therefore, encompass deep insight skills to prevent them as sexual misbehave / sexual abuse and they should well trained and

- encourage to report and seek medical treatment for unwanted or incidental sexual activity.
3. A professional who works as sex educators, they should remember that youth who confront disabilities feel and express similar discomfort and suffer the same lack of knowledge which constraints and hampers most of their age peers regarding sexuality and sexual health.
 4. It is suggested to professionals that they should grasp more knowledge and acquaintance themselves more and more about the nature of individual with intellectual disabilities population with whom you work or provide training.
 5. Professionals' sex educators should emphasis on the exact materials of training. They should be sure that all material should addresses boundaries and limitation – both establishing boundaries and valuing others' boundaries. They should rely on role play model and interactive activities with different exercises. Concrete teaching strategies should be used for sexual training.
 6. Professional sex educators of persons with intellectual disabilities should be innovative and creative. They should be able to develop specialized teaching learning materials, tools and different means of resources for the youth with whom you train or work. For instance, in working with persons with intellectual disabilities, the professionals may need to use audio, visuals models, doll and different picture. For youth with intellectual disabilities, it may be useful to use conversation, stories and examples of others with similar limited capacity that have affection, loving, satisfying intimate relationships.
 7. Professional sex educators should arrange meeting with the parents of persons with intellectual disabilities because the children spent their most times with their parents. So it is the duty of professional that they should

share their knowledge and experiences with parents of intellectual disabled and provide them maximum support and basic tips related to sexuality and sex education so that they can easily handle to this subject.

Suggestions for Indian and State Governments:

- 1. Creation of New Acts & Policies:** In India, till this there is no any legal act or policies came into existence on sexuality and sex education. It is the big debatable issues not only in India but many other countries also. The government of India should take initiative steps towards sexuality and sex education because it is utmost important for persons with intellectual disabilities so that they can enjoy their full equal human rights and can spend harmony marriage and sexual life.
- 2. Addressing the Primary Goal:** The Indian and state government should address sexuality and sex education as one of the major primary goal. The governments of India should involve in documenting and preventing sexual abuse among the children with intellectual disabilities populations in our country, states and communities. Since the present national trend is to integrate citizens with intellectual disabilities into the community away from institutionalized care, it is necessary that all rehabilitation professionals including physicians and parents of persons with intellectual disabilities should have a basic knowledge and understanding of the unique sexuality and sex education training.
- 3. Creation of Open Discussion Forum:** The Indian and state governments should consider the sexuality and sex education as fundament human rights and from this no one should be deprived regardless of psychological, emotional and intellectual limitations. The government

should more focus on persons with intellectual disabilities because they face limited cognition abilities. The government should discuss openly on this matter at national and intra national level as sexuality and sex education is implementing successfully in many other foreign countries.

4. **Implementation of Comprehensive Sex Education Curriculum:** Government of India should implement the 'Comprehensive Sex Education' curriculum because it is the need of today. Sexuality education can benefit persons with intellectual disabilities in many ways. Sexuality educations reduce the chance / risk of sexual abuse and sexually transmitted diseases, and reduced unwanted pregnancies. The government of India should understand the importance of sexuality and sex education as one of the important aspects of persons with intellectual disabilities.
5. **Removal of Societal Myths & Barriers:** The Indian and state government should remove the deep rooted different societal myths and barriers towards persons with intellectual disabilities and towards their sexuality issues. For removing the several myths and barriers the Indian and state government should conduct several awareness programs related to persons with intellectual disabilities. In this the government can take help of different professionals.
6. **Manpower Development:** In the field of rehabilitation there are very less well trained and registered professionals are working. When we talk about sexuality and sex education there is no any arrangement of these types of training for working rehabilitation professionals. In this case we cannot say that our professionals are well trained and equipped to sex education training for persons with intellectual disabilities. So, the Indian and state government should

focus on proper manpower development who really trained the persons with intellectual disabilities in the area of sexuality.

