SEXUALITY EDUCATION AS A MEANS TO CURBING HIV/AIDS SECURITY CHALLENGES AMONG YOUTHS WITH SPECIAL NEEDS IN NIGERIA

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Introduction

There is assertion that Over 650 million people across the globe have a disability, and this represents about 10 per cent of the world’s population, (United Nations (UN) 2008; World Health Organization (WHO) 2007). Day in day out increases are expected, because of different hazardous incidences that happen daily such as War, Apartheid, malnutrition, hunger, diseases, Accident, Inadequate/Improvise health services, oil spillage, terrorism, Kidnapping ,Arm robbery, Insecurity.and host of others, which might aggravate this occurrences. The number of people with disabilities is growing rapidly. Disability is more common in developing countries than developed countries, increasing the pressure and strains, on these countries' social structures and health services. Factors contributing to growth of the population of people with disabilities further include advances in health care and technology, survival of children and adults with acute and chronic illnesses, and other traumatic injuries,including those associated with military, religious and ethnic conflicts around the world, and aging of the population (WHO, 2009).

Many individuals with disabilities including those with severe disabilities are noted to be living normal or near-normal life spans (Vandenakker & Glass, 2001); therefore, it is important to ensure that people with disabilities have the highest

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level of health and wellness possible. Welfare of people with disability should also be the concern of the entire society in area of education social and health awareness campaign and other health related issues. Although, people with disabilities are among the poorest, least educated, and most marginalized populations worldwide.

Similarly, People with disabilities are also a diverse group who may have varying physical impairments that affect their access to needed information and services. They are often stigmatized because of their different disabilities, and treated in ways that relegate them to an inferior position within society with little access to education, skills development, job opportunities or recognition of their sexual and reproductive health rights.

Unfortunately, societal attitudes have changed less in regard to sexuality and disability. Even today, many people refuse to acknowledge that all people have sexual feelings, needs, and desires, regardless of their physical and/or mental abilities. As a result, many young people who live with disabilities do not receive relevant sex education, either in school or at home, nor are there any relevant strategic initiatives or programme put in place to cater for their sex social needs and related health hazard associated with procreation, family building and other sex relationships.

UNAIDS and WHO, estimated that over 60 million people have been infected with the HIV virus worldwide since its inception in the early 1980s and that about 40 million are living with HIV/AIDS (UAC, 2003). No document or research were established or embarked upon for persons with disabilities. The majority of new infections occur among young adults, with women most vulnerable. It is also estimated that about one-third of the HIV infected are aged 15 – 24 years, most of whom live in developing countries (UNAIDS, 2002). The special need learners (Young people with disability), are among this young people estimated above; but unfortunately, sexual and reproductive health services are often inaccessible to them (UNFPA/WHO). It therefore require comprehensive sexuality education in schools.

Sub-Saharan Africa is the region most severely affected by HIV/AIDS, with more than 80% of the global figure of people living with HIV (UNAIDS, 2002). Adekunle (2010) reported that 10 per cent of the world’s population, 650 million people lives with disability and their sexual and reproductive health has been neglected. Reamer (2009), reports that studies have shown that large percentage of persons with disability will experience sexual abuse and assault during their lifetime, and that those at high risk are women, girls with intellectual impairment, as
well as those in specialised institution, schools and hospitals, these further necessitate sexuality education among these categories of Vulnerable. As far back as 2003, information abounds on HIV/AIDS all over the world, Nigeria inclusive. There are evidence of comprehensive sexuality education that is age appropriate, gender sensitive and life skills base for individuals that are presumed normal which can extensively be applied adequately to raising the awareness of persons with special needs (PWSN) across institutions in Nigeria as to ensure their well-being. There is need for comprehensive sexuality education across policy frame work, curriculum coordination structure, with adequate monitoring system and teacher training programme as to cater for people with disability across board in Nigeria as a matter of equity.

According to UNFPA, Persons with disabilities (PWD), are seldom included in HIV-prevention and outreach efforts, due to the assumption that they are not sexually active and at little or no risk for HIV infection. However a growing body of research indicates that persons with disabilities are at increased risk of HIV and AIDS. In addition to their being as sexually active as people without disabilities, they are as likely to use drugs and alcohol even as the other group in the society. Further still, mother child intra uterine exposure to the HIV virus can be rampant among parents with disability (9% of mode of spread) and can cause significant developmental delays in infants. In addition, persons living with HIV and AIDS experience AIDS related physical disabilities (UNFPA, 2003). More so the portal of entry could be through cut, mucus membrane, soft part of the tissue, vagina tips, anus, pennies tips, eye and the nose and via other sexual activities, which need to be expose to people with disability to check mate their risky behaviour such as multiple girl friends and unprotected sex among others.

