AFRICA REGIONAL SEXUALITY RESOURCE CENTRE

Post-Sexuality Leadership Development Fellowship
Report Series No. 6

Access of In-School Young People with Disability to Sexuality Education in Osun State, South West, Nigeria.

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SLD Fellow, 2006

This report is part of the post SLDF activities to be carried out by the fellow after the course and the views expressed in this project are those of the author and do not necessarily reflect the views of the ARSRC or any organization providing support

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1. Executive summary

This post fellowship research is conceived in recognition of the need to identify and include sexual and reproductive health needs of young people with disabilities into the implementation of the national FLE and HIV education curriculum in Nigeria.

Persons with disabilities have hitherto been perceived as non sexual beings due to loss or lack of function of one of more organs. The definition of sexuality that put every human being in the center of human experience of giving and receiving love and affection does not exclude persons with disability.

In the light of the above, the SDLF research was conducted to investigate the access of youths with disability in-schools to sexuality education and provide evidence-based information for the inclusion of sexual health needs of disabled young people into the implementation of the National FLE and HIV education curriculum in Osun State.
The specific objectives are

- To investigate the sexual health knowledge, experience and needs of young people with physical impairment.
- To identify available sexual health information sources and stakeholders involved in providing such information
- To document strategies for increasing access of physically impaired young people to sexuality education as identified by the participants

The research was implemented over a period of seven months (August 2006-February 2007).

The investigative research adapted the WHO research tools; questionnaire, FGD and KII guides for determining sexual health behaviour of youths. The study was conducted among 84 disabled children in 4 schools for the handicapped in Osun state.

A combination of methods was used in achieving the goal of this project including community mobilisation and advocacy, training of research assistants, field work, data analysis and dissemination. Overall 84 disabled pupils and 8 teachers participated in the study.

The results of the research findings were disseminated and there were 30 people in attendance.

2.0 Introduction

This final report on the sexuality leadership development post fellowship project presents a summary of the research and dissemination of finding on an investigation into access of young people with disability to sexuality education in Osun State.

The study was designed and conducted to determine the access of disabled youth sexual and reproductive health information with a view to provide evidence based information for the inclusion of their sexual health needs into the national FLE

curriculum. The study which was conducted in 4 schools for the handicapped in Osun state schools for the handicapped Osogbo, Ikirun, Iwo and Ilesha had 84 students (female= 56, male=28) constituting difference forms and degree of disability and 8 teachers as respondents. The WHO questionnaire, FGD and KII guides were adapted for the study.

Apart from the desk review of previous work on the subject matter, data from the field were collected using FGDs, questionnaires and in-depth interviews by trained research team. Facts about sexuality knowledge gaps, sources of available information and recommended strategies for providing sexuality education to youths with disability formed the core of the data collected.

3.0 Rationale for the Research

This study was necessitated on the premise that knowledge on this subject is very limited, and the few studies which exist only revealed that young people with physical impairment have greater exposure to all known risks of sexually transmitted infection including HIV&AIDS due to their high exploratory nature. For example, adolescents with disability are as likely as their non-disabled peers to be equally sexually active. ***Exposure to sexual relationships appears to occur at the same rate among individuals with physical impairment as among their non-disabled counterparts. Individuals with disabilities are also as likely as non-disabled people to use drugs and alcohol (UNICEF 1999).***

Evidence have shown that they are likely to be victims of sexual violence or rape which makes them more vulnerable to reproductive health problems and are also less likely to access health care in such circumstances due to low self identities and constraints with mobility. Some other studies have also revealed that 92% of sexual abuse cases occur among children with loss of limbs, 19% of homosexual experience among crutches users and 1in 7 young persons who require wheel chair for mobility has a history of substance abuse and with limited factual knowledge about sexuality, HIV/AIDS and risky sexual behaviour. The decisions and choices they make about sexual behaviour are not informed by what they know; rather, they are part of the whole life situation. Their need to be loved and accepted, need for job security and family life, were more important than practicing ‘safe sex’. In addition, opportunities for safe sex exploration among disabled people, particularly those with physical impairment, are very limited. There is often a lack of privacy and they are much more likely than other young people to receive a negative reaction from an adult if discovered to be sexually active.

Worldwide, 600 million people live with one form of disability or another (UN 1993), One in 10 persons in any given population is considered to have one form of disability or another. 80% of these live in the developing world (Helander, 1999). Going by the United Nations estimate it means there are 12.6 million persons with disability in Nigeria and over 300, 000 in Osun state as at 1999 census. There are very few documented information about sexual health behaviour and experiences of individuals with disabilities in Nigeria and particularly in Osun state. Although huge resources in terms of money, energy and time are being invested in providing sexuality education for non-disabled young people while neglecting the needs of the disabled ones. In addition, Nigeria has developed a comprehensive national curriculum on FLE and

HIV education to provide age-specific sexuality education to young people at all levels of educational institutions. The gap observed in the curriculum is that, there is no provision for reaching students with disabilities.

The perception of people with disabilities as non-sexual beings also presented barriers for accessing sexuality education. Stakeholders who are expected to provide sexuality information and access to sexual health services may be influenced negatively by these views. Although some disabilities may result in loss of sexual function but does not mean a corresponding loss of sexuality. Sexual function may be impaired but the physical and emotional aspects of sexuality, despite the physical loss of function, continue to be just as important for disabled people as for non-disabled people. Reaching physically impaired young people with sexuality education, reproductive health services and clinical care presents unique challenges. Even when messages do reach disabled populations, low literacy rate and limited education levels complicate comprehension of these messages. The global literacy rate for adults with disability is as low as 3% for men and 1% for women with disability (Helander, 1999). Sexuality education is also often in-accessible to people who are blind or deaf who cannot access information through a conventional means, without certain communication aids that will facilitate learning and effectiveness of such messages in producing the desire change in behaviour.

If we accept that sexuality education is the life long process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy, which encompasses sexual development, reproductive health, interpersonal relationship, affection, intimacy, body image, and gender roles by all human beings. Research is therefore needed to determine access of young people with disability who have equal rights to sexuality education.

This post fellowship research is particularly focussing on three key areas:

- Sexual knowledge, experience and behaviour
- Major sources and methods of accessing sexuality information and
- Stakeholders involved in providing sexuality education

4.0 Goal

To provide an evidence-based case for inclusion of the sexual health needs of physically impaired young people in the implementation of the National FLE and HIV education curriculum in Osun State.

4.1 Objective

- To investigate the sexual health knowledge, experience and needs of young people with physical impairment.
- To identify available sexual health information sources and stakeholders involved in providing such information
- To document strategies for increasing access of physically impaired young people to sexuality education as identified by the participants

5.0 Pre-research activities

5.1 Advocacy/ mobilization

Advocacy and mobilization forms the bedrock of any successful programme or intervention. Prior to the commencement of data gathering for this study, advocacy visits were conducted to the management of the focused schools and the education authority in the state. This was done in order to effectively mobilize the school communities and other key stakeholders to gain their support for the success of the study. The schools visited by the research team include; Ijesha school for the handicapped Ilesha, The handicapped school Ikirun, School for the handicapped Osogbo and Iwo between 19th -22nd September 2006. The state primary education board, who is directly responsible for the children with disability were also visited and to take appropriate permission for conducting the study among the pupils for ethical reason.

