

Analyzing the Difficulties Facing Sex Education for Children with Disabilities in China and Social Workers' Intervention Countermeasures

Yuxi Cao*

Shihezi University, Xinjiang, China

* EMPxixi0131@163.com

Abstract: As an important part of the disabled population in China, children with disabilities are basically the same as normal children in terms of physiological development, although they lag significantly behind normal children in terms of self-cognition, self-control and self-protection. Because of the mismatch between the cognitive ability and physiological development of disabled children, they are vulnerable to sexual abuse and sexual assault, or become the sender of sexual assault, causing serious social problems, so sex education for disabled children is urgent. This paper analyses the dilemma of sex education for children with disabilities in China and the reasons behind it from the perspective of social work, and explores the solution strategies for social worker intervention.

Keywords: Sex Education, Social Work, Children with Disabilities, Social Problems.

1. Background to the Study

Sex education for children with disabilities, as an important part of education for persons with disabilities, faces many dilemmas and there are strong arguments in favour of providing sex education for children with disabilities. The United Nations Convention on the Rights of Persons with Disabilities (2006) recognises that disabled people have the right to the highest attainable standard of health without discrimination. This includes their right to "decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education". However, children with disabilities are often viewed as "asexual beings" during their formative years, and the lack of relevant sexuality education has resulted in some of them being unable to develop correct sexual values and attitudes, which is not only detrimental to the healthy growth and development of children with disabilities, but is also detrimental to the maintenance of a stable social order and to social equity and justice.

So far, the cases and experiences on sexual education and concepts of children with disabilities are mainly concentrated in the West, and there are fewer studies in Chinese. The author adopts the method of literature research, taking January 2000 to November 2023 as the search time, and searches the China Knowledge Network by subject search, and with "sex education for children with disabilities" as the search term, there are only 10 pieces of Chinese literature available, while there are 19 pieces of foreign literature. By narrowing the scope of search terms to "intellectual disability", "blind children", "hearing impaired children", "sex", "sex education", "sexual education" and "sexual education", only 10 articles in Chinese and 19 articles in foreign languages could be found. "sex education", "autistic children", "special children", "adolescent education" and so on. Search, can find the relevant Chinese literature is 60, remove the duplication of literature, only 50 available for reference, a total of 79 available for reference in Chinese and foreign literature. From the existing literature, research on sex education for children

with disabilities has already appeared, but a complete formal system has not yet emerged.

Therefore, this paper hopes that by analysing the dilemmas and reasons faced by sex education for children with disabilities in China, it will raise the awareness of society as a whole of the importance of carrying out sex education for children with disabilities, pay attention to the sexual needs, health and desires of children with disabilities, and create a harmonious environment for the growth of children with disabilities.

2. Literature Review

2.1. Definitions of Sexuality, Sexual Rights and Children with Disabilities

Sexuality is a broad construct that includes social, emotional, and physical factors, as well as self-esteem, interpersonal relationships, body image, privacy and safety, and physical maturation and functioning (Murphy & Young, 2005). A handicapped child is a child under the age of 14 years who is significantly less able than a normal child in a particular physical or mental activity (including congenital or acquired physical dysfunction, visual, hearing, speech impairment, and intellectual or psychiatric impairment).

Although their physical development is basically the same as that of normal children, children with disabilities lag significantly behind normal children in terms of self-awareness, self-control and self-protection, making them vulnerable to sexual abuse and assault or becoming the perpetrators of sexual assault, to the detriment of the stability of the social order and the long-term stability of society.

2.2. Sex Education and the Need for, and Importance of, Sex Education for Children with Disabilities

Xiong Liping (2004) mentioned that sex education is a kind of education that promotes human nature, supports a fulfilling family life, and takes responsibility for one's own sexual behaviour, which should include education on sexual

physiology, sexual psychology, sexual ethics, sexual morality, and sexual legal education, as well as mastery of sexual knowledge, acquisition and management of sexual behaviour, and management of emotions and interpersonal relationships. Management. The World Health Organization (WHO) made a programmatic decision on human sexuality education at the Geneva Conference in 1974, considering that sexual health refers to the physical, emotional, intellectual and social integration of sexually active people, and is manifested in the positive enrichment and enhancement of personality, communication and love.

Children and young people with disabilities have similar needs to normal children in terms of sexual behaviour, and research suggests that sexuality education can help to meet these needs (McCann, Marsh and Brown 2019; Verhoef et al. 2005; Boraska-Charko, Rohleder and Finlay 2017). More importantly, the sexual needs of children with disabilities may exceed those of their normal peers because children with disabilities have specific issues, such as learning how to cope with reduced privacy (Holland-Hall and Quint 2017). Incomplete and inadequate sexuality education has been identified as a major factor hindering the development and implementation of sexual behaviour in children with disabilities (de Carvalho and da Silva 2018).

