

Rights versus Risks: The Tension in Sexual Education for Learners with Intellectual Disability

by

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## Abstract

South African society has a high prevalence of sexual abuse and violence, and those with intellectual disability (ID) are more likely to be victimized. Therefore, there is a need for sexual education programmes that cater to learners with ID. In South Africa, national policy overlooks individuals with moderate to severe intellectual disabilities who are predominately placed in separate special needs schools. Gaps in skills, resources and attitudes required for effective curriculum implementation are reported barriers to implementing sexual education. Furthermore, barriers to implementation are compounded by pre-existing societal stigma surrounding both sexuality and disability. This exploratory study thus aimed to examine educators' experiences of using the Western Cape Forum for Intellectual Disability's *All About Me* sexual education programme. Interviews conducted with 15 educators and management staff aim to explore, describe and identify the facilitating factors and barriers to its implementation. The research design entails Template Analysis of interview data, using a priori codes drawn from existing literature in the interpretation of results. The key finding was that school staff struggle to balance learners' rights to sexual education while protecting them from sexual risks. Recommendations are made for a whole-school balance of rights versus risks approach, supported by policy, and teaching sexual education from a young age – prior to puberty and maturation. Effective implementation entails a progressive curriculum with accessible resources that are contextually relevant. Addressing attitudes via regular training and open discussions are necessary for a shift in attitudes regarding ID and sexuality, for which parents are to be included in the process. Further research is required into effective sexual education for those with ID.

## Chapter 1: Introduction

Currently South Africa is shifting towards a more inclusive policy and transformative approach in Education (Department of Basic Education, 2001). This shift has a direct impact on marginalized communities of adults and children diagnosed with intellectual disability (ID) (Adnams & Johns, 2016): national policy caters to the learning-disabled within mainstream schools yet the emphasis on mainstreaming overlooks individuals with moderate to severe intellectual disabilities who are predominately placed in separate special needs schools (Department of Basic Education, 2001). Current policy thus, in effect, creates gaps in skills, resources and attitudes by ignoring the needs of those with ID.

There is a high prevalence of sexual abuse and violence directly impacting those with ID (Butler, 2016). Bornman, Nelson, Kershaw, and Ledwaba (2011) report on two studies – in Australia and Canada – finding over 50% of women with disabilities had experienced sexual exploitation (assault, rape or abuse) before they had reached adulthood. While there is a lack of research and available statistics on the prevalence of sexual abuse targeting individuals specifically with ID in South Africa (Department of Social Development, Department of Women, & UNICEF, 2012), international studies reflect a common trend where individuals with ID are more likely to be sexually abused than their non-disabled counterparts (Carter, 2016). Susceptibilities such as gaps in knowledge and poor self-efficacy skills may be compounded by the stigma that heighten their risk of sexual exploitation (Adnams & Johns, 2016).

Despite the reported risk factors, studies reflect an absence of comprehensive sexual education and support of individuals with ID, their parents and educators (Adnams & Johns, 2016; Chappell, et al., 2018; 2018). In South Africa, the Curriculum and Assessment Policy Statements (CAPS) provides educators with detailed guidelines of what to teach and how to assess learners on a grade and subject-specific basis, including sex education. However, there is no separate curriculum that caters to learners with moderate to severe ID and instead, national policy proposes an adapted version of this mainstream programme (Department of Basic Education, 2001; 2018). Very few accessible resources

exist as supporting learning material and a lack of training in sexual education for educators (especially in special needs schools) create significant barriers to the implementation of appropriate curriculum objectives (Adnams & Johns, 2016). Between the policy failure and their vulnerability, further inquiry into the facilitating factors and barriers to the implementation of sexual education programmes and supporting school policy is required – addressing the sexual exclusion and inequalities experienced by those with ID (Chappell, Hanass-Hancock, Johns, & Nene, 2018).

From this gap, a risks versus rights tension emerges and highlights the current bias towards teaching content that is fear-based and restrictive. Adnams and Johns (2016) describe existing sexual education programmes and resources for learners with ID in South Africa revealing a skewed approach towards a risks discourse. Their study showed how protection against sexual abuse, sexually transmitted infections and sexually appropriate behaviour is prioritised. Empowering messages that foster positive sexual self-esteem are excluded and the possibility of individuals with ID having pleasurable sexual experiences – alone and with others – go unacknowledged.

In response to the need for a more rights-based approach, the Western Cape Forum for Intellectual Disability (WCFID) has created a sexual education programme – *All About Me* – which aims to empower educators and care staff to facilitate sexuality, HIV and AIDS education (Butler, 2016; Johns, 2007). Whilst educators' initial reports indicated increased levels of confidence in teaching sexual education, further research is required to explore whether they remain motivated in their implementation of the programme, post-training (Johns, 2017). The aim of my research is to investigate educators' experiences of using the *All About Me* programme, and the facilitating factors and barriers to implementation.

### **Research Questions**

What are educator's experiences of teaching the *All About Me* sexual education programme to learners with intellectual disability?

- I. Is sexual education being taught?
- II. What are the factors that facilitate the implementation of the programme?
- III. What are the factors that act as barriers to the implementation of the programme?

## Chapter 2: Literature Review

Chappell and colleagues (2018) state that people with disabilities make up 15% of the population worldwide, and that amongst that demographic, children with intellectual disabilities are 3 to 8 times more likely to be abused compared to those without. Within South African marginalized communities, there is a high prevalence of sexual abuse, violence, HIV and AIDS – all of which directly impacts individuals with disabilities (Adnams & Johns, 2016).

Currently, ‘disability’ is used as an umbrella term to describe physical, sensory (visual or hearing), intellectual or mental impairment (Aderemi & Pillay, 2013; Aderemi, Pillay, & Esterhuizen, 2013). ‘Intellectual disability’ (ID) is defined as a long-term cognitive impairment that is diagnosed in childhood based partly on an individual’s Intelligence Quotient (IQ) score obtained from a battery of standardized tests. IQ tests are designed to assess human intelligence and look at an individual’s current cognitive skills. Assessments of adaptive functioning are essential supplementary tests evaluating the social and emotional maturity of a child, compared to their cohort. These assessments help to evaluate life skills and abilities and form a broader sense of an individual’s functioning and capacity to learn (Adnams & Johns, 2016). In the medical discourse, levels of cognitive disability are diagnosed and categorized as ‘mild’ (an IQ of 50- 69), which accounts for 80% of the South African population of individuals with ID. ‘Moderate’ is based on an IQ of 35- 49 and accounts for 10%, ‘severe’ (20- 34) accounts for 4%, whilst ‘profound’ (below 20) accounts for 2% of the South African population with ID (Aderemi & Pillay, 2013; Adnams & Johns, 2016).

Block (2000) states that individuals are often defined by their disability and that every other personal characteristic becomes secondary. The stigma attached to ID often results in social exclusion, including a lack of access to sexual and reproductive health services, and evokes negative feelings and beliefs (Adnams & Johns, 2016; Chappell, et al., 2017, 2018).

One stigmatizing premise that shapes the lives of individuals with ID is that they are incapable of continued learning and development. This premise deprives individuals of further development and of learning opportunities, implying that educational interventions, ongoing support and access to

services are futile (Aderemi & Pillay, 2013). A key concept in ID is that of the ‘mental age’, an assessment of mental ability based on the chronological age in which it takes an average person to reach the same level of mental attainment. It is usually measured by standard intelligence tests and implies that the path of intellectual development is the same for all children. However, this concept fails to acknowledge the natural physiological maturation processes (including sexual maturation) intrinsic to all human development – regardless of intellectual impairment (Adnams & Johns, 2016).

**Historical, cultural and social contexts.** It is critical that individuals are viewed within their contexts and to acknowledge the contributing factors of their development, current functioning and place in society. Historical, cultural and social contexts have thus shaped the current experiences of individuals and constructed the pervasive ID and sexuality discourse (Adnams & Johns, 2016; Wilson, McKenzie, & Kahonde, 2016).

Two polarizing assumptions follow from this premise, and have become prevalent across historical, social and cultural narratives. The first assumption depicts individuals with ID as social threats who need to be separated, supervised and managed, in order to protect social order. The “social threats” perspective views individuals with ID as oversexed and aggressive (Block, 2000; Chappell et al., 2017; Isler, Tas, Beytut, & Conk, 2009). Society views their sexual expression as a lack of inhibition and inability to control urges and behaviour (Isler et al., 2009). The contrasting assumption views individuals as sexually vulnerable beings who lack social skills and cognitive capacities required to survive within a rejecting society. The “vulnerable” perspective infantilizes individuals with ID and portrays them as asexual and innocent (Aderemi et al., 2013; Chappell et al., 2017). Being non-sexual implies one as incapable of having sexual relations, therefore deeming sexual education or social skills support irrelevant (Chappell, et al., 2018).

Both representations of ID and sexuality suggest a position of inequality and infer that one is less desirable sexually, thus an unlikely victim of sexual abuse (Aderemi et al., 2013). Education, marriage and child-rearing are not viewed as realistic goals from either perspective and thus become issues of inequality and human rights (Block, 2000). Sexual orientation too is often not recognized or

valued in discussions of ID and sexuality in society (Couwenhoven, 2001). These contrasting perspectives perpetuate fear and avoidance of disability and sexuality – viewing the discourse as dangerous and risking promoting inappropriate sexual behaviour (Chappell et al., 2017; 2018; Sweeney, 2008).

Adnams and Johns (2016) call attention to the lack of evidence supporting societal fear that teaching sexuality increases sexual behaviour in mainstream youth, or for those with ID. Instead, their evidence points to improving positive decision-making in individuals with ID, and in moving towards a more progressive and inclusive society. Sexuality is a human trait and denying individuals the right of sexual agency is disempowering and puts the individual at greater risk of exploitation (Chappell et al., 2017; 2018; Hayashi, Arakida, & Ohashi, 2011; Lazcano-Ponce, & Katz, 2008; Sweeney, 2008).

Bornman et al. (2011) report that in low- and middle-income countries, instances of sexual abuse involving adolescents with ID tend to be 1.7 times more likely, compared to their cohort without any form of disability (Bornman et al., 2011). Despite these findings, the victimization and marginalization of individuals with ID remains largely unaddressed and taboo (Aderemi et al., 2013; Bornman et al., 2011).

A risks versus rights tension thus emerges, based on the notions of protecting versus empowering individuals with ID, that can be perceived as polarized. In South Africa, the prevalence of sexual abuse and rape are reportedly high, and the continuing HIV pandemic highlights the vulnerabilities of marginalized groups, such as those with intellectual disabilities (Adnams & Johns, 2016). These contextual factors motivate for the protection of individuals with ID. However, it seems the risk discourse often excludes a narrative aimed at empowering and transcending societal stigma so that individuals may lead fully sexual lives. Individuals with ID require appropriate assistance in decision-making and opportunity to assert their rights, with support, so that they do not remain uneducated and at risk of rape and abuse (Capri et al., 2018). This assistance may help establish a balance between empowering and protecting individuals. Rohleder and Swartz (2009) suggest that there is no straightforward solution to mediate the two discourses, but emphasise that educators,

parents and community members need to find ways of educating without problematizing sex and sexuality by empowering learners to have fulfilling, pleasurable, yet safe, sex lives.

One example of how these discourses have played out is forced sterilization of women with ID, which denies individuals with ID the right to make informed decisions about having relationships or building a family – permanently ending their ability to reproduce through surgical means. Motivation for the procedure is largely based on the common misconceptions held about ID and sexuality (Chappell et al., 2018). Pownall, Jahoda, and Hastings (2012) state that it is easier to address the practical barriers to inclusion than it is to discuss the underlying attitudes in society and subsequent sexual exclusion of those with ID. The sexual wellbeing and support of individuals with ID is therefore neglected or ignored (Aderemi & Pillay, 2013; Pownall et al., 2012).

**Policy issues.** Based on historical representations, one can trace the positive development of human rights policies and appreciate the legal provision made for comprehensive sexual education towards eliminating discrimination. Article 23 of the Protocol to the African Charter on Human and People's Rights of Women in Africa acknowledges the need for protection from violence, discrimination and sexual abuse for women with disabilities. However, it is an example of policy that fails to support a positive discourse on sexuality in relation to women, particularly with ID, by not expanding on the right to health to include sexual and reproductive health (Murungi & Durojaye, 2015).

The Sexual Offences Act (No. 32 of 2007) is another policy that aims to protect adults with ID from sexual exploitation, sexual grooming and exposure to pornography. However, the written law also states that someone with a mental disability is incapable of consenting to a sexual act. The term 'mental disability' is not defined as a diagnosis nor is an IQ stipulated (Adnams & Johns, 2016). Instead, it looks at whether the individual could consent at the time of the offence. This may be problematic as it can be misconstrued as all sexual acts as abusive. This notion further compounds fears of sexual education and of individuals with ID as sexual beings (Adnams & Johns, 2016; Bornman, Nelson, Kershaw, & Ledwaba, 2011).

In contrast, Chapter 2 of the Constitution of the Republic of South Africa 1996 portrays a more rights-based approach which clearly outlines a right to information and to equal protection under the law. These rights infer information that is accessible – catering to specific needs – and allows individuals to participate in health decisions. Therefore, this human rights approach assumes the need for accommodation so that people with disabilities can participate in decisions concerning their well-being to the best of their abilities (Adnams & Johns, 2016; Chappell et al., 2018). To accomplish this accommodation, a progressive, rights-based shift in societal attitudes is required and calls for implementation of sexual education within a culturally and gender-sensitive framework (Chappell et al., 2017; Johns, 2017).

**Economy and services.** Beyond the policy environment, the South African population is confronted by contextual challenges that negatively affect marginalized communities. Low socioeconomic statuses and poverty have a direct impact on access to education, services and support – including poor sexual and reproductive health services (Chappell et al., 2018; Lazcano-Ponce, & Katz, 2008); this is further compounded by ID (Aderemi & Pillay, 2013; Chappell et al., 2018; Lazcano-Ponce, & Katz, 2008; Pownall et al., 2012). Thus, individuals with ID in the South African context often face twin marginalisations (Chappell et al., 2018).

**Cultural values and beliefs.** Cultural values and beliefs, sometimes dictated by religious principles and practices, affect views on marriage, sex, cohabitation and the sexual rights of all individuals (Wilson et al., 2016). An example of this can be seen in Nigerian culture which encourages sexual abstinence before marriage but has been eroded due to the increased age of marriage – excluding individuals with ID from this norm all together (Aderemi & Pillay, 2013). Chappell et al. (2017) report that in Zulu culture, girls and women naming body parts and pubertal changes is considered disrespectful. Thus, sexuality is already a contentious issue – demonstrated by the Department of Education’s (2019) recent response to criticisms of their proposed Comprehensive Sexual Education programme for mainstream. The Department stated that the curriculum aims to combat transactional sex, sexually transmitted diseases and sexual assault and does not teach children

how to have sex or sexualize children. Across various cultures, including in South Africa, it is frequently considered taboo to talk about sexuality which adds to the existing stigma of disability (Adnams & Johns, 2016). Further controversy surrounding homosexuality limits the scope of sexual education in certain contexts too (Chappell et al., 2017; Couwenhoven, 2001; Swango-Wilson, 2008).

**Individual factors.** Individuals with ID also experience feelings of unease, shame and guilt in response to sexual expression. Sexual organs, physiological development, and feelings of pleasure, such as masturbation, evoke these negative feelings – yet are intrinsic to normal human maturation (Lazcano-Ponce, & Katz, 2008; Leutar & Mihoković, 2007). In turn, any sexual expression is being judged by society as inappropriate. Adverse reactions to the behaviour leads to the internalization of negative messages about their own sexuality – compounding low sexual self-esteem and decreasing personal sexual agency (Chappell et al., 2017; 2018; Pownall et al., 2012).

One cannot neglect the cognitive barriers experienced by individuals with ID, as significant contextual factors. Quality of life is impacted by limited expressive communication, difficulty understanding social cues, and poor self-efficacy skills (Adnams & Johns, 2016; Chappell et al., 2018). Formal schooling structures for individuals with ID thus become primary learning spaces for the development and teaching of learners. However, education of those with ID is generally centered around basic life skills and their safety – ignoring self-expression altogether (Chappell et al., 2018; Lazcano-Ponce, & Katz, 2008; Sweeney, 2008). Special education schools accommodate a wide range of abilities and physical barriers, warranting an array of appropriate resources and other educational interventions (Chappell et al., 2018).

Despite a history of inaccessible information, services and rights violations, countries are in the process of adapting their legal framework and programmes to meet international obligations. The United Nations Convention on the Rights of Persons with Disabilities advocates equality in all aspects of life and thus promotes comprehensive and accessible sexuality education for people with disabilities (UNCRPD General Assembly, 2007). Things are changing as we see growing African research into the

need for sexuality education for people with ID and South African law supporting this rights-based mandate (Adnams & Johns, 2016).

