



Exploring experiences of Zimbabwean teacher's in the teaching of sex education to learners with mental retardation. A case study of a special School in Mashonaland West Province

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The main focus of this study was to explore experiences of Zimbabwean teacher's in the teaching of sex education to learner's learners with mental retardation. A constructivist lived experience perspective underpinned this research, in which multiple case studies were used to interact with the participants on their experience in teaching of sex education to learners with mental retardation. Five participants (3 males and 2 females) all teachers were purposively sampled from a special school for the mentally retarded learners in Mashonaland West Province in Zimbabwe. Data were collected through face-to-face interviews and transcribed verbatim. Five themes emerged from the inductive thematic analysis of data sources. It was found that participants had correct understanding of sex education and had correct content to be on sex education. The participants also showed that they were trained in teaching sex education to learners with mental retardation as they were able to draw relevant teaching methods for the subject to the intended beneficiaries. However, they indicated that they were facing serious challenges in teaching sex education to learners with mental retardation. They were also able to suggest strategies to enhance the teaching of sex education to learners with mental retardation. The findings of this study have the potential for education policy makers and researchers to better understand the experiences of teacher's in the teaching of sex education to learners with mental retardation.

Keywords: Teachers, experience, sex education, mental retardation, disability, sexuality

Introduction

The purpose of this study was to explore experiences of Zimbabwean teacher's in the teaching of sex education to learner's learners with mental retardation. People with mental retardation and their families need to be empowered through receiving quality education that will enable them to take care of their needs in every sphere of their lives. This implies that people with disabilities and their families have a key role which will require participation to greater extent in various learning activities in their schools. Mpofo et al, (2010) proposed that participation should exist at series of levels ranging from information giving to initiating action – true empowerment ^[1]. For effective educational empowerment people with disabilities need to take part in empowering learning activities such as sex education

characteristics of beings; a male and female. Sex education stands out for protection, presentation, extension, improvement and development of the family based on accepted ethical ideas. This implies that sex education is an instruction on issues relating to human sexuality, including emotional relations and responsibilities, human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, reproductive rights, birth control and sexual abstinence. Kelly, Crowley, and Hamilton (2009) also notes that sex education is a comprehensive course of action by the school, calculated to bring about socially desirable attitudes, practices and personal conduct on the part of learners and adults, that will best protect the individual as a human and the family as a social institution ^[2, 3]. It also implies that sex education encompasses education about all aspects of sexuality, it includes information about family planning. Sex education includes information about decision making, sexually transmitted infections and how to avoid them, values and relationships. In Kelly, Crowley, and Hamilton (2009) the concept of 'sexuality education' is viewed as learning about the cognitive, emotional, social, interactive and physical aspects of sexuality ^[4, 5]. Sexuality

Literature Review

Sex education

Sex education is an integral part of educational programmes aimed at supporting learners with disabilities and their families (Mpofo, Umaeasiogbu, Burris, Charema, Chataika, et al 2011). Sari (2001) views sex education as a study of

[Received xx Xxx 2019; Accepted xx Xxx 2019; Published (online) xx Xxx 2019]

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education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers learners and young people with information, skills and positive values to understand and enjoy their sexuality, have safe and fulfilling relationships and take responsibility for their own and other people's sexual health and well-being. While sex education programmes for people with disabilities are theoretically executable in educational context, teachers should also consider the influence and impact of cultural, social, religious, legislative and professional issues [6]. Sex education may be difficult or uncomfortable to teach at school level it is sometimes inadequately attended to especially when teaching persons with disabilities [7]. Discussions about sexuality within learning environment are sometimes excluded due to assumptions that people with disabilities do not or cannot experience sexual intimacy and or relationships [8]. This exclusion however can be detrimental to educational processes as people experiencing disability may not have adequate and accurate information about how to interpret or approach changes in their own sexuality as well as deal with that of others.

Learners with Mental retardation

Learners with mental retardation are those pupils in school who exhibit marked limitation in personal effectiveness due to deficits in mental functioning and adaptive skills that are noticeable before the age of 18 years [9]. Most societies especially from the developing countries views learners with mental retardation as “dull witted, deficient in vocabulary, slow to understand unable to follow an argument logically, inattentive, with poor memory and unable to manipulate symbols readily. This view captures the essence of functional limitations perspective [9]. The developmental perspective considers learners with mental retardation as learners who exhibit developmental disability [10]. In other words, a person with mental retardation are considered as progressing through the same stages as persons without mental retardation but at a slower pace. While mental retardation is a cognitive impairment, the learner who is mentally retarded can also have positive feelings (attitudes) towards learning issues around sexuality. Through the provision of sex education to learners with mental retardation, teachers and health care providers increases the level of knowledge and competences on sexuality to learners with mental retardation [11]. This in turn means that learners with mental retardation may not fall through the cracks but will be offered a chance to elaborate concerns about their sexual health and well-being.