2.3. Sexual Awareness

Sexual awareness is also a key concern in sex education for children with disabilities. Certain physiological development will bring about certain psychological development. With the gradual development and maturity of sexual functions, adolescents gradually recognise the differences between the sexes and the relationship between the sexes, and consequently have some special psychological experiences, such as strong curiosity about sexual knowledge, views on treating the opposite sex, interactions with the opposite sex, love from the opposite sex, and a strong desire to satisfy their sexual desires, and so on, which is called sexual awareness.

In the author's view, although children with disabilities are psychologically assumed to be "sexually innocent" (sexually innocent), their physiological development is in fact no different from that of normal children, and the difference lies in their ability to perceive, understand and express themselves and control their bodies. The difference lies in their knowledge, understanding and ability to express themselves and control their bodies. Therefore, what they need is actually positive sex education support and counselling, rather than restricting and punishing their sexual awareness and mature behaviour, which would have the opposite effect.

3. Specifics of the Study

3.1. Difficulties Facing Sex Education for Children with Disabilities in China

3.1.1. Mismatch between the Psychological and Physical Development of Children with Disabilities and Their Social Development

There are many negative perceptions, assumptions and attitudes about the sexuality of persons with disabilities hidden in the culture of society, which are very likely to hinder the healthy physical and mental development of children with disabilities. According to Liu Zhongyi, in a sense, the sexuality of persons with disabilities is a socio-cultural problem rather than a biological one. Such invisible negative attitudes and assumptions have led to the destruction

of the sexual rights and roles of children with disabilities, their sexual needs (both psychological and physical) have not been faced squarely, and they have even suffered from discrimination and prejudice, and are highly susceptible to bullying in schools. In addition, they face the challenge of sexual distress and lack of sexual practice: children with disabilities are more vulnerable to sexual abuse and harassment due to their general lack of sexual knowledge, physical and mental limitations, and lack of knowledge of how to express their sexual needs. At the same time, the shame, fear and misconceptions that accompany disability can inhibit children with disabilities from positively meeting their sexual health needs.

3.1.2. Role Ambiguity

Children with disabilities face challenges in the development of their sexuality, in part due to a lack of appropriate sexuality education in schools, unclear roles in the provision of sexual health services, and general discomfort with the subject. They noted that others were responsible for sexuality education, particularly special education teachers, who sometimes chose to defer sexuality support when given the opportunity to do so. Additionally, policies conveyed discomfort at the social and school level in educating children with disabilities about their sexuality, which in turn limited the services of social workers. However, children with disabilities are more vulnerable to sexual and other forms of violence due to their unique sexual health needs and desire, but fail to achieve, the skills and knowledge to build relationships.

3.1.3. Conflicts between the Sexual Needs and Emerging Sexual Awareness of Children with Disabilities and the Avoidance of Their Sexual Needs by Their Carers

There is still a lack of awareness and correct norms for sex education for children with disabilities in families, schools and society. Caregivers of children with disabilities believe that their children's development is delayed because of their own illnesses, and they temporarily classify children with disabilities as "asexual" or "sexually immature". However, while children with disabilities are socially retarded because of their disabilities, they are physiologically the same as normal people, with secondary sexual characteristics, sexual needs and desires, and they experience sexual development and maturity as well. As a result, carers can be caught in a conflict. On the one hand, they believe that the emergence of sexual behaviour in a child is a sign of growth and maturity, while on the other hand, they are concerned that children with disabilities are unable to take responsibility for their own behaviour due to their individual deficits. Based on the above risks, carers of children with disabilities may punish children who develop sexual awareness and behaviours instead of providing proper sex education, which may lead children with disabilities to resort to other ways to express their curiosity about sex and satisfy their needs.

3.2. Social Worker Intervention Strategies

3.2.1. Undertake Psychosocial Research to Fully Understand the Sexuality Education Needs of Children with Disabilities and Their Own Specific Developmental Needs.

Disabilities should be informed not only about sexual organs but also about human relationships. Sex education programmes should be designed according to the students' daily life experience and the needs of people around them.

Social worker intervention should take into account the educational methods and strategies for children with different types of disabilities, for example, visually impaired children need to use tactile and auditory teaching aids, hearing impaired children need to use sign language and verbal teaching, and mentally impaired children need to use simple and concrete language and images, and so on. Therefore, when conducting sex education, it is necessary to choose appropriate educational methods and teaching aids according to the type and degree of disability of the child.