Adekunle (2010) observed succinctly, on incidence of HIV/AIDS among persons with special needs; "There is no current data or sufficient information on the number of persons with disabilities living with HIV/AIDS in Nigeria. However, in a recent work carried out by Challenge Your Disability Initiative (CYDI) under the NACA/World Bank HAF-3 project 2009/2010 in three states (Gombe, Bauchi and Yobe) in Nigeria, it was discovered that out of 98 PWDs tested in Biliri LGA, 5 came down with the disease, while 1 out of 100 PWDs tested in Gombe came down with the disease. Also, 3 out of 124 tested in Bauchi LGA came down with the disease while none came down with the disease in Yobe. The various disability groups has its own fair share of the disease with the hearing impaired group mostly affected, followed by the physically challenged and
visually impaired, none was discovered among persons affected by leprosy. One of the major reasons for the increased number of hearing impaired people could be attributed to lack of adequate information/communication as most medium of information in our country is through the radio and television and limited means of communicating the pandemic of the disease to person with hearing impairment has being in existence hence it require adequate security via sex education and aid campaign in sign language and other coded communication as to meet their unique needs. The 2007 reports documented that Aids alone kill over 2.1 million in sub Saharan Africa alone, while across the world it was about 33,302 million killed by AIDS and children among these death amount to about 330 thousands. Therefore appropriate education, health literacy, cognitive ability enhancement, adherence and compliance with drug regimen, with other complementary drug education and medicine will assist to reduce the rate of death among persons with disabilities via appropriate school education on sex security.

Individuals with special needs are rarely targeted by the current human immunodeficiency virus (HIV) awareness campaigns, thereby reducing their access to HIV information and services. Sexuality begins at birth and continues throughout life cycle. Planned sexuality education containing adequate information that explores values, feelings, and developed skills are fundamental to the well-being of special needs learners or persons with disabilities, in order to promote their healthy relationship, curb diseases among them, and avoid unintended pregnancy. Sexuality education needs to be exposed to special needs persons via public health campaigns that will target them, health weeks and programmes in the villages, health talk programmes on the media, school courses related to sexuality, citizens education, moral education, as well as in churches and mosque in order to provide security against HIV/AIDS infection. More so, for those in schools, the guidance counsellors have much to do to assist the special needs individuals/learners within the school system.

Currently, little documentation exists about the HIV knowledge and sexual practices of young Nigerians with special needs. Thus, this paper sought to discuss how sex education among this group can help curb the security challenges they face on HIV/AIDS in Nigeria, and it will be discussed under the sub-headings: meaning of sexuality education, the need to teach sexuality education to youths with special needs, modes and persons responsible for this education, ways of teaching sexuality education to youths with special needs, and suggested topic to teach the special needs youth on sexuality education.
Meaning of Sexuality Education

Webster Marian dictionary stated that, sexuality is the sexual habits and desires of a person. According to the Sex Information and Education Council of the U.S., (SIECUS): Human sexuality encompasses the Sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. It includes the Anatomy, physiology, and biochemistry of the sexual response system. Roles, identity, and personality are included; with individual thoughts, feelings, behaviors, and relationships. Ethical, spiritual, and moral concerns, Group and cultural variations. Comprehensive sexuality education takes into consideration; the cognitive domain such as facts and data; the affective domain in the form of feelings, values, and attitudes; the skills domain comprising the ability to communicate effectively and to make responsible decisions.

Science Daily (2014) explained that sexuality education is a broad term used to describe education about human sexual anatomy, sexual reproduction, sexual intercourse, and other aspects of human sexual behaviour. The goal of sexuality education is to promote sexual health and well beings, promoting positive life experiences and preventing diseases and unintended pregnancy. All these are desirable for persons with special needs in Nigeria.

