

## SEX EDUCATION FOR THE MENTALLY RETARDED\*

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### ABSTRACT

Sex education for the mentally retarded must be considered in the larger context of those influences within the individual's environment which effect learning. These influences are interactive upon one another as well as having an impact on the learner and include : culture; cognitive ability; social structures; religion; family; education level; and, individual age.

A sex education curriculum for the mentally retarded has been developed by the Los Angeles County Office of Education, Division of Special Education in Downey, California. The curriculum consists of four major themes upon which subordinate lesson categories and areas are developed. These major themes are : 1) Self Awareness; 2) Self Protection; 3) Health and Hygiene; and, 4) Interpersonal Relationships.

It is no longer a question of whether or not sex education should be provided for the mentally retarded. The only question that remains unanswered is the degree of involvement of special educators in teaching this vital curricular area.

Sex education for the mentally retarded must be thought of in a wide spectrum of conditions and characteristics. Of primary importance in these sets of conditions and characteristics are the religious, cultural, and societal imperatives of the child and family. Children who are mentally retarded and are a part of the large and mixed fabric of the culturally rich countries of Asia, have both historical and contemporary forces which emerge to influence the nature and content of a sex education curriculum and its methodological practices.

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## HISTORICAL CONSIDERATIONS

The religious histories and socio-cultural features of the many countries of Asia are similar and sex distinct. These social structures have borrowed from one another, developed their own special requirements of accepted and practiced belief systems, and have provided guidelines for the social-sexual behaviors of its populations.

According to the Kronhausens (1978), the earliest Chinese handbooks on sex are dated from the Han dynasty (ca 206 BC-AD 24). They report that sex was considered "one of the greatest pleasures and blessings in life" with the twofold aim of conceiving sons and to strengthen the man's yang essence (p.24). A proper balance and melding of yin (characterized as : female, water, moon, north, winter, etc.) and yang (likewise characterized as : male, fire, sun, south, summer, et al.) were not only the goals but the guiding forces of sexual intercourse, reports Bornoff (1991). He further amplifies this point of the importance of yin and yang with a quote from the mid-seventh Chinese writer Li Tung-Hsuan:

Of all the ten thousand things created by Heaven, man is the most precious. Of all the things that make man prosper none can be compared to sexual intercourse. It is modelled after Heaven and takes its pattern by Earth; it regulates yin and rules yang. Those who understand its significance can nurture their nature and prolong their years; those who miss its true mean-

ing will harm themselves and die before their time (p.130)

The Kama Sutra of Vatsyayana, translated by Burton and Arbuthnot in 1883, describes the Hindu view of sex. In a 1963 edition of this work, Panikkar states in an introduction, that sex is "... not only considered normal and necessary but almost sacramental. It is conceived as the human counterpart of creation..." the Hindu view of salvation, and the perfect symbol of liberation (p.20).

In the Kama Sutra, the type of woman who may, and just as importantly, who may not be a part of this union is identified, including a woman who is : a leper; a lunatic; turned out of caste, or who reveals secrets, is bad smelling or an aesthetic. In addition, there are very specific identities of women who may not be married: One who has her nose depressed or with her nostril turned up; one who is formed like a male, or is bent down; one with crooked thighs, or one who is disfigured in any way.

Another view of the role of sex and society is that posited by Musallam (1983) who described the results of the historical development of sexual morality of Islam:

- \* Marriage was considered as polygamous.
- \* Legitimate sexual intercourse was not confined to marriage, but extended also to the institution of concubinage.
- \* Marriage was not viewed as a permanent relationship; easy divorce could end it at any time.
- \* Marital intercourse needed no justification by procreative purpose, and was also based on the right

to sexual fulfillment.

\*Contraception was permitted and abortion tolerated.

( p.11 ).

A final example of the role of sex in the formation of social standards in the history of Asia is that of the sexual ethics of Buddhism. According to Stevens (1990) men were to avoid having sex with women who were minors, close relatives, girls under the protection of their parents, and those who were betrothed, married, adulterous, convicts, and those who were nuns. Marriage and divorce were considered secular matters, and wives brought to a marriage "...sexual attractiveness, wealth, virtue, vigor, and the ability to bear children" ( p.137 )

## CONTEMPORARY PERSPECTIVES OF SEXUALITY

While history provides us with guidelines for contemporary society and teaches many lessons, it seems that we are not necessarily destined to repeat it, nor are we required to adhere to its former liberties or limitations. It is inevitable that with the passage of time social conditions and cultural characteristics of a people will reflect the changes and the growth and/or the decline of the principles and standards once held as immutable testimony of a community's existence. This seems no less true for the subject of sexuality than it does for any other topic of sociocultural concern.