In addition, the content and format of sexuality education that children with disabilities need to learn needs to be adapted to their particular needs and limitations. For example, simple and concrete language and images need to be used, avoiding abstract and complex concepts and terminology. At the same time, care needs to be taken to protect children's privacy and dignity and to avoid overexposure and violation of their rights. Their special needs and limitations should be taken into account, and they should be counselled to understand what they really think.

3.2.2. Promote Interdisciplinary Co-operation, Link Resources and Reduce Role Ambiguity

In response to the role ambiguity that occurs in the sexuality education of children with disabilities, social workers can promote the sexuality and relational health of children with disabilities by linking resources from all areas of society and facilitating interdisciplinary collaboration, including children with disabilities, their parents, social workers, educators, counsellors, specialists, nurses and other healthcare providers. Supported by recognising and reducing role ambiguity in schools and by advancing interdisciplinary collaboration, including the maintenance of distinct areas of expertise, values and ethics across disciplines in higher education institutions and practice settings. Environments must be fostered that increase the ability of all professionals and families to feel safe and comfortable to support healthy sexual behaviour in children with disabilities.

3.2.3. Sensitise Parents of Children with Disabilities on How to Properly Educate Their Children about Sexuality, and Also Strengthen Social Awareness-Raising.

Sex education for children with disabilities is not only the responsibility of schools; families and the community also need to provide support and assistance. Parents and guardians need to be aware of the type and extent of the child's disability, as well as their sex education needs and limitations, and provide them with the necessary support and guidance.

Social workers can teach their children about sexuality by conducting parent group sex education training to strengthen parents' competence and confidence in talking to their children about sexuality. In addition to this, we recommend the use of parent-mediated interventions to train and educate parents about their disabled child's sexuality. Professional coaches support parents in learning skills and strategies through explicit teaching and provide multiple opportunities for parents to practice the strategies with their child and implement them in the family's daily life and activities.

4. Conclusion

Along with the development of society, the progress of spiritual civilisation, the state is paying more and more attention to the education of children with disabilities, more and more attention to the rights and interests of children with

disabilities and the degree of social acceptance, and the sex education of children with disabilities has become one of the unavoidable contents. Through the literature collection and analysis, the author concluded that sex education for children with disabilities in China started late, and the research mainly focuses on the investigation and analysis of the status quo, the initial exploration of educational methods and educational objectives, and has not yet formed a more complete and comprehensive system of sex education for children with disabilities, and the lack of practical educational methods and tools and other conclusions. Moreover, the existing research object is mainly for children with intellectual disabilities and deaf children, for autism, autism children's sex education research involves less, and with the continuous development of society, the social situation changes, autism and autistic children have become the focus of social concern groups. Research and intervention on sex education for children with different types of disabilities should be the future development trend. This is also the dilemma faced by the sex education of children with disabilities in China, and the author hopes to take corresponding methods from the perspective of social work, such as social worker intervention intervention, to explore strategies to alleviate the dilemma of the sex education of children with disabilities, and to provide a little bit of modest efforts for the research and development of the sex education of children with disabilities in China.

References

- [1] Feng Qiuyan, Feng Qushang. Visual knowledge mapping analysis of sex education research on special children in China in the past 20 years[J]. *Modern Special Education*, 2019, (20): 53-60.
- [2] Murphy, N., & Young, P. C. (2005). Sexuality in children and adolescents with disabilities. *Developmental Medicine and Child Neurology*, 47, 640-644.
- [3] National Association of Social Workers. (2015). Code of ethics of the National Association of Social Workers. Washington, DC: Author.
- [4] Terminology in General Practice and Community Health, First Edition.
- [5] Gilmour, L. Schalomon P. M. Smith V. Sexuality in a Community Based Sample of Adults With Autism Spectrum Disorder [J]. *Research in Autism Spectrum Disorders*.2012(6) : 313-318.
- [6] Xiong Liping,Zhang Wenjing. A preliminary study of the principles of sex education for people with intellectual disabilities[J]. *China Special Education*,2004(07):61-64.
- [7] Davida Hartman. Sexuality and Relationship Education for Children and Adolescents With Autism Spectrum Disorders [M]. London: Jessica Kingsley Publishers, 2014.
- [8] Park, Y. S. Dictionary of Special Education. Beijing: Hwa Hsia Publishing House, 2006.
- [9] Zhao Yunnan. A Review of Research on Sex Education for Children with Special Needs[J]. *New Curriculum (in)*,2014(06): 179-180+182.
- [10] UNESCO. International technical guidance on sexuality education (Revised) [R]. Paris: UNESCO, 2018.
- [11] Li Hailan, Yang Huijie, Luo Yuyi et al. Current Situation and Countermeasures of Sex Education in Primary and Secondary Schools[J]. *China School Health*,2022,43(07):965-969.DOI:10.16835/j.cnki.1000-9817.2022.07.002.

