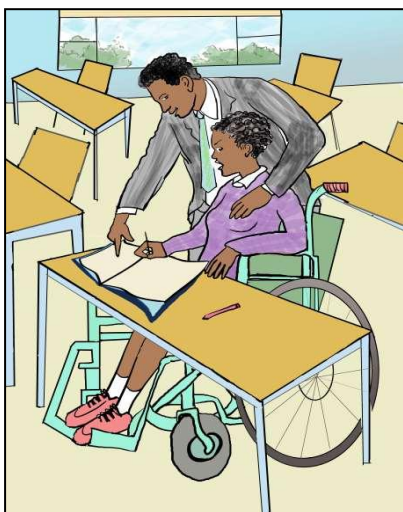


Introduction and Background

Although youth is a target population in South Africa's fight against HIV and AIDS, young people with disabilities have often been left out of interventions and as a result, lack knowledge around sexuality and HIV [1, 2]. Literature indicates that teachers of learners with disabilities lack the skills and tools to accommodate their learners in lessons focusing on sexuality and HIV [3, 4]. Teachers also feel challenged to talk about sensitive topics particularly as these may be perceived as inappropriate by parents and the wider community [3, 4]. Additionally, myths and misconceptions about sexuality of people with disabilities, such as the perception that they are asexual or "oversexed", have led to the belief that people with disabilities do not need sexuality education, are not able to comprehend its content or might become promiscuous. It also has led to the belief that people with disabilities are not at risk of HIV infection [1]. However people with disabilities are at increased risk of exposure to HIV [5] because they have less HIV knowledge and exposure to education, are more likely to be sexually abused and more likely to live in poverty with less access to healthcare. In this context and



as a basic human right, access to sexuality education is crucial [6].

Voices from the Pilot Study

HEARD's pilot study, *Closing the Gap: Sexuality Education and Disability*, aimed to identify and address challenges and gaps in the current delivery of sexuality education to learners in special needs schools in KwaZulu-Natal (KZN), South Africa. The study utilised a mixed-method approach to explore the educators' sexuality and HIV and AIDS knowledge; educators' beliefs and practices; perceived subjective norms; self-efficacy/confidence; and the environmental/institutional factors that influence the delivery of sexuality education to learners with disabilities.

Focus group discussions revealed that teachers identified sexuality education as an important subject that needed reinforcing within the Life Orientation curriculum. Teachers emphasised the need to protect learners from HIV, sexual abuse and unwanted pregnancy. However, they felt challenged to use language related to sexuality, address negative myths and values within the community, deal with sexual abuse cases, discuss contraception, deal with exposure to modern technology and age inappropriate information, as well as the lack of parental involvement in sexuality education at home. Positive living sexuality was absent from the discussion in the interviews. Teachers also identified the need for targeted training and tools for the classroom.

The baseline survey revealed that teachers were prepared to teach certain aspects of relationships, personal skills and sexual

health. However, they felt challenged to discuss issues such as dating, marriage, raising children and negotiation. These issues reflected mean scores (SD)¹ of 1.96 (0.85), 1.96 (0.84), 2.05 (0.81), 2.44 (0.71) respectively. It also revealed that teachers do not have enough skills and tools available. About 91% of teachers expressed the need for more suitable materials to teach sexuality education. Teachers felt less comfortable to discuss topics [mean scores (SD)] such as masturbation 1.52 (0.78), contraception 1.94 (0.90) and abortion 1.62 (0.85).

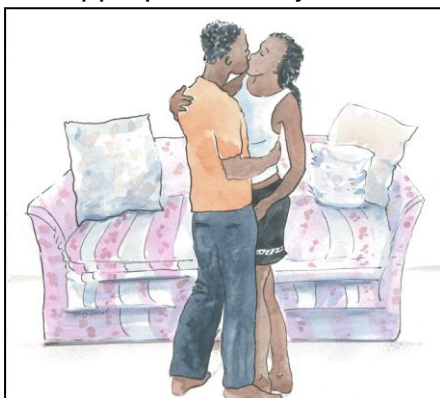
These findings informed the development of a training manual and toolkit for South African educators who provide sexuality education to learners with disabilities.

Sexuality Education Training

Young persons with disabilities can benefit from sexuality education if tailored to their specific needs. In order for sexuality education to be appropriate to youth with disabilities it

needs to provide information and skills relevant to their specific impairment. However, in Africa resources and training

that support teachers to deliver adapted or accessible sexuality education to children and young people with disabilities are not available or very expensive. To address this gap, Health Economics and HIV and AIDS Research Division (HEARD), University of KwaZulu-Natal, in collaboration with their partners Regional AIDS Training Network, QuadPara Association KwaZulu-Natal, Western Cape Forum for Intellectual Disability and KZN Department of Education developed



suitable training material and tools. The intervention includes a manual for educators, with a toolkit, as well as a manual for facilitators. The educators will be trained on the following issues:

- The relationship between sexuality, HIV and disability
- Basic principles of sexuality education
- The influence of beliefs and values
- Sexuality education policy
- Juridical guidelines for sexual abuse cases and individual response
- Sexual development
- Gender awareness
- Presentation, facilitation and assessment skills
- Tools for sexuality education.

Next Steps

The *Closing the Gap: Sexuality Education and Disability* training manual and toolkit will be piloted in 2014 with three workshops in KwaZulu-Natal. HEARD and its partners envisage that this intervention will be scaled up and afford teachers across east and southern Africa an opportunity to provide accessible sexuality education. The manuals and tools are available from HEARD. For training needs, please contact Dr Jill Hanass-Hancock: Hanasshj@ukzn.ac.za

Resources

- HEARD's online good practices collection at:
<http://www.heard.org.za/african-leadership/disability/good-practice-overview>
1. Groce, N.E., *Global Survey on HIV/AIDS and Disability*. 2004 [cited 2004 01.09.]; Available from: <http://cira.med.yale.edu/globalsurvey>.
 2. Hanass-Hancock, J., *Disability and HIV/AIDS - A Systematic Review of Literature in Africa*. Journal of the International AIDS Society, 2009. 12(34): p.
 3. Rohlander, P., et al., Challenges to providing HIV prevention education to youth with disabilities in South Africa. *Disabil Rehabil*, 2012. 34(8): p. 619-624.
 4. Rohleder, P., Educators' ambivalence and managing anxiety in providing sex education for people with learning disabilities. *Psychodynamic Practice*, 2010. 16(2): p. 165-182.
 5. UNAIDS, *Disability and HIV Policy Brief*, UNAIDS, Editor. 2009.
 6. United Nations, UN Convention on the Rights of Persons with Disabilities, UN, Editor. 2008.

¹ Measured on a 3-point scale (1=No; 2=Sometimes; 3=Yes)