In a recent news report from the Peoples Republic of China, a revolution of a different kind appears to be emerging;

a sexual revolution ( Holley, 1991 ). This is a country where sexual mores have shifted from those previously discussed, to the extreme physical restraints placed on women, most notably during the Ching dynasty (1644-1911 AD) during this period the binding of women's feet reflected the moral attitude of restricting the woman's presence in public places outside the home until and after her marriage, because of her possible defilement by contact with others ( Yeh, 1991 ).

Today, changes in concepts of marriage and sex are much in evidence. Where once there were governmental as well as social restrictions on public displays of affection, currently, "Many young people meet in parks...and where, five years ago ( they ) were likely to sit together demurely on a bench, it is now acceptable to hug and kiss, ignoring passersby only a few feet away" ( Holley, 1991, p. A16 ). Other changes are also noted by Holley — a study by the Shanghai Sex Sociological Research Center reported that of 23,000 individuals questioned, 86 percent approved of sex before marriage and 69 percent approved of extramarital relations.

And yet elsewhere in China, Kristof (1991) reports that "...a number of Chinese provinces are banning mentally retarded people from marrying unless they are sterilized first. If they evade sterilization and become pregnant, abortions are obligatory" ( p.1 )

Another example of contemporary social-sexual evolution and change in Asia is vividly pictured in a Western published tourist guide. A capital city of Asia is here described:

Wherever I looked in this huge and

hazy city, scattered harum-scarum along its main roads, were hundreds upon hundreds of short-time hotels, girlie bars, sex shows, massage parlors, "no hands" restaurants, pickup coffee shops, brothels, escort agencies, discos, and—following as surely as the day the night—VD clinics (Iyer, 1991, p.38)

In Taiwan too, there are social-sexual as well as omnipresent commercial changes. The women's magazine, *Cosmopolitan*, published in the United States, has recently begun publication in Chinese in Taiwan. This magazine known for its, articles and photographs of fashion and contemporary life-style characteristics and often presented with considerable explicitness, is no less explicit in the new Chinese edition. In the third issue of the first edition, there appears a lengthy article, 42 pages, entitled: "About Sex". Two additional points of interest in this article are the subtitle: "Top Secret", and an inset article about AIDS. These articles are supplemented with photographs and provide forthright discussions of sexuality and sexual functioning in today's social-sexual environment.

And, as a final example of current/contemporary societal views of sexuality in Asia, Bornoff (1991) reports on his findings in Japan. Often, the adolescent/teen-age years will provide some reflection of the social-sexual character of the society in which the youth of these years are represented. In a study conducted by the Japan Sex Education Association in 1987 it was found that of college young men and women between the ages of fifteen and nineteen years, 47 percent of

the males and 26 percent of the females reported that they had sexual intercourse. These findings represent an increase of 17 percent for males and 9 percent for females in a similar study conducted by the same organization six years earlier.

Whether or not these figures represent a trend in sexual intimacy among the teenagers of Japan is difficult to tell. But, the behavior represented by these statistics seem to be somewhat reflective of social-sexual changes across the broad boundaries of Asia.

## EDUCATION OF THE MENTALLY RETARDED

As we consider the special population of the mentally retarded, it is helpful to once again take a pluralistic view of our topic of focus. The General Assembly of the United Nations proclaimed 1981 as the International Year of Disabled Persons with the overriding theme of "Full Participation and Equality" (Landskron, 1983a, p.17). The concept of "full participation" "of disabled people in the social life and development of the societies in which they live" (p.261), and "equality" was presented as "... meaning (the) living conditions equal to those of other citizens in their societies" (p.261). Among the objectives for this international program related to the care and establishment of equality of opportunity for persons with disabilities are those including the right to education, social security, and protection from degrading treatment (Landskron, 1983b).