Sex education and learners with Mental Retardation in Zimbabwean Context

Sex education in Zimbabwe began as a result of efforts to stem the growing of the AIDS epidemic. In Zimbabwe the focus of sexuality education has changed in line with the

educational and public health priorities of the time, but most key elements have stayed the same. It started with the prevention of HIV in 1980's and awareness about sexual abuse in 1990's. At Primary school level in Zimbabwe sex education was enshrined in subject; AIDS Education or Life skills Education, which was dismantled by the advent of new curriculum in 2016. Currently Sex Education at primary level in Zimbabwe is enshrined in the subject called Family, Religion and Moral Education (FAREME) and it is found under the topic 'Religion and Health.' Information on the teaching of sex education to people with mental retardation in Zimbabwe schools is not readily available. It is the goal of this study to explore experiences of Zimbabwean teachers in the teaching of sex education to learners with intellectual disabilities?'

The inclusion of sex education in Zimbabwean education system is based on the theory that all people have right to access information on public health including reproductive education, right to intimacy and intimate relationships [12]. According to World Health Organisation (2007) sexual rights include the “right of all persons, free of coercion discrimination and violence” to attain highest possible standard of sexual health, including access to sexual and reproductive health services. Sexual rights further include the right to receive, and pass on information about sexuality and the right to sexuality education. In addition, research has shown that sexuality is a key component for psychological well-being [13]. Considering these conventions, the provision of sex education to learners with all forms of disabilities is well placed in Zimbabwean education system as it addresses potential sexual issues and provides understanding and education about sexual choices, sexual health. Sex education is vital for persons with disabilities as it assist learners with mental retardation to realise their rights as recognised citizens of a country. Good quality sex education is grounded in internationally accepted human rights, in particular the right to access appropriate health related information. Zimbabwe as member to the United Nations has an obligation to ensure that all adolescent girls and boys, both in and out of school, are provided with, and not denied, accurate and appropriate information to protect their health and development and practice healthy behaviours.

Goal of the study.

This study aimed to explore experiences of Zimbabwean teacher's in the teaching of sex education to learners with mental retardation. The study specifically aimed to facilitate accessing experiences of Zimbabwean teachers towards the teaching of sex education to learners with intellectual disabilities.

Method

This study was informed by a qualitative research methodology (Creswell, 2012) and guided by the principles of thematic content analysis (Creswell, 2009; Braun & Clark,

2007). Given that the aim of the study was to explore experiences of Zimbabwean teacher's in the teaching of sex education to learners with mental retardation, a qualitative research methodological approach in which teachers of learners with mental retardation experiences and voices in the teaching of sex education are foreground in both design and analysis was appropriate.

Sample

The sampling frame for this study was 5 (3 males and 2 females) teachers teaching at a Zimbabwean special school for learners with mental retardation. This purposively selected sample was able to yield credible data for the purposes of this qualitative study. The sample was able to achieve data saturation as it was able to produce self-reporting the experiences of Zimbabwean teacher's in the teaching of sex education to learners with mental retardation. The use of content analysis as an analysis method in this study enabled the study to capture the experiences of teachers in the teaching of sex education to learners with intellectual disabilities at a special school for learners with mental retardation in Zimbabwe (Cohen, Kahn & Steeves, 2000; Creswell, 2007). To be included in this study teachers must have been teaching sex education at the selected school either intermittent or continuous for at least 2 years.

Instrument

Consistent with qualitative research methodology this study made use of open ended interviews (Baxter & Jacke, 2008; Scholz & Titje, 2002) as the method of data collection. Participants responded to one on one interview questions which were based on prepared interview schedule on the experiences of teachers in the teaching of sex education to learners with intellectual disabilities construct their views and experience in teaching sex education. (Keyton, 2001; Punch, 2005; Cohen, Manion & Morrison, 2001). Furthermore, the use of qualitative research methodology approach on teachers of learners with mental retardation is associated with accessing information from people who work with marginalised persons of communities (Hesse-Biber, 2007). The interviews were recorded using a mobile phone, with each interview lasting between 30 minutes and 1 hr. The interviews were conducted, transcribed and analysed by the researcher.

