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Sex Education of Children and Adolescents with Mental Illness

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Abstract

Sex education is a program aiming to bring awareness about issues relating to human sexuality, which includes human sexual anatomy, sexual activities, sexual reproduction, age of consent, reproductive health, safe sex, reproductive rights, birth control and sexual abstinence. Sexual health is considered to be a state of physical, emotional, mental, and social well-being in relation to sexuality and not merely the absence of disease, dysfunction or infirmity (WHO, 2006).

Sexual awareness is essential for persons with mental illness. A review of literature indicates that lack of knowledge about sexual health and sexual practices may make persons with mental illness more prone to inappropriate sexual practices as well as they are at a greater risk of sexual abuse. The current paper aims to sensitize towards the importance of sexual education for children and adolescents with mental illness. The review also explores the issues of feasibility and acceptability of sex education for children and adolescents with mental illness in the Indian context. This is done on the basis of findings from literature from India and other countries.

Keywords: Sex education, Mental Illness, Children, Adolescents

Introduction

Every human being has a right to sexuality and to a self-affirming, healthy and enjoyable sexual life. It's a general notion of the society that people with disabilities and mental illness do not have a need to fulfill their sexual desires. Their sexual desires are usually considered to be non-existent and they are either considered asexual or sexually threatening. Most literature related to mental illness fail to mention sexuality, and sexual and reproductive health related issues. (G. L.

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Albrecht, 2005). The sexual and reproductive rights of persons with disabilities have not been adequately addressed unlike their other rights to social integration, education or employment (that are at least mentioned, if not implemented, in full) (NISHA, 2006).

People with mental illness are more prone to problems related to sexuality as compared to people without mental illness, specifically children and adolescents. Most of these children have difficulty learning as easily and comprehensively as their non-disabled peers. Many do not readily understand abstract concepts and often the ability to generalize from experience is absent or greatly reduced. These learning characteristics increase their vulnerability to be exposed to sexual abuse, genital infections, urinal infections and sexually transmitted diseases. Common behavioural problems observed in children with mental illness are touching private body parts, removing clothes in public, masturbating in public areas, touching others inappropriately, discussing inappropriate sexual subjects, obscene gestures, non-consensual hugging consensual hugging, inappropriate remarks and suggestions that have sexual connotations, echolalic repetition of sexual terms and perseveration on sexual topics (Lawrie & Jillings, 2004 and Ray, Marks & Bray-Garretson, 2004). Such behaviours are further reinforced in children if necessary sexuality education and training is not provided to them.

Literature also throws light on the fact that children and adolescents with mental illness live more protected lives than those without disabilities. This overprotection often heightens the risk of abuse, lack of knowledge, habitual over compliance, limited assertiveness, and undifferentiated trusting, as byproducts of a protected lifestyle (Muccigrosso, 2001)

It is an established fact that young people undergo biological, cognitive and social changes during childhood and adolescence. Puberty affects changes in hormones and feelings, and behaviours will subsequently emerge and change. It is these sexual behaviours that are of concern to parents and care givers and they are directly related to the core impairments of mental disorders like autism spectrum disorder and intellectual disability, which includes difficulties with social knowledge, reciprocal interaction, communication and considering the viewpoints of others. Responses to these normal sexual behaviours should be based on appropriate

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assessments, education and skill teaching. (Gabriels and van Bourgondien 2007; Kalyva, 2010)

Sexuality in India

Sexuality is the exploration of oneself - our physical body, our emotions, self-worth and image, and our relationships with other human beings. It is one of the most basic human instincts, and irrespective of our learning abilities, it is a natural part of being human to have the desire to discover what our bodies are all about.

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (WHO, 2006).

WHO defines Sexual Health as a state of physical, emotional, mental and social wellbeing in relation to sexuality and not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexuality is still largely considered a taboo in India and the stigma attached to it overshadows the urgent need of education and awareness regarding sexuality and sexual health in the country. It is managed and guided through societal rules, regulations, norms and religious ideals in the country, as it is, in different ways, in other parts of the world.