In many areas of the world the right

to education has been interpreted to mean not only the right of the person with a disability to have an education appropriate to his or her abilities, but a right to have that education in a setting that will foster the highest degree of social interaction with persons without disabilities—mainstreaming. This concept of educating the handicapped and the non-handicapped together is of such importance that within the agenda of the Tenth Annual Conference of the Asian Federation for the Mentally Retarded, the issue of mainstreaming is a major focus for the conference.

In the United States, the move toward mainstreamed education has taken the force of federal law : PL 94-142, the Education for All Handicapped Children Act (recently retitled as the Individuals with Disabilities Education Act ). This law states that to the extent possible, children with disabilities, including those who are mentally retarded, shall be educated with nonhandicapped peers.

To determine the extent to which this mandate has been implemented in the United States, Danielson and Bellamy ( 1989 ) conducted a study including all 50 states, the District of Columbia, and Puerto Rico and found that 94 percent of children with disabilities are educated in buildings with nondisabled children. This figure represents those students who spend all ( 26 percent ) or part of their school day ( 44 percent ) in classes with nondisabled peers ( total of 70 percent ) . In addition, an additional 24 percent of the students are educated in a regular school building but received their education in segregated classes.

It is hoped that a result of the proclamation by the United Nations for equity in the educational rights of persons with disabilities and the movement to educate these individuals with their non-disabled peers in order to achieve their "full participation" in society, that persons with disabilities will become an integral part of the larger society of which they are members. Issues of "rights" identification, equity of status and equality of access to the institutions of a society bring with them a set of obligations for preparation of each of its members for entering the doors of social opportunity and participation.

With the acknowledgement that persons who are mentally retarded have the same feelings and needs as others in the population, it is necessary to address the expression of these needs and feelings so that they will be demonstrated in the most socially appropriate ways permitted within a specific social structure. .As Rowe and Savage ( 1987 ) have stated, "Most experts in the field recognize that sexuality for the developmentally handicapped is not inherently problematic; rather, inappropriate sexual expression is related to inadequate social skills and sex education" ( p.11 ).

## SEX EDUCATION FOR THE MENTALLY RETARDED

In order to consider the sex education of persons, who are mentally retarded, it is first necessary to identify and consider those influences which impact upon the ability of the individual to learn. The individual student may be pictured as

the hub of an interactive wheel in which each of the spheres of influence have a level of impact on one-another as on the learner. And in addition, the learner reacts to and acts upon each of the separate and surrounding influences.

( see Figure 1. )

Those spheres of influence which may be considered as impacting on the learning of an individual student may include the following:

- \* Culture—Ethnic, national, regional, behavioral, legal, and aesthetic standards and imperatives which guide and support the functionality of a member of a particular group.
- \* Ability—Levels of cognitive structures and abilities which may limit or enhance : learning style, content and complexity of information, and /or methodology of instruction.

\* Social Structure—Economic, class, and social systems which inhibit or permit a variety of accepted behaviors, customs, and/or moral standards.

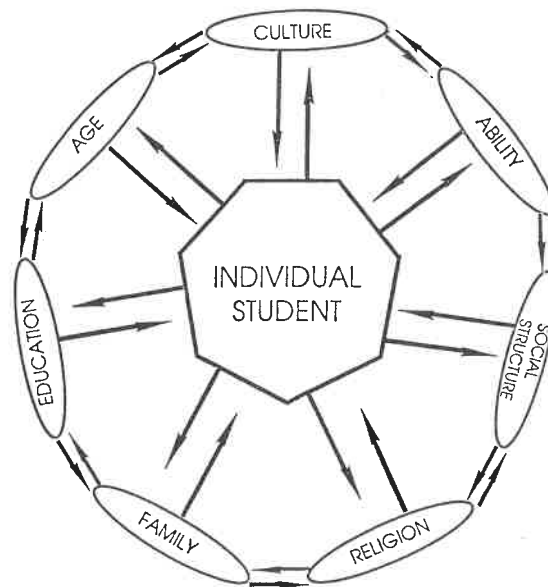
\* Religion—Organizational structures and manifestations of beliefs, scriptures, sutras, precepts, and credos which guide an inspirational and spiritual life.

\* Family—Size of the primary group, the within-group status of members, the nature of extended membership and the active and passive roles of each member in relation to all other members.

\* Education—Level of learning ability, achievement, modality, methodology and curriculum in purposeful and incidental instruction.

\* Age—Status and impact of chronological, mental, social, and functional age on behavior and learning.