**Sexual education programmes and approaches.** Sexuality refers to the private sexual behaviour, orientation, identity and feelings that coexist within the social expression of sexual identity – including gender roles, values and relationships (Adnams & Johns, 2016). It pertains to the whole person and is considered a social and sexual code for living – without regard for cognitive “ability” (Isler et al., 2009; Lazcano-Ponce, & Katz, 2008). The development of sexuality as a societal construct begins at birth with a gender reveal and label (Lazcano-Ponce, & Katz, 2008). It is indisputable that sexuality is already a topic of controversy generating different strategies and approaches. Within the mainstream environment, there are similar facilitating factors and barriers affecting the implementation of sexual education. However, the topic is even more difficult in the context of ID as the stress of less cognitive capacity, physical or verbal challenges adds a layer of urgency. Implementation thus largely depends on participation of parents, educators, and support from community members considering the implied dependence (Lazcano-Ponce, & Katz, 2008).

Based on the prevalence of sexual abuse of individuals with ID, studies call for urgent implementation of comprehensive sexual education (CSE) in LSEN schools. CSE is defined as a curriculum-based education that equips children and young adults with the skills, knowledge and values required to develop positive views of sexuality. The content and approach thus cater to the socioemotional development and needs of individuals (Chappell et al., 2017; 2018) It provides a holistic view of sexuality that extends beyond the absence of disease, preventing pregnancy and sexual health concerns (Adnams & Johns, 2016; Pownall et al., 2012). By acknowledging contextual factors, CSE should be age-appropriate, culturally relevant and teach individuals about sex and relationships. The information provided should be scientifically accurate, realistic and free from judgment (Chappell et al., 2017; 2018).

There is a strong argument presented across research for a rights versus risk discourse in implementing CSE for individuals with ID (Rohleder & Swartz, 2009). With a balanced and proactive

approach, the form and content of the educational intervention should aim to empower and develop sexual agency (Couwenhoven, 2001; Lazcano-Ponce, & Katz, 2008). Focus should not only be on protective measures and concepts, such as safe sex practices and “stranger-danger” but extensive in scope of healthy sexual relationships, interpersonal skills, physiological processes and public versus private behaviours (Chappell et al., 2017; Hayashi et al., 2011; Sweeney, 2008). This usually requires adopting a whole-school approach that is supported by policy and CSE curriculum objectives. The whole-school approach implies a cohesive and collaborative effort that has been strategically constructed by the school to improve implementation. Thus, schools should have curricula, reporting and referral protocols in place that embody a right to equality, education and health, balanced with the protection of children (Adnams & Johns, 2016). Lazcano-Ponce and Katz (2008) stress the importance of implementing CSE that is developmentally appropriate and uses exploratory methods, role-play, group work, games and discussions to teach in an accessible way.

Kirby, Laris, and Rolleri (2007) argue that the school setting for CSE is the most effective platform for targeting a larger group of individuals with ID. Education from childhood, in advance of puberty, remains the strongest recommendation across studies to empower and educate learners about their own sexuality, with emphasis placed on using their mother-tongue as the language of instruction (Adnams & Johns, 2016; Chappell et al., 2017; 2018; Couwenhoven, 2001; Isler et al., 2009). Wilson et al. (2016) maintain that CSE should begin at home due to the continued dependence often associated with ID and that parents should be equipped and consistently involved in the process. Whether CSE is initiated from the school or home environment, parents, educators and community member involvement ensure repetition of concepts and provides social opportunities to support the generalization of newly acquired skills and behaviours (Kirby et al., 2007; Wilson et al., 2016).

Thus, educators play a critical role in implementing CSE as part of a national curriculum and in balancing perspectives of a rights versus risk approach. An inclusive pedagogy tailors the pace, presentation, and reading level, and uses concrete aids and terms to convey abstract concepts. Multisensory activities and role-play, using scaffolding, repetition, feedback and consistent praise are

reported to be the most effective strategies for teaching CSE to learners with ID (Sweeney, 2008). Not only is the teacher-learner rapport of utmost importance in creating a conducive learning environment, teachers require ongoing training and support of school management and colleagues (Chappell, et al., 2018). Fostering assertiveness, social skills and independence in learners aims to facilitate increased social inclusion and empower individuals with ID, yet keep them safe (Couwenhoven, 2001; Swango-Wilson, 2008).

**Barriers and facilitating factors.** Swango-Wilson (2008) examines a dissonance in beliefs and reported practices when discussing CSE and ID. Many studies have identified concurrent themes of education, policy and stigma acting as barriers or enabling factors of the implementation of CSE in homes and in schools. The incidence and scope of addressing sexuality by parents and caregivers is affected by these various factors and, in turn, impacts sexual education as taught in schools (Chappell et al., 2018; Sweeney, 2008).

A lack of information and skills is noted as a significant barrier to the implementation of CSE in the home, which also impacts the school environment. Parents and caregivers feel ill-equipped with the necessary skills to approaching sensitive topics. The content and timing of CSE is called into question by caregivers who find initiating discussions and appropriate activities difficult (Aderemi et al., 2013; Couwenhoven, 2001; Isler et al., 2009; Pownall et al., 2012; Sweeney, 2008). Pownall et al. (2012) report a gender-bias amongst the role of parents in educating their children with ID – showing a higher incidence of CSE in same-sex dyads of mother-daughter or father-son relationships. Parents tend to view the role of CSE as being the responsibility of the school and so show a lack of interest or ambivalence (Chappell et al., 2018). Most parents show preference for a protection from violence discourse, focusing on concepts such as “stranger-danger” and saying no to being touched sexually. Proactive strategies that educate children with ID on healthy sexual relationships and choices – fostering sexual agency – are often not covered. Hence, parents employ a reactive and limited approach to sexual education which prioritises dynamics of abuse (Chappell et al., 2017; 2018; Pownall et al., 2012). While these attitudes may affect parents’ views of school-based curricula, this

also makes the school an ideal setting for a more inclusive approach to CSE for the intellectually disabled.

High risk factors for sexual violence for individuals with ID stem from a lack of understanding concepts of consent, exploitation and abuse (Chappell et al., 2017; Isler et al., 2009; Sweeney, 2008). Individuals with ID have difficulty preventing and avoiding exploitation due to inefficient communication and assertiveness skills. Trouble identifying and reporting abuse is compounded by a lack of vocabulary and relies on ability to recall detailed information (Aderemi et al., 2013; Adnams & Johns, 2016; Chappell et al., 2017; 2018). Learners with ID face other factors that enable or hinder the implementation of CSE, which also challenge parents and educators' abilities to teach in an effective way. Learning and retaining information can be an arduous task for learners with cognitive barriers and CSE covers abstract concepts that evoke strong feelings and require opportunity for practice (Aderemi et al., 2013; Adnams & Johns, 2016; Chappell et al., 2017; Hayashi et al., 2011). Limited expressive and receptive language skills have a negative impact on the learner's confidence to understand and engage in CSE lessons. Therefore, the repetition of lessons and reinforcement from home is critical to the generalization of newly acquired concepts for learners with ID. Varying levels of ability and attitudes affect learners' experience and scope of sexual education as taught in schools and in the home (Chappell et al., 2017).

Individuals are often exposed to sexual images or messages via the media, through newspapers, television or on the internet (Isler et al., 2009; Pownall et al., 2012). Pownall et al. (2012) find that pornography is easily accessed by individuals with ID on electronic devices. The exposure to sexual images or messages becomes problematic when unmediated as it provides information that may be inaccurate and unrealistic. Content of CSE is often too complex when literacy-based or broadcasted via the radio. Whilst exposure in the media may be considered beneficial in creating awareness, studies have shown that, similarly to peer education, it is not always effective in correcting misconceptions and negative attitudes. Hence, parents and educators play significant roles in educating learners with ID and in mediating their sexual education (Isler et al., 2009).

Yet educators experience an array of barriers in the implementation of CSE that calls attention to the role of education, policy and stigma within the school setting. Many educators report a lack of training or education in teaching and evaluating CSE for learners with ID (Aderemi & Pillay, 2013; Chappell, et al., 2018; 2018; Johns, 2017; Sweeney, 2008). As a result, educators have low levels of confidence in their ability to teach in an effective manner and to distinguish between appropriate and inappropriate content – in their structure and approach to CSE lessons (Johns, 2017). Lazcano-Ponce, & Katz (2008) examine a lack of educators' own sexual education during their formal schooling and its effect on confidence levels and knowledge gaps.

Educators experience a lack of available resources in accessible formats and report an urgent need for multisensory aids and lesson plans (Aderemi et al., 2013; Adnams & Johns, 2016; Chappell et al., 2017; 2018; 2018; Kirby et al., 2007). Catering to various levels of physical, sensory, cognitive and communication barriers often requires extra work in the preparation and planning of CSE lessons. Teaching, questioning and sharing objectives of each lesson should be made explicit in the planning process and inclusive in their delivery (Aderemi & Pillay, 2013; Lazcano-Ponce, & Katz, 2008; Sweeney, 2008). Balancing a rights versus risk discourse in the content of lessons also requires skill and a level of open-mindedness and flexibility. Therefore, teaching in an inclusive manner demands an ability to adjust or modify participatory methods. Implicit requirements of educators call for ongoing support and training in delivering content that is level-appropriate and empowers learners with ID (Chappell et al., 2017; 2018; 2018; Kirby et al., 2007; Lazcano-Ponce, & Katz, 2008).

With a lack of policy, educators are reportedly uncertain about how to respond and report suspected incidents of sexual abuse (Johns, 2017; Sweeney, 2008). Adnams and Johns (2016) state that a lack of curriculum and school policy thus put learners with ID at further risk of sexual exploitation. Schools reportedly have limited staff development which allows small groups of teachers to receive training during work hours. Many teachers are required to train their colleagues, post-workshop, yet encounter attitudinal resistance and opposition from the staff body (Chappell, et al., 2018). Schools are also required to make provision of time and space in implementing consistent and accessible CSE

lessons (Kirby et al., 2007). A whole-school approach is thus required to ensure staff agreement and pedagogical cohesion in teaching and in their reporting protocol (Kirby et al., 2007). Policy serves to protect all parties involved and ultimately unifies schools in human rights advocacy – opposing cultural stigma (Bornman et al., 2011; Sweeney, 2008).

Stigma attached to ID raises a question of relevance amongst educators in implementing CSE. The cultural norms and prejudices permeate the school context too – affecting how educators view CSE for learners with ID. There is a reported fear of judgment by parents, other staff and community members of potentially promoting sexual expression and behaviours by teaching CSE. Educators' discomfort over possibly transgressing cultural and religious beliefs subsequently leads to an avoidance or ambivalence of CSE in schools (Adnams & Johns, 2016; Johns, 2017; Sweeney, 2008). Educators query learner's cognitive capacity to consent in sexual experiences and disagree on the appropriateness of a sexual education that surpasses a protection from violence narrative (Aderemi & Pillay, 2013; Adnams & Johns, 2016). Chappell et al. (2017) note that same sex relationships are also excluded from educational discussions and gender-bias is dominant in the imparting of skills and knowledge. There is a need for management and community backing to overcome educators' fear and prejudice, as supported by policy (Chappell et al., 2018; Kirby et al., 2007; Sweeney, 2008)

The dearth of research hinders the development of education programmes, policies and shifts in cultural attitudes and beliefs. Whilst existing studies create awareness, growth towards inclusion of individuals with ID remains slow (Bornman et al., 2011). Sexuality and ID remain neglected or avoided topics of research and discussion in society whilst inclusivity calls for worldwide, multi-disciplinary action (Aderemi & Pillay, 2013; Aderemi et al., 2013). With a lack of national and school policy to support a curriculum, educators report significant barriers to implementing effective educational intervention.

***All About Me.*** In South Africa, the Western Cape Forum for Intellectual Disability (WCFID) envisions the enabling of all individuals with ID to live with inherent dignity, as provided by the Constitution. WCFID is a non-governmental organization that provides training, develops resources

and advocates the advancement of human rights (Butler, 2016). The WCFID has created educational programmes and resources intended to empower parents, teachers and care staff to facilitate sexuality, HIV and AIDS education in schools and in homes. Their approach entails workshops and training seminars to educate teachers and care staff in CSE – addressing the high prevalence of HIV and AIDS and sexual abuse (Johns, 2005, 2007, 2014).

Their *All About Me* manual offers a step-by-step guide to activities, programme design and visual resources that support the implementation of a life skills and sexuality education programme. The programme provides educators with a narrative to follow and appropriate lesson plans, covering an array of topics from a rights and risks approach. The workshop thus aims to address specific barriers to CSE implementation via training of educators and health care professionals, using their curriculum catering to individuals with ID. The workshop is run over three days and provides an English or Afrikaans manual to all attendees. Between 2016 and 2017, 24 participants from 13 organizations attended the training, potentially impacting more than 300 children and adults with ID, through direct educational programmes and attitudinal shifts achieved through staff training and policy development (Johns, 2017). Further exploration of educators' experiences of the *All About Me* programme is warranted, so as to support schools in implementing the curriculum, and ultimately empowering learners with ID in the shift towards a more inclusive society (Adnams & Johns, 2016; Chappell, et al., 2018).

### Chapter 3: Methods

This exploratory study examines educators' experiences of implementing a sexual education programme and is qualitative in nature (Wagner, Kawulich, & Garner, 2012). An interpretive phenomenological framework (Braun & Clarke, 2006) is used to analyse interview data from educators teaching learners with moderate to severe intellectual disabilities, who are uniquely situated in a phenomenon (those who have attended the *All About Me* sexual education workshop) and are working in Special Needs schools (Wagner et al., 2012). Template analysis is used to analyse and compare perspectives of individuals within this specific context. Using this method entailed drawing a priori codes from the literature, and analysis across interview transcripts and against the template; so that interview data were compared to the literature review (Brooks & King, 2014; King, 2004). My methods have prioritised a richness of description in the analysis and reporting of findings (King, 2004). I have used the Standards for Reporting Qualitative Research (SRQR) by O'Brien, et al. (2014) to guide the reporting and improve the transparency of my qualitative research.

**Reflexivity.** I am an LSEN teacher with experience in the *All About Me* programme. I acknowledge that I come from a rights perspective and needed to ensure that my experience and own attitudes did not intrude on my analysis. Hence, I consulted the SRQR (O'Brien, et al., 2014) to help maintain clear standards in the synthesizing and reporting of study findings. I hope that my LSEN experience allowed for joining with other educators and to help establish enough rapport for an effective interview, so that my findings were communicated in an empathetic and non-judgmental way. In order to assist further in ensuring objectivity, I discussed my analysis with my supervisor, and kept a fieldwork journal. I reviewed that journal critically in an attempt to identify signs of bias.

**Inclusion and exclusion criteria.** The study used non-probability sampling in selecting participants who fulfill a predefined set of criteria. Sampling needed to remain sufficiently open and "randomized" to facilitate exploration of the phenomenon (Coyne, 1997). The approach was less concerned with making inferences from the sample to a wider population and focused more on individual understanding and meaning (Wagner et al., 2012).

I approached the Western Cape Forum for Intellectual Disability, who identified ten schools for learners with special needs (LSEN Schools) who had attended the *All About Me* workshop in the past five years. The WCFID selected schools from their attendance registers and made initial contact, seeking their permission for me to contact them. The initial sampling pool was limited to ten schools to ensure feasibility of the project but aimed to sufficiently describe the phenomena of interest. I then contacted those schools directly who had indicated interest in hearing more about the research. The final sample size of six schools was relatively small to facilitate an in-depth analysis of data. Discontinuing data collection and analysis was dictated by levels of saturation (Wagner et al., 2012).

To be eligible for participation the educators had to have attended the three day *All About Me* workshop in the past five years. The workshop entails onsite or offsite training by Rebecca Johns, the author of the *All About Me* manual. It focuses on learning, development of skills and capacity building in rural and urban communities (Butler, 2016). The training incorporates demonstrations and structured activities to facilitate experiential learning. Discussions aim to destigmatize the topics but also include practical considerations of adapting lessons to learners' specific needs and contexts. The workshop moves through the manual systematically, using the resources provided (Johns, 2007).

In each school, I planned to conduct individual interviews with educators and a staff member from management. The management staff member (the School Principal, Deputy Head, Psychologist or Social Worker) was identified as the staff member holding the relevant responsibility of overseeing curriculum objectives and school policy, in terms of sexual education. This varied across schools, thus the sample included psychologists and social workers and in one school, included a group interview.