Ethical Considerations

The researcher gave the study's participants all relevant information about the risks or harm that could arise if they participate in the research (Woodson & Karim, 2005). However, the study minimised risks and enhanced potential benefits to the greatest extent possible (Emanuel et al., 2000). The researcher also gave participants options to withdraw from the study at any point, should they wish to without any penalties (Loue & Okello, 2000). The study also ensured that respondents were not exposed to any undue physical harm or

psychological harm. The researcher provided pre and post interview counselling to the study participants to cushion the respondents against possible negative effects of taking part in this study (Emanuel et al., 2000).

The study also protected identities of the study participants by using pseudonyms throughout the study and not having their names or location in the study (Emanuel et al., 2000). It also kept private participant's information and responses shared during the study by anonymously presenting them in the study's results (Makore- Rukuni, 2003). The researcher deleted recorded interviews from the mobile phone to ensure that people who had access to the phone could not listen to them.

Data Analysis

Data analysis from this study was done using the thematic content analysis approach (Grbich, 2004). The first stage involved familiarising with the data. This was done through listening to and transcribing of the interviews. The second stage involved creating codes linked to research questions by identifying key words and sentences. The third stage involved grouping codes into themes and the last stage involved reviewing themes labelling them and having suitable quotes to represent the themes identified from each transcript. In carrying out the analysis, coding was data driven but also influenced by the study's research questions.

To ensure rigour of this study the researcher checked for credibility, dependability, confirmability and transferability (Creswell, 2007). To enhance the credibility of the study the researcher prolonged engagement of the participants through engaging them in interviews, some lasted for one hour (Cohen, Kahn & Steeves, 2000). The study also triangulated the five interviews held to produce a more comprehensive view of the phenomenon being studied (Creswell, 2007). The researcher also conducted peer debriefing in this study in order to see agreement in data labels and the logical paths taken to arrive at those labels. The study also conducted member checking in this study. The researcher allowed participants to read the transcription of their interviews to ensure that these have been accurately recorded and are therefore credible (Creswell, 2007).

Results, Interpretation And Discussion

The results are presented in major thematic categories and sub-thematic categories. The five major themes are derived from the study objective which are, (i) understanding of sex education among teachers who teach sex education to learners with mental retardation. (ii) topics on sex education taught to learners with mental retardation. (iii) methods used to teach sex education to learners with mental retardation. (iv) challenges being faced by teachers in teaching sex education to learners with mental retardation. (v) strategies to enhance the teaching of sex education to learners with mental retardation. In the presentation of themes, the voices of

participants are interwoven in response to the study's research questions

Understanding of sex education among teachers who teach learners with mental retardation

Teachers of learners with mental retardation were interviewed to solicit information on their understanding of sex education for learners with mental retardation. The following responses were given by teachers who teach learners with mental retardation. The results present the participant's pseudonym, gender and experience in years teaching learners with mental retardation and the verbatim narrations

Chirikure (Male, 7 years' experience) has this to say on what sex education is all about

"Sex education is the teaching of morality so that the child with mental retardation does not indulge in sexual activities". Tarisai (Female, 4 years' experience) also said

"Sex education focusses on the overall development of the individual and it covers topics such as adolescence, behaviour, guidance and counselling and counselling, relationships, HIV and AIDS and the diseases related to sexual activities".

Mhike (Male, 2 years' experience) gave the following definition: "Sex education in general and in brief focusses on one's conduct in relationships and in sexual relationships in particular".

Sarudzai (Female, 10 years' experience) also defined sex education in the following manner

"Sex education is about growing up morally upright and it covers topics such as guidance and counselling, relationships, abstinence, HIV and AIDS, Sexually Transmitted Infections (S.T.I.s) and issues of marriage".

Sibanda (Male, 3 years' experience) also said

"Sex education covers topics such as abstinence, HIV and AIDS, relationships, adolescents, marriages, body anatomy and guidance and counselling".

From the teachers' responses above, it is clear that the teachers understand what sex education entails. Three of the participants concurred that topics such as relationships, HIV and AIDS and guidance and counselling are included in sex education. The researcher observed that all the five participants' definitions are in line with authors' definition of sex education. Couwenhoven (2007), views sexuality education as learning about relationships, sex, human sexuality, morality and biological aspects of growing up. In support of this definition Kearney (2008) notes that sex education encompassed education about all aspects of sexuality, decision making, sexually transmitted diseases and how to avoid them, values and relationships.