During these visits, the purpose, aim and objectives of the study was fully explained to the stakeholders and their support was also sought most especially with selecting the participants for the study. The school heads and staff visited expressed their willingness to support the study.

5.2 Design of research instrument

Both the researcher and the resource person, who is an expert monitoring and evaluation officer, did the design of the research instrument. The WHO instrument for investigating sexuality and reproductive health knowledge, attitude and experiences of young people was adapted to suit the needs of the children with disability. The instrument that was finally produced include 37 item questionnaires for both boys and girls, 20 item focused group discussion for both boys and girls and 7 item key informant interview with the head teacher and another key instructor, male and female.

The questionnaire was structured into four sections; demographic information, knowledge of sexuality and reproductive health, sexual experience and sources of sexuality information. The focus group discussion played complimentary role in validating the information collected through the questionnaire. The KII also accessed information from the perspective of the school heads and other key teachers.

5.2.1 Research Instruments

- Adapted WHO questionnaires for young persons sexual and reproductive health
- 25 per school for boys and girls making 100 questionnaires
- Focus group discussion—2 groups (boys and girls) comprising of 6-8 individuals i.e. 8 FGDs in 4 schools.
- KII- 2 per school i.e. 8 KIIs- (Male and female Teachers)

5.3 Selection and training of research team

To effectively achieve the goals and objectives of any research there is the need to collect good data. Good data collection reduces cost and enables the researcher to understand the phenomena under study.

Excellent data collection starts with having competent and dynamic field staff that have a good grasp of the research objectives, understand the field instruments, can easily interpret to local language where necessary and can easily adapt to the demand

of the field. In this project which focuses on disable children there is also a need for the field staff to have a priori understanding of likely situation they might encounter on the field and to prepare them to adequately respond to their environments.
Therefore, 5-research assistant were selected for training. The compositions of the research assistants are of such that there were three females and two male. This gender disparity is essential to care for the issues of sexuality in the context of culture and religion.

5.3.1Training Goals
To build the capacity of the research assistants in excellent data collection method and prepare them for their task of interviewing pupils with disability.

5.3.2 Training objectives

- To introduce the research goals and objectives to participants
- To enhance data collection skills of research assistants
- To jointly review the research instrument for common understanding.
- To agree on terms for translation into local languages where necessary

6.0 Dates for data collection

- Monday 16th Oct 06
- Friday 20th Oct 06
- Monday 23rd Oct 06
- Wednesday 25th Oct 06

8.0 Research findings and discussion

8.1 Classification of respondents- Age
The mean age is 24.97 and the oldest was 31. This is typical in the school for the handicapped that at this age group they are still in primary school. But considering their peculiarities and the culture in which they were born and raised many parent will not think of sending their handicapped children to school until they are persuaded and this explain why a lot of them stay this old in the school.

This also called for enlightenment among parent on issues of handling handicapped children. This age structure is very insightful in issues of handicapped children; many of them are sexually matured even while in primary school and so can be easily exploited which may delay their schooling, expose them to STIs.
Age is an important demographic issue and this tells us what behavioral attitude to expect among this neglected set of people

8.1.1 Sex.
The accessible pupils were distributed as follows, 66.7% are males while 33.3% are females. From personal discussion we realize that though more female pupils enrol in primary 1, very few of them ever complete primary school as a number of them drop out from school for several reasons ranging from pregnancy to continuous absenteeism, the level of drop out among female pupils is considerably higher among female handicapped pupils than male.

8.1.2 Class in School

Though the pupils were advanced in age they are mostly in the middle primary school. Over 46% of them are in primary 3-5 even as teenagers, this implies that RSH programmes for this group cannot go with regular schools as their age and exposure will require a special curriculum that cares for their need in RSH be developed.

8.1.3 Religion, Religion group attendance and Importance of religion.

Religion is a very important way of life and a source of receiving and disseminating information. In our study only 2.4% of the pupils indicated that they are not affiliated with any religion, while 89% says they will attend a religious meeting at least once a week.96.4% of the pupils regard religion as an important part of their life. These assertions are avenues open for exploitation to disseminate correct SRH information even though it's not with its own barrier such as religious leader biases.

8.1.4 Residential Status

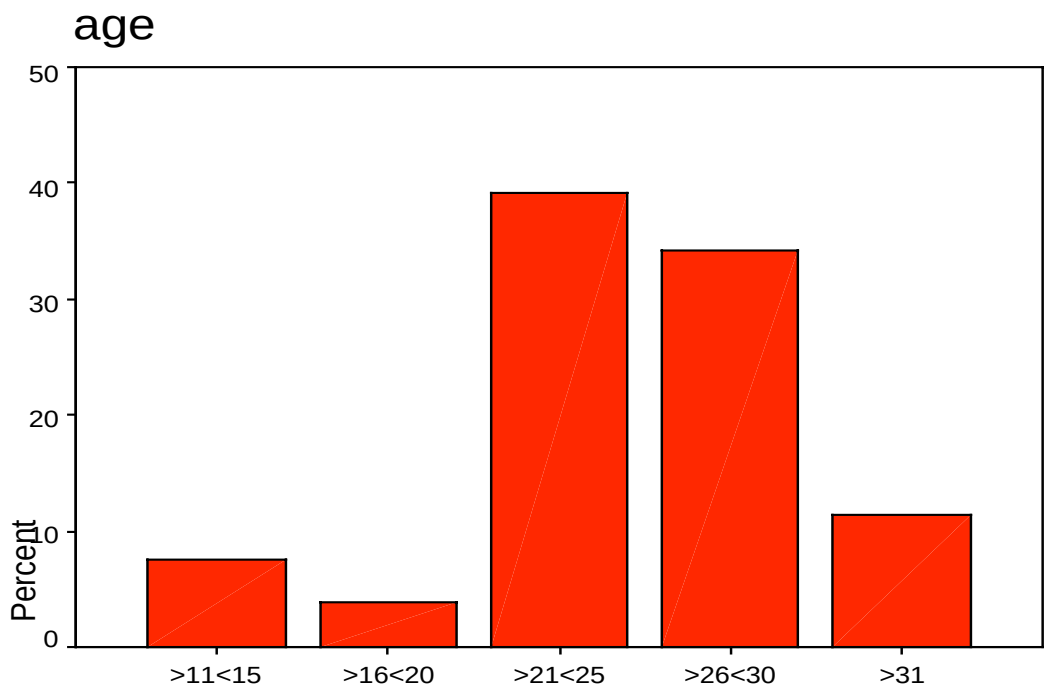
Residential status of the student is almost divided equally between home with parent and school hostel. This implies that the students are either at home with parents or in the school with teachers and care givers. In this case both teachers and parents will play important roles in serving as sources of information and can act as both counsellor and confidant. Therefore policy makers will have to find a way of integrating parents and teachers in developing appropriate sexual education curriculum and using them as medium of dissemination.