Sexual Education

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Sex education is a program aiming to bring awareness about issues relating to human sexuality, which includes human sexual anatomy, sexual activities, sexual reproduction, age of consent, reproductive health, safe sex, reproductive rights, birth control and sexual abstinence. Sex education, is needed by all human beings. Ideally, effective sex education begins informally at home. As people grow, their needs for education about sexuality also grow. Sex education should be developmentally appropriate and continuous throughout the lifespan. The goals of sex education are to impart basic information, to teach skills necessary for sexual well being, and toencourage positive attitudes towards sexuality (Cornelius, Chipouras, Makas, & Daniels, 1982)

Sexuality education has probably been one of the most controversial topics in the field of child and adolescent health. From western countries like the United States to Southeast Asian countries like India, the topic invites controversies, public debates, and political discussions of a broader variety. (Stanger-Hall KF, Hall DW, 2011; Das, 2014). This summary primarily addresses sexual health education for children and adolescents identified as having an intellectual disability or other mental disorder/illness including Autism spectrum disorder, mental and emotional health issues that impair learning.

People with mental illness are sexual and express their sexuality in ways that are as diverse as everyone else. The belief that people with mental illness are not sexual could stem from the idea that they are considered a child or child-like and therefore are excluded from having sexual health rights. However, most people are sexual beings, regardless of whether or not they have a disability or any other mental illness. And all people need affection, love and intimacy, acceptance, and companionship. Accurate and developmentally appropriate sexual health education, which acknowledges and affirms all people's sexuality, is necessary for a young person to learn about self, relationship safety, and responsibility. Young people with mental illness may need reassurance that they can have satisfying sexual relationships and practical guidance on how to do so.

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A paucity of knowledge regarding sexuality sometimes results in indulgence in sexual risk taking behavior and sexual offenses by persons having mental illness. Individuals with intellectual disabilities experience difficulty in interpreting behavioural cues within their social environments. This may in turn create negative outcomes for their expression of sexuality (Meany-Tavaras & Gavidia-Payne, 2012). People with intellectual disabilities are overrepresented as both victims and perpetrators of sexual offences (Hogg et al., 2001; Lambrick & Glaser, 2004).

The lack of sexual education largely increases the risk of sexual abuse and victimization. According to Szollos and McCabe (1995), 50% of females with intellectual disabilities will be sexually assaulted in their lifetime, and males with intellectual disability are more likely to be sexually abused than other males.

One of the most significant factors in the sexual victimization of individuals with intellectual disabilities is their knowledge deficit regarding acceptable behaviour. More specifically, they may have limited sexual knowledge in the areas of consent and what constitutes appropriate sexual contact (Galea, Butler, & Iacono, 2004; Gust et al., 2003). They can find it difficult to assert their own opinions and they may give in to the suggestions or directions given by others, particularly when expressing their sexuality (Hayashi, Arakida & Ohashi, 2011).

People with mental illness are dependent on caregivers and service providers to teach them how to appropriately express their sexuality, which is a critical aspect of social competence. Many individuals with mental illness need ongoing education about sexuality, particularly self-protective strategies, so that others will not take advantage of them.

Sexual education of children with mental illness at an early age is preventive in nature and may help many children from sexual victimization. Teaching children what a “good touch” and “bad touch” is and what wanted and unwanted sexual behaviors are will allow students to comprehend sexual abuse and what to do if they suspect abuse. This is of utmost importance because victims

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of sexual abuse are 4.8 times more likely to be a child with mental retardation than a child without (Mansell, Sobsey, & Moskal, 1998). Perhaps this statistic would be lowered if our special education students received adequate sexual education,

Researchers also emphasize that the parents must become aware and comfortable with sex education in order to help their children discover their own sexuality (Coren, 2003). "Access to complete and accurate sexuality related information is pivotal to students with disabilities; as with all students, sexuality education can help them enjoy healthy and fulfilling sexual lives" (Wolfe & Blanchett, 2002).