The participants went on to say various topics they teach under sex education as an emphasis to show their understanding of sex education

Topics on sex education taught to learners with mental retardation

The following responses were given pertaining to the sub-theme above: -

Chirikure (Male, 7 years' experience) notes that

"We teach them about abuse and how to deal with it, development of the body, how to handle themselves and what is wrong and right about sexuality". Tarisai (Female, 4 years' experience) said: -

"We teach them gender equity hence the knowledge of sex education is limited. We teach them about the difference between males and females and the duties of males and females". Stressing her point, she went on to say "Teachers don't go deep into sex issues but sex education in general not sexual activities in particular because the learner with mental retardation usually put into practice what they are taught."

Mhike (Male, 2 years' experience) also added: -

"Learners with mental retardation have feelings so they should be taught sex education and abstinence. Those who are taught sex education must be mature enough, for example thirteen years and above". Sarudzai (Female, 10 years' experience) added: -

"We only teach few things in FAREME and Heritage – Social Studies about sexuality. Guidance and Counselling at this school is taught when all the learners from ECD up to Academic 4 are gathered together".

Sibanda (Male, 3 years' experience) also said: -

We don't teach sex education topics to learners with mental retardation because we are using ECD to grade 2 syllabi though we have 26-year-old learners in our classes. We do not have a syllabus which states that we should teach sex education. So we have no idea what to teach and what to say. Most learners here are already abused and they are not taught sex education

From the above responses, only the Chirikure managed to highlight the topics taught to learners with mental retardation. Sibanda denied out rightly the teaching of sex education to learners with mental retardation. The other three participants could not list the topics taught, however they noted that age and abstinence should be taken into account when teaching sex education to learners with mental retardation. They also pointed out that they use ECD to grade 2 syllabi which have scarce information on sex education. Tarisai noted that learners with mental retardation should not be taught deep content on sexuality because this group usually put into practice what they are taught. These findings are in line with Slobodan (2000), who notes that a number of considerations should be taken into account when teaching sex education to learners with mental retardation. These considerations include: -

- Language and age used should be relevant and appropriate.
- Information should be prioritised and given in small clear stages because too much information leads to confusion and "overload".

➤ Learners should be developmentally ready for topics of a personal and sensitive nature because it is essential and there is need for gradual introduction to intimate subject.

➤ The teacher should be conscious that in attempt to teach sex education, some learners may miss out on vital information and pick up those issues they should not practice. Mhike said the learners with mental retardation have feelings and therefore should be taught sex education and abstinence. In support of this view, Maia (2010) propounds that people with disabilities are exposed to the same social conditions, values, aesthetic standards, relationships and sexuality, that is, they are beings who experience affection, crave for love and sexual relationships. In addition, they are also vulnerable and need clarification about sexuality from sex education which contributes to the formation of attitudes toward sexual prevention and reproductive health. In support of Maia (2011), the Sibanda said that learners with mental retardation are being sexually abused and to make matters worse, this participant noted that they are not being taught sex education.

Methods used to teach sex education to learners with mental retardation

The researcher asked the participants to provide the various methods they use to teach sex education to learners with mental retardation. The following responses below were provided:

Chirikure (Male, 7 years' experience) notes that: -

“Since learners with mental retardation face problems in grasping concepts there is need to employ concrete media such as televisions to show learners videos on sex education. These learners internalise and retain knowledge by seeing real objects or real scenarios and by practising the taught concepts practically”.

Tarisai (female 4 years' experience) said-

“Use of role play to teach sex education to learners with mental retardation is effective since the act is more of natural and real life events”. Mhike (Male, 2 years' experience) notes that

“Use of concrete resources or media such as computers to download appropriate lessons on internet assist learners in grasping concepts since they see real human beings dramatizing which they absorb wholly with little or no modification”.

Sarudzai (Female, 10 years' experience) says that

“When teaching sex education to learners with mental retardation it is advisable to separate males and females so that a male teacher teaches male learners and a female teacher teaches female learners. At times when they are mixed, male and female learners, male learners and even female learners reach a stage where they would propose love to their teachers. For example, I have a female learner who is 21 years' old who went on and on demanding sex from a male teacher at the school. This usually happens after we conduct the sex education lessons. This shows that their feelings would have

been aroused by lesson, hence they could not control themselves”.