Needs to Teach Sexuality Education to Youths with Special Needs

Sometimes we are tempted to avoid addressing sexuality issues with children with significant disabilities and developmental delays. Believing if we pretend this is not happening, will reduce their sexual promiscuity. Sexuality issues do not disappear without appropriate information and education. Lack of instruction can become destruction when it is related to sexuality. Ignoring sexual behaviours that are unhealthy among persons with special needs may make this categories of people think that the behaviour is appropriate, and that there are no social consequences for it. Avoiding teaching them about sexuality and how to express natural urges in a safe and appropriate manner, denies people with special needs a big part of what is essentially human social needs. In relation to this, Moss & Blaha (2001) stated that Lack of knowledge creates vulnerability for people with special needs and others usually take advantage of them. We cannot rely on the belief that YWSPN are to learn about sexuality incidentally. That is why there is a need to provide instruction in an organized fashion. Instruction must also start at an early age to avoid problems when the child reaches puberty and transitions into adulthood, since sexuality starts at birth and it has biological, physical, emotional...
and spiritual aspects. These implies reproductive mechanism, libido, drives, love, trust, caring and related bonds in sexual relationships which can be learnt in schools as a skills to good sexuality development.

Population Council (2009) asserted that few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV. Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender; the youth with special needs are the most affected, because they do not have information or they get more inferior information. This is often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers, at the very time when it is most needed. Globally, comprehensive and correct knowledge about HIV among both young men and young women has increased slightly for those ones, we call normal; but YWSPN still lag behind in this awareness efforts.

Begota (2010) observed that evidence has shown that comprehensive sexuality education that is age-appropriate, gender-sensitive, disability friendly and life skills-based, can provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle. When young people are equipped with accurate and relevant information, when they have developed skills in decision-making, negotiation, communication and critical thinking, and have access to counselling and HIV screening services that are non-judgmental and affordable, they are better able to:

- Take advantage of both educational and other opportunities that will impact their lifelong well-being;
- Avoid unwanted pregnancies and unsafe abortions;
- Improve their sexual and reproductive health and protect themselves against STIs including HIV; and
- Understand and question social norms and practices and contribute to society meaningfully.

Teaching sexuality education to YWSPN will focuses on specific behavioural outcomes, and so addresses individual values and group norms that support health-enhancing behaviours.

Sexuality education will help increase personal perceptions of risk and harmfulness of engaging in specific health risk behaviours, as well as reinforcing protective factors. It will also assist in addressing social pressure and influences; as
well as reduce anxiety level about sex among preteens and adolescence with challenges or disabilities.

It will also build personal and social competence in the YWSPN regardless of physical or intellectual ability, and promotes the opportunity to achieve personal health and wellness, including sexual health.

Provides functional knowledge that is basic, accurate and it will directly contribute to health-promoting decisions and behaviours of people that are disadvantaged.

It will promote strategies designed to personalize information and engage the YWSPN meaningfully and offer them health promotion.

Similarly it will provides age-and developmentally appropriate information, learning strategies, teaching methods and materials that will enhance their social activities and adjustment since they are very active.

It will further Incorporates learning strategies, teaching methods and materials that are culturally inclusive.

Advocates for Youth (2014) states that young people including the disabled have the right to lead healthy lives. Providing them with honest, age appropriate comprehensive sexual health education will be a key part in helping them to take personal responsibility for their health and well-being.

Premised on the above, sex education programs need to be informed by evidence as well as include all the information and skills young people need to make healthy decisions. However, providing young people with the skills and tools, to make healthy decisions about sex and relationships is far more effective, than denying them information and simply telling them not to have sex.

Respecting young people promotes personal responsibility far more effectively than denying them information. There is a need to respect young people and treat them as partners, and not seeing them as problems, especially individuals with special needs. In short sexuality include not only sexual behaviour, but also our genders, our bodies and use of reproductive parts, our values, attitudes, beliefs and feelings about life, our living, and the people our live touches, and total relationships with society.

Modes and Responsibility of Persons Responsible for Sexuality Education

Sex education can take place in a variety of settings, both in the schools, community, churches, mosques, clubs, games and recreation centers as well as in other out of school programmes. In these different contexts, different people have
the opportunity and responsibility to provide sex education for young special needs people. Sexuality education is the responsibility of the community – including schools, parents, government and non-government agencies, volunteers, teachers, counsellors, health workers, games masters, home economic teachers, and the skilled peer groups. A primary goal of sexuality education is to equip children and young people with the knowledge, skills and values to have safe and respectful relationships and to make positive and responsible decisions, since every individual are sexual beings from birth to death.

