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SEXUALITY EDUCATION

An Instructional Guide

SEXUALITY EDUCATION

For Adolescents and Adults with Intellectual Disabilities



An Instructional Guide for Parents, Teachers and Caregivers



- *Amazing Changes - Body Awareness*
- *Personal Hygiene & Management*
- *Relationships & Healthy Boundaries*
- *Risk Reduction & Management*
- *Marriage, Fertilization And Contraception*



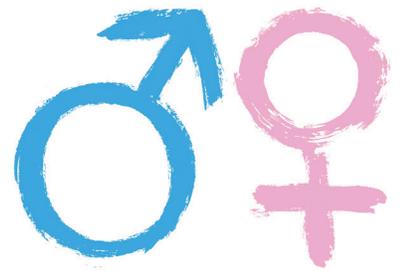
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Manovikasnagar, Secunderabad - 500 009. Telangana, INDIA



SEXUALITY EDUCATION

For Adolescents and Adults
with Intellectual Disabilities



*An Instructional Guide for
Parents, Teachers and Caregivers*

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Important Notice

This instructional guide is prepared by the Department of Special Education, NIEPID as part of the research project “Sexuality Education Package for Persons with Intellectual Disabilities”. This can be used by educators, parents and caregivers for imparting appropriate sexuality education to adolescents and young adults with intellectual disabilities. As it is a delicate and culture sensitive topic, some of the activities and concepts discussed may not be relevant and appropriate to your student. Please use your own discretion to select culture specific activities if need be. Assessment checklist & pictorial guide for parents & teachers and persons with intellectual disabilities is also developed as part of this project. It is recommended to use all the three books for imparting basic sexuality education to people with ID. Some of the images used are downloaded from clipart/pinrest and google images and belong to their rightful owners. All inquiries and feedback regarding this checklist and manual should be addressed to dseniepid@gmail.com. The content can be modified and used for educational training purpose but not for any commercial gain.

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Foreword

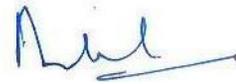
Sexuality Education for persons with intellectual disabilities is often ignored and overlooked. This is in part due to the prejudice that people with intellectual disabilities are asexual or over sexual and should have their sexuality and fertility controlled due to their limitations. Comprehensive, accurate, and inclusive sexuality education is a key component of ensuring the safety of persons with intellectual disabilities. Sexuality Education for persons with intellectual disabilities is most delicate and sensitive topic. Providing needed information at an early age can break down stereotypes and ensure that people with intellectual disabilities can lead stress free life and can have significant impacts on their lives. The United Nations for Convention on the Rights of Persons with Disabilities (UNCRPD) in Article 23 recognizes the importance of sexuality education to fulfilling sexual and reproductive rights, noting that “[t]he rights of persons with disabilities ... to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided.”

Sexuality education is a means to empower all persons with intellectual disabilities, and particularly women and girls, to protect themselves from sexual abuse, exploitation and unwanted pregnancies and STIs such as HIV/AIDS. It also encompasses knowledge about oneself, his or her own gender identity and roles, development of a positive concept of self, menstrual & genital hygiene, interpersonal relationships, understanding about one’s own rights, reproductive system, marriage and contraception. Individuals with intellectual disabilities experience difficulty in interpreting behavioural cues within their social environments. The challenges in providing accurate information regarding sexual hygiene and appropriate socio-cultural practices are difficult and overwhelming. Parents and teachers play important role in educating their children and students about sexuality education and it is possible only when they are well aware of it. The need of the hour is to provide appropriate and scientifically accurate information to Parents and professionals who are working with persons with intellectual disabilities. NIEPID is coming out with a series of books in this direction. Firstly, an assessment checklist to identify the various training needs in children and young adults with intellectual disabilities, an instructional guide for parents, teachers and caregivers and a pictorial guide to teach essential skills.

This guide provides a valuable window on information about sexuality aspects and covers the necessary components from gender identification, genital hygiene, puberty changes, menstrual hygiene management, good touch -bad touch, detecting unwanted situations and keeping them safe from sexual exploitation and marriage and contraception.

The activities suggested can guide the parent, caregiver or educator to start with the initial training. These activities are intended to be delivered by parents, caregivers and educators of students with intellectual disabilities, so that young people with ID are presented with appropriate and accurate information about growing up, changes during puberty, menstruation, masturbation, sexual abuse, appropriate