Sibanda (Male, 3 years' experience) added: -

“It is necessary to teach learners sex education in small clear stages since this group has short listening and memory span. Planning an hour's lesson on sex education may be a sheer waste of time, because these learners dictate the pace of learning, when they feel they are tired, or if they are not willing to learn that day you will not be able to convince them to do so. You will have to ask them what they wish to do at that time or day”.

From the above responses it is clear that the use of concrete materials in teaching sex education is highly recommended since three out five of the participants which is 60% of the sample, concurred. They also agree that the use of concrete material in teaching sex education enhances grasping of concepts and the retention of concepts being taught. Sarudzai feels that teaching male learners and female learners separately reduces acquisition of undesirable practices since these learners with mental retardation enjoy putting into practice what they would have learnt. Also this participant points out that when they are taught sex education when they are a mixed gender, their desires are aroused to an extent of proposing love to the female teacher and vice-versa.

In line with the notions above, Slobodan (2000) observed that a number of considerations should be taken into account when teaching sex education to learners with mental retardation.

The considerations include; -

➤ The environment in which it takes place will impact on the approach, methodology and activities given. This notion is supported by fourth and fifth participant who talked about separating learners and teaching learners sex education in small clear stages.

➤ The amount of time allocated for each session and the number of sessions available. In line with this notion, the fifth participant noted that learners with mental retardation dictate the pace of learning when they feel they are tired or not interested they retire from learning.

In addition to the methods above, Bartholomew et al (2011) proposed a number of methods to use when teaching learners with mental retardation. These methods include, modelling, that is providing an appropriate model being reinforced for the desired action. Guided practice, prompting individuals to rehearse and repeat the behaviour various times, discuss the experience and provide feedback. The last one being, (corrective) feedback, giving information to individuals and environmental agents regarding the extent to which they are accomplishing learning or performance, or the extent to which performance is having an impact.

Challenges being faced by teachers in teaching sex education to learners with mental retardation

Below are the responses from teachers of learners with mental retardation in respect to challenges they face when teaching these learners.

Chirikure (Male, 7 years' experience) said; -

"Learners with mental retardation do not know their rights and the various forms of abuse. They do not know what is wrong or right. Learners do not report when they are abused or touched their private parts because sometimes they seem to have pleasure in that".

Tarisai (Female, 4 years' experience) also said

"Learners with mental retardation find it difficult to understand a concept taught in one lesson. Concept acquisition in most cases is mastered after repetitions. It becomes even worse when the disability is moderate to severe".

Mhike (Male, 2 years' experience) added

"Learners with mental retardation have short memory span and poor reasoning skills. We face challenges in selecting appropriate content to teach them because we are using syllabi for general mainstream and we do not have a syllabus specifically designed for learners with mental retardation. We are very cautious not to teach subject matter which induces or arouse interest in sexual intercourse, a habit which will become very difficult to eradicate or handle once practised".

Sarudzai (Female, 10 years' experience) also said

"We are not very sure on what to teach learners with mental retardation since we do not have a syllabus on sex education. The depth of the subject matter is also a matter of controversy because we may end up spoiling this group of learners".

Sibanda (Male, 3 years' experience) has this to say

"The challenges we face in teaching sex education to learners with mental retardation are lack of resources to use such as videos, computers, televisions, and the expertise to operate them for example downloading suitable subject matter, and also the fear of clashing with parents on teaching wrong morality to their learners with mental retardation".

From the responses above, only two participants that is the third participant and Sarudzai concurred on the issue of appropriate content to give learners with mental retardation. Other participants gave varying challenges in handling learners with mental retardation. The challenges faced include problems in teaching subject matter which is mastered, problems in understanding their difficulties in self-awareness, hence some cannot differentiate the wrong from the right. Their poor reasoning skills puts the teacher in a corner in fear of clashing with parents on teaching immoral concepts. The advent of advanced technology brings about stress and pressure on the teacher especially on how to operate the devices in teaching sex education.

In support of the above findings, Albuquerque and Almeida (2010) observed that teachers of learners with mental

retardation have negative attitudes and ambiguous perceptions of the sexuality of their students. Although some teachers are prepared to teach sex education to learners with mental retardation and they believe in dialogue with their students, many are still astonished and constrained, hence they report difficulties in addressing the sexuality of students with intellectual disabilities.