FIGURE 1. Learning in the Wheel of Influences



There are a large number of curricula available and in use for non-disabled students as for students with disabilities, including those who are mentally retarded. In light of the many influences which impact on the ability of a student to learn, it would seem fool-hearty, at best, to suggest that there is any one curriculum best suited to meeting the needs of any particular individual, or group or instructional class of individuals. Perhaps the most that might be hoped for is a curriculum that could serve as a guide from which adaptations could be made to suit individual or group needs within the interactive sphere of influences of learning.

The following curriculum outline is offered as just such a guide—to be taken not as an absolute direction for all circumstances, but as a model which can be adapted and modified to reach the goal of socially appropriate sexually behavior for those students for which we have responsibility. Developed by the Los Angeles County Office of Education, Division of Special Education, the curriculum is presented within the context of Family Life/Health Education. This sex education curriculum thus becomes a part of a larger curricular framework in which students are able to learn the interrelatedness of sexuality, health and hygiene, and individual, group, and family requisites for successful and appropriate lifestyle.

The curriculum is developed on a stated philosophy that "Family Life/Health Education is more than a course in psychology, it is an essential element of

total human development : emotional, social, and physical. Individuals with exceptional needs have the right to information that will enhance their psychological development and prevent their being subject to sexual exploitation" (LACOE, 1990, p.1)

(see Figure 1.)

Based on four major themes—Self-Awareness/Self Esteem; Self Protection; Health and Hygiene; Relationships—each theme is subdivided into subordinate lesson categories and areas. These lesson categories and areas are further reduced to specific lessons, with goals, objectives, instructional techniques and materials appropriate to the learning level of individual students or class of students.

As teachers progress through this curriculum it is necessary that each preceding lesson is fully presented to the students, understood by them and a level of knowledge competence assessed and recorded. While the four instructional themes and their subsets of categories and lessons are general across the general curriculum for retarded learners, each lesson is approached by the teacher in a manner commensurate with the students' language ability, and learning and comprehension style and level. It is the combination of these learner characteristics, the spheres of influence which impact the learner, and an ordered and sequential curriculum that will assure to some satisfaction that attainment of the content is not only possible but probable.

Table 1

**FAMILY LIFE/HEALTH EDUCATION  
A CURRICULUM FOR THE MENTALLY RETARDED  
LOS ANGELES COUNTY OFFICE OF EDUCATION  
DOWNEY, CALIFORNIA, USA**