Table1: Classification of the Respondents

Variables	Descriptions	Frequency	Percentage	Total
Name of School	Ikirun SHC	24	28.6	**84**
	Iwo SHC	20	23.8	
	Osogbo SHC	18	21.4	
	Ilesha SHC	22	26.2	
Age Mean 24.97	>11<15	6	7.6	**79**
	>16<20	3	3.8	
	>21<25	31	39.2	
	>26<30	27	34.2	
	>31	9	11.4	
Sex	Male	56	66.7	**84**
	Female	28	33.3	
Class in School	pry 1	10	11.9	**84**
	pry 2	13	15.5	
	pry 3	13	15.5	
	pry 4	17	20.2	
	pry 5	10	11.9	
	pry 6	15	17.9	
Religion	None	2	2.4	**82**
	Catholic	9	10.7	
	protestant	27	32.1	
	Muslim	29	34.5	
	Others	15	17.9	

Source: Field Survey

Chart 1. Age and sex distribution of Respondent.



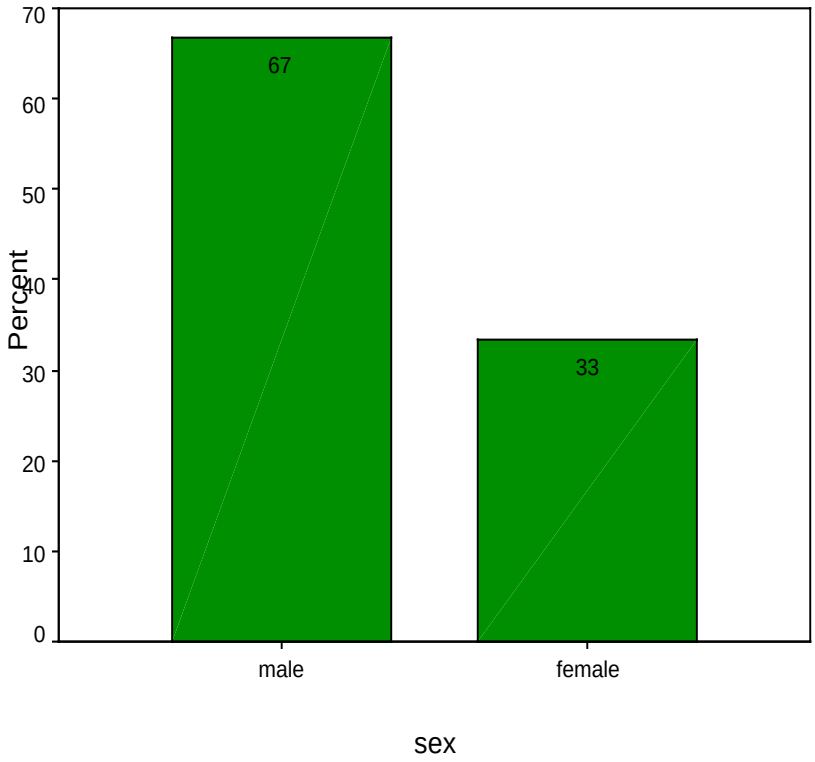
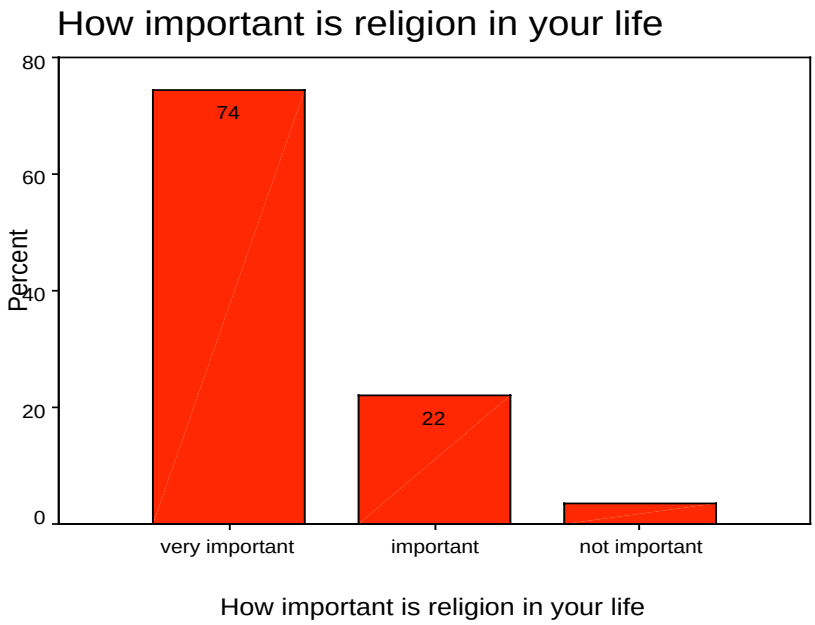
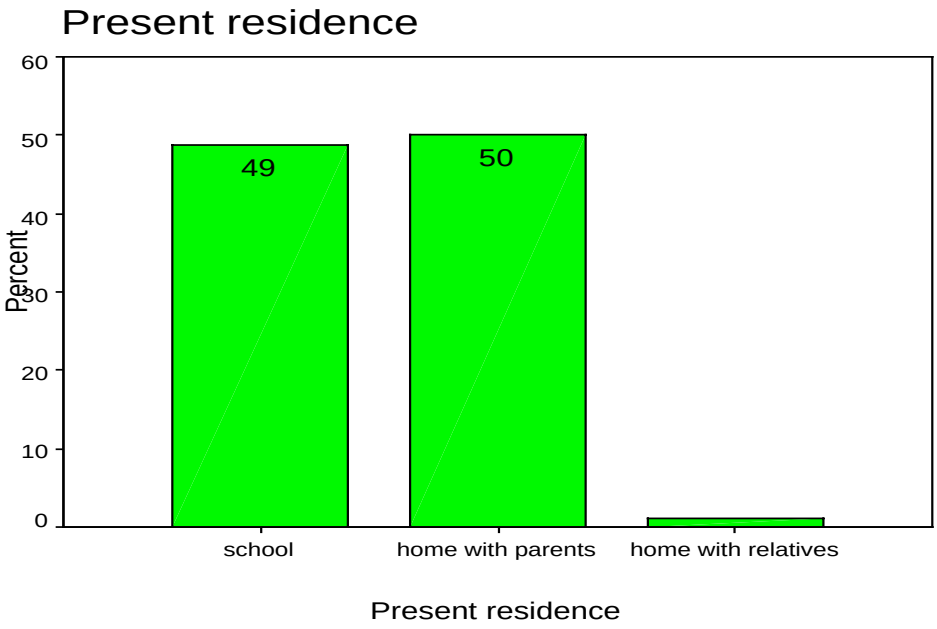


Chart 1





8.1.5 Knowledge of Sexual and Reproductive Health Education

The pupils displayed a low level of knowledge of reproductive health and sexuality, although they confirmed the presence of sexuality education in their schools but there are no structures (curriculum and trained teacher) and effective methodology for teaching disable pupils are not acceptable. For instance the types of flip chart available in our schools are not accessible to blind students and they therefore rely on others to inform them and according to the students there should be more classes on SRH and there should be specialised teachers., in our interview with teachers there is

not one teacher who is a specialist and who can adequately counsel these pupils without been biased

Several inconsistent answers to question on reproductive health make it difficult to ascertain the knowledge gap that needed to be filled in the SRH issues, but the glaring issues is that these pupils have haphazard knowledge and this is more dangerous state.