Sibanda went on to point out that some material downloaded for sex education lessons may carry information which is not taught at home hence these will clash between the teacher and the parents. In support of this Sieblink et al (2006), observed that experiences of friendship by learners with mental retardation vary but they are limited to cuddling and holding hands, and this may be due to the fact that sexual expressions are not allowed by their parents. Therefore, with that in mind, there are high chances of teachers who teach sex education to clash with parents of these learners.

Strategies to enhance the teaching of sex education to learners with mental retardation

Below are responses from teachers of learners with mental retardation on what they think can be done, and possible solutions or strategies to put in place to enhance the teaching of sex education to learners with mental retardation.

Chirikure (Male, 7 years' experience) suggested

"There is need to carry out awareness campaigns on radios and televisions to inform parents about the introduction of sex education in the syllabi and give justification of its introduction. Also these awareness campaigns must target the community at large informing them about the rights of people with mental retardation and emphasizing on the issue of not taking advantage of these people in their communities".

Tarisai (Female, 4 years' experience) also said

"There is need for workshops or seminars to discuss effective methods and resources to use when teaching sex education to learners with mental retardation. Demonstration lessons can be carried out at these workshops".

Mhike (Male 2 years' experience) also suggested

"There is need for in-service training of teachers who teach learners with mental retardation so that they can be equipped with what to teach and how to teach the learners. Teachers who teach learners with mental retardation are just teaching a few things from subject like FAREME and Heritage and Social Studies. Mainly they teach identifying body parts and how to care for the body parts".

Sarudzai (female, 10 years' experience) contributed:

"There is need to introduce sex education syllabus for learners with mental retardation which will cater for all the seven levels at the school, that is from ECD to Academic 4. The syllabus must cater for learners from ECD because learners are enrolled in the school at any age from six years to eighteen years and they will be placed in ECD level to assess their level. This syllabus should spell out what to teach at each level of development or each category of mental retardation, that is, nature and severity".

Sibanda (Male, 3 years' experience) also said "There is need to educate parents to do away with overprotection of people with mental retardation to an extent of sharing a bedroom with their young learners from eight years and above, thinking that he or she doesn't know anything. These learners know there is something taking place because we notice quite a number of learners below twelve years of age imitating what they observe from their parents, in front of others in class. Even if the teacher is in the classroom, they won't hesitate to do it. Such practices from parents arouse interests in learners with mental retardation". From the above responses, it is clear that there is need to put in place a number of strategies to enhance the teaching of sex education to learners with mental retardation. The following consideration emanated from the teachers of learners with mental retardation. There is need to carry out awareness campaigns to inform parents the behaviours, attitudes and reactions of learners with mental retardation. Also the introduction of sex education syllabus and justification of its inclusion in school. There is need for workshops to equip teachers who teach learners with mental retardation with skills to effectively teach this group of learners. In-service training can be used to equip teachers with skills to teach sex education to learners with mental retardation. There is also need for the introduction of sex education syllabi which spell out what exactly what to teach at each category of mental retardation. There is need for community based and school based awareness campaigns to educate parents about overprotection of their learners with mental retardation and imparting knowledge on the nature of the disability. In line with the issue of workshops and in service training mentioned above. Capellin (2009) concurs that the introduction of sex education for learners with mental retardation also demands the introduction of training courses and studies that validate the methodologies and teaching resources. Training should promote positive attitudes towards the teaching of sex education in schools. As mentioned above, parents of learners with mental retardation tend to be overprotective due to reason solely known to them and this practice has negative impact on their learners. Heighway and Webster (2008) note that there are still misconceptions regarding the sexuality of people with intellectual disabilities particularly those related to an idea of asexuality or hyper sexuality. Myths surrounding the sexuality of with intellectual disabilities have been handled by denial and suppression and many of the difficulties faced by professional's result from biased conceptions and misinformation about the sexual nature of people with mental retardation. This is in line with participant five's notion of overprotectiveness due to misconceptions held by parents.

Recommendations and Conclusions

Based on the complex nature of the interaction between aspects such as sex education, mental retardation, and public

policy, several recommendations can be made for populations with similar characteristics as the one covered by this study. This study recommends the need for further research on sex education and disability Discourse analysis that investigates the relationship between sex education and disability and public policy could lead to improved implementation of quality education. The findings of such studies could guide the development of effective education policies that encourage learner participation of non-dominant cultures such as people with disabilities in designing community activities that enhance their well-being.

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