- |  |  |
|--|--|
| <p><b>I. Self-Awareness/Self Esteem</b></p> <p><b>(A) Identifying Information</b></p> <ol style="list-style-type: none"> <li>1. Self</li> <li>2. Others</li> <li>3. Likes/Dislikes</li> </ol> <p><b>(B) Feelings of Self in Relation to Others</b></p> <ol style="list-style-type: none"> <li>1. Personal Feelings</li> <li>2. Sensitivity to Feelings of Others</li> <li>3. Feelings in Personal Relationships</li> <li>4. Attachment, Separation Individualization, Loss/Death</li> </ol> <p><b>(C) Decision Making</b></p> <ol style="list-style-type: none"> <li>1. Choices</li> <li>2. Accepting Responsibility</li> </ol> <p><b>(D) Values</b></p> <p><b>II. Self Protection</b></p> <p><b>(A) Identifying Risk Relationships</b></p> <ol style="list-style-type: none"> <li>1. Family Members</li> <li>2. Trusted Caretakers</li> <li>3. Friends</li> <li>4. Community Workers</li> <li>5. Acquaintances</li> <li>6. Authority Figures</li> <li>7. Strangers</li> </ol> <p><b>(B) Recognizing Safe and Unsafe Touches</b></p> <ol style="list-style-type: none"> <li>1. Identifies Private Body Parts</li> <li>2. Safe/Good Touches</li> <li>3. Gets Help Safely in an Emergency</li> </ol> <p><b>(C) Recognizing Risk Situations</b></p> <ol style="list-style-type: none"> <li>1. Safe Situations</li> <li>2. Unsafe Situations</li> <li>3. Gets Help Safely in an Emergency</li> </ol> <p><b>(D) Assertion Training</b></p> <ol style="list-style-type: none"> <li>1. Asserts "No!"</li> <li>2. Uses Protective Response to Risk Situations</li> </ol> <p><b>(E) Reporting Abuse</b></p> | <ol style="list-style-type: none"> <li>1. Support Abuse</li> <li>2. How to Tell When to Break Safety Rules</li> </ol> <p><b>III. Health and Hygiene</b></p> <p><b>(A) Body Parts</b></p> <p><b>(B) Body Systems</b></p> <p><b>(C) Puberty</b></p> <p><b>(D) Menstruation</b></p> <p><b>(E) Physical Stimulation</b></p> <ol style="list-style-type: none"> <li>1. Masturbation</li> <li>2. Touching/Hugging/Kissing</li> <li>3. Sexual Intercourse</li> </ol> <p><b>(F) Reproductive Process</b></p> <ol style="list-style-type: none"> <li>1. Conception</li> <li>2. Fetal Development/Birth</li> <li>3. Birth Control</li> <li>4. Parenthood</li> <li>5. Sexually Transmitted Diseases</li> </ol> <p><b>(G) Nutrition</b></p> <p><b>(H) Drugs, Alcohol, Tobacco</b></p> <p><b>IV. Relationships</b></p> <p><b>(A) Relating Appropriately</b></p> <ol style="list-style-type: none"> <li>1. Family</li> <li>2. Community and Work Place</li> </ol> <p><b>(B) Appropriate Social Interactions</b></p> <ol style="list-style-type: none"> <li>1. Family</li> <li>2. Friends</li> <li>3. Others</li> <li>4. Social Manners</li> <li>5. Table Manners</li> <li>6. Language/Gestures</li> </ol> <p><b>(C) Development of Personal Relationships</b></p> <ol style="list-style-type: none"> <li>1. Feeling and Displaying Affection</li> <li>2. Friendships</li> <li>3. Boy/Girl Relationships</li> <li>4. Life-styles</li> </ol> <p><b>(D) Decisions</b></p> <ol style="list-style-type: none"> <li>1. Making Choices and Consequences of Decisions</li> </ol> |
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## CONCLUSION

Persons who are mentally retarded are sexual individuals. Whether we wish for them to be or not alternative with which we have to work. As professionals one only alternative is the degree to which we decide to become involved in the education of these individuals in regard to their sexuality. The acceptance of a passive nonactive role in the sex education of the mentally retarded condemns these individuals to both an education and life that is less than full and appropriate.

Taking the theme of this conference, as our guide, let me conclude by asking, for us all, questions about caring and sharing for and with the mentally retarded:

- \*How much do we care for the lives of those who are mentally retarded?
- \*How far are we willing to pursue the concept of mainstreaming and inclusion of all citizens in a recognized social network?
- \*How willing are we to move the mentally retarded into the social mainstream without the prerequisites for successful attainment of position and relevance?
- \*Do we care enough for our students to make them competent and to reduce their vulnerability for sexual abuse and misconduct by providing them with a sex education curriculum appropriate to their needs?
- \*Can we share with our students, their families and the society of

which they are a part of our concern, knowledge and abilities as educators for his difficult and sensitive subject?

- \*Are we willing to share the consequences and responsibilities of not providing an appropriate social education for individuals who are mentally retarded?
- \*Are we content to let a lived in ignorance, shame, fear, and intolerance?

We have the vision to look ahead and the tools to move forward. It is with this vision, these means, and the evidence of your presence at this conference that we are willing and ready to explore: "new horizons of caring and sharing"

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## 智能不足者之性教育

### 摘要

對智能不足者實施性教育，務必考量個體所處環境中，一切足以影響學習的因素，因為某些因素不僅彼此交互影響，同時也決定學習者之行為，這些因素包括文化背景，認知能力，社會結構、宗教信仰、家庭模式、教育程度以及個人年齡等。

美國加州洛杉磯教育局特教組已設計出智能不足者之性教育課程，該課程涵蓋四大主題，包括(1)自我覺知，(2)自我保護，(3)健康與衛生以及(4)人際關係。

目前的問題，不再是智能不足者應該不應該接受性教育的問題，而是特殊教育工作者介入教導此課程之程度的問題。

智能不足者的性教育，必須從整個環境來考量，最重要的環境因素包括智能不足兒童與其家庭的宗教、文化，以及社會型態，亞洲各國與地區的智能不足的性教育其課程內容與授課方法，無不受所屬的文化模式左右。