Table 2: Knowledge of Sexual and Reproductive health Education

Variables	Description	Frequency	Percent	Total.
Presence of sexual and reproductive classes in your school	Yes No Don't know	52 22 6	61.9 26.2 7.1	80
Do you think there should be more class on this topic	yes no	68 10	81.0 11.9	78
Can a woman get pregnant at first sexual intercourse	true false	54 12 15	64.3 14.3 17.9	81
Can a woman stop growing after ever had sexual intercourse	true false Not sure	19 50 11	22.6 59.5 13.1	80
Variables	Description	Frequency	Percent	Total.
Can masturbation cause serious damage	true false not sure	37 12 24	44.0 14.3 28.6	73
Women get pregnant in between menstrual period	true false not sure	49 9 19	58.3 10.7 22.6	77
Contact STDs, HIV if have sex with infected person	true false not sure	56 11 13	66.7 13.1 15.5	80

Source: Field survey

8.1.6 Discussion around sexual related matters

In the culture and environment in which we find ourselves sex is a very important issues and it's never discuss openly or with youths. We pretend that they don't know anything about sex or that they should not know. However the truth is sex is both been discussed and practices. 67% of the pupils discuss important matter with their parents but only 42.8% discuss sex issues with their parent while 40% will discuss with their friends outside the school and 5.7 will discuss with their mate while none of them will initiate sexual discussion with their teachers except when asked or coerced, again 54.6% of the pupils said they discuss sex issue.

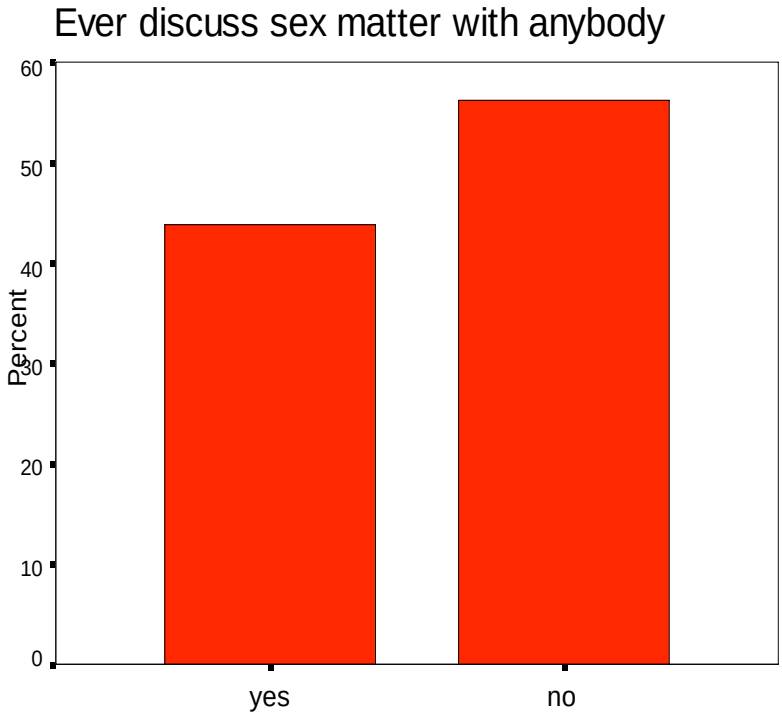
These assertions are very important in our discussion and confirm some prior expectations. Youths either handicapped or not are sexual beings and we need to realise that the right atmosphere is not been created to discuss issues of sex both at home and in schools this explains why a higher number of the pupils will discuss "important" issues with their parent or teachers but will discuss sex issues with friends and mates. The implication of this is that both wrong and inadequate information are passed on and the myth about sex goes on. During key informant interview (KII) with teachers almost all the teachers (both male and female) have talked with the pupils at one point in time about sexual matters, but on no occasion were the discussion initiated by the pupils and most times the discussion centres around dos and don'ts.

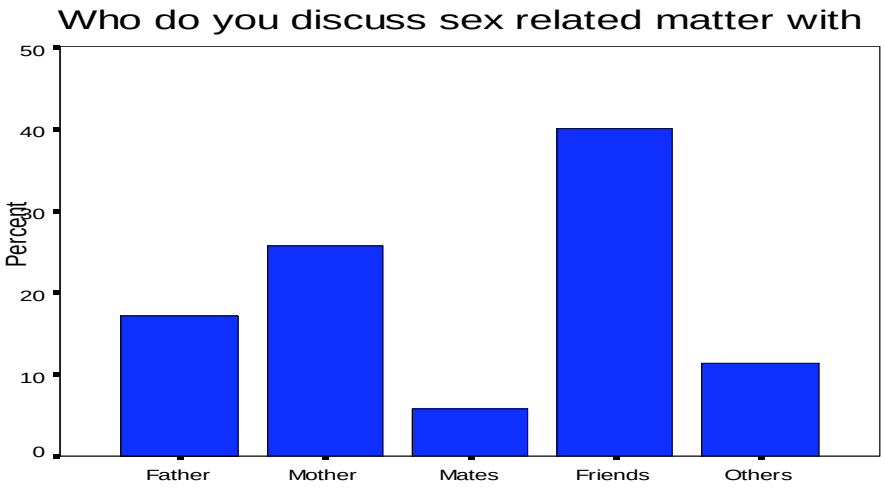
Table 3: Sex related matter

Variables	Descriptions	Frequency	Percentage	Total
Who do you discuss important matter with?	Father	32	39.0	**82**
	Mother	23	28.0	
	Teacher	8	9.8	
	Mates	8	9.8	
	Others	11	13.4	
Ever discuss sex matter with anybody	Yes	35	43.8	**80**
	No	45	56.3	
Who do you discuss sex related matter with	Father	6	17.1	**35**
	Mother	9	25.7	
	Mates	2	5.7	
	Friends	14	40.0	
	Others	4	11.4	
How often do you discuss sex related matter with anybody	Often	11	14.3	**77**
	Occasionally	31	40.3	
	Never	35	45.5	

Source: Field Survey

Chart3





8.1.7 Sexual behaviour and practices

Sexual practices are a common phenomenon among youths though many of such practices are done without any form of protection. In our interview 21.2% of the pupils agree that they satisfy their sexual urges by having sex while 13.1% masturbates, this also agree with the fact that 45% of them said they had boy/girl friends and 21.5% has more than one boy/girl friends at the same time. Currently there were more of them in a sort of relationship with 20.2 in more than one relationship currently, 31% agreed to have had sex with their partners. The interesting thing discovered is that all these people had sexual partners outside the school

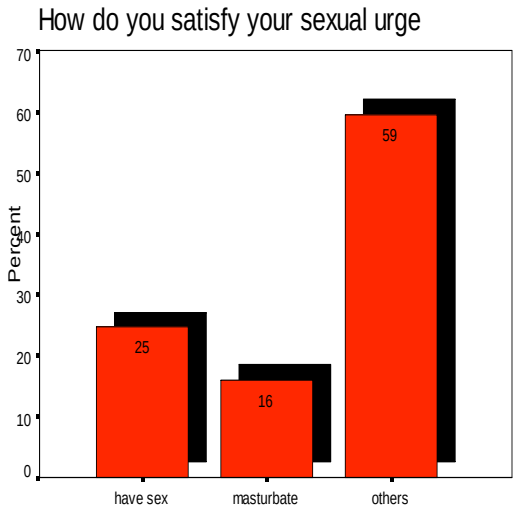
especially among the girls while a few boys agree to have female sexual partners among their mates. As with other youths the age of first sexual intercourse is not so different. The highest percentage of those that responded to this question had their first sexual experience before the age of 18 years as shown below.