- 7. Conduction of Workshop, Seminar and Symposium:** The Indian and state government should conduct regular workshop, seminar and symposium on issues related to sexuality and sex education especially for parents of persons with intellectual disabilities and professionals who working with individual with intellectual disabled. This should be free of cost and give wide publicity.
- 8. Adaptation of New Ideas & Action:** The Indian and state government should adopt the current event and experiment which is practice in internationally. There should be a monitoring committee who observe the new initiative and innovations related to sexuality and sex education training internationally and suggest their comment accordingly to government of India and the immediate action should be taken on that for sake of persons with intellectual disabilities.
- 9. Development of Learning Materials:** The government of India should produce the different learning materials which can be useful in sexuality and sex education training. The Indian government can contact for other countries professionals for developing the learning materials on sexuality and sex education and can supply such materials from abroad. In this the useful resources such as books, stories, DVDs, anatomically correct dolls, visual, and three dimensional models can be used as learning materials.

Summary:

All persons, including those with disabilities, have equal right to present themselves as sexual being, right to explore and

express their sexuality in proper directions. Each and everyone needs current and age, level – appropriate sexuality training and education to develop positive and deeper insight attitudes towards their sexuality. Past Indian scenario revealed more complex attitude and nature of society towards persons with intellectual disabilities with regard to their sexuality and sex education. Now gradually the time is changing and society is also changing their attitudes towards sexuality and persons with intellectual disabilities but still sexuality is a big issue of debate today not only in India but internationally also. The Indian cultures did not permit to society, community and an individual to discuss openly on sexuality as a subject due to conservative attitudes followed by several myths. The notion that persons with intellectual disabilities are asexual and hence do not need sexuality and sex education is definitely wrong. Comprehensive aspects of sexuality and sex education will be helpful for persons with intellectual disabilities to stay safe, reduce the chance of getting sexually transmissible diseases (STDs) and unplanned pregnancy. For implementing the issues of sexuality and sex education Indian and state government should initiate urgently. Therefore it is important for people with disability to have age appropriate, comprehensive sexuality education. That is to say, sexuality education should include not only make responsible choices but also distinguish right from wrong.

BIBLIOGRAPHY:

- American Association on Mental Retardation. (2002). *Mental retardation: Definition, Classification, and Systems of Supports* (10th ed.), Washington, D. C.
- Andrew, M.C. (1976). *Children with a Handicap and their Families, Child: Care, Health, and Development*, Vol. 2, pp. 213-237.

- Beresford, B. (1994). Resources and Strategies: How Parents Cope with the Care of a Disabled Child, *Journal of Child Psychology and Psychiatry*, Vol. 35, pp. 171-209.
- Cuskelly, M., & Bryde, R. (2004). Attitudes towards the Sexuality of Adults with an Intellectual Disability: Parents, Support Staff, and Community Sample. *Journal of Intellectual & Developmental Disability*, Vol. 29, 255-264.
- Edwards, M. (2003). *A Report on Sexuality Information and Education Council of the United States*. New York, USA: Fulton Press.
- Fentahun, Netsanet. et. al. (2012). Perception of Students and Teachers Attitude towards School Sex Education. *Journal of Health Science*, Vol. 22, No. 2, PP. 99-106.
- Getch, Y., Young, M., & Denny, G. (1998). A Historical Review of Sexuality Education and Deafness: Where Have We Been This Century?. *Journal of Sexuality & Disability*, Vol. 16, No. 4, PP. 245-249
- Jamie, P. Morano. (2001). Sexual Abuse of the Mentally Retarded Patient: Medical and Legal Analysis for the Primary Care Physician, *Journal of Prim Care Companion J Clinic Psychiatry*, Vol. 3, No. 3, PP. 126-135.
- Johnson, D. M., Johnson, W. R. (1982). Sexuality and the Mentally Retarded Adolescent. *Journal of Pub Med & Pediatric Annual*, Vol. 11, No. 6, PP. 847-853.
- Keshav, Dimple., & Huberman, Barbara. (2006). *Sex Education for Physically, Emotionally, and Mentally Challenged Youth*. Washington: DC.
- Kumar, Vijay., & Jain, A. K. (2014). Disability Rehabilitation: A Dream Towards Millions of Hopes in India, *European Academic Journal*, Vol. 2, No.8, PP. 10753-10771.
- Kumar, Vijay., & Jain, A. K. (2014). A Parental View on Sexuality Among Adolescents with Mild Mental Retardation. *Research Hub International*

Multidisciplinary Research Journal, Vol. 1, No. 4, PP. 1-12.