**Data collection.** The interviews were semi-structured, and questions were open-ended, descriptive and non-directional. The pre-defined codes (final template, see Appendix D) guided the question areas, probes and prompts that I included in my interview schedule. Higher-order codes were drawn from the academic literature and reflected in my main questions whilst subsidiary questions and probes alluded to the potential lower-order codes. Overall, the questions investigated three areas within research aims (attitudes, barriers and facilitating factors), with a few follow-up questions designed to

obtain more detail in participants' responses. Follow-up questions allowed themes to emerge that were not in my initial template (King, 2004) (see Appendix B and C). Reported findings were thus compared to themes from the literature – describing trends, across schools included in the study (Wagner et al., 2012).

**Procedures.** I arranged initial meetings with principals or deputy principals and in some cases, was redirected to their psychologists and social workers. I then scheduled individual interviews with the educators.

Each participant signed informed consent forms prior to the interviews (see Appendix A). One focus group with three psychologists in management was included as they worked as a team and requested a group interview, to which I obliged.

The bulk of the data collection took two weeks, during the second school term. I had not yet reached saturation hence interviewed more participants at the beginning of term three. The final sample was based on scheduling availability and took travelling time and costs into consideration (Wagner et al., 2012).

The interviews took place at the schools, in a private room and were recorded using a digital recording device. Each interview was transcribed verbatim.

**Data analysis.** A code is defined as a label attached to a section of text or word, marking it as a relevant theme or issue in answering the research questions (King, 2004; McCluskey et al., 2015). Template analysis is the clustering of these conceptual themes into broader groupings (Brooks & King, 2014). The template is constructed by identifying master themes from the literature, and clustering and organizing substituent themes, based on their relationships. The dataset of interviews is read through and a second round of codes are extrapolated based on what was present in the literature or has emerged as a new theme. The dataset of interviews is re-analysed according to this template, guiding the analysis process. Template analysis acknowledges individual contexts of each data item and values the multiple interpretations that one can make of a phenomenon (Braun & Clarke, 2006; King, 2004).

**The initial template.** I developed the a priori codes for my initial template based on the literature I drew on, at the start of my research process (King, 2004; McCluskey et al., 2015).

I accessed peer-reviewed articles on platforms such as Ebscohost, PubMed and Google Scholar, using combinations of terms such as “sexual education and intellectual disability”, “perceptions of intellectual disability,” “perceptions of sexuality and intellectual disability” and “comprehensive sexual education”. I reviewed the reference lists of the relevant articles and retrieved the additional resources by refining my search. I conducted my first search in December 2018 and my last search in October 2019. In total, I reviewed 66 articles, websites and Government policy documents (retrieved via the Internet) on which I based my literature review and initial template of codes (O’Brien, et al., 2014). I summarised the relevant findings from the articles under headings for each research question: “Approaches”, “Barriers” and “Facilitators”. I looked for recurring patterns and themes across articles and then constructed my initial template.

The initial template consisted of higher-order codes of pivotal themes (the broader research questions) which were subdivided into lower levels of code – specific factors reported as practical and attitudinal facilitators and barriers. I then read through the full dataset of interview transcripts and started the primary coding of each data item by highlighting anything that struck me as relevant and potentially contributing to a deeper understanding of the set research questions (Brooks & King, 2014). Throughout the process of analysis, I revised the initial template as I evaluated its scope of themes identified (King, 2004).

King (2004) advises various ways of revising the initial template and subsequently analysing the interview datasets. I chose to insert new information by adding codes that were relevant to the research aims and to remove codes that substantially overlapped or were not useful. Changing the scope of the initial template involved modifying code definitions that were too broad or too narrow. The changes reflected the nuances found within data items to ensure a depth of analysis was achieved. To the higher-order codes, I added one I called “Approach”, describing schools’ methods of teaching sexual education. I included subsidiary codes of facilitating attitudes, and attitudes or beliefs that

presented as barriers. The template was finalized once all the data from the literature and from the interview transcripts had been thoroughly examined (Brooks & King, 2014; King, 2004). I used NVivo software to code the data collected from the interviews by indexing parts of text under specific themes from the template (QSR International Pty Ltd, 2018). I categorised transcripts according to participants' roles, genders and schools' locations. (King, 2004).

My aim was to create a coherent narrative that explored and reported themes found within the data. Thus, the interpretation of results was achieved through listing codes that were present and not present in the interviews, based on the final template of codes. I noted the frequency of each theme and evaluated its relevance according to what we already know and what we perhaps do not know about educators' experiences. Codes that were not as prevalent as others within the interviews may still have been significant and I needed to use judgement in the analysis and interpretation of the data. An openness was required as I could not limit the interpretation of results by the set research questions or final template either. Themes that fell outside of the field of investigation were retained, as they could be useful for further research and added depth to the analysis of data when reporting what was not present in the template (Brooks & King, 2014; King, 2004).

The simple structure of the final template provided clarity in demonstrating the relationships between themes, however, the relationships were not necessarily linear. Integrative themes ran concurrently throughout higher order and subsidiary codes (King, 2004). The presentation of results is thus structured around main themes identified, and integrative themes as influencing factors. The relationship of higher order, subsidiary and integrative themes is substantiated through illustrative quotes taken directly from the interview data (Brooks & King, 2014; King, 2004) (See Appendix D: Final template).

### **Ethical Considerations**

This study adhered to the guidelines for research as stipulated by the Research Ethics Committee of the UCT Faculty of Humanities and was granted ethics approval (PSY2019-008). It was also approved by the Western Cape Education Department.

**Consent and confidentiality.** In line with the Protection of Personal Information Act (No.4 of 2013), the Western Cape Forum for Intellectual Disability contacted the schools prior to the research to attain initial consent. To ensure anonymity, I have protected the identities and interests of those involved by providing pseudonyms in reporting my findings. The transcriber was also required to sign a non-disclosure agreement (see Appendix E). Participation in the study was voluntary and participants could withdraw from the study at any time, without penalty. Each participant was required to read and sign an informed consent form once they had agreed to participate and consent to having the interview recorded (see Appendix A). The information was kept confidential and accessed only by those involved in the study (Wagner et al., 2012).

**Risks and benefits.** Conducting the research as outlined did not expose participants to any foreseeable physical, psychological or psychosocial risks. It posed minimal risk, as it was essentially asking participants about their regular working activities. The study was explained at the beginning of each interview, with time provided for questions at the end for further clarification or closure. Whilst the study addressed a controversial issue, participants were reassured that the information would be kept confidential – including from colleagues, parents and relevant management staff (within limits of the law) (Wagner et al., 2012).

### **Significance of Research**

The research may be beneficial as it will potentially generate further awareness around issues of sexual education and ID. I would like to provide a realistic view of factors that facilitate and act as barriers within a school environment to implementing comprehensive sexual education. The findings may inform any future revisions to the Western Cape Forum for Intellectual Disability's programme (in content or approach), resource development, or school management action to ensure successful and sustainable implementation. Research findings may also contribute towards existing theory and highlight areas in the field requiring further research.

## Chapter 4: Analysis

### Research participants

Fifteen participants were interviewed overall – from six different schools, spanning across three different Metropole education districts in Cape Town. The education districts involved were the East, South and Central districts. The sample consisted of eight educators and seven management staff members (one principal, three deputy principals and four school psychologists). Twelve individual interviews were conducted, and one group interview was included from an LSEN school that also operated as a hostel. Two of the 15 participants were male, and 13 participants were female. The demographic data is as follows:

**Table 1.** Table indicating distribution of occupation, gender and location of the participants.

		<i>East District</i>		<i>South District</i>		<i>Central District</i>	
		School A	School B	School E	School C	School D	School F (group interview)
<i>Principal</i>	Male						
	Female				1		
<i>Deputy Principal</i>	Male					1	
	Female		1		1		
<i>Psychologist</i>	Male						
	Female	3					1
<i>Educator</i>	Male						1
	Female		1	1	2	1	1

### Organisation of themes

The research questions focus on educators' experiences of barriers and facilitating factors to implementing sexual education in the context of intellectual disability (ID). First, a brief description of schools' approaches to teaching sexual education is presented. Second, my findings on facilitators and barriers to implementation are discussed in detail.

My review of the literature led to identifying two main themes, which were reflected in the interviews: 'attitudinal barriers and facilitators' and 'practical barriers and facilitators'. 'Attitudinal barriers and

facilitators' were classified based on what participants shared as the views and reactions of themselves and others, which posed as either barriers or facilitators to implementation. 'Practical barriers and facilitators' focused on pragmatic factors impacting sexual education in the classroom. There is significant overlap between participants' attitudes and their experiences in the classroom setting. Integrative themes of gender, age, low socioeconomic status and violence run concurrently throughout participants' discourses.

### **Schools' approach to sexual education**

Questions on educators' approaches explored if and how sexual education was implemented in schools and the supporting policies in place. Management staff members were also asked about their expectations of their educators. These questions provided information on a school-to-school basis, which elicited some differences in the approaches between educators and management staff, as well as between schools.

**Teaching sexual education.** Most schools promoted sexual education as a part of their Life Orientation curriculum. Classes varied in sizes between 11 to 18 learners and spanned across various ages, from 9 to 18 years old. The classes included students of different abilities – ranging from mild to moderate and severely intellectually disabled, and some with physical disabilities too. One school, which had a hostel, had a very different approach in their implementation of their sexual education program. This school viewed sexual education as a part of their life skills programme, but their hostel services elicited additional challenges. Hence, their approach was deeply rooted within a 'no-touch' school policy which they felt better suited their school.

*Yes, definitely part of the life skills programme. We don't necessarily do sexuality education per se. We handle it mostly as something arises because of the level of our children. So we have a no-touch policy at the school and that's what we teach. And when something happens that is of a sexual nature, it is addressed according to the need of that situation. – School A, female Psychologist, LSEN School and Hostel.*

Overall, learners were from different socio-economic and religious backgrounds, and had English, Afrikaans or isiXhosa as their mother tongue. One educator reported teaching in isiXhosa, but the rest of the participants used English as their mode of instruction.

Sexual education was either taught in class, on a one-on-one basis, or in smaller groups.

Schools used some of the *All About Me* resources and activity ideas to teach the topics included in their term planners – informed by the National curriculum. These topics were provided in the *All About Me* manual and Curriculum Assessment Policy Statements (CAPS curriculum) but were chosen according to school policy and managements' expectations. Hence, schools did not work through the *All About Me* manual in a linear, start-to-finish way, but instead chose topics and lessons that were appropriate for their individual classes. These lessons and discussions were raised during school assemblies, taught as a stand-alone life skills lesson or as an integrated learning objective during 'morning ring' or free-time – as deemed appropriate by the class teacher. In some schools, sexual education was also taught in separate groups run by colleagues, such as nursing staff or by a team of psychologists, for which learners were streamed according to age, ability or gender. These adaptations of the curriculum are accounted for in the *All About Me* programme and educators are encouraged to modify their methods according to the learners' needs. The six schools varied in their approaches to teaching sexual education – based on its frequency, who was held responsible for the teaching, and to what degree they consulted parents for permission in selecting the topics covered.

All schools stressed the importance of teaching sexual education as a means of preventing sexual abuse and to encourage learners to report inappropriate sexual incidents, and appear to neglect the use of sexual education as a forum promoting appropriate sexual expression. Each participant shared anecdotes and reported cases of learners being sexually abused or raped by community or family members.

*What is prominent in our school is that almost every second child has experienced some form of sexual abuse, whether it's at the hands of a family member or a member of the community. – School E, female Educator*

**Expectations of educators.** In terms of managements' expectations of their educators, all reported a whole-school approach whereby sexual education had to be taught, in some form or other. Principals and deputy principals expected their educators to provide sexual education that was accessible thus modifying it according to learners' abilities and specific needs.

*My expectation is that they would be able to do it realistically at the correct level of the children and with the necessary information that the child would need at that stage of their development, very much so as a proactive and preventative type of measure, not as a reactive measure. – School C, female Principal*

Most management staff members reported that educators needed to be flexible in their approach and sensitive to the learners' needs and intellectual profiles. Hence, educators were required to address topics as they were raised during class discussions and to modify lessons in the moment – depending on learners' reactions and understanding of the original lesson planned.

### **Attitudinal Barriers and Facilitators**

Attitudes investigated participants' beliefs and reactions to sexual education, in the context of ID. Participants shared their experiences of learners, parents and community responses to teaching sexual education, or of individuals with ID as sexual beings. These attitudes shed light on common misconceptions held by the educators, in society, and of the relevance of sexual education in this specific context.

**Stigma of sexual education, and cultural or conservative upbringings.** Prevalent stigma surrounding comprehensive sexual education is compounded in the context of ID. The attitudes and beliefs of educators, management, parents and learners thus impact the implementation of sexual education.

The degree to which it made participants, learners, and their parents uncomfortable, was based on their cultural or religious backgrounds, conservative upbringings and own experiences of sexual education. These factors influenced topics discussed within the class and informed parents' approaches at home.

*I'm coloured and I come from a family where they don't speak about sex. Because my parents were brought up not to speak about sex because their parents didn't tell them...So in our coloured community it's not something that you speak about. I think with the younger generation things will start changing, but people are still very close-minded and almost offended if you speak about things of a sexual nature. – School A, female Psychologist, LSEN School and Hostel*

Learners are also socialized into a society that stigmatizes sex, thus experience shame and react by giggling or "shutting down" in class discussions. Many concepts and words within sexual education are considered taboo, therefore, educators found that using the correct terminology went against

learners' cultural upbringings. Educators' narratives indicated that they were often torn between respecting parents' wishes, religious or cultural contexts and the learners' rights to education.

*...you would see the shock on their faces, because what are you talking about, ons sê nie die woord nie [we don't say that word]. Because the proper names for things are used. If they come from very conservative homes or homes where they try and hide it, then it's my koekie en my dit en my dit, [then it's my cookie or my this or my that] so they don't know these words. – School A, female Psychologist, LSEN School and Hostel*

Educators' own upbringings either became a personal barrier or instigating factor to engaging with the sensitive content.

*I think something else that helped me was to see how hesitant and uncertain so many other staff members and parents were, that it kind of gets you to step up and say, okay, so we all are feeling like this, let's address this. It is what it is and we all go through it, it's not that hectic. – School F, female Educator*

**Positivity and open-mindedness.** Personal characteristics of educators, such as open-mindedness, were distinguished as significant facilitators. Management staff members noted that educators required a higher level of self-awareness and positivity in order to transcend existing stigma of sexual education.

*I think generally you have to be comfortable in yourself first. So not necessarily that you have to be an adult, but you have to be mature enough. – School D, male Deputy Principal*

Educators also viewed personal “openness” as a critical part of building a rapport with their learners – encouraging open channels of communication in their classrooms.

*And also, once you open yourself up to them. For example, I will also tell them, you know, I was this age when I got married and I was this age when I had my first boyfriend. Because once I talk about my own experience, then it's better, you open it up to them. – School B, female Educator*

**Age and experience of the educator.** Two participants in managing roles felt that teaching in the context of ID called for a special type of person who is naturally sensitive to the needs of others, intuitive and thoughtful in their approach to sexual education. This was linked to the age or experience of the educators.

*I think it's intuition and it's experience working with the children... But I think also, younger teachers, you just have it. You're either a special needs teacher or you're not. I'm a firm believer in that. So I think you come with a sort of openness and a sort of a gut feeling, and, like I said, a type of intuition and connecting with the children on their level. And when you connect with them on their level they tend to open up, whether it's now about their sexuality or about what's happening at home, then you get that sort of connection with the kids that you really want. – School C, female Deputy Principal*

Parents' ages were also noted as an influencing factor in how receptive they were to sexual education being taught at school, and what was reinforced at home. Parents from a younger generation were viewed as more receptive and less affected by the stigma surrounding sexual education in general.

*I mean, we are in a generation where things are definitely much more open and out there as opposed to back in the day when it was very much a hush-hush thing and people didn't want to talk about it. I find that the younger generation of parents coming in now, they are more open to it than the older generation. – School C, female Deputy Principal*

**Gender of the educator.** Gender of the educator and their respective learners was noted as a facilitating factor. There was no indication of one gender feeling more comfortable than the other with teaching sexual education. Instead, gender was mentioned in the context of a female educator addressing the girls and a male addressing the boys, separately. Educators felt that learners were often more receptive to the lessons when taught by an educator of the same sex.

*And if certain things work better if you separate the boys and the girls, then that's what you need to do, which is what I normally do. And if certain things are better to be heard from a male, then that's what you also need to do. – School E, female Educator*

This approach necessitated co-teaching, and referrals to other role-players, such as the school nurse or psychologist. Specific topics were shared amongst educators depending on their genders and the planning of lessons were done collaboratively. Educators felt that being able to speak from experience essentially made sexual education more effective.

*...it's difficult for me to approach the boys, can Mr Smith take these boys and talk to them. Then Mr Smith will take them, have a small group, and approach them. Then it seems as if they understand it. – School C, female Educator*

Certain assumptions were also made about sexual urges specific to a gender, such as masturbation, as more relevant to male learners than females.