Parents/Care Givers

At home, young people can easily have one-to-one discussions with parents or care givers, which focus on specific issues, questions and concerns. They can have a dialogue about their attitudes and views. Sex education at home also tends to take place over a long time, and involve lots of short interactions between parents and children. As young people get older, advantage can be taken of opportunities provided by things seen on television for example, as an opportunity to initiate conversation. It is also important not to defer dealing with a question or issue for too long as it can suggest that you are unwilling to talk about it. There is evidence that positive parent-child communication about sexual matters can lead to greater knowledge of it (Wellings, Nanchahal & Macdowall et al (2001).

Parents need to help their child develop life skills. Without appropriate social skills young people may have difficulty making and keeping friends and may feel lonely and different. Without important sexual health knowledge, young people may make unwise decisions and or take sexual health risks.

Young Special Needs People(Skill Peer Group)

In some countries, the involvement of young special needs people individuals, in developing and providing sex education, has increased as a means of ensuring, the relevance and accessibility of provision. Consultation with young disabled people at the point when programmes are designed, helps ensure that they are relevant; and the involvement of this group in delivering programmes, may reinforce messages, as they model attitudes and behaviour to their peers (Cai, Hong, Shi, et al 2008). As part of their school-based Sex and Relationship Education programme, the UK-based organisation, “A pause”, involves peer-educators, to achieve positive behaviour change among students aged 13 and 14, with an aim to reduce the rates of first intercourse, before the age of 16 (Blekinsop, Wade, Benton,
et al 2004). This method can be employed to train the youth with disabilities in Nigeria.

**Teachers/Guidance Counsellor**

In schools the interaction between the teacher and young people takes a different form and is often provided in organised blocks of lessons. It is not as well suited to advising the individual as it is to providing information from an impartial point of view. The most effective sex education acknowledges the different contributions each setting can make. School programmes which involve parents, notifying them what is being taught and when, can support the initiation of dialogue at home.

The Guidance Counsellor of the school can develop in this youths, a friendly relationship that will give room for inner and close one; or one talk about sex education which will be beneficiary to them. Teacher training is one obvious answer to the problem of being able to teach each subject matter in sex education. Appropriate training for teachers can familiarize them with questions that they might have to deal with, and ensure that their knowledge of the subject is complete.

Another thing the school or organisation could do is to bring in teachers from outside the school to teach HIV, sexual health and sexuality education topics, or to have one teacher in the school, which is designated with responsibility for these topics. Social education such as the awareness of prejudice should be present throughout the curriculum.

**Effective School-Based Sex Education**

School-based sex education can be an important and effective way of enhancing young people’s knowledge, attitudes and behaviour. There is widespread agreement that formal education should include sex education. Evidence suggests that effective school programmes will include the following elements:

- focus on reducing specific risky behaviours
- based on theories which explain what influences people’s sexual choices and behaviour
- Have a clear, and continuously reinforced message about sexual behaviour and risk reduction
• Providing accurate information about, the risks associated with sexual activity, about contraception and birth control, and about methods of avoiding or deferring intercourse
• Dealing with peer and other social pressures on young people; providing opportunities to practice communication, negotiation and assertion skills
• Uses a variety of approaches to teaching and learning that involve and engage young people and help them to personalise the information
• Uses approaches to teaching and learning which are appropriate to young people's age, experience and cultural background
• Is provided by people who believe in what they are saying and have access to support in the form of training or consultation with other sex educators across the globe.
• Focus on both heterosexual and homosexual relations as well as bisexuality relationship.

Formal programmes with all these elements have been shown to increase young people's levels of knowledge about sex and sexuality, push back the average age at which they first have sexual intercourse and decrease risk when they do have sex.

In addition to this, effective sex education is supported by links to sexual health services and takes into account the messages about sexual values and behaviour young people get from other sources (such as friends and the media). It is also responsive to the needs of the young people themselves - whether they are girls or boys, on their own or in a single sex or mixed sex group, and what they know already, their age and experiences.

Non-Governmental Organisation/ Volunteers (Youth Corpers)

Most of the time, this group can organise health talks, awareness creation, health cares and so on. It is very important for them to make all their packages disability friendly, as to enable the YWSPN to benefit from their programmes. This of course will assist in curbing HIV/AIDS security challenges among these youth.