Ministry of Home Affairs. (2013). Office of the Registrar General: Census of India 2011, Data on Disability. (http://www.censusindia.gov.in/2011-common/Latest_Release.html, accessed 10 October 2014).

Ministry of Social Justice & Empowerment. (1995). Persons with Disabilities Equal Opportunities, Protection of Rights and Full Participation Act India. (<http://www.socialjustice.nic.in/pwdact1995.php>, accessed 20 September 2014).

Ministry of Social Justice & Empowerment. (1992). Rehabilitation Council of India Act, India. (www.svayam.com/pdf/the_rci_act_1992&amendment_act_2000.pdf, accessed 12 October 2014).

Murphy, NA., & Ellias, ER. (2006). Sexuality of Children and Adolescents with Developmental Disabilities. Official Journal of the American Academy of Pediatrics, Vol. 118, No. 1, PP. 398-403.

Roffman, D.M. (2002). But How'd I Get in there in the First Place? Talking to Your Young Child About Sex. Cambridge, USA: Perseus Publishing.

Sex education for children with intellectual disabilities: tips for parents. ([http://www.betterhealth.vic.gov.au/bhcv2/bhcvpdf.nsf/ByPDF/sex_education_for_children_with_intellectual_disabilities_tips_for_parents/\\$File/sex_education_for_children_with_intellectual_disabilities_tips_for_parents.pdf](http://www.betterhealth.vic.gov.au/bhcv2/bhcvpdf.nsf/ByPDF/sex_education_for_children_with_intellectual_disabilities_tips_for_parents/$File/sex_education_for_children_with_intellectual_disabilities_tips_for_parents.pdf), accessed 15 November 2014).

Sexuality and Individuals with Disabilities. (http://daddcec.org/Portals/0/CEC/Autism_Disabilities/Research/Position_Papers/Position_Papers_Sexuality_Indi

- viduals_Developmental_Disabilities_CED_DADD.pdf, accessed on 15 november 2014).
- Siebelink, et. al. (2006). Sexuality and People with Intellectual Disabilities: Assessment of Knowledge, Attitudes, Experiences, and Needs. *Journal of Mental Retardation*, Vol. 44, No. 4, PP. 283-294.
- Sobsey, D. (1994). *Violence and Abuse in the Lives of People With Disabilities: The End of Silent Acceptance?* Baltimore, Md: Paul Brooks Publishing Co.
- United Nations General Assembly. (1993). Resolution 48/96 & Adoption of Standard Rules for Providing Equal Opportunities to the Disabled. (<http://www.un.org/disabilities/default.asp?id=26>, accessed 18 October 2014).
- United Nations General Assembly. (2006). UN Convention on the Rights of Persons with Disabilities. (www.un.org/disabilities/documents/convention/convoptprot.pdf, accessed 12 October 2014).
- United Nations Economic and Social Commission. (2010). *Biwako Millennium Framework for Asia and the Pacific: Improvement of disability measurement and statistics*, Bangkok. (http://www.unescap.org/stat/disability/index.asp#recent_activities, accessed 29 September 2014).
- Voss, A. (2011). *Understanding your child's sensory signals: A practical daily use handbook for parents and teachers*. Charleston, SC: [s.n.].
- Weichan, V. (1994). *Parental Attitudes towards Sex Education for Young Children in Taiwan*. University of Virginia, Curry School of Education.
- Woody, J.D. (2002). *How can we Talk about That?: Overcoming Personal Hang-ups so we can Teach Kids the Right Stuff about Sex and Morality*. San Francisco: Jossey-Bass, A Wiley Company.