*...they would be extremely uncomfortable if I had to run a lesson on something like masturbation... they go with him and as a male teacher he then works with them. But from my side I can do like hygiene with them and personal space. – School F, female Educator*

One participant was afraid of being viewed as a woman by her group of pre-teen, male learners, instead of as a teacher who would perhaps play a motherly role. When questioned further, the

participant expressed concern that she would be sexualized by her learners – making teaching sexual education more difficult. This speaks to the influence of gender in society, but also how it may affect the dynamics within a classroom (Koval, et al., 2019).

*And I worked with preteen boys in my time teaching, so I just didn't feel completely comfortable and kind of concluded that it's very much about that I was afraid that they would start seeing me as a woman. – School F, female Psychologist*

Stigma, religious or cultural practices subsequently affected participants' views on contraceptives, premarital sex and abstinence, and same-sex relationships. Participants essentially feared the repercussions of individuals with ID having children and of being at risk of HIV and AIDS. These factors motivated implementation of sexual education as a means of keeping learners safe.

*Maybe there's an element of risk for HIV/AIDS again, whether they are able to support themselves financially or whether the parents will be able to also then take on that responsibility, that extra responsibility [of a pregnancy], should the financial position of the family not be in a good state. I'm very, almost like satisfied or at ease when we have our parents also coming onboard and maybe asking can the girls go on the contraceptives. We do encourage also for the boys to use condoms and things like that. – School B, female Deputy Principal*

*And also with HIV/AIDS it's important for them to know that they must have one partner, they must know how to protect themselves and abstinence and all those things. – School D, female Educator*

Most participants who spoke about contraceptives or their school's approach to family planning, focused mainly on the girls. The school's nurse or management staff targeted girls who had started menstruating for contraception as a protective measure against unwanted pregnancy.

*We do run a programme here...family-planning and most of our girls here are on the injection. The thing with the pill, they forget to drink it. But when the girls start menstruating the sister [nurse] will have a talk with the parents and say that these are the risks. Because our children are at risk, specifically for abuse out there, so we try to prevent that part. – School A, female Psychologist, LSEN School and Hostel*

Participants reported that some parents shared the same fears and chose to put their child on a form of contraceptive or have them sterilized.

*I think with special needs children, every step, every change as the child is getting older, so from when they're a baby, going to normal school, everything is like a bit of a...it's not normal. So it's a mourning period almost, like my child is now going to start her period, but what's the use, she's never going to have a boyfriend, she's never going to get married. And they're scared, what's going to happen, she's getting a period, what if someone attacks her, what's going to happen, is she going to manage her period. Our little girl started her period this year and her father is the person who deals with it...And then I had to tell him one day we think she got it... But we just had a chat about it and he said, no, we are going to give her sterilization because we are so paranoid about her having a period,*

*falling pregnant and whatever. So they went and put an implant in and they had her sterilized...- School C, female Educator*

**Asexual or hypersexual.** One of the themes from the literature review is echoed in my interview data, viewing individuals with ID as either asexual or hypersexual. These beliefs are considered barriers to comprehensive sexual education for learners with ID as they imply that either there is no need, or that it is dangerous to encourage any further sexual expression. This underpins the relevance of teaching sexual education as viewed by educators, parents or in the community. The premise of individuals with ID as asexual beings defines learners as eternal “babies”, without the same sexual urges and needs as an individual without.

*...our parents see our children as babies. They have this idea of, even when they are 18, it's my baby. And my child will be my baby for the rest of my life. But our parents, when you speak to them about what their future plan is, they have this idea that they're going to be there forever and they're going to be able to look after their children. So when you have conversations, not only about sexuality but preparing the child for the future, that parent is completely unprepared. – School A, female Psychologist, LSEN School and Hostel*

The asexual perspective appears to stem from a desire to protect the children from being exposed to topics that they are not guaranteed of understanding or needing. Thus, the presence of ID heightens fear of sexual expression.

*And also taking into consideration, there is something like a disorder or a disability involved, I think it even enhances it more for parents, this is my baby boy or my baby girl. I feel that protectiveness from what I can observe, it's often even more prominent than just your typical parent. – School F, female Educator*

Opposing that view, individuals with ID are also seen as hypersexual. This perspective undermines the interplay of normal human development and ID. The reported sexual urges and behaviours are misconstrued as being “over-sexual”, with more emphasis placed on the outward expression of puberty than on cognitive barriers and the capacity to self-regulate.

*Especially when it comes to our kids being over-sexual, I think that's something from the community and they don't understand how our children are made up. Because of our kids' cognitive ability, they don't have inhibition. So they feel the need to do something and they act upon it because they cannot say no to their need. So they are seen to be over-sexual and people think then that that is the general trend. They don't understand that cognitive ability and the hormones of our kids are on different levels and that is the reason why things are happening. So people have this understanding of, no, no, no, that child is intellectually impaired, he wil net sex [he only wants sex]. – School A, female Psychologist, LSEN School and Hostel*

*They cannot manage and control their urges and their own desires and they are not taught how to handle it. That is a problem. – School B, female Educator*

Both narratives motivate a need for specialized sexual education that caters to the individual with ID and creates an awareness of societal misconception. There seems to be a lack of education and misinformation – operating from each premise of individuals with ID as either asexual or hypersexual.

***Fear of promoting behaviour.*** Some participants reported a fear of encouraging sexual urges and behaviour by teaching sexual education – leaving learners at risk of becoming victims or perpetrators. This is a common fear that is not specific to ID but may be worsened in this context due to the preexisting vulnerability to abuse.

*I think a lot of parents are thinking won't we just put ideas in their mind if we start sharing it with them. You know, now they didn't know about sex and I'm saying something, or pregnancy or masturbation, so will I be protecting them if I don't tell them about it? – School F, female Educator*

*And there are people who say, but if you are making them aware, isn't that making them more interested in it? I don't believe that. – School C, female Educator*

In one school functioning as a hostel, the fear of promoting sexual urges and behaviour forged their approach to sexual education and informed their 'no-touch' school policy. The participants felt that teaching sexual education led to an increase in incidents amongst learners and encouraged questions or inappropriate discussions amongst individuals who were not mature enough, or cognitively able, to understand the content.

*So it then opens up the door for kids that are not getting that training to also have the questions, to also want to know, and then they teach each other, which was not necessarily a good thing. It's not necessarily a good thing because sometimes then it could border on abuse because now an older child is teaching a younger child this is how you do it, and that is a problem in itself. – School A, female Psychologist, LSEN School and Hostel*

**Rights discourse and empowerment.** Many participants felt that individuals experienced normal human development and acknowledged their sexual urges and desires as a natural part of puberty.

*Which means, in so far as the question of sexuality, it would still be significant, it would still be important because it's a human being. It's not like since they've been diagnosed as intellectual disability, the child or the person, sexual education and sexuality are now totally removed. – School D, male Deputy Principal*

However, few participants felt that sexual education served solely to educate and empower the learners in terms of gaining autonomy over their own bodies and in building healthy, sexual relationships. Some participants noted that sexual education should be normalized and serve as a platform to explore and gain a deeper understanding of their bodies as they mature.

*Ja, it just makes sense, that they are human beings and just like anybody else has a right to learn about their own bodies. You have to empower them and teach them that it is very normal to go through all of these changes. – School F, female Psychologist*

***Cognitive capacity and ‘mental age’.*** Whilst many of the management staff members operated from a rights discourse, most of the educators expressed concern over learners’ cognitive abilities and subsequent vulnerabilities to abuse. The cognitive capacity and mental age narrative served as both a facilitating factor and barrier to teaching sexual education.

*...because what happens is, our kids, they don’t understand yes or no. And they don’t understand a stranger. They always...with that smile and that willing for to be loved, and then some other people taking advantage of them... – School C, female Educator*

Many participants questioned learners’ cognitive capacities to consent in sexual relations, to make informed choices about contraceptives or their ability to parent a child. Educators and management staff ultimately held parents accountable for making these decisions for their children.

*The parents have consented for them to get married. They’re living in the same household, but how exactly do they deal with that. Because now we’re talking about we’ve consented for these youngsters to get married, so will they sleep together or stay together? – School B, male Deputy Principal*

The possibility that individuals with ID might have children was disputed by all participants interviewed. Participants expressed concern about the financial implications and responsibility of parenting that would subsequently be handed over to the parents. Concerns about the unborn child’s health were raised too.

*The mother is also very low-functioning. So when you look at that...I’m not saying that degeneration is going to happen...but if a SID [severely intellectually disabled] child has a child, what are we expecting their level of functioning to be. – School A, female Psychologist, LSEN School and Hostel*

One participant felt strongly about the human rights laws in place that allowed for individuals with ID to make certain decisions for themselves regarding sterilization, marriage and sexual

intercourse. She felt that individuals' cognitive capacities contradicted legal ages, leaving them more vulnerable to the negative consequences of having sexual relations and children.

*If you think about the age of consent, it's 16, and now you say it's okay for a person that's functioning on the level of a five-year-old. Now he is functioning here and they can make a decision whether they want a child, but a normal-functioning person has consent at 16 according to law. I really feel that they need to relook at the whole policy around our children, sterilisation, vasectomies, because it was there and then it changed with human rights. And now the boy, when he's 18, now he goes to the doctor and the doctor asks him do you want a vasectomy and he says no, then it does not happen. I've got a parent now, their biggest fear is the fact that...the boy is 18 now, he's a school-leaver, he just can't have children one day, but he does not understand...they've tried, they did the talk and I think the parents are very open in what they do, but the child doesn't grasp it. So their fear is that something is going to happen and he won't be able to control, and in the end there are going to be other implications. But if they go now to the doctor and he says no, the doctor can't do anything. – School A, female Psychologist, LSEN School and Hostel*

**Risk discourse and protection from violence.** Considering individuals' cognitive and physical vulnerabilities, a risk discourse permeated most participants' narratives and was the most significant motivator to implementation.

*Because sometimes children can't defend themselves and they are vulnerable more for the love, you know. And their interpretation can be different and then that's how they become susceptible to the abuse, sexual abuse, and it's so sad...especially in special needs, there must be a focus on that. – School B, female Deputy Principal*

Whilst a participant noted that learners were safe in their school environment with the correct supervision and support in place, it was agreed that their cognitive barriers left them vulnerable to members in society outside of school.

*It's a very safe environment at the school. But I can imagine very much them being vulnerable out in society. We spoke about it the other day, even our lower-support or higher-functioning kids, if they're told that something is a secret, they would take it very serious because it's what they're told so they won't break that person's trust, and maybe not understand that there's a difference between a good secret and a bad secret. And then obviously our high-support kids (the low-functioning kids), a lot of them are preverbal or nonverbal and they can't communicate if something has happened to them. Obviously, people will take advantage of that. – School F, female Psychologist*

Therefore, using the correct terminology when teaching sexual education is essential in the case of reported rape or abuse. Learners are required to know and use the correct terms for body parts in a case that goes to court.

*For anything to stand up in court, those children need to be able to speak up. They need to be able to show that they know this is wrong and they have a voice. – School C, female Educator*

Many educators expressed difficulty in finding a balance between the rights versus risks

discourse when teaching sexual education. Whilst many felt that sexual education was a human right, they also viewed its main purpose as being to protect individuals with ID. Subsequently, educators prioritised topics that guarded against sexual abuse.

*...if you look at your normal sexual development and you look at our children, hormones are still working and it's just the brain (the cognitive part) that's not working as it should, the children do have needs. And if you look at out there, we say we want our children to be citizens out there and be part of the community, then sexuality is part of the needs. So to get the balance is the thing. – School A, female Psychologist, LSEN School and Hostel*

*It is as important as the feeding, the dressing, the basic needs. I want to say it's something one needs to do even before the child has a vocabulary because it needs to become part of their being. How do you teach a child to say no to a family member, and to me that is a very, very sad thing. – School C, female Principal*

**Parents' perceptions.** Parent support was noted as a facilitating factor in the literature consulted, but not experienced by many participants. Whilst most parents did not oppose the teaching of sexual education, a lack of parent involvement or active encouragement was experienced by the educators – becoming a barrier. Educators felt they were held accountable for single-handedly teaching sexual education.

*I think many parents are just so glad that teachers are taking it up, which is actually not right because that should be happening at home and we should be reinforcing what happens at school, and now it's the other way around. – School C, female Principal*

Overall, different parent perceptions and levels of support in terms of teaching sexual education and reinforcement at home were reported. Most parents looked to the educators for guidance and to initiate the process.

*So now it's making it easier for them to say, okay, you go ahead and we're going to follow wherever you have already touched. – School C, female Educator*

Thus, parents often required their own support in dealing with their child's sexual maturation.

*And many a times we need to educate the parents also. You can't just say I'm busy teaching the child, I need to help the parents as well. – School B, female Educator*

*I think our parents have a lot to deal with. It's almost like grief, you know. In the beginning it's sort of a denial thing, my child has an intellectual disability. So they almost go through all those stages of grief. You see it when we take the children in in that screening interview, the denial, the having to deal with it. And when they get to the stage where they're teenagers, it's like they're reliving everything from the start and now it's a sexual child, a child that's displaying natural sexual behaviour. So it's almost as if that whole counselling thing starts again. – School C, female Deputy Principal*

One participant in management highlighted the issue of absent fathers, in the education of learners with ID.

*The father figure is sometimes or most of the time quite lacking. Usually it's mothers or grandmothers having to speak, though father is in the house as well, and for them to do that and have those types of talks with teenage boys, it could be quite difficult. – School C, female Deputy Principal*

**Members of the community.** The literature viewed community involvement as a supportive measure for individuals with ID – advocating protection from porn and violence, and in destigmatizing ID and sexuality. However, in my research findings, participants viewed communities as barriers to implementation as they informed negative beliefs about sexuality and gender roles in society. This discrepancy may speak to research that is not contextually relevant to South Africa where high levels of poverty, gender-based violence, trauma, and gangsterism are experienced in marginalized communities. Community mobilization to effect change for human rights therefore often does not have the necessary resources, and the need for safety of children becomes a primary driver of activities.

One educator felt that relevant role-players from the community had become desensitized to the level of trauma or abuse that learners were regularly exposed to, and therefore rendered services that were inefficient.

*But also that the community should be conscientised more. There's too little work done out there. And especially social workers who have grown up in these communities... but that they should go on ongoing courses and be made aware that they too become desensitized. So they will take their time with certain things, which is pathetic really.– School E, female Educator*

### **Practical Barriers and Facilitators**

This theme describes practical factors that make the teaching of sexual education more difficult or easier for the educator, in the classroom, and as a school. Some of these influencing factors are informed by societal stigma and participant attitudes.

**Varying levels of cognitive ability within the class.** Learners' cognitive abilities and levels of functioning were noted as the most significant barrier to implementing sexual education. All the participants mentioned the difficulty of teaching comprehensive sexual education in a way that is accessible to all learners within one class. Classes were mostly grouped according to age but had

learners with varying abilities and cognitive functioning – including physical disabilities and language barriers.

*I only have 11 at the moment, which is a very small group, but it's hectic because of the different abilities, the different levels. It's more than 11 in a class. – School B, female Educator*

*And my learners that I've got in my class, they are severely intellectually impaired and some of them are physically disabled. And it's difficult to teach them because you have to adapt the curriculum to suit their different needs because they are not the same... - School C, female Educator*

Participants noted the discrepancy between learners' chronological ages and cognitive abilities and expressed how challenging it was to adapt the sexual education curriculum to meet their specific, and individual needs.

*It would be the level of functioning of the learner, because you have this child who is 15 years but operating on grade 2 level of functioning. – School D, female Educator*

Adapting lessons to meet learners' specific needs and interests often required repeating lessons and modifying their presentation.

*So I think it's difficult getting all of their attention at the same time. Sometimes you have to go back and do it over and over or change it up a bit so that the others can also benefit from the lesson. – School F, male Educator*

**Curriculum.** The literature notes an appropriate curriculum that caters to the learners' cognitive abilities as a facilitating factor. Sexual education forms part of the life skills curriculum, as stipulated by the Curriculum Assessment and Policy Statements (CAPS) which is a national policy implemented across state schools. In the context of schools for learners with special needs, the curriculum is adapted according to the level of the learner. The schools visited had received training from the Western Cape Forum for Intellectual Disability on sexual education and thus, participants felt that they were better equipped to teach and tailor the CAPS curriculum, with the *All About Me* manual as a guide. This sample had access to the *All About Me* and CAPS curricula, but despite the provision of resources, the range of abilities made implementation difficult.

*...the educator is still the master in his or her class. They still need to interpret the knowledge. They still need to impart the knowledge, so which methodology they're going to use in that. Remember, in that space you need to differentiate. Because for one child when you say that, that can work for that child, but not for the other one.... we said it's part of the broad-based curriculum so technically it shouldn't be a challenge. – School D, male Deputy Principal*

In the dataset of interviews, a lack of curriculum was not mentioned as a prevalent barrier.