Table 4: Sexual Behaviour and Practices.

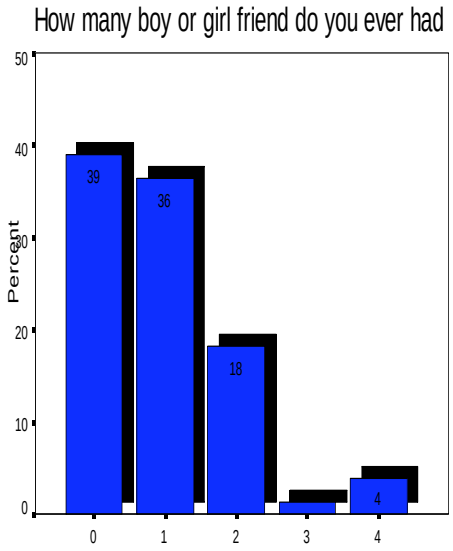
Variable	Description	Frequency	Percent	Total
How do you satisfy your sexual urge	have sex Masturbate Others	17 11 41	20.2 13.1 48.8	69
ever had boy or girl friend	Yes No cant remember	45 31 2	53.6 36.9 2.4	78
How many boy or girl friend do you ever had	0 1 2 3 4 10	30 28 14 1 3 1	35.7 33.3 16.7 1.2 3.6 1.2	77
currently in the relationship	yes no	40 33	47.6 39.3	73
ever engage in more than one relationship	yes no Cant remember	17 43 12	20.2 51.2 14.3	72
ever had sex with your partner or anybody	yes no cant remember	26 41 3	31.0 48.8 3.6	70
was it first sexual intercourse	yes no cant remember	20 33 10	23.8 39.3 11.9	63
age as at first sexual intercourse	10 11 12 13 14 15 16 18 20	1 1 5 3 3 5 1 3 1	1.2 1.2 6.0 3.6 3.6 6.0 1.2 3.6 1.2	30

Source: Field Survey

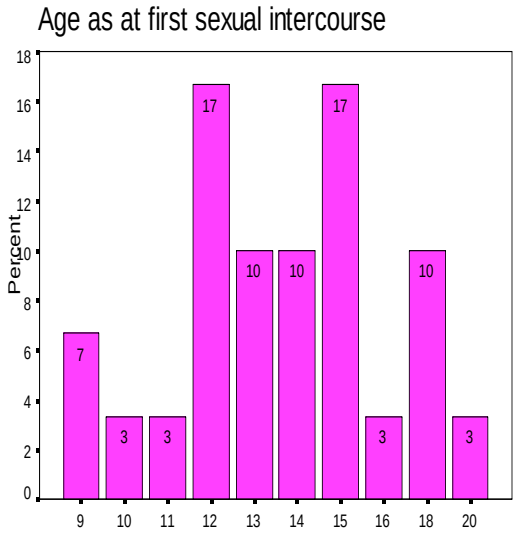
Chart 4



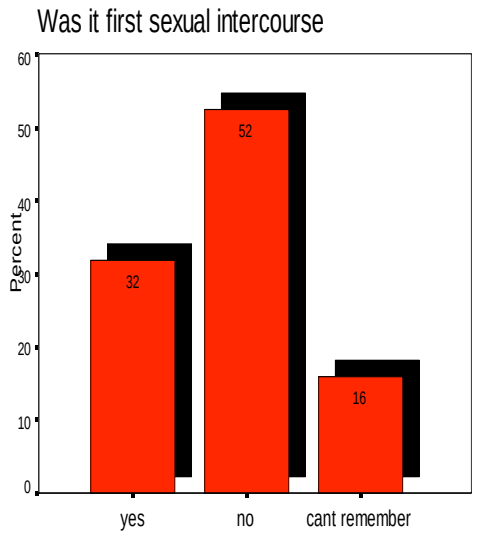
How do you satisfy your sexual urge



How many boy or girl friend do you ever had



Age as at first sexual intercourse



First sexual intercourse

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8.1.8 Knowledge and Use of contraceptives

Contraceptive as a means of reducing unwanted pregnancy and STIs contraction is not popular among the respondents e.g. only 8 of the sexually active reported even using any form of contraceptive during sexual intercourse while 61.9% said they have never use any of such. This is a great means of exposing themselves to risk of infection or pregnancy. Among those who reported to have used any form of contraceptive, condom seems to be preferred. Of the 65 who responded to the issues of ever getting pregnant before 10 pupils responded yes, this agreed with the fact that most of the

pupils in schools for disabled are advanced in age and are sexually active even before they enrol in schools.
Though a number of the pupils are sexually active, only 28.6% are concerned about contracting any STI including HIV though are aware, about 40.5% said they are aware but not concerned about contracting any STI/HIV. Risk reduction among the pupils is extremely poor and calls for urgent and concerted effort among all stakeholder.

Table 5: Knowledge and Use of contraceptives

Variables	Description	Frequency	Percent	Total
use any contraceptive when first had sex	yes no Total	8 52 60	9.5 61.9 71.4	**60**
what method of contraceptive used	Condom pill injection others	11 1 3 21	13.1 1.2 3.6 25.0	**36**
ever get pregnant before	yes no	10 55	11.9 65.5	**65**
what happen to the pregnancy	Currently pregnant abortion miscarriage live birth not sure	4 1 1 6 28	4.8 1.2 1.2 7.1 33.3	**40**
Ever concerned of contacting STDs, HIV	very concerned somewhat Not concerned	24 7 34	28.6 8.3 40.5	**65**
Able to reduce risk of infection	yes no	16 46	19.0 54.8	**62**
what did you do	use condom take medicines other	12 5 30	14.3 6.0 35.7	**30**

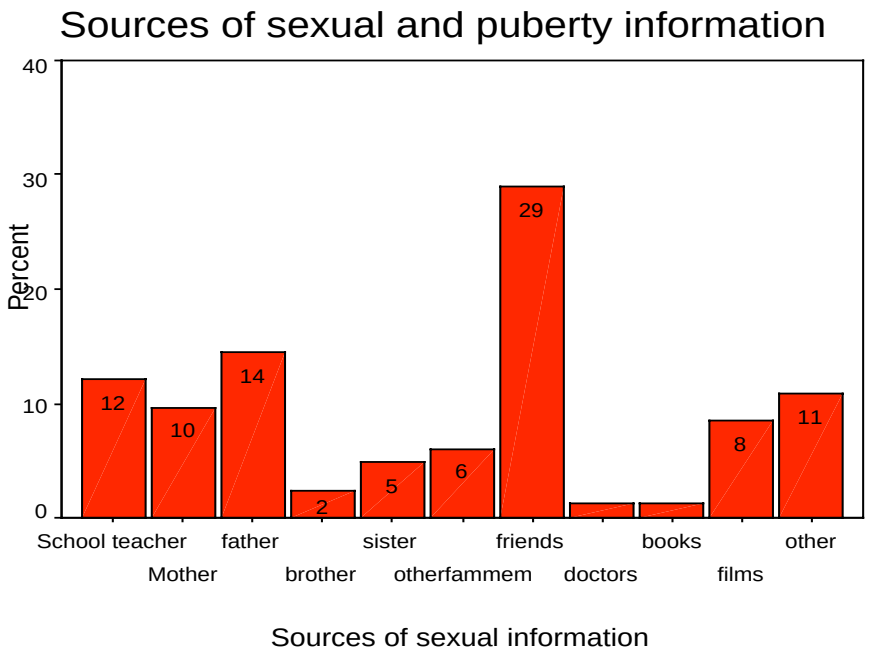
Source: Field Survey

8.1.9 Sources of sexuality information

It is not surprise that the majority of the handicapped children receive information from their friends. This is expected as the schools and home does not give room for such discussion termed as dirty. But the dangers are high, because this can lead to misinformation or acquiring wrong information. Of the number of student interviewed