Persons with physical, cognitive, or emotional disabilities have a right to sexuality education, sexual health care, and opportunities for socializing and sexual expression. Family, health care workers, and other caregivers should receive training in understanding and supporting sexual development and behavior, comprehensive sexuality education, and related health care for individuals with disabilities" (Sieces, 2001)

Sexual education does not isolate the importance of menstrual hygiene in females. Menstrual health of adolescent females is a fairly well-researched and reasonably explored area of child sexuality in the Indian context. Several studies from various parts of India have assessed menstrual morbidity, knowledge, perceptions, sources of information, and educational needs of adolescent females with regard to menstrual health and hygiene. The common prominent observations from these studies are that there is a widespread lack of knowledge about menstruation (including information on anatomy and physiology), clouding of perceptions by religious, cultural, and social taboos/myths, need for education on menstrual hygiene practices, and a need for resources (e.g. water and sanitary pads) to promote menstrual health and hygiene. The problems are more profound in adolescent females suffering from any kind of disability and mental disorder, and in females from rural and socio-economically disadvantaged backgrounds.

While Sexual education is of utmost importance, the biggest challenge with children having mental is the impairments in social awareness and reciprocal social interaction, necessary for

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learning and understanding appropriate sexual interaction which further leads to errors in social judgement. These errors in social judgement can interfere with the ability to assess whether they should perform certain behaviours in public or private places and how and why they should practice personal hygiene (Kalyva, 2010). Difficulty in learning how to interact with others, recognising subtle cues, communicating with others and considering their own and others' viewpoints is a further limitation (Realmuto & Ruble, 1999). Some young people with mental illness may have an excessive curiosity about the human body and the way it functions (Lee, 2004). Sexual behaviour feels good and what others may think about it takes a secondary position to people with mental illness (Ray, Marks & Bray-Garretson, 2004).

Sexuality Education as a Human Right

Sexual Rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus statements. Sexuality education is perceived as a basic human right that falls under the broader title "reproductive rights" as emphasized by reputable NGO's such as the Family Planning Association of India and International Planned Parenthood Federation as well as the World Association for Sexual Health (WAS). The recent revision to the WAS Declaration of SexualRights (2014) emphasizes on the right to education and the right to comprehensive sexuality education.

Comprehensive sexuality education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights, gender equality, and a positive approach to sexuality and pleasure, on the basis that sex education impacts general health, adaptation to the environment, quality of life, and helps to live optimally by choice.

With India being one of the signatories to the 1994 United Nations International Conference on Population and Development (ICPD), it is obliged to provide free and compulsory comprehensive sexuality education for adolescents and young people as part of commitments made under the ICPD agenda. According to the United Nations Human Rights Council Report by not providing sex education, this violates the human rights of Indian adolescents and young

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people as recognized under international law.

(VB Kumar, 2011)

Conclusion

In India, sexuality as well as mental illness have always been highly stigmatized areas and have been a subject of closed door discussions. As rightly said by Addlakha, "Sexuality is an area of distress, exclusion and self-doubt for persons with disabilities". By and large, almost all people with mental illness face challenges in accessing information and services related to their sexual and reproductive health concerns as indeed do non-disabled people in our socio-cultural context. The problem is however compounded when the person has severe or multiple impairments. Children and adolescents with mental illness are far more vulnerable to sexual abuse and other problems related to sexuality, as highlighted in this paper, than are their peers. Safer-sex education for persons with mental illness must include repetitive, interactive education capitalizing on verbal, visual, written, tactile, and motor skill teaching methods to compensate for learning disabilities that have been identified in this population (Journal of Psychosocial Nursing and Mental Health Services,1998). Sexual health education must, therefore, encompass knowledge and skills that describe and promote healthy relationships, reduce the risk of sexual abuse and encourage to report and seek help when faced with unwanted sexual advances.

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