However, a draft for a new CAPS curriculum that caters to the severely intellectually impaired learner, for Grades R- 5, had recently been implemented in some of the schools interviewed. One school noted the difficulty of implementing the new curriculum and questioned its effect on their current school policy, approach to sexual education, and on learners' behaviours.

*So at the moment we are piloting a new curriculum. Our oldest children are supposed to be on a differentiated grade 5 level when they leave the school. Life skills, as we know it, are going to change. So I think in the next year or two we might have more incidents because of what is being taught in the classroom based on what the Department of Education is expecting us to teach. – School A, female Psychologist, LSEN School and Hostel*

*That's the new curriculum. I'm not sure what every grade's life orientation says, all I know is that the teachers are expected to teach certain things, they are expected to examine certain things, the kids have to know certain things, so I think how we handle it is going to have to change based on what rolls out of what's going on. At the moment everyone is trying to find their feet. So we are not a hundred percent sure how much of the behaviours that we are experiencing are coming from the new curriculum and how much that's coming from exposure at home or in either situations. – School A, female Psychologist, LSEN School and Hostel*

Educators felt that consulting with other professionals within the school, such as the school nurse and psychologist, facilitated the modification of the curriculum. Educators also researched activities and lesson plans via the internet.

*I think also maybe knowing that you can first confirm with the professionals and just see whether you are on the right track. Then there's the internet. There's quite a bit of resources that you can make available. And I think our people do a lot of research before they also teach it. – School B, female Deputy Principal*

Participants felt that having a structured, progressive curriculum with available resources set clear expectations of educators within each phase. Some participants expressed relief knowing what topics needed to be covered based on the ages of their learners – as older learners implied more “sensitive” topics.

*The first thing is structure. If there's a programme and we can see what the person before us does and what the person after us will do, so that continuity through the programme. So I don't have to actually deal with something that's perhaps more serious, so that will help teachers. – School C, female Principal*

Most of the participants felt that the *All About Me* training had been beneficial and provided practical guidance and resources.

*Obviously, in the beginning you don't know how to approach it, but with a programme like 'All about me', it's easier because it's very practical and it does everything in steps, which also empowers the teacher because it breaks down everything as to you're having to design all the activities and things yourself. So that's why I think it was easier for the teachers to implement or do it in class because it's such a well-worked out programme, so it takes that stress off the teacher to prepare everything from scratch. – School C, female Deputy Principal*

**Ability to modify or adjust lessons.** Educators' abilities to adapt the curriculum were significant facilitators to catering to the varying abilities within each class. Abilities were linked to their teaching experience, levels of openness and attitudes towards sexual education.

Creativity was also noted as a valuable attribute to effectively adapting the curriculum. These educator characteristics facilitated lessons that were engaging and appropriate to learners' levels of understanding.

*And that's what I said with tailoring things according to their needs. Sometimes they get stuck on a little thing or they don't understand the way you try and explain it. And then we often incorporate practical activities and things like this just to help them to understand it better and to get to their level, and I think there you have to be very creative, how you do it, keeping their attention, helping them to follow things. – School F, female Educator*

Some participants felt that finding effective, concrete examples to use when teaching an abstract concept was difficult and that adapting resources was not always an option which meant creating their own.

*Yes, the link between this is the real thing and...this is similar to what it could look and feel like, but it's coming from inside of you. You know, that concept I think is hard. So finding the appropriate example in order to teach and for them to understand... – School A, female Psychologist, LSEN School and Hostel*

**Difficulty assessing learners.** Assessing the learners was noted as a significant barrier by most educators due to the varying cognitive abilities in classes or groups. Educators stated that it was difficult to gauge what learners had understood and internalised of the sexual education lessons taught.

*Yes, because you're not writing exams. Do you know how many children are you reaching? So for me it's about understanding. – School C, female Educator*

Learners' verbal abilities played a role in the educator's capacity to assess the learner too. Often, educators relied on learners' reactions to the lessons as an indication of what they had been previously exposed to, their level of understanding, and their general attitudes and beliefs.

*You're guided by that, it's the reactions... it's difficult because then you don't know with a child who doesn't respond at all. So now I don't know what is your level of understanding, what is your exposure to it. So that makes it more difficult, especially if a child is not verbal and they don't respond at all. Then you don't know. – School B, female Educator*

One educator was concerned that her learners were incapable of transferring the knowledge acquired during lessons, outside of the classroom environment. This would negatively impact their safety in society.

*So yes, now you've taught them no one may touch your backside, no one may touch your private parts, but now someone just slightly by mistake touches you and they come running. So it's little things like that, are they really understanding what you're saying...Ja, and they don't transfer. – School C, female Educator*

**Time and space.** Having flexibility of time in terms of the school timetable and access to an appropriate venue to teach were not mentioned as influencing factors. These practical factors were valued in the literature consulted as facilitators to implementing comprehensive sexual education, however, these themes were not present in my data set of interviews.

**Extra work for preparation (planning and resources).** Modifying and adapting lessons implies additional work for educators, in terms of the planning and resources used. However, the extra time required was not noted as a barrier to implementation. Additional expectations of educators were mentioned in the context of the new CAPS curriculum for the severely intellectually disabled (SID) learner by one of the schools. The participant noted that educators were under a lot of pressure having to teach content deemed inappropriate, and to assess learners according to their different cognitive and physical abilities.

*They're all the same age, but they are on different levels. So that teacher at the moment is being expected to teach grade 5, but assess grade 4, grade 3, grade 2, grade 1, grade R, all in one class. So teachers are extremely stressed... teaching is a lot of paperwork, but I feel like the teachers are being burnt out. – School A, female Psychologist, LSEN School and Hostel*

**Sexual maturation and puberty.** Some participants felt that learners going through puberty was a facilitating factor to implementing sexual education. Participants expressed that it made it easier to initiate specific topics, such as menstruation or wet dreams, once the learner had started experiencing them. This approach took a more reactive approach to learners' stages of development – in that topics were covered as they were experienced by the learners and not prior to the changes.

*...but also gauging where they are, like you can see when someone is growing a beard or if they are at a certain age where things happen and preparing them for what's happening to your body at that stage. – School F, male Educator*

Other participants mentioned teaching specific topics relevant to puberty ahead of the changes.

This proactive approach was addressed in the *All About Me* training and was often influenced by educators' own sexual education and upbringings.

*Just a lot of myths came out in the training that she did with us. At what age perhaps it is appropriate to start, and I always thought that you kind of introduce topics as they already went through it... and it makes sense that you teach it to them before they go through that. And that's also how I was brought up, like I had to go through a leap for my mother to explain to me what happened. So ja, it was interesting. It made sense. – School F, female Psychologist*

*You can show them from a very young age, and then this is an adult. Now these are the changes that you see, the development of breasts and all that. And with the boys as well. – School D, female Educator*

One participant felt that going through puberty was an opportune time to empower the learners by celebrating their transitions into adolescence.

*Ja, it was also nice that some of the girls have started menstruating, our teenage girls, and we kind of made a thing about it that they are teenagers and it's something to achieve, they were quite anxious and it made them uncomfortable you could see when we handled the topic, but then we kind of celebrated it in our group and you could see some excitement even though it's obviously very overwhelming. – School F, female Psychologist*

**Learners' ages.** The ages of the learners thus became facilitating factors, or barriers, to the implementation of sexual education. Participants noted that it was easier to address younger learners with ID, as basic topics were covered such as public versus private, body parts and personal space. Educators teaching older learners focused on different topics deemed more appropriate to their phases of development.

*Well, I'm very glad I teach younger children because I don't think I'd be able to teach the whole thing about condoms and I don't know how I would teach the actual reproduction...but the whole sexual intercourse, I think I would find that maybe a little bit more difficult and challenging with our kind of child. So I'm glad that mine is more of a kind of body image, body safety, abuse no more – that kind of thing – nobody touching you in the wrong places. – School C, female Educator*

One participant stated that starting sexual education and preparing learners for puberty from a younger age made teaching sensitive topics later, much easier.

*And starting from a young age, then it's just more comfortable. – School F, female Educator*

**Resources.** Participants stressed the significance of having access to appropriate resources for teaching sexual education. Resources were noted as one of the most important facilitating factors, or barriers, to implementation.

*I need to find the appropriate pictures for now. The theory doesn't always work because some of them can't read or write. – School B, female Educator*

Appropriate resources were considered audio or visual aids with simplified language and less reading or writing required. Large, colourful pictures or interactive media were also recommended by the educators. These resources had to be relevant to the learners' phases of development and chronological age, but also suitable for their cognitive abilities. Whilst the *All About Me* programme provided resources, some educators felt that additional activities and visual aids were required depending on the disabilities and experiences of the learners in their specific year group.

Educators stated that teaching via games and discussions, using role-play, music or dance were the most effective methods of teaching sexual education.

*Well, I use my dolls, my baby dolls. I always use a dice for everything, but I also use a lot of pictures. So let's say I'm doing stranger danger or something like that, which is linked to sexuality, I'll show a lot of pictures and say do they know the person – that sort of thing. But we also play games where we will make an outline of a person and then we'll hand around a beanbag, and then when the music stops they've got to come and draw something onto the person. Any kind of drama and music, and we play simple games. I play Simple Simon says, but you'll just say touch this, touch that. And then if I say touch your private parts, they're going to shout no because that's the way of knowing that that is not something you do out there. – School C, female Educator*

One participant felt that all the educators should have access to the *All About Me* manual and resources to ensure sexual education is consistently taught throughout the school.

*We have the 'All about me' manual and we do have the resources. But we actually need to make more copies, make sure every teacher has the same and runs with the same programme. – School F, female Psychologist*

One educator requested workbooks to accompany the CAPS curriculum. She felt there was a lack of worksheets and activities available to assess learners' understanding and to consolidate the lessons taught.

*If we could get some workbooks that would be appropriate to our children. Because most of the information that we have we adapt to their level of functioning. So we don't have anything specific for our curriculum in that regard. – School D, female Educator*

Another participant highlighted the lack of relatable figures or personas used in sexual education videos and resources. He felt there was a gap in the market regarding educational videos of other individuals with ID, sharing a message of how they have personally dealt with their own sexuality – including relationships, contraceptives, marriage and sex. He felt strongly about a lack of role models within the sector and that resources showing individuals with ID would be beneficial to the learner and their parents.

*Is that heroism, for the lack of a better word, which I think we also need because there's too little material specifically of learners showing how did I deal with it [sexuality] ...but how powerful would it be if they're selling a message– This is how I deal with sexuality. This is when I had a girlfriend... when I had a girlfriend, this is what my teacher said. I was at this school, this is what my teacher said and this has worked for me and I'm this kind of young adult now. So the hero element within our sector I think. Because you're just going to get anybody else, you're going to get a whole lot of heroes and Ronaldos [the soccer player] and all kinds of things, but can our child really identify with that particular person? – School D, male Deputy Principal*

At the school functioning as a hostel, educators felt that available resources were inappropriate and that their specific school environment, which included a home, emphasized the lack of suitable aids for teaching sexual education in an effective way.

*And it was nice things, things that probably will work somewhere else, but not in our school because our kids stay here. So then sometimes she would have a picture of the school and at home, and then at home's bathroom and at school's bathroom. How do we now tell our child you can do this at home, not here ...Here by us it's one thing – home is school. They share rooms so it's not like there's privacy, but you're saying it's okay in my room. But now in my room I'm with four or five other kids and then the next morning there's an incident because he showed his penis to the other children. But because he was told to do it in private in his room. He thinks he's private. – School A, female Psychologist, LSEN School and Hostel*

**Sharing resources and colleague support.** Most participants encouraged and experienced the sharing of resources and ideas between colleagues. This facilitated a work environment in which educators felt comfortable with asking their colleagues to teach specific topics or groups, and to share lesson ideas and activities.

*They also do a lot of inter-colleague discussion. In their phases they talk about it and teachers help each other. – School C, female Principal*

**Management support.** Support from management was identified as an influencing factor to implementation in the literature consulted. However, based on my data set of interviews, educators did not refer directly to receiving support from the school principal or deputy principal, as a facilitating

factor to implementing sexual education in the classroom. Management staff played a bigger role in the reporting of incidents and in implementing school policy. However, some participants in management roles considered their support an available resource for educators in the classroom too.

*At school I think the support is here. And I think if somebody is a bit reluctant to deal with an issue, I think and I hope that the support from management and from the HODs [Head of Departments] and from the SMT [School Management Team] is there to assist the teachers, especially new teachers. – School C, female Deputy Principal*

**School policy and protocol.** The literature consulted viewed formalized school protocol as a facilitating factor to consistent implementation of sexual education and the reporting of incidents. Schools reported having policies in place for the reporting of sexual abuse and handling of sexual incidents – implementing Government policy regarding cases of suspected sexual abuse. Some educators had not seen their school’s policy but were aware of the channels to follow in cases of suspected abuse or incidents of inappropriate sexual behaviour displayed by the learners.

‘Incidents’ were referred to by management and educators whereby learners would be found or reported to be engaging in sexual acts with other learners in class, the toilets, hostel or on the school buses to and from school. Incidents were considered “abnormal” sexual behaviours or interactions between learners which violated school codes of conduct. These incidents were addressed differently based on schools’ relevant role-players and policies in place. Parents were informed, reports were written and often meetings were held with liaison officers from the education districts. Whilst all schools implemented consequence-based policies, some school protocols entailed multidisciplinary team meetings and plans of support – an attempt to understand and adequately address learners’ sexual needs and expressions.

*The incident report is to be communicated to the head of department, to the deputy, to the principal. Obviously then to show if the child is a danger to another child, for example, and then will have to be removed from the situation and in a lot of instances maybe suspended for two or three days. A case discussion would follow with the parents and with all the members of a multidisciplinary team and say, okay, this has happened, give the child an opportunity to discuss. – School D, male Deputy Principal*

In the case of suspected abuse or deliberate neglect of a child, management is expected to fill out a form, Form 22, legally required for reporting the incident to the Department of Social Development. However, when assessing the gravity of an incident between learners, a deputy principal

raised the difficulty of determining a plan of action in response to what has transpired.

*I mean, with our 'abuse no more' policy there's also a lot of legalities and things when we have to report. Also, with the form 22 abuse no more protocol when it's abuse. It's that fine line with our children also, you know, are they just curious and experimenting or is it actually abuse, which is quite difficult in our line of work because the children are curious and it's a natural thing. And within special needs there isn't really a perpetrator. It's very difficult. – School C, female Deputy Principal*

Participants felt that school policy ensured consistency when dealing with cases of suspected abuse or inappropriate sexual behaviour but had little impact on how and what was taught in the classroom.

*If something is reported, there are only certain people who work with it so that we make sure we are on the same page and we are handling it. So when I'm not here I don't feel, oh, if something is going to happen it's going to be a mess up. – School A, female Psychologist, LSEN School and Hostel*

**Staff development and training.** Attending staff development and training was decided on by staff members in management. Some schools held internal staff training in which therapists and educators were encouraged to share resources and skills. External professionals and district officials were also invited to address the staff on selected topics of interest.

Finding appropriate staff development for the context of ID was noted by a principal as a difficulty. She felt that many staff development opportunities were not suitable for the special needs context but rather for the mainstream educator and learner. Overall, management staff members were receptive and showed positive attitudes towards finding and attending relevant training opportunities for their educators – focusing on the newly appointed educators and their professional growth plans.

*It's a topic that I think I'm not sure how the education of teachers or aspiring teachers take place nowadays, but I really, really think that all teachers should go on more of these courses. – School E, female Educator*

Most educators who had attended the *All About Me* training found it to be practical and empowering.

*Training is very important. It was very empowering for me to attend the training and to be equipped with the vocabulary and the resources. So also being given the actual physical resources...it also encouraged us to make our own. – School F, female Psychologist*

Participants from the school including a hostel felt that the training received was inappropriate for their learners and were yet to find training that adequately met their school's needs.

*I think it was an interesting course to go to, but it's not going to work at our school. – School A, female Psychologist, LSEN School and Hostel*

One participant in management noted a lack of, and need for, training in counseling skills specifically. Her experience when dealing with parents in the context of reported sexual abuse or inappropriate sexual behaviour, called for counselling as her role required therapeutic intervention. This perhaps highlights the need for additional specialized training as sexual education in the context of ID so often includes dealing with sexual abuse.

*...dealing with parents as well, I think for me an area of growth as a manager, it's definitely taking parents through that counselling process. Because I find myself in many cases with discussions with parents where they actually rely on me to take them through that counselling. – School C, female Deputy Principal*

### **New Emerging Themes**

By using template analysis in my research design, a set of a priori codes had been identified based on the literature consulted. New codes emerged whilst analysing the transcribed interviews, as either barriers or facilitating factors to implementation.