29% receive information from friends'; the combinations of those who receive information from teachers', fathers and mothers are 36% of the respondents. This is a real issue of concern.

Sources of information
Chart 6



8.1.9.1 Preference for source of sexuality information
Interestingly the pupils know where they will prefer to receive the information they need. 74.1% of the pupils will prefer sexual information to come from teachers, fathers and mothers, but the truth revealed is that these media are failing in their responsibilities in the area of sexual education. A negligible 7.1% will prefer sexual information from friends, showing that the pupils are aware of the inherent problems of receiving information from friends

Table 7: **Preference for source of sexuality information**

	Prefer source of information	Frequency	Percent
Valid	school teacher	29	34.5
	Mother	16	19.0
	Father	15	17.9
	Brother	2	2.4
	Sister	4	4.8
	Friends	6	7.1
	Doctors	1	1.2
	Films	1	1.2
	Other	7	8.3
	Total	81	96.4
Missing	System	3	3.6
Total		84	100.0

Source: Field survey.

8.2 Provision of sexuality education in Osun State

Sexuality education is scarcely provide to student in the regular schools and completely absent in the schools for the handicapped in Osun State. One key reason for this situation is due to the fact that there are very few experts with the required knowledge and skills for providing the education. The national FLE/HIV and AIDS education curriculum has not been publicly adopted into the school curriculum. Although, the government is aware of the availability of the document in the state. The level of sexuality education and services provided is through the efforts of Life Vanguards, an NGO on health and development based in Osun State since 1994. Only recently did the UNFPA assisted Reproductive health programmes included Population and family life education in 300 out of close to 2000 secondary schools in the state.
Similarly there are only a few studies to determine gaps in knowledge, attitude and behaviour of youths in sexual health. Contraceptives are not readily available to youths. At best they may receive counseling and in most cases it is not sufficient to change their attitude.

From the findings of this study, there exist wide gap in reproductive and sexual health knowledge of young people and most especially youths with disability in Osun State. Previous pockets of studies in some small communities in the state are not sufficient to reflect and appropriately provide for the growing population of youths.

9.0 Research dissemination

The outcome of the research finding was disseminated to a group of stakeholders as a first step in raising the awareness for the need to provide for the sexual and reproductive health needs of pupils with disability. In attendance were the sample schools, others schools for the handicapped, special education desk officer, representatives from Ministries for health and education, NGOs, state RH coordinator, the media, among others.
Many of the participant commented on the neglect suffered by the pupils with disability and made commitment for carrying forward the outcomes on the study as change agents in their own way.

10.0 Limitations

The research work had some limitations as follows

- Study Sample was restricted to youths with disability in Osun State
- The research tools needed to be translated into local language as many of the respondents do not understand English language. Although prior to data collection, the research team agreed on common words in the local language, there may still be some inconsistencies.

11.0 Recommendation

"Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviours of individuals. It deals with the anatomy, physiology, and biochemistry of the sexual response system; with roles, identity, and personality; with individual thoughts, feelings, behaviours, and relationships. It addresses ethical, spiritual, and moral concerns, and group and cultural variations." (Haffner, 1990, p. 28) Thus, a person's sexuality cannot be separated from his or her social development, beliefs, attitudes, values, self-concept, and self-esteem. Being accepted and liked, displaying affection and receiving affection, feeling that we are worthwhile individuals, doing what we can to look or feel attractive, having a friend to share our thoughts and experiences these are among the deepest human needs. Our sexuality is intimately connected with these needs. Thus, our sexuality extends far beyond the physical sensations or drives that our bodies experience. It is also what we feel about ourselves, whether we like ourselves, our understanding of ourselves as men and women, and what we feel we have to share with others.

Sexuality education should encompass many things. It should not just mean providing information about the basic facts of life, reproduction, and sexual intercourse. "Comprehensive sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality" (Haffner, 1990, p. 28). According to the Sex Information and Education Council of the U.S., comprehensive sexuality education should address: facts, data, and information; feelings, values, and attitudes; and the skills to communicate effectively and to make responsible decisions.

This approach to providing sexuality education clearly addresses the many facets of human sexuality and should meet the following goals:

1. **Provide information**- all people have the right to accurate information about human growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDS, and other sexually transmitted diseases.

2. **Develop values**- sexuality education gives young people the opportunity to question, explore, and assess attitudes, values, and insights about human sexuality. The goals of this exploration are to help young people understand family, religious, and cultural values, develop their own values, increase their self-esteem, develop insights about relationships with members of both genders, and understand their responsibilities to others.

3. **Develop interpersonal skills**-sexuality education can help young people develop skills in communication, decision-making, assertiveness, peer refusal skills, and the ability to create satisfying relationships.

4. **Develop responsibility**- Providing sexuality education helps young people to develop their concept of responsibility and to exercise that responsibility in sexual relationships. This is achieved by providing information about and helping young people to consider abstinence, resist pressure to become prematurely involved in sexual intercourse, properly use contraception and take other health measures to prevent sexually-related medical problems (such as teenage pregnancy and sexually

transmitted diseases), and to resist sexual exploitation or abuse. (Haffner, 1990, p. 4)

When one considers the list above, it becomes clear that a great deal of information about sexuality, relationships, and the self needs to be communicated to children and youths. In addition to providing this information, parents and professionals need to allow children and youth opportunities for discussion and observation, as well as to practice important skills such as decision-making, assertiveness, and socializing. Thus, sexuality education is not achieved in a series of lectures that take place when children are approaching or experiencing puberty. Sexuality education is a life-long process and should begin as early in a child's life as possible.

Providing comprehensive sexuality education to children and youths with disabilities is particularly important and challenging due to their unique needs. These individuals often have fewer opportunities to acquire information from their peers, have fewer chances to observe, develop, and practice appropriate social and sexual behaviour, may have a reading level that limits their access to information, may require special materials that explain sexuality in ways they can understand, and may need more time and repetition in order to understand the concepts presented to them. Yet with opportunities to learn about and discuss the many dimensions of human sexuality, young people with disabilities can gain an understanding of the role that sexuality plays in all our lives, the social aspects to human sexuality, and values and attitudes about sexuality.