Health Care Providers

Health care providers are almost the most valuable individuals in the teaching of sexuality education to youths with special needs. This is because they know better the terminologies used at all times. It is a good thing that they organise, sexuality education for the youth but the youths with special needs should not be
left out of it and in teaching them, their peculiarities should be considered since it will help them learn better while interpreter can be employed to cater for the deaf and hard of hearings. In Chicago, USA, there are many Gay deaf organizing social clubs, while in Florida and California there are moves to include Lesbian women who are deaf in social clubs as to offer more meeting opportunities hence it requires information and education to curb excesses among persons with disabilities.

Ways of Teaching Sexuality Education to Youths with Special Needs

Children with disabilities have the right to the same education about sexuality as their peers, but often there must be modification to the program to allow the information to be presented in such a way that the child can understand and learn it. Modifications such as simplifying information, teaching in areas of special needs rather than in a regular education setting, using special teaching materials such as anatomically correct dolls, role playing, and frequently reviewing and reinforcing the material may be required for exceptional learners’ (Stanfield 2005, Harnest, 2005).

Individualized education plans (IEPs) should include the provision of sexuality education for children with disabilities. An appropriate program for children with disabilities includes the following topics: body parts, pubertal changes, personal care and hygiene, medical examinations, social skills, sexual expression, contraception strategies, and the rights and responsibilities of sexual behavior. Many adolescents with disabilities receive inadequate information regarding sexuality or do not understand the information presented. Among surveyed adults with cerebral palsy, 52% requested more education regarding sexuality (Cho, 2004). However, one should:

1. Remember that, regardless of the physical, mental, or emotional challenges they face, young people have feelings, sexual desire, and a need for intimacy and closeness. In order to behave in a sexually responsible manner; each needs skills, knowledge, and support to guide his daily behavior.

2. Understand that youth with disabilities are far more vulnerable to sexual abuse than are their other peers. Youth who live with developmental disabilities are especially vulnerable. Sex education must, therefore, encompass skills to prevent sex abuse and encouragement, to report and seek treatment for unwanted sexual activity.
3. Remember that youth who confront disabilities feel the same discomfort and suffer the same lack of information that hampers many of their peers regarding sexuality and sexual health.

4. Learn as much as you can about the disabilities of the populations with whom you work.

5. Be sure that the material addresses boundaries and limits—both setting boundaries and respecting others' boundaries. Rely on role plays and interactive exercises. Use concrete teaching strategies to build the concept of intellectually challenged.

6. Be creative. Develop specialized teaching tools and resources for the youth with whom you work. For example, in working with youth who have developmental disabilities, you may need to use visuals like models, dolls and pictures. For youth with physical disabilities, it may be useful to use stories and examples of others with similar disabilities who have loving, satisfying intimate relationships inorder to enhance their experience.

Relative Topics to Teach Youth with Special Needs in Sexuality Education and Its Usefulness

Essentially the following topics are needed but not exhaustive in sexuality education for youth with special needs (YWSPN)

**Anatomy and Physiology (AP).** This provides a foundation for understanding basic human functioning. This is because things other people learn naturally does not come easy to the youth with special need (YWSPN)

**Puberty and Adolescent Development (PD).** It will address a pivotal milestone for every person that has an impact on physical, social and emotional development.

**Identity (ID).** It helps to addresses several fundamental aspects of people’s understanding on who they are and how to manage their EGO.

**Pregnancy and Reproduction (PR).** This addresses information about how pregnancy happens and decision-making to avoid a pregnancy.

**Sexually Transmitted Diseases and HIV (SH).** It provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms and testing and treatment.

**Healthy Relationships (HR).** It offers guidance to the youth with special needs on how to successfully navigate changing relationships among family, peers and partners. Special emphasis should be made on how not to keep many partners at a
time and be sure of who they keep and to the increasing use and impact of technology within relationships.

**Personal Safety (PS).** This will emphasize the need for a growing awareness of the creation and maintenance of safe school environments for all students.

**Conclusion**

From all the discussions adjudged, there is a great need for plan education initiatives, policy framework and strategies, containing adequate information which explores values, feelings and developed skills that are fundamental to the wellbeing of special needs learners or young persons with special needs/disabilities. This types of programmes need to be organised for Preadolescence and Teens with special needs, as well as for parents both in rural and urban centres disability groups organisations, and schools; for the fact remains that sexuality is a normal and healthy part of human development, it starts from birth and continues throughout the life cycle hence it should not be neglected in ALL human race.

When all these are done, the security challenges that the youth with special needs face within their healthy livings will be reduced to the barest minimum.

**References**