**Class sizes.** In the context of special education, many educators felt that the smaller class sizes were conducive to effective teaching. Smaller groups of learners or classes facilitated open discussions and educators stated that it made it easier to get to know their learners. Thus, smaller class sizes helped create an environment in which learners could engage in conversations about sex and sexuality.

*I think the fact that we have small classrooms and you really get to know your learners, that makes it a lot easier because then you know... this is what I can do, this is what I can introduce. – School F, female Educator*

*...classes are smaller so you're also getting across to them a little bit more, and you can do so much more games and play and there's more time for that. – School C, female Educator*

**Relationships.** Educators highlighted the significance of having a relationship with their learners in implementing sexual education. Some expressed the positive effect that getting to know their learners outside of the classroom environment, on the sports field for example, had on building a rapport within the classroom setting. This relationship aided communication between learners and educators and supported a safe environment in which learners could disclose about cases of inappropriate sexual behaviour or abuse.

*You will find teachers or staff members who have a special relationship with certain kids. So with us, we're involved with sport a lot so we get to see the kids outside of the school classroom and you get a lot of information because you are with them on a different level. So when things happen and you need someone to speak to them, you would rather choose somebody that that child is comfortable with. – School A, female Psychologist, LSEN School and Hostel*

This relationship was also linked to knowing and understanding learners' cognitive profiles which influenced the modification of sexual education lessons to meet the learners' specific needs.

**Home exposure and the media.** Participants noted that home exposure and access to sexual education via the media negatively impacted learners' experiences of sexual education. Both educators and management expressed concern about what learners were exposed to at home, specifically in marginalized communities affected by low socioeconomic status and a lack of resources. Many learners served by the schools were exposed to gang violence, overcrowded homes, abuse and neglect. Therefore, they faced twin marginalisations – ID and low socioeconomic status. Whilst low socioeconomic status does not equate to violence and sexual abuse, it was reported that children had less access to services, both preventative and curative, than children from other groups would have.

Participants felt that learners were exposed to inappropriate behaviour or messages as a result. Therefore, teaching sexual education to a learner who had already been exposed to inappropriate behaviour or misguided information was difficult. Abuse was recounted as a perpetuated cycle that parents had experienced too and were consequently unable to help reinforce an empowering approach to sexual education.

*I think sometimes it's that there's not a stable environment that they come from. Let's say there are maybe boarders living in the home. It's maybe a stepdad. – School B, female Deputy Principal*

*Because a lot of parents use the excuse that I have also been abused and I've also gone through this, and I've told my child this is how we're going to deal with it and it's in the family. It's almost...like a generational trauma. Ja, it's just carried over. So we become desensitised to it and it's accepted. Now I come and try and change that, it makes my job very difficult – School E, female Educator*

Educators believed that learners would often re-enact inappropriate sexual behaviour at school that they had been exposed to in the home environment or in their communities.

*I also think our kids are...they see a lot of things, so therefore they then do it here at school. And we now can't unteach it – it's already there and they've already seen it or experienced it. And now they want to teach or show another learner - School A, female Psychologist, LSEN School and Hostel*

An educator also emphasized the discrepancy between how girls are socialized in their communities, compared to boys, and what they might be exposed to. The educator expressed that girls are encouraged to express their feelings and to report sexual abuse, whereas boys may be overlooked as possible victims of sexual abuse.

*Because a girl child is taught to speak out and we try to teach our boy children the same thing. But outside they are socialised that cowboys don't cry. Boys don't come and nag and moan. You know, you just keep quiet and you deal with it, because if not, then you're not a man. The child comes with his own sort of social construct, because in this community especially, the idea is I look up to the gang member and I aspire to be like that because that is where I go home to. – School E, female Educator*

Participants expressed concern regarding what learners were exposed to via the media, on television and on the internet. This exposure posed as a barrier, as educators felt it was difficult to correct learners' misconceptions about sex and sexuality, based on what they had seen and believed to be true.

*So he was playing out this whole sex scene in the sand and everything. So ja, there must be something going on. So I had a talk with the boy, and that's what he saw on TV last night, playing it out... And they will tell you that this lady is now having an affair. She's sleeping with that person. – School A, female Psychologist, LSEN School and Hostel*

Some learners were routinely exposed to pornography, which participants felt was out of their control. Differences in socioeconomic status also affected the scope of influence that educators felt they had on changing learners' inappropriate behaviours.

*Because the young man that cannot speak properly – there are two of them – who think the norm is on a Friday we braai, we drink and we watch porn. It's been coming along for a while. Now I come...they call me the white teacher because I live in Simon's Town...I come and try and change that, it makes my job very difficult. – School E, female Educator*

Participants felt that the exposure to media of an explicit nature contributed towards fears of sexual expression in individuals with ID.

*I think what is happening with the media now, with pictures and also in our society, a lot of parents and a lot of people are on edge, so I think that's why it's such a sensitive topic. – School F, male Educator*

**Parent education and accountability.** Most participants noted a lack of parent education as a significant barrier to implementation of sexual education in schools. Educators felt that parents

required their own training and guidance as their attitudinal barriers and misconceptions of ID negatively affects how lessons are generalized outside of the classroom.

Some educators noted that parents blamed their children for sexual misconduct or cases of sexual abuse and rape. One educator felt that victim blaming emanates from being uneducated in this regard – leaving the child more at risk in their home environment.

*And it was difficult for me to make the mother and the gogo [grandmother] and the sister understand that it's not this child's fault. Even if the child went to the car late at night, this child understands certain things, an adult says come here, you must go and fetch that at eleven o'clock at night, she obeys because that is what she has been taught. She doesn't comprehend that it's eleven, everybody is sleeping and I shouldn't leave or whatever. So in some cases, because the child is older and the child can do certain things, it's expected of the child to also comprehend that at eleven I mustn't go with a male or whoever, even if he knows my mum. Because that is what happened or the story that we heard, he came, he phoned the sister and she told this girl it's okay to go with him, she must just go and pick up something. And then the child was raped and dropped off at home again. Then the gogo [grandmother] found out. So we have that kind of scenario. – School E, female Educator*

Many parents were reportedly unaware of the services available to them and of the risks of sexual abuse in the context of ID, thus parent training became a platform in which schools could address societal misconceptions and generate awareness.

*And then parents actually also have regrets, maybe because they were not more informed about the impact of sexual abuse and what services there are for them. – School B, female Deputy Principal*

*...we did parent training for the first time in a long time... And just mentioning it, we've already had about 36 parents who showed up for the first time. And they all said they don't know where to start...and they are also not always sure what their child will be able to grasp. – School F, female Educator*

**Language barriers.** Learners with language-based learning difficulties may be affected in terms of their listening, reasoning, speaking, reading and writing skills. Therefore, in the context of schools for learners with special needs, many learners face certain language barriers too. These language deficits pose as barriers to the implementation and assessment of comprehensive sexual education for educators.

*I have a boy in my class now, completely not verbal...and when I talk about sexual education, he doesn't respond at all. So it's difficult. – School B, female Educator*

Language ability was also noted in the context of learners with ID and their vulnerability to abuse. This barrier makes suspected cases of abuse and rape difficult to present in court which leads to an unlikely conviction of the perpetrator.

*Because they don't have a voice. And they literally don't have a voice – some of them cannot speak – so therefore they are going to be abused. We just had a little girl in a wheelchair now that we feel has been abused, and it's been horrific because there's no proof and she's not high-functioning enough to be able to say it. She does have a little bit of limited vocabulary, but you can't put words in their mouth. So that is why they're so vulnerable because often they literally don't have the speech and they also don't have the understanding. – School C, female Educator*

Few participants mentioned a language barrier in terms of learners' mother-tongues and their ability to fully express themselves using their home language, which is often compounded by the ID.

*We're taking in a lot of first language Xhosa children at the moment, so obviously body parts, that type of thing. There might be a bit of a language barrier. – School C, female Deputy Principal*

**Support for management.** One participant in management noted a lack of support for staff in management roles. These members of staff were often required to fill out forms and liaise with external social workers or district officers in the case of rape and abuse. The participant expressed a need for emotional support or professional debriefing in these situations. Again, this speaks to the additional need for training and resources within the South African context where individuals with ID often face twin marginalisations and are at risk of rape and abuse.

*I wish that there could be a debriefing type of trauma counselling for when managers...because the managers end up filling in the form 22...have to fill in these forms, have to deal with it. It's not your own child, but because you act as the parent, you do not leave it at school, you take that home, it becomes your nightmare. And I wish there was something where one could just talk about how you feel as a manager, not as the teacher of the child, but the person who's got to bear the brunt of filling in those forms. – School C, female Principal*

**Hostel environments.** One school offered hostel services as a part of their schooling system and reported a de-emphasis on sexual education. The hostel was faced with significantly more barriers to implementation – favouring a risks discourse over rights. The three participants in management roles held the responsibility of overseeing sexual education in the school, addressing incidents of a sexual nature and executing their “no-touch” school policy.

*(in a hostel)... they had bunk beds and the kids who were getting the training were trying things and the kids who were not getting the training, they were in the same room. So the questions started coming up and kids started to say... they skommel hierbo [they're masturbating above]. Ek hou nie*

*daarvan nie en wat maak hy? [I don't like it and what is he doing?] Hoekom maak hy geluide in die nag? [why does he make sounds at night?]. – School A, female Psychologist, LSEN School and Hostel*

*Because of the hostel we had incidents where inappropriate sexual behaviour was there. And if we did the group this afternoon, that evening they were practicing it. So at that stage then we started rethinking about it and how we could handle this. Because now we've got more incidents that we're trying to prevent... – School A, female Psychologist, LSEN School and Hostel*

The hostel environment required stricter policies in place to keep the learners safe. The school acknowledged the role of normal human development and sexual needs of their school-going boarders but were conflicted in terms of contraceptives and sterilization – individuals' rights and abilities to consent.

The school also has a separate aftercare centre for adults with ID receiving physical and nursing care. This facility further highlights their need for a controlled environment in which the adult boarders could potentially lead a sexual life but would remain safe.

*The other thing I want to mention that makes it difficult, we have certain aftercare, they've got marriage quarters and there's aftercare that has a place for...they're not married...but they can go and have intercourse there. It's a private place for them. So in one way we acknowledge the fact that they've got needs, but on the other hand I just don't think it's appropriate that they do have children. – School A, female Psychologist, LSEN School and Hostel*

The group of participants from the school, which included a hostel, felt that their policies suited their schooling environment and that sexual education for the learners posed more of a barrier in their context.

*In a way, what we do, with hindsight I think it's working because in the hostel the incidents have definitely decreased. We are preventative because we put measures in place to prevent things from happening. So ja, maybe in that sense I don't think it's the sex education that's working, I think just what we do is working. – School A, female Psychologist, LSEN School and Hostel*

The participants drew a comparison between sexual incidents that took place in the hostel to institutional phenomena.

*P1: If you look at institutional things that happen, you get your institutional homosexuality, that happens, like in prisons and things like that. I think this is also part of it. Because a lot of our children, they need to belong. They need love. They get a lot of love here. In a way they've got something, definitely better than at home. So if I show her a little bit of affection and she needs that, it can make it worse. And we do have incidents regularly. We have big incidents here that really caused us problems.*

*P2: I must say, it's never in a big group situation. It's normally between two children or three maybe. But it's never bigger than that, and then we address the kids who are involved. It's now not going to be sommer [just] a lesson for everybody, because it's sort of like what do we say and where is this*

*coming from. And now they ask questions that we don't need. So I think as it comes up we address it in the hostel. But it is difficult, I won't lie, it is difficult.*

- School A, female Psychologists, LSEN School and Hostel

One participant from the group felt strongly that the rights given to individuals with ID overlooked their cognitive abilities and therefore failed to protect them. From a risk perspective, the participant stated that limiting certain rights for individuals with ID may be more effective in their plight to protect them from sexual abuse and rape.

*And I think we are contradicting what we do in special education and I think at the moment the children are discriminated against because their disability is not acknowledged. And I think the bottom line on the sexuality teaching is that we need to acknowledge the level of functioning of the children that we are working with and we need to adapt what we teach them. And for me as a psychologist, and, I've been working here now for 13 years, my main concern is just the safety of our children out there. So if we can just teach them, when that oom of ouma of oupa of [uncle or grandmother or grandfather or] whoever touches me under my bra or my panty... or a boy, if they can just be able to tell somebody and be acknowledged in what they're saying, then I feel we've done something right. – School A, female Psychologist, LSEN School and Hostel*

## **Conclusion**

The prevalent themes found within the literature and from participant interviews shed light on the dilemmas faced by individuals working in the context of ID. Balancing a rights versus risks approach to sexual education is complicated and often compounded by stigma and existing social constructs, as well as a need to keep individuals with ID, safe. School policies are therefore informed by the attitudes, facilitators and barriers of all the role-players working within the special needs context. Integrative themes of gender-based violence, low socioeconomic status and poverty permeate the narratives shared by participants. A desire to protect learners with ID from sexual abuse and rape – due to their cognitive vulnerabilities – presented as the most prevailing common thread running through participants' discourses.

## Chapter 5: Discussion

There is a lack of research into the effectiveness of sexual education programmes for people with disabilities aimed at reducing sexual abuse and incidence of HIV and AIDS in South Africa (Rohleder & Swartz, 2009). However, the continuing HIV pandemic and high rates of sexual abuse in South Africa highlights the vulnerabilities of marginalized groups – such as those with intellectual disabilities (Adnams & Johns, 2016). In fact, the literature suggests that people with disabilities may be at increased risk of HIV infection. This marginalized group are more likely to be unemployed, have lower levels of education due to lower cognitive abilities, and more likely to be sexually active, yet lack sexual education and knowledge about HIV and AIDS and safe sex practices (Rohleder & Swartz, 2009). Hence, they are more vulnerable to sexual abuse and rape, substance use and risky sexual behaviours which is aggravated by their stigmatization and social isolation (Adnams & Johns, 2016; Bornman et al., 2011; Rohleder & Swartz, 2009).

In South Africa, many individuals with ID face twin marginalisations due to low socioeconomic status, and the correlating violence, drug abuse and lack of resources (Capri et al., 2018). These factors exacerbate the existing structural barriers in disabling environments for individuals with ID and perpetuate the risk of sexual abuse and rape. South African policy tries to address inclusivity in society and to acknowledge individuals' rights to protection. However, my findings echo the permeating moral dilemma of rights versus risks in the real-world implementation of inclusivity (Capri et al., 2018; Chappell et al., 2018).

The limited studies evaluating the effects of prevention programmes for all individuals, such as the one by Jewkes et al. (2007) which evaluates a gender-transformative HIV intervention programme, have shown inconclusive evidence of whether behaviour change interventions can in fact reduce phenomena deeply rooted within social construct (Chappell et al., 2018; Jewkes et al., 2007). This suggests that successfully implementing a rights-based approach to sexual education to include individuals with ID, with a gender and culturally-sensitive framework, will require a more meaningful shift in societal attitudes first and foremost (Chappell et al., 2017; Jewkes et al., 2007).

## Summary of Findings

In the findings of this study, a risk discourse was the most prevalent theme amongst attitudinal facilitating factors. McKenzie and Macleod (2012); Rohleder and Swartz (2009) emphasize the implicit fear and need to control sexual relationships and behaviours in reaction to societal judgement. Chappell et al. (2018, 2018) also noted that individuals' vulnerability to harm and sexual abuse motivated educators' implementation, which was reflected in the attitudinal factors of this study too.

The stigma surrounding sexual education, compounded in the context of ID, was a reported barrier – permeating educators, parents and learners' attitudes and views. Sexual education was considered taboo and shaped by the cultural practices, conservative upbringings and religious beliefs of participants, which is congruent with the findings of Chappell et al. (2018). Parent perceptions and judgments were thus considered significant influencing factors of curricula implementation in schools, as mirrored in Jewkes et al.(2007). These factors also influenced what was reinforced at home – highlighting an enmeshment of socio-political context and the education system (Chappell et al., 2017, 2018; Sweeney, 2008).

Rohleder and Swartz (2009) note how society shapes our understanding of ourselves and others, through language and shared discourses. Therefore, one can assume that the concept of 'disability' stems from society's construction of what is considered "normal" and "abnormal" – having greater implications for individuals with ID as sexual beings (Block, 2000; Rohleder & Swartz, 2009). Despite human sexuality being varied and complex for all individuals, the education sector tends to dilute this broad subject by focusing on sexual intercourse, and HIV and AIDS. The contextual realities of rape and abuse provoke understandable concern by adults for individuals with ID. Discussing sex with any child appears to make educators and parents uncomfortable and in the context of ID, concerns and anxieties are intensified (Sweeney, 2008). The findings of this study echo this view and remind us of the role that historical discourse and labels continue to play in the construct of sexuality (Rohleder & Swartz, 2009). Consequently, the stigma reveals cultural assumptions about the sexuality of individuals with disabilities (Block, 2000).

