

No Need to get Nettled

One of the most important elements in effective sexuality education is the professional confidence of teachers. This article gives a brief critical overview of training opportunities for sexuality educators and suggests guidelines for dealing with obstacles which hinder the provision of programmes.

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MYTHS, FEARS AND REASSURANCES

Many parents, and parents of mentally handicapped pupils in particular, express the fears and misapprehensions they often have about the effect of teaching their children about sex. From personal experience and from the testimony of a significant number of teachers engaged in action research and training in sex education, there are no grounds for the belief that sexual knowledge means "they'll be at it all the time".

There is no evidence from research that sexual knowledge leads to negative changes in sexual behaviour (Kirby and Wilson, 1984). The opposite is the case according to research findings. There is a high correlation between qualitative comprehensive programmes and responsible sexual behaviour (Kenney and Orr, 1984). This has been borne out also by research based on the implementation of the St. Michael's House curriculum (Woods, 1981).

DEVELOPMENTAL NEEDS AND LEVELS OF KNOWLEDGE

The psycho-sexual developmental needs of handicapped people have been well documented (Attwell and Jameson, 1976) and it is important for parents and educators to bear in mind that in their sexuality, handicapped young people "are more like than unlike their non-handicapped peers". Their sexuality like that of their peers can be viewed as "a potentially constructive energy....a major personality resource rather than a grim liability" (Johnson, 1973).

Goldman and Goldman (1982) point out that, contrary to common belief, children become aware of sexual matters "not through sex education programmes which are denied to large numbers because of the polemics surrounding sex education in many countries, but through the magazines and newspapers they read and the television they view daily". Handicapped young people spend a great number of hours watching television (Kennedy 1987) yet do teachers know what 'soaps' their pupils watch? How many of the popular 'soaps' deal with sexual relationships? Do teachers know who has been sleeping with whom in 'Home and Away', 'Eastenders' or 'Neighbours'? Do they harness this very powerful medium of information and influence to tune into their pupils' needs and levels of knowledge?

In recent years the psycho-sexual needs of children and adolescents have begun to be recognised as an educational priority. A review of current developments in sexuality education both in Ireland and throughout the world indicates, however, that the response of formal education systems has been disappointing.

The Department of Education's official policy is that the provision of sex education is "a matter for decision by the management of individual schools" and that "parents should be consulted by the schools" (Woods, 1986 p.252). This has led to a situation where it is left to the school to decide whether or not to include education for sexual development in the curriculum.

RESPONSE TO SPECIAL EDUCATION NEEDS

Comparatively speaking, agencies working on behalf of handicapped, socially disadvantaged or learning disabled young people have shown the most initiative in developing curricula. In the past decade there is encouraging evidence of greater progress in curriculum provision for sexuality education in special schools and vocational training centres. There has also been significant development in the adult services in Ireland with several organisations drawing up comprehensive policy documents. For example, the Brothers of Charity (1986) have produced an exemplary one which has obvious implications for practice throughout their services. The Bawnmore Personal Development Curriculum (1987), which has clearly based its principles on the Brothers of Charity policy document, is a further response to the sexual needs of their clients.

TRAINING OPPORTUNITIES

In my professional experience the frequency of requests for teacher-training workshops in this area reflects a pragmatic response of educators and other professionals to the social and sexual needs of young people with learning difficulties. In recent years a team from St. Michael's House has been involved in providing in-service courses in conjunction with the Special Education Department in St. Patrick's College, Dublin. The team also provides a service to schools and institutions catering for people with all categories of handicap. It is heartening to experience the degree of commitment and concern among teachers and other caring professionals who have developed programmes. As they struggle to deal with sexual behaviour and problems, often of a serious nature, the strongest complaint from participants at workshops is directed at initial pre-service training which left teachers ill-prepared for their task.

The absence of basic training for primary teachers in this most sensitive area is indicative of a serious neglect on the part of the Department of Education. The in-service course in sexuality education for teachers in special education is the only one which affords an opportunity to engage in experiential workshops of a practical nature. Participants speak of having feelings of inadequacy and in particular of being unsure about their role and of being often unaware of their schools' policy on sex education.

TEACHER TIMIDITY

It is not surprising therefore, that with few exceptions teachers are afraid 'to take the risk' without having had some training, however minimal. Such timidity is understandable when one considers how a non-professional might feel if asked to teach any subject on the basis of their personal experience only. Teachers often speak of 'grasping the nettle' or use an image like 'opening a can of worms', thereby expressing an unnecessarily negative expectation of both the process and the outcome of sex education. For example, a teacher involved in the piloting stage of the Brothers of Charity/Southern Health Board Primary Health Education Programme 'Grow in Health' said "we were all a little bit timid" dealing with the sexual aspects of the programme - "we are not ready for it," she said. (RTE "Education Forum" September 1987). In an otherwise praiseworthy curriculum (expressly designed for senior primary students as well as "for use with 13 to 16 year old pupils in special schools") sexual development is a noticeable omission - and to the curious young person reading the sections called "Growing" and "Feelings", a disappointing one. It also serves to illustrate the fact that despite the existence of an enlightened policy on sexuality within an organisation, there is no guarantee of consistency of approach throughout the lifespan of a client within its services.

It is discouraging also for parents to hear professionals admit that they feel ill-prepared to deal with the sexual education of their developing child - a task which parents of mentally handicapped teenagers admit to being extremely difficult. Parents of non-handicapped pupils have a high expectation of teachers' expertise in this area, as shown in a survey by the Health Education Bureau (HEB/ESRI, 1986). The majority of Irish parents like their counterparts elsewhere support school sex education. Their expectations are that in addition to teachers possessing qualities such as integrity, honesty, warmth and understanding, parents specify that teachers "should have training in relationships/sex education" (op. cit. p.14). The majority of parents of handicapped pupils are supportive of programmes also; Watson and Rogers (1984) give a figure of 88% support. In my experience, it has been almost 100% - especially in the case of mildly handicapped adolescents - yet the Department of Education has issued guidelines - in the case of schools for moderately handicapped pupils only. In the course of workshops, teachers of moderately handicapped pupils say they feel more secure in their role having had some curriculum guidelines, however skeletal, as a basis for their work.

OVERCOMING OBSTACLES

In order to overcome timidity, teachers need training. They need the reassurance of useful curriculum guidelines. They also need clarity on school policy. In particular, they need unhurried opportunities to discuss and explore concepts of sexuality and sex education in the light of their handicapped pupils' needs. They need concrete help with curriculum design, teaching approaches and teaching materials. Above all, they need to be given scope to explore sensitive issues, examine personal values and attitudes and learn how to communicate comfortably

with pupils and their parents. Finally, if they are to avoid feeling 'nettled' they need encouragement and support. So how about a 'Yes', Minister?

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