Unfortunately, many children with disabilities are socially isolated. They may have great difficulty building a network of friends and acquaintances with whom to share their feelings, opinions, ideas, and selves. A number of factors may contribute to their becoming isolated. The presence of a disability may make peers shy away, may make transportation to and from social events difficult, may require special health care, or may make the individual with the disability reluctant to venture out socially. A lack of appropriate social skills may also contribute to a person's social isolation.

Families and caregivers can help children and youth with disabilities widen their social circle in a number of ways. Families, which incidentally form one of the preferred sources of sexuality formation in this study, should be involved by laying the foundations of socializing at home, from early childhood on. (This includes emphasizing good grooming and personal hygiene, and teaching children the basics of self-care.) Another way parents can help is by discussing and exploring with their child what makes for good friendships, how friendships are formed and maintained, and some reasons why friendships may end. Children and youths with disabilities need to be aware that they may have to be the initiator in forming friendships. In the beginning, this may be difficult for young people with disabilities.

Children with disability can learn valuable interpersonal skills and develop an awareness of their own responsibility for their bodies and their actions. Ultimately, all that they learn prepares them to assume the responsibilities of adulthood, living, working, and socializing in personally meaningful ways within the community.

Thus, both parents and the school system assume responsibility for teaching children and youths about appropriate behaviour, social skills, and the development of sexuality. Parents are strongly encouraged to get information about what sexuality education is provided by the school system and to work together with the school

system to ensure that the sexuality education their child receives is as comprehensive as possible.

In addition to the above, the government, NGOs, private sector and other key stakeholders can also be involved in providing sexuality education for pupils with disability if according to WHO report that says 10% of any population are somehow handicapped is to be considered, then effort in policy inclusion of disable people has to be increased and this can only be done through facts and figure like this presented.

Therefore there is need or concerted effort by parents, teachers, concerned citizen and all stakeholders to come together and help government in caring for the disabled.
Some of the ways this can be achieved are.

- Compulsory education for all disable pupils
- Parent should be encouraged to bring disable pupils out of hiding
- Laws should be enacted that enforce recommendation the right of disable youths
- Sexuality education Teaching aids should be produce and made user friendly for all categories of disability
- SRH specialised teachers should be trained and employed in the schools for the handicapped.
- Special remuneration package for teachers of disabled children as an incentive may be essential.
- Sexual and reproductive health education should be included in school curriculum.
- Regular update and retraining for teachers in the schools for the handicapped.

Appendix 1

African Regional Sexuality Resource Centre. Sexuality Development and Leadership Fellowship Survey.
Questionnaire on Access of Young Persons with Disability to Sexuality Education (QAYDPSE)

Please introduce yourself explicitly and receive the consent of the entire group members verbally before you go further. Let them know that the purpose of the interview is purely for research and it does not in anyway affect their work or status and that you are not taken their names for confidentiality and that whatever they say will not count against them now or in the future.

Instruction: Tick the appropriate has given by the respondent.

1. Sex of respondent Male 1 Female 2

2. Age of respondent…….

3. What class are you? .....

4. Where do you leave presently? School 1, Home (with parents) 2, Home (with relatives) 3

5. Is your school run by government 1, a particular religion 2, or religious group 3?

6. What is your religion? None1, Catholic 2, Protestant 3, Muslim 4

Others (specify)…… 7

7. How often do you usually attend religious services? Every day 1, At least once a week 2, At least once a month 3, At least one a year 4, Less than once a year 5, Never 6

8. How important is religion in your life? Very important 1, Important 2,

Not important 3

9. Who do you discuss important issues with? Father 1, Mother 2,

Teacher 3, Mates 4, Others (please specify)…….5

10. Have you ever discuss sex related matter with anybody. Yes 1, No 2.

10b. If yes who Father 1, Mother 2, Teachers 3, Mate 4, Others (specify) 5

11. How often do you discuss sex related matters? Often 1, Occasionally 2, Never 3

12. Young people learn about **puberty** - I mean the ways in which boys' and girls' bodies change during the teenage years - from many sources. They may learn from teachers at school, parents, brothers and sisters, from friends, from doctors or they may learn from books, films and magazines. What has been the most important

source of information for you on this topic? And the second most important? CIRCLE MOST IMPORTANT IN COL 1 AND SECOND MOST IMPORTANT IN COL 2 (circle as many as possible)

	Most Important	Second most important
School teacher	01	01
Mother	02	02
Father	03	03
Brother	04	04
Sister	05	05
Other family members	06	06
Friends	07	07
Doctors	08	08
Books/magazines	09	09
Films/Videos	10	10
Other (Specify……)	11 ……...……..	11 ……...……..

13 From whom, or where, would you prefer to have received more information on this topic?

	Preferred
School teacher	01
Mother	02
Father	03
Brother	04
Sister	05
Other family members	06
Friends	07
Doctors	08
Books/magazines	09

Films/Videos	10
Other (Specify……)	11

14. Now I want to ask you a similar question about sources of information on the **sexual and reproductive systems of boys and girls** - I mean where eggs and sperm are made and how pregnancy occurs. What has been the most important source of information on this topic? And the second most important? CIRCLE IN COLS. 1 AND 2.

	Most Important	Second most important
School teacher	01	01
Mother	02	02
Father	03	03
Brother	04	04
Sister	05	05
Other family members	06	06
Friends	07	07
Doctors	08	08
Books/magazines	09	09
Films/Videos	10	10
Other	11	11
(Specify……)	……..……..	……..……..

13. From whom or where, would you prefer to receive (or prefer to have received) more information on this topic?

	Preferred
School teacher	01
Mother	02
Father	03
Brother	04
Sister	05
Other family members	06
Friends	07
Doctors	08
Books/magazines	09
Films/Videos	10
Other (Specify……)	11

16. Some schools have classes on puberty, on sexual and reproductive systems and on relationships between boys and girls. Are there such classes in your school Yes 1, No 2, I don't know 3.

16b.Did you ever attend school classes on any of these topics? Yes 1, No 2, Not sure 3, and Never attended 4.

17. Do you think there should be more class on this topic? Yes 1, No 2.

18. A woman can get pregnant on the very first time that she has sexual intercourse. True 1, False 2, Not sure 3.

19. A woman stops growing after she has had sexual intercourse for the first time. True 1, False 2, Not sure 3

20. How do you satisfy your sexual urge? Have sex 1, Masturbate 2, Others 3

21. Masturbation causes serious damage to health of boys and girls. True 1, False 2, Not sure 3.

22. A woman is likely to get pregnant if she has sexual intercourse halfway in-between her menstrual period. True 1, False 2, Not sure 3.

23. Boys and girls can contract sexually transmitted infections such as gonorrhoea, HIV etc when they have sex with infected persons. True 1, False 2, Don't know 3.

Sexual relationship/ experience

24. Have you ever had a girl/ boy friend? By girl/boy friend, I mean someone to whom you were sexually or emotionally attracted and whom you 'dated' (*use local terms to specify going out together unaccompanied by other adults*). Yes 1, No 2. I can't remember 3.

25. How many girl / boy friends have you had? .....

26. Does the relationship(s) still exist Yes 1, No 2

27. During the time you were/have been 'dating' did you 'date'/have you 'dated' anyone else? Yes 1, No 2, I can't remember 3.