Most of the interviews included a rights narrative, whereby sexual education was viewed as a means of empowering individuals with ID – congruent with individuals’ rights as stated in Constitutional law. The Constitution of the Republic of South Africa 1996 specifically mentions the protection of disabled people from discrimination and prosecution, which includes the right to health care and education (McKenzie & Macleod, 2012; Rohleder & Swartz, 2009). Amongst participants, management staff predominantly took on a rights approach and educators focused more on the protection of learners, employing a risk approach.

Rohleder and Swartz (2009) aptly describe the rights versus risks narrative as a tension between a human rights discourse and one of restricting sexual behaviour. Participant responses in this study confirm this, as the comments of educators often reflected sexual relations as dangerous in the context of ID. Based on my findings, none of the participants were opposed to providing sexual education and viewed it as important. However, there was an ambivalence about certain topics within sex and sexuality, and some were prioritised for the protection of learners, which is consistent with Adnams and Johns’ (2016) research.

More than half of the participants mentioned the cognitive abilities of learners as influencing factors and questioned their capacity to consent, parent and make informed decisions about contraceptives and sterilization. Whilst most participants acknowledged sexual maturation as a normal part of human development regardless of ID, many were torn between their physiological changes and subsequent need for sexual education, and their cognitive barriers or ‘mental ages’. Educators reported that assessing learners’ levels of knowledge was a challenge, due to the varied abilities in each class. This corroborates Rohleder and Swartz’ (2009) finding that the extent of sexual education programmes vary according to the severity of learners’ disabilities. A South African study by Birch, Angermeier, and Gentsch (2002), also found that learners with mild learning disabilities were more likely to receive comprehensive sexual education than those with moderate and severe ID. These findings tally with educators’ reports that varying cognitive abilities were a barrier to effective CSE, and that they needed more appropriate resources to implement this well.

In terms of practical barriers and facilitators, appropriate resources were subsequently viewed as the most significant facilitating factor. All participants had received resource packs from their *All About Me* training and whilst suitable resources online were scarce, most participants felt they were able to create their own, adapt existing resources, and to share amongst colleagues. Thus, inter-colleague discussions and co-teaching facilitated sexual education. Gallant and Maticka-Tyndale (2004) who looked at school-based HIV prevention programmes for African youth found that special resources needed to be considered in the planning of curricula as appropriate visual aids supported effective lessons. Thus, resources need to be suitable for learners' levels of understanding and sensitive to schools' resource-settings, which extends to the context of ID and supports my findings

Support from management in the form of staff development was mentioned in more than half of the interviews as an integral part of successful implementation of comprehensive sexual education, corresponding with research by Chappell et al.(2018). This finding echoes Adnams and Johns' (2016) claim that implementation depends on individual outlook and policy of each centre or school. In my findings, educators also felt that schools were largely held responsible for the sexual education of the children. Thus, staff workshops facilitated educators' abilities and motivation to tackle controversial topics within sexual education curricula, which parents seemed to avoid. Commitment to implementation, as a whole-school approach, has also been shown to affect the success of a programme (Chappell et al., 2018; Gallant & Maticka-Tyndale, 2004). This emphasizes the importance of regular staff training that includes all staff members (Chappell et al., 2018).

Sexual maturation and the ages of learners were also referred to when discussing practical barriers and facilitators. Most of the educators regarded teaching younger learners as easier. Educators responsible for teaching older learners who were going through puberty or getting ready to leave school expressed a difficulty in teaching topics deemed more appropriate for their phase of development (including sexual relationships, pregnancy and marriage, masturbation and wet dreams). Gallant and Maticka-Tyndale (2004) reviewed school-based HIV and AIDS risk reduction programmes targeting sexual behaviours and reiterate that ages of learners and stages of sexual

development influence programme efficiency. Their study found that targeting younger, primary school children with school-based prevention programmes had greater success influencing sexual behaviours. This sentiment is shared in the *All About Me* programme where educators and caregivers are encouraged to address topics prior to puberty (Johns, 2007, 2014).

Policy and management support regarding the reporting of suspected cases of abuse were deemed facilitating factors, as most of the participants were aware of the school protocols regarding incidents. Many educators had not seen the school policy but did not feel that there was a lack of management support and were clear on schools' expectations of teaching sexual education and on the reporting of abuse.

When analysing prevalent themes from participant responses based on my set of a priori codes, a few emerged that had not been ear-marked as significant in the literature consulted. Many of the participants called for parent education and training. Most educators and management staff requested parent support by teaching and reinforcing comprehensive sexual education in the home environment too. Parent education was deemed critical in addressing societal misconceptions of ID and problematic social constructs of sexuality. Most of the schools involved in the study mentioned low socioeconomic statuses of families, poverty and substance abuse, gangsterism and gender-based violence – all influencing factors in the socialization of learners (Chappell et al., 2018).

Learners' exposure to negative messages and unsafe home environments, unsupervised media access, including pornography, were reported as significant barriers to school interventions. Like the effects of problematic social constructs and issues affecting marginalized communities, adverse home exposure compounded schools' approaches with conflicting messages.

A school offering hostel services presented with additional challenges to implementation and their environment required stricter policies and a more conservative approach to sexual education. Their need to protect learners from pregnancy, HIV and AIDS and abuse was heightened considering their context.

## Dilemmas

This study highlighted certain dilemmas that were faced by educators, management staff, parents and caregivers working and living with individuals with ID, in the South African context.

**Human rights and the barriers to inclusion.** In South Africa, civil liberties and education policies are shifting towards a more inclusive society, in terms of stipulated human rights. Chapter 2 in the Constitution of the Republic of South Africa 1996 entitles all children and adults to basic education, based on International frameworks and policies. Greater inclusion in the education system thus implies accommodating the diverse needs of learners with ID across mainstream and special needs schools. However, based on my findings, participants have expressed a difficulty in accommodating the varying abilities of learners in each class, even within specialized contexts for learners with special needs.

Capri et al. (2018) highlight the dearth of contextually-sensitive studies from which to draw from in advancing and implementing inclusive citizenship of individuals with ID. Their study showed that individuals with ID face significant challenges when trying to assert their constitutionally entitled rights – including education that is accessible. Societal inclusion and exclusion calls into question the current states of equality – based on access to resources and protection (Capri et al., 2018; Donohue & Bornman, 2014). And in the South African context, marginalized communities are already affected by low socioeconomic status and a lack of resources, irrespective of ID (Chappell et al., 2018).

The South African education system is shifting towards inclusivity as policy is changing to reflect the rights of those who are marginalized (Department of Basic Education, 2001). However, the word ‘shifting’ also implies that practical, coherent steps are being taken across the system to implement policy that concurrently addresses social inequalities (in the form of attitudinal and practical barriers) (Donohue & Bornman, 2014). And yet, existing studies show that inclusion is often school-dependent and still relies on the resources, skills and attitudes of educators and caregivers (Chappell et al., 2017, 2018).

As seen in this study too, the implementation of sexual education varies according to each school policy, staff and parent body – depending on the attitudinal and practical barriers and facilitators experienced in each school (Donohue & Bornman, 2014). Concerns about the high prevalence of sexual abuse and rape in South Africa also influence educators’ protective approach, which can imply a restriction of rights (withholding information about their bodies, for example, in fear of encouraging inappropriate sexual behavior; Chappell et al., 2018). Apprehension about individuals’ capacities to consent to sterilization and contraceptives due to their cognitive abilities further compounds the implementation of inclusive policy and curricula. Individuals’ cognitive barriers thus suggest additional barriers to accessing their constitutionally entitled rights. Hence, the primary marginalization of ID appears to perpetuate a cycle of marginalization and subsequent vulnerability (Capri et al., 2018; Donohue & Bornman, 2014).

Comprehensive sexual education essentially supports sexual health and any possibility of giving informed consent. Adnams and Johns (2016) view it as a means of gaining autonomy and developing an ability to protect oneself, regarding sexual behaviours with another individual or in making decisions about contraceptives (Adnams & Johns, 2016; Chappell et al., 2018). Without sexual education, individuals are not only denied their human rights, but continue to be dependent on others for protection from sexual abuse, unwanted pregnancy or rape. Hence, it is societal attitudes that dictate common practice and the measures taken to protect individuals from harm. It is the crux of this tension that denies individuals their human rights by withholding information and adjudicating their life’s decisions – based on a notion of incompetence (Adnams & Johns, 2016).

Perceived incompetence is often entrenched within a ‘mental age’ narrative. Stemming from a medical discourse, the concept estimates a learner’s intellectual performance compared with typical age-related results. The dilemma of whether individuals with ID need comprehensive sexual education and their capacity for consensual sexual relations arises from this concept (Adnams & Johns, 2016). This rationale perpetuates negative beliefs about individuals with ID as sexual beings and justifies educators and parents’ treatment of teenagers and adults as young children – permitting the

misconception of individuals with ID as asexual. Once more, the dilemma emphasizes societal attitudes as the cardinal barrier to implementation of sexual education (Adnams & Johns, 2016; Chappell et al., 2017, 2018).

McKenzie and Macleod (2012) identify three different ways of understanding rights: the right to full participation (taking inequality of rights based on the socio-political context into consideration), the right to special services (and the support required to enhance participation), as well as the right to protection (preventing harm and protecting individuals with ID from abuse and discrimination). Whilst these are all significant in the context of ID, they often contradict each other in their implementation (Capri et al., 2018; McKenzie & Macleod, 2012). Such contradiction is observed in the demand for the removal of social barriers to participation which denies the right to special services and support that ID often implies. An example of this can be seen in schools becoming full-service schools where individuals with ID are integrated into mainstream classes (Department of Basic Education, 2005). These environments can at times deprive learners of the specialized interventions needed for learning as they require additional staff and resources (Chappell et al., 2018; Donohue & Bornman, 2014) – as is the case for CSE: CSE that is accessible to those with ID goes beyond what mainstream environments with limited resources can offer (Capri et al., 2018).

However, the outright exclusion often removes the person or limits their exposure to situations and information where anticipated harm could arise. This can be seen in the restriction of sexual education aiming to empower the individual with ID to express themselves sexually, given the real, contextual risk of rape and abuse. This exclusion, whilst it appears to protect individuals, perpetuates a cycle of vulnerability as individuals are not taught to be independent or supported to enhance societal participation (McKenzie & Macleod, 2012). Thus, the scope of sexual education offered in some special needs schools reinforces learners' 'incompetence' outside of the school environment and contributes to fears of 'incidents' between learners and sexual expression (Capri et al., 2018; McKenzie & Macleod, 2012)

Participation, therefore, depends on the provision of specialized support and level of modification required. Yet the variation of abilities in special needs classes is reported as a significant barrier in the findings of this study. This implies that the extensive need for specialized support and tailored lesson plans may negatively impact learners' opportunities to participate in lessons (McKenzie & Macleod, 2012). Aside from the practical implications of participation, attitudes play a significant role in the implementation too (Chappell et al., 2017). This dilemma emerges even within specialized environments for learners with ID and is compounded by a lack of staff, resources and training (Chappell et al., 2018; McKenzie & Macleod, 2012).

*Accountability and collaboration.* ID implies a form of dependency and thus, the issue of accountability is raised. The absence of rationality may be interpreted as placing the onus on those who know the best interests of individuals with ID to fight for their rights. This would contradict the human rights approach which favours choice and agency (Capri et al., 2018; McKenzie & Macleod, 2012). This premise is echoed in the findings of this study where parents are held accountable for making decisions for their intellectually disabled son or daughter, based on their perceived incompetence. Educators also request more parent involvement in the education of the learners.

McKenzie and Macleod (2012) state that once rights become institutionalized through law and policy, they serve to sustain power and shift the responsibility of decision-making between role-players. This calls into question how human rights may serve individuals with ID considering a perceived inability to make informed decisions for themselves – regarding sexual relations, contraceptives and pregnancy, and considering the real risk of harm. Adnams and Johns (2016) and McKenzie and Macleod (2012) bring our attention to how notions based on a 'best interests' rationale – influencing scope of sexual education, school policies and parental roles – may reinforce unequal power relations between those with ID, and with their educators, parents and caregivers.

McKenzie and Macleod (2012) emphasise the significance of looking at disability in context and of identifying the caring relationships or sources of support available so that society may move towards more participation of individuals with ID. In marginalized communities in South Africa

however, there are limited resources available to all individuals, regardless of ID. Therefore, in this context, the right to inclusion is not often about access to specialized services required by those with ID, but a claim to what everyone else has. These claims stem from an unequal distribution of resources and wealth, and include access to safety, nutrition and education (Capri et al., 2018; McKenzie & Macleod, 2012). These contextual factors impact the recommendations that can be made to ameliorate sexual education and advance participation, considering the lack of resources available (Chappell et al., 2018).

McKenzie and Macleod (2012) suggest an ‘ethics of care’ approach which re-examines caring relationships and emotional attachments between those with ID, and with their educators, parents, therapists and caregivers. This approach accounts for the issue of accountability as it opposes the one-way dynamic of individuals with ID as inevitably dependent. Instead, it highlights the reciprocal nature of care. My findings support this view as participants place significance on the relationship between educator and learner and on parent involvement, as facilitators to effective sexual education implementation.

Building a sustainable, rights-based, ‘interdependence’ acknowledges the barriers and differences but may be more effective in achieving a level of independence and participation (Chappell et al., 2018; McKenzie & Macleod, 2012). Therefore, recognising and building onto the emotional attachments may contribute towards a development of competence across different contexts. Whilst there are associated risks of exposure to new information and situations that require practice, this approach entails collaboration of all role-players and acknowledges context (Chappell et al., 2018). Hence, there is a need for teamwork involving educators, parents and community members to implement realistic human rights for individuals with ID – that aim to empower through increased participation and protect them from harm (McKenzie & Macleod, 2012)

## **Recommendations**

Chappell et al. (2017), Adnams and Johns (2016) and Rohleder and Swartz (2009) foreground the need to challenge societal misconceptions about ID and to address attitudinal barriers, prior to

those that are practical. Chappell et al. (2018) reiterate the predominant obstacles to accessing CSE as the negative beliefs held about ID and sexuality, negative expectations about their capacity for learning and their relational needs, or course of development. Therefore, we need to start by sensitising role-players to thinking about the rights and risks, and then to provide strategies and resources on how to ensure both are realized in its implementation.

Gallant and Maticka-Tyndale (2004) also suggest that implementation of a sexual education programme requires a shift in attitudes. Therefore, addressing ambivalence and negative attitudes of educators and parents through open discussions and training is highly recommended (Adnams & Johns, 2016). Thus, regular staff training that is appropriate to the ID context facilitates implementation and supports educators by addressing a lack of confidence, skills and resources (Adnams & Johns, 2016; Chappell et al., 2018).

Research has also shown the negative impact of intergenerational education, or lack thereof, and low socioeconomic status on sexual education implementation at home (Aderemi, Pillay, & Esterhuizen, 2013; Chappell et al., 2017). Therefore, it is recommended that parents are included in the process of educating learners and are ideally offered their own training so that they may work together with the schools (Adnams & Johns, 2016).

Gallant and Maticka-Tyndale (2004) and Naidoo and Van Wyk (2003) review school-based prevention programmes and suggest clearly indicating and discussing the intended level and approach of an intervention. Strong support from management and a 'whole-school approach' to sexual education implementation is recommended. Expectations of educators regarding topics should be made clear – with an array of topics covered that also teach learners about appropriate sexual expression and healthy, safe, sexual relationships. The whole-school approach should be supported with school policy and protocols in place to protect the learners, as well as educators in the case of suspected abuse (Adnams & Johns, 2016). This approach aims to mediate the two narratives of rights versus risks so that learners are better equipped with information to empower and protect themselves (Adnams & Johns, 2016; Chappell et al., 2017, 2018).

It is recommended that learners are taught from a young age and that sexual education precedes puberty (Gallant & Maticka-Tyndale, 2004; Jewkes et al., 2007). Therefore, a progressive curriculum that reflects age-appropriate information for each phase of development is required. The curriculum should be accompanied by resources that are accessible to the learner with ID, including visual aids and participatory methods as they are recommended as the most accessible to learners with ID and facilitate learning (Adnams & Johns, 2016).

There is a need for more research into which kind of sexual education is effective for individuals with ID. Future studies contextually relevant to South Africa will hopefully guide further curriculum development, educator and parents' methods, and resources required (Adnams & Johns, 2016; Capri et al., 2018).