- [12] Liu Can. Problems, Practices and Thoughts in Sex Education for Children with Intellectual Disabilities [J]. Journal of Nanjing Special Education College, 2011(6): 32.
- [13] Wang Yan, Li Haiyan. The development of sex education for intellectually backward children in Korea and its inspiration [J]. China Special Education, 2004(01):84-88.
- [14] Xiong Liping. Research on the Effectiveness of Teaching Sexuality Education to Adolescents with Intellectual Disabilities [D]. Chongqing Normal University,2006.
- [15] Wan Wenpeng. Sexuality, Marriage and Childbirth of Disabled People [J]. Psychology and Health, 1997(1): 6-7.
- [16] Soga H ,Shirasaka M ,Komai Y , et al.1857 Peer Counselling of Adolescent Handicapped Children after Sex Education: The Pilot Study[J]. Disease in Childhood,2012,97(Suppl 2):A525.
- [17] Liu Zhongyi. Sexuality of persons with disabilities:A social humanities perspective[J]. Disability Studies,2015(04):60-63.
- [18] Judith A. C. Sexuality and people with psychiatric disabilities. SIECUS Report. 2001, 29(3):20-25.
- [19] Qu Xiaolan. A study on the conflict between sexual awareness and sexual morality among sixth grade primary school students[J]. Chinese Sexual Science,2010,19(02):10-13.
- [20] Wang Jing. Developmental Characteristics of Sexual Maturity, Sexual Awareness, Sexual Concepts, and Self-Control of 11-13 Year Old Adolescents and Their Implications for Education [D]. Northeast Normal University,2007.
- [21] SHAKESPEARE T, GILLESPIE-SELLS K, DAVIES D. The sexual politics of disability: untold desires [M]. London: Cas-sell, 1996.
- [22] ZHANG Yun,CHEN Jiayi,WANG Ying. Research on sex education and training for employees of care institutions for the disabled[J]. Education and Teaching Forum,2016(24):103-104.
- [23] Qian Linliang. "Dangerous" sexual awareness:Reflections on sex education for disabled children in welfare institutions[J]. Journal of Zhejiang Gongshang University,2017(06):106-116.DOI:10.14134/j.cnki.cn33-1337/c.2017.06.011.
- [24] BERNERT D. Sexuality and disability in the lives of women with intellectual disabilities [J].Sexuality & disability, 2011, 29(2) : 129 Sexuality & disability, 2011, 29(2) : 129-141.
- [25] Fentahun N, Assefa T, Alemseged F, Ambaw F. Parents' perception, students' and teachers' attitude towards school sex education. Ethiop J Health Sci. 2012;22:99-106.
- [26] Gürşimşek I. Does sexuality education effect teacher candidates' attitudes about sexuality and homosexuality? Procedia Soc Behav. Sci. 2009;1:980-983.
- [27] J S B ,Adams H R ,F K L .Grand Challenges in School Social Work: Collaboration and Constraint in School Social Workers' Sexuality Support for Children with Disabilities[J].Children Schools,2018,40(1):25-34.
- [28] Bennett LR. Zina and the enigma of sex education for Indonesian Muslim youth. sex Educ. 2007;7:371-386.
- [29] Kaur-Bola K, Randhawa G. Role of Islamic religious and cultural beliefs regarding intellectual impairment and service use: a South Asian parental perspective. Commun Med. 2012;9:241-51.
- [30] Tsuda S ,Hartini S ,Hapsari D E , et al. Sex Education in Children and Adolescents With Disabilities in Yogyakarta, Indonesia From a Teachers ' Gender Perspective[J].Asia Pacific Journal of Public Health,2017,29(4):328-338.
- [31] Bundy, M., & White, P. (1990). Parents as sexuality educators: A parent training programme.Journal of Counselling & Development, 68(3), 321-323. <https://doi.org/10.1002/j.1556-6676.1990.tb01382.x>.
- [32] Ellis R L D ,Jones B ,Sulinski E , et al. The Effectiveness of a Brief Sexuality Education Intervention for Parents of Children with Intellectual and Developmental Disabilities[J].American Journal of Sexuality Education,2020,1-21.