28. Did you ever have sexual intercourse with your date during the period you were dating him/her or with somebody else? Yes 1, No 2, I can't remember 3.

29. Was this the first time that you had penetrative sexual intercourse in your life? Yes 1, No 2, I can't remember 3

30. How old were you at the time you first had sex ?.....

31. On that first time did you do anything to avoid pregnancy? Yes 1, No 2.

32. What method did you use? Condom 1, Pill 2, Injection 3, Withdrawal 4, Safe period 5, Others 6…….

33. Did you ever become pregnant. Yes 1, No 2

34. What happened to the pregnancy? Currently pregnant 1. Abortion 2. Miscarriage 3.Live-birth 4 .Not sure 5.

35. Were you ever concerned that you might contract HIV or another sexually transmitted disease from sexual partner? IF YES Very or somewhat? Very concerned 1.Somewhat concerned 2. Not concerned 3

36. Were you able to do anything to reduce the risk of infection Yes 1.No 2.

37. What did you do? *Probe:* Use condoms 1. Take medicines 2. Other 3 ……

Appendix 2

African Regional Sexuality Resource Centre. Sexuality Development and Leadership Fellowship Survey.

FGD guide for Girls

Please introduce yourself explicitly and receive the consent of the entire group members verbally before you go further. Let them know that the purpose of the interview is purely for research and it does not in anyway affect their work or status and that you are not taken their names for confidentiality and that whatever they say will not count against them now or in the future.

1. How do young people of your age usually find out about relationships, sex and contraception?
2. Whom or what do young people rely on for information?
3. Do young people of your age talk openly to other people about sex and related issues?
4. Is there anyone that young people don't talk to? Don't like talking to?
5. Whom or what are the most important sources of information to young people?
6. Do the sources of information vary for young men and women?

For girls:

1. Do young girls of your age talk about sex with friends?

- Does this tend to be with male and/or female friends?
- With one person or in groups?

2. How do girl of your age talk about it?

3. Do you have sex education in your school?
4. How do you feel about the sex education that is provided in school? And is it useful?
5. How do you feel about school teaching young people like yourselves about relationships, sex and contraception?
6. Do you think young people would find the introduction of classes on sexual issues useful?
7. What proportion of young men/women of your age do you think are sexually active?
8. At what age would you say young people start having sex?
9. What discussions/negotiations go on before sex takes place?
10. Is it generally acceptable for young people to have sexual relations when they are not married?
11. How do people react if a young man becomes a father?
12. Why do you think men of your age have sex?
    - What do you think they get out of it?
    - What do you think it means to them?
13. Do young people get sexual experience in ways other than with someone they are dating?

- How?
- With whom?
- What proportions?

14. To what extent do you think that people of your age are pressured into sex?
15. To what extent do you think that people of your age are pressured into sex by their friends?
16. To what extent do you think that some men of your age are pressured about sex by women, older women?
17. Are young men / women able to avoid pressures? If yes probe for how

18. To what extent do you think HIV/AIDS is a risk to young people of your age?

19. Are young people more worried / concerned about pregnancy or HIV/AIDS and other STIs?

20. Who is normally responsible for contraception and protection?

21. How do young people feel talking about contraception with partners?

22. What do young people think about condoms?
    - What are their advantages and disadvantages?
    - Should men/women carry them around?

23. Where do young men and women generally obtain their condoms from?

24. Can you list for me all the places and people young people are able to visit and talk to, to find out about sex, contraception, STIs?

25. Where do you think young people's sexual health services should be held (location)?

26. Who should provide the information and advice?

Appendix 3

African Regional Sexuality Resource Centre. Sexuality Development and Leadership Fellowship survey.

Please introduce yourself explicitly and receive the consent of the entire group members verbally before you go further. Let them know that the purpose of the interview is purely for research and it does not in anyway affect their work or status and that you are not taken their names for confidentiality and that whatever they say will not count against them now or in the future.

FGD guide for boys

1. Tell me what you know about boy/girl relationship
2. How do young people of your age usually find out about relationships, sex and contraception?
3. Whom or what do young people rely on for information?
4 Do young people of your age talk openly to other people about sex and related issues? how
5 Is there anyone that young people don't talk to? Don't like talking to? And why?
6 Whom or what are the most important sources of information to young people?
7. What are the different sources of information for boys and girls

For boys:

1 How do young boys of your age talk about sex with friends?
   - Does this tend to be with male and/or female friends?
   - With one person or in groups describe?
2 How do boys of your age talk about it?
3 How do you receive education about sex in your school?
4 How do you feel about the sex education that is provided in your school? Is it useful? How?
5 How do you feel about school teaching young people like yourselves about relationships, sex and contraception?
6 How useful would young persons find sexual education classes? Probe for benefits of sexual education.
7 What proportion of young boys of your age do you think are sexually active?
8 At what age would you suggest for young people to start having sex?
9 What discussions/negotiations go on before sex takes place?

10 Is it generally acceptable for young people to have sexual relations when they are not married? Why or why not

11 How do people react if a boy becomes a father/mother?

12 Why do you think boys of your age have sex?

- What do you think they get out of it?
- What do you think it means to them?

13. Do young people get sexual experience in ways other than with someone they are dating?

- How?
- With whom?
- What proportions?

14. To what extent do you think that people of your age are pressured into sex? How and by whom, probe for older men/women

15. Are young boys/girls able to avoid such pressures? If yes probe for how

16. To what extent do you think HIV/AIDS/STI/pregnancy is a risk to young people of your age?

17. Who is normally responsible for contraception and protection? And why

18. How do young people feel talking about contraception with partners?

19. What do young people think about condoms?

- What are their advantages and disadvantages?
- Should boys/girls carry them around?

20. Where do young girls/ boys generally obtain their condoms from?

21. Can you list for me all the places and people that young people are able to visit and talk to, to find out about sex, contraception, STIs?

22. Where do you think young people's sexual health services should be held (location)?

23. Who should provide the information and advice?

Appendix 4

African Regional Sexuality Resource Centre. Sexuality Development and Leadership Fellowship.

Questionnaire on Access of Young Persons with Disability to Sexuality Education (QAYDPSE)

Please introduce yourself explicitly and receive the consent of the entire group members verbally before you go further. Let them know that the purpose of the interview is purely for research and it does not in anyway affect their work or status and that you are not taken their names for confidentiality and that whatever they say will not count against them now or in the future.

Teachers KII

Guideline for the interviewer.

The interview is to determine teacher's sexual health knowledge and capacity to provide sexuality information to the pupils.

1. For how long have you been working with persons with disability?
2. In your on opinion, who will you describe as adolescent? And what are their characteristics?
3. What are the changes you think young people experience as they grow into adolescents?
4. What do you think are responsible for these changes?
5. Do boys and girls talk to you about these changes if yes what are some of their complains
6. What type of counsel do you give to them considering their several and diverse need?
7. What is your opinion of young people engaging in sexual act? Probe further for reason
8. What are sexually transmitted infections, how are they contracted and how can they be prevented? (Probe further for any omission HIV especially)
9. What type of curriculum do you use on sexual and reproductive health in this school?
10. Have you or any other staff of this school attended any training in reproductive and sexual health before? If yes probe for the content of the training and if no why.
11. In your opinion should government include issues of sexual and reproductive health in school curriculum and why?

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