### **Directions for Future Research**

The dilemmas that have emerged are complex issues that require deeper engagement with social constructs and government policies. Further research into training and support for parents may be beneficial in implementing comprehensive sexual education. Overall, more contextually-relevant studies are required as they may generate further awareness of barriers to inclusion – possibly recommending appropriate interventions across school and home contexts. These studies may include research into specific environments, such as school hostels, and inform programme theory for sexual education programmes to meet the needs of these specialized services. Barriers to inclusion go beyond the practical factors presented in this study and further research addressing problematic societal beliefs and attitudes is required.

### **Limitations**

The programme theory for the *All About Me* curriculum aims to protect learners with ID – through policy changes and increased awareness of individuals' rights, and to foster well-being via sexual health and increased happiness (Johns, 2007). Assessing the impact of teacher or parent intervention implies measuring reduced inappropriate sexual behaviours in learners, a decrease in societal stigma and increase in incidence of reported sexual abuse. These outcomes are difficult to

quantify, and this study does not set out to evaluate the *All About Me* curriculum or measure the impact of the programme (Jewkes et al., 2007; Wessels et al., 2013). However, there is merit in acknowledging the experienced barriers and facilitators to implementation and the larger contextual factors at play (Chappell et al., 2018).

**Participant sample.** The sample size of 15 participants in this study is relatively small and schools selected did not span across all the education districts in the Western Cape. Participants from each school did not necessarily include both an educator and management staff member and therefore roles and respective views could not be compared in depth. The sample only consisted of two male participants, compared to the 13 females included. This could indicate an imbalance of genders within the special needs workforce, but no specific effort was made to recruit specific genders within my sample. Therefore, the transferability and generalizability of results are affected as conclusions cannot be drawn about all educators, management staff and parents. Instead, the study reflects individual experiences, in the context of ID and sexual education.

**Analysis.** Using Template Analysis required a balance of analysis across literature and my dataset of interviews, compared to the template – making the analysis of each interview perhaps less in-depth. A concern was potentially losing individual voices or experiences as reported in each data item. However, to address this issue, interview scripts were reexamined multiple times to capture themes from individual experiences (Braun & Clarke, 2006; King, 2004). I was not able to have an independent coder check my coding to enhance the trustworthiness and credibility of my data analysis (O'Brien, 2014). However, I tried to acknowledge reflexivity as the sole researcher, to debrief and collaborate with my academic supervisor to maintain a critical approach, and to provide an evidence-based rationale in the presentation of findings (Lub, 2015).

**Reflexivity.** Objectivity of analysis comes with limitations and therefore, certain conclusions cannot be drawn from the experiences shared. I have played an active role in identifying codes and creating links between recurring themes (Braun & Clarke, 2006). Selectivity of the a priori codes and analysis of participant interviews were based on personal selection of themes. Hence, the revision of

the final template was not only based on the redundancy of themes but also informed by my personal views, filters and experiences (Jewkes et al., 2007; Wessels et al., 2013).

I acknowledge my own teaching experience as a special needs educator and the bias and entry into the sector that I may be granted because of it. My past teaching experience helps me to appreciate the practical implications of teaching sexual education in the context of ID and of the challenges faced by the educators. I understand the distress of dealing with incidents of a sexual nature at school and of the sexual traumas that many learners face in their communities. I acknowledge that I come from a rights perspective personally and that my own race, socioeconomic status and cultural upbringing affords me the privilege of having this approach. I was provided with extensive sexual education in my home by my parents and at school from a young age – unaffected by many practical barriers as I had access to resources. Therefore, I am comfortable with discussing topics which many consider taboo. I feel that my own ‘openness’ and upbringing has elicited open and honest responses from participants during the interviews. Despite my own bias, I hope to have given participants a voice from within their own contexts and experiences, valuing the significant challenges that educators face in South Africa.

### **Conflicts of interest**

It is possible that the WCFID had an influence on the larger pool of schools selected in the initial sample. However, it is in the best interests of the organisation who create and carry out the training to select a sample of schools that are representative of the potential real-world challenges in its implementation. The WCFID are invested in receiving honest, detailed feedback on the *All About Me* programme to inform future revisions and it is likely that educators are more willing to disclose to a third party (T.Woods, personal communication, October 8, 2018). There was no perceived influence on the study conduct or on the conclusions drawn (O’Brien, et al., 2014).

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analysis, interpretation, reporting of results, or future decision to submit the manuscript for publication.

## **Conclusion**

The concept of “human rights” may be understood as based on an accepted understanding of what it means to be human, and from this follows a set of entitlements for each person, based solely on the fact that s/he is human (McKenzie and Macleod, 2012). However, the reported barriers in this study have shown that the concept of humanity infers an ability to reason and thus is constrained to function within a certain IQ range. This concept minimizes diversity and draws from common values about individuals’ competencies, desires and roles within society.

Sexual education is an already contentious issue and it is compounded in the context of ID (Sweeney, 2008). Individuals with ID as sexual beings are highly stigmatized, and we see this in rationales for restricting sexual expression and the withholding of information (Capri et al., 2018; McKenzie & Macleod, 2012). Based on my findings, attitudes appeared to be the most pervasive barrier to implementation of sexual education. The high prevalence of sexual abuse and rape in South Africa was a significant influencing factor too. Hence, a risks narrative both motivated and informed the scope of what was taught. Staff training, resources and appropriate curricula were deemed facilitating factors (Adnams & Johns, 2016).

A dilemma arises in the implementation of full equal rights including participation, education and protection in the context of ID. A rights approach insinuates that all individuals have a pre-constituted, rational ability to enter power relations with autonomy. This not only ignores issues affecting marginalized communities in South Africa, but fails to acknowledge the diverse mental capacities and adaptive functioning skills of individuals with ID. Thus, with both approaches they are othered and placed as outliers from the norm (Capri et al., 2018; McKenzie & Macleod, 2012).

Adnams and Johns (2016) suggest in order to find a balance between the rights and risks approach, educators and parents need to acknowledge and teach sexual development, sexual feelings and safer sexual behaviour in a way that is accessible and empowering. Sexual education is not a

panacea for the challenges faced by people with ID grappling with their sexuality in South Africa, however, acknowledging the autonomy and right to be a sexual being may contribute towards change for the better. The potential of a person depends heavily on their environment and on how society responds to their disability, not on their intellectual capacity (Brandt & Pope, 1997).

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## **Appendix A: Informed Consent Form**

Consent form – English

University of Cape Town/ Child Guidance Clinic

Consent to participate in a research study:

Educators' experiences of implementing a sexual education programme

Dear Educator/ Management staff member,

### **Study Purpose**

You are being invited to participate in a research study being conducted by a researcher from the Child Guidance Clinic, at the University of Cape Town. The purpose of this study is to examine educators' experiences of using the 'All About Me' sexual education programme. The study will look at factors that facilitate or act as barriers to teaching sexual education for learners with intellectual disability (ID). The purpose of this study is to help support educators by exploring the challenges faced in sexual education for learners with ID.

You are being invited to participate in this study because you teach learners with ID and have been on the 'All About Me' workshop. If you are a management staff member, you are being invited as you oversee curriculum objectives and school policy.

### **Study Procedures**

If you decide to participate in this study, you will be interviewed for approximately 1 hour. The interview will address your views on sexual education and explore factors that make it easier or more difficult to teach.

All information obtained from you will be kept strictly confidential, and your name will not be associated with the information that appears in the report.

### **Possible Risks**

There are no other known risks specific to this kind of study participation.

### **Possible Benefits**

I hope that my work will assist you in the task of caring for those with intellectual disability. The information gained, and challenges identified, from this study will hopefully help answer important questions about teaching sexual education.

### **Alternatives**

You may choose not to participate in this study, and this decision will not affect your employment or your relationship with the school or University in any way.

### **Voluntary Participation**

Participation in this study is completely voluntary. You are free to refuse to answer any question. Your decision regarding participation in this study will not affect your employment. If you decide to participate, you are free to change your mind and discontinue participation at any time without an effect on your employment.

### **Confidentiality**

Information about you obtained for this study will be kept confidential. Your name and other identifying information will not be kept with the interview information. It and this consent form will be kept in

separate, locked file cabinets, and there will be no link between the consent form and the interview. The information obtained from the interview will not become a part of your employment record in any way, nor will it be made available to anyone else. Any reports or publications about the study will not identify you or any other study participant.

We would like, if you agree, to tape-record this interview, as it makes it easier for us to be sure that we have correctly written down what you have told us. The interviews will be transcribed verbatim by myself and an outsourced transcription service provider (who will sign a confidentiality agreement). As soon as we have listened to the tape and corrected our notes, the recording will be destroyed. Until then, it will be stored either in a locked filing cabinet or on a password-protected computer to which only the researcher will have access.

### **Questions**

Any study-related questions, problems or emergencies should be directed to the following researchers:

Isabelle Bouic

Dr. Catherine Ward (Supervisor)

isabelle.bouic@gmail.com or 084 310 1921

[Catherine.Ward@uct.ac.za](mailto:Catherine.Ward@uct.ac.za) or 021 650 3422

Questions about your rights as a study participant, comments or complaints about the study also may be presented to the Mrs Rosalind Adams, Research Ethics Committee, Department of Psychology, University of Cape Town: [Rosalind.Adams@uct.ac.za](mailto:Rosalind.Adams@uct.ac.za) or 021 650 3417.

I have read the above and am satisfied with my understanding of the study, its possible benefits, risks and alternatives. My questions about the study have been answered. I hereby voluntarily consent to participation in the research study as described. I have been offered copies of this two-page consent form and of the Information Sheet.

\* \* \*

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Signature of participant

---

Date

---

Name of participant (printed)

---

Witness

\* \* \*

My interviews may be recorded and transcribed to assist the interviewer with remembering the information. The only people who will listen to the tape are the interviewer and the transcriber. After s/he has listened to it, it will be destroyed. Information from the interview will be recorded anonymously.

I agree that the conversation may be recorded and transcribed.

---

Signature of participant

---

Date

---

Name of participant (printed)

---

Witness

## Appendix B: Interview Schedule for Educators

I am a UCT student and my background is in special education. I am doing research on the “All About Me” programme and will be interviewing you to try to understand your experience of teaching sexual education. I would like to hear, from you as the teacher, how you feel about it and what makes it difficult or easy to teach. I have an informed consent form for you to sign that will show that you have received information about this study and have agreed to participate. I need to record this interview, with your permission, to be able to transcribe it. Is that okay?

School Name:

Location/ District:

Participant’s role/ Title:

Years of experience:

- 1) Tell me a little bit about your class and your learners. How old are they?
- 2) You’ve attended the “All About Me” workshop, what did you think of the training?
  - a) Do you remember it well?
  - b) Some of the content was quite difficult, like public versus private – how did you feel about it?
  - c) What resources do you like to use?
  - d) So how do you teach learners about their bodies and prepare them for puberty?
  - e) What do you think about sexual education for learners with intellectual disability? Why?
- 3) What are some of the things that make it easier for you to teach sexual education?
  - a) Things that make it easier in the class? How do the learners react?
  - b) Do you think its important? Why?
  - c) Things that make it easier in the school? How do parents react? And your colleagues?
- 4) What are some of the things that make it difficult for you to teach sexual education?
  - a) Things that make it difficult in the class? How do deal with that?
  - b) Things that make it difficult in the school?
  - c) Is there a policy that supports sexual education?

Is there anything you would like to add to or explain further? Are there perhaps any questions that you would like to ask me about anything we discussed or that took place during the interview? Thank you very much for your time.

### **Appendix C: Interview Schedule for Management Staff**

I am a UCT student and my background is in special education. I am doing research on the “All About Me” programme and will be interviewing you to try to understand your experience of teaching sexual education. I would like to hear, from you as the teacher, how you feel about it and what makes it difficult or easy to teach. I have an informed consent form for you to sign that will show that you have received information about this study and have agreed to participate. I need to record this interview, with your permission, to be able to transcribe it. Is that okay?

School Name:

Location/ District:

Participant’s role/ Title:

Years of experience:

- 1) Tell me about sexual education in this school?
  - a) How important do you think it is? Why?
  - b) What do the teachers and parents think?
- 2) What are your expectations of your educators and teaching sexual education?
  - a) Do you have a policy for that?
  - b) How and when do you send your staff to sexual education training?
  - c) What would make this decision easier?
  - d) Are there any things that make it difficult to teach sexual education in your school?
  - e) Any things that make it easier?

Is there anything you would like to add to or explain further? Are there perhaps any questions that you would like to ask me about anything we discussed or that took place during the interview? Thank you very much for your time.

## **Appendix D: Final Template**

### **1 APPROACH**

- 1 Teaching sexual education
  - Educators role

### **2 ATTITUDINAL BARRIERS AND FACILITATORS**

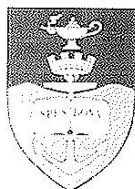
- 1 Stigma/ Taboos
  - Cultural/ Conservative upbringing/ Religious beliefs
  - Lack of own sexual education
    - Contraceptives
    - Premarital sex/ abstinence
    - Same sex relationships
- 2 Asexual/ Hypersexual
  - Fear of promoting behaviour
- 3 Relevance
  - Normal Human Development/ Puberty
  - Rights discourse/ empowerment
  - Cognitive capacity/ mental age
  - Risk discourse/ Protection from violence
- 4 Parents perceptions
- 5 Community perceptions

### **3 PRACTICAL BARRIERS AND FACILITATORS**

- 1 Personal Attributes
  - Positivity/ open-mindedness
  - Age of educator
  - Experience of educator
  - Gender of educator
- 2 Varying levels/ barriers within class
- 3 Curriculum
  - Ability to modify/ adjust lessons
  - Flexibility of time and space
  - Difficulty assessing learners
  - Extra work for preparation (planning and resources)
- 4 Sexual maturation/ Puberty
  - Ages of learners
- 5 Resources
  - Sharing resources/ Colleague support
- 6 Management support
  - Policy
  - Staff development

## Appendix E: Confidentiality Agreement

UNIVERSITY OF CAPE TOWN



### Department of Psychology

University of Cape Town Rondebosch 7701 South Africa  
Phone: +27-21-650-3417

11 June 2019

#### Confidentiality Agreement for use with Transcription Services

Research Study Title: **Educators' perceptions of a sexual education programme for learners with intellectual disability.**

1. I, Leon Van Wyk, transcriptionist, agree to maintain full confidentiality of all research data received from the research team related to this research study.
2. I will hold in strictest confidence the identity of any individual that may be revealed during the transcription of interviews or in any associated documents.
3. I will not make copies of any audio-recordings, video-recordings, or other research data, unless specifically requested to do so by the researcher.
4. I will not provide the research data to any third parties without the client's consent.
5. I will store all study-related data in a safe, secure location if they are in my possession.
6. All data provided or created for purposes of this agreement, including any back-up records, will be returned to the research team or permanently deleted. When I have received confirmation that the transcription work I performed has been completed, any of the research data that remains with me will be returned to the research team or destroyed, pursuant to the instructions of the research team.

Transcriber's name (printed): Leon Van Wyk

Transcriber's signature: \_\_\_\_\_ Signature Removed

Date 11.06.2019

## Appendix F: WCED Ethical Clearance



Directorate: Research

[Audrey.wyngaard@westerncape.gov.za](mailto:Audrey.wyngaard@westerncape.gov.za)

tel: +27 021 467 9272

Fax: 0865902282

Private Bag x9114, Cape Town, 8000

wced.wcape.gov.za

**REFERENCE:** 20190424-3970**ENQUIRIES:** Dr A T Wyngaard

Ms Isabelle Bouic  
3 Rumarco Flats  
Derwent Road  
Gardens  
8001

**Dear Ms Isabelle Bouic**

**RESEARCH PROPOSAL: EDUCATORS' PERCEPTIONS OF A SEXUAL EDUCATION PROGRAMME FOR LEARNERS WITH INTELLECTUAL DISABILITY**

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **02 May 2019 till 27 September 2019.**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:
 

**The Director: Research Services**  
**Western Cape Education Department**  
**Private Bag X9114**  
**CAPE TOWN**  
**8000**

We wish you success in your research.

Kind regards.

Signed: Dr Audrey T Wyngaard

**Directorate: Research**

**DATE: 25 April 2019**

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## Appendix G: UCT Ethical Clearance

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### UNIVERSITY OF CAPE TOWN



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### Department of Psychology

University of Cape Town Rondebosch 7701 South Africa  
Telephone (021) 650 3417  
Fax No. (021) 650 4104

15 April 2019

Isabelle Bouic  
Department of Psychology  
University of Cape Town  
Rondebosch 7701

Dear Isabelle

I am pleased to inform you that ethical clearance has been given by an Ethics Review Committee of the Faculty of Humanities for your study, *Educator perceptions of a sexual education programme: Facilitating factors and barriers*. The reference number is PSY2019-008.

I wish you all the best for your study.

Yours sincerely

Signature Removed

Lauren Wild (PhD)  
Associate Professor  
Chair: Ethics Review Committee