



OPPORTUNITIES IN SPITE OF THE CHALLENGES: TEACHING SEXUALITY EDUCATION TO CHILDREN

World Social Science Forum
13 – 16 September 2015
Julia Louw (PhD)



HUMAN SCIENCES RESEARCH COUNCIL

BACKGROUND

HIV and AIDS epidemic has had its most profound impact in sub-Saharan Africa (UNAIDS, 2014) with nearly 90% of all HIV positive children residing in sub-Saharan Africa. There appears to be a misconception that persons with disabilities are not sexually active resulting in providing sexuality education to children and young people with disability to a priority of low importance. This makes sexuality, HIV and AIDS education all the more important. It is imperative to provide sexuality education early in life to reduce the risk of HIV infection.

PURPOSE

The purpose of the study was to examine teachers' and childcare providers' views of teaching sexuality, HIV and AIDS programs to learners with disabilities in special needs schools.

STUDY METHODOLOGY

Research questions:

1. What are teachers' and child care providers' knowledge, attitudes, beliefs and teaching practices of sexuality HIV and AIDS programs?
2. How do teachers' and child care providers' describe teaching experiences, challenges and needs of teaching sexuality, HIV and AIDS programs?

Methods: A quantitative survey questionnaire

Data collection: KABP questionnaire (WHO)

A **survey questionnaire** consisting of five sections:

- (a) demographic characteristics,
- (b) knowledge of HIV and AIDS,
- (c) attitudes towards HIV and AIDS,
- (d) beliefs about HIV and AIDS and,
- (e) teaching practices of HIV and AIDS programs, was employed to collect the data.

Paper and pencil survey (15 -30minutes)

Statistical Analysis: Descriptive & Inferential statistics

STUDY PARTICIPANTS

Participants (n=78):

- males (12.8%) and females (84.6%)
- mean age (45 yrs & 6months)
- race (White-55.1%, Coloured-33.3%, African 10.3%)
- average teaching experience (13yrs &1month)
- educational qualification (55.1%- certificate or diploma, 41%- degree/post degree)
- current position (teachers and child care providers in public schools)

RESULTS

Four major constructs	Ten study variables
1. Knowledge	1. Causation 2. Cure 3. Treatment
2. Attitudes	4. Care 5. Training programme
3. Beliefs	6. Seriousness of AIDS problem 7. Teacher's comfort level 8. Responsibility for HIV infection 9. Responsibility for teaching HIV and AIDS education
4. Teaching practice	10. Teaching practices

Major Constructs	Variables	Mean	SD	Range	α
Knowledge	1. Causation	4.5	.43	2.60 – 5.00	.568
	2. Cure	4.2	.56	2.40 – 5.00	.541
	3. Treatment	3.8	.46	2.50 – 4.60	.554
Attitudes	4. Care	3.5	.71	1.67 – 5.00	.593
	5. Training	3.8	.62	2.00 – 5.00	.575
Beliefs	6. Serious AIDS problem	4.2	.80	2.00 – 5.00	.603
	7. Teachers' comfort level	4.4	.66	2.00 – 5.00	.576
	8. Responsibility for HIV infection	3.6	.50	3.00 – 5.00	.632
	9. Responsibility for Teaching HIV/AIDS	3.4	.49	1.00 – 5.00	.590
Teaching Practice	10. Teaching Practices	4.2	.61	2.25 – 5.00	.536

Major Constructs	Variables	1	2	3	4	5	6	7	8	9	10
Knowledge	1. Causation	--									
	2. Cure	.48*	--								
	3. Treatment	.40*	.27*	--							
Attitudes	4. Care	.13	.17	.28*	--						
	5. Training	.31*	.15	.15	.16	--					
Beliefs	6. Serious AIDS problem	-.08	.02	.11	-.15	.10	--				
	7. Teachers' comfort level	.10	.24*	.20	.11	.12	.11	--			
	8. Responsibility for HIV infection	.04	.11	.05	-.09	.05	.01	-.19	--		
	9. Responsibility for Teaching HIV/AIDS	.18	.24*	.19	-.08	-.08	.07	.29*	.17	--	
Teaching Practice	10. Teaching Practices	.14	.37*	.08	.12	.24*	.35**	.30*	-.04	.09	--

DISCUSSION

10 Study variables:

- High mean score for causation (4.5)
- High mean score for teachers level of comfort (4.4)
- Teaching practices strong positive correlation with cure of HIV ($r=.37$, $p<.01$) and serious AIDS problem ($r=.35$, $p<.05$) thus willingness to teach HIV programs to learners with disabilities

4 major constructs:

- High mean scores – knowledge (4.2) and teaching practices (4.2)
- Strongest correlation between knowledge and attitudes ($r=.41$, $p<.01$) – high level of knowledge relates positively to attitudes towards care for HIV infected and importance of HIV and AIDS training programs

Although the majority of the current sample reported receiving general training on sexuality education, the data showed that their beliefs about teaching programmes pertaining to HIV and AIDS were moderately low. This may reveal that the curriculum needs to be updated with relevant topics focusing specifically on education strategies on how to deal with the unique needs of learners with disabilities

DISPELLING MISCONCEPTIONS

- People with disabilities (PWD) are often mistakenly perceived as asexual (Groce, 2003)
- PWD as well as learners with disabilities are sexual beings
- Some learners with disabilities are sexually active
- Learners with disabilities are willing to listen, learn and share their own knowledge related to their sexuality
- ALL children have the right to know what HIV and AIDS is and to receive sexuality education

CONCLUSION

Teachers report a willingness to teach sexuality education to learners with disabilities but they may not necessarily believe that teaching programs are of sufficient quality. Various opportunities arise to address the training paradigms and quality of programs given teachers' vital role in formal programs of sexuality education.

WAY FORWARD

It is imperative to provide sufficient support in the form of sexuality and HIV and AIDS education to learners with disabilities from well trained teachers and care providers to help them develop insight into their relationships with members of both sexes.

In addition, this will provide them with the necessary education that will enable them to understand their sexuality better.

Finally, addressing misconceptions and myths related to this topic will lead to meaningful participation and engagement of learners with disabilities and ensure that they are treated with dignity and respect.

REFERENCES

- Chappell, P. & Radebe, N. (2009). HIV & AIDS and youth with disabilities: A baseline study of youth with disabilities living in uMgungundlovu District, KwaZulu Natal. CREATE.
- Cresswell, J.W. (2009). Research design: Qualitative, quantitative, and mixed method approaches (2nd ed.). Thousand Oaks, CA: Sage
- Groce, N. E. (2003). HIV/AIDS and people with disability. The Lancet, 361(9367), 1401-1402.
- Groce, N. E. (2005). HIV/AIDS and individuals with disability. Health and Human rights, 8(2), 2, 215-224.
- Kreinin, T. (2001). Sexuality education for the disabled is priority at home and school. SIECUS Report, 29(3), 4.
- Wazakili, M., Mpofo, R. & Devlieger, P. (2009). Should issues of sexuality and HIV and AIDS be a rehabilitation concern? The voices of young South Africans with physical disabilities. Disability and Rehabilitation, 31(1) 32-41.
- World Bank (2008). HIV/AIDS and Disability Global Survey. Available at <http://cira.med.yale.edu/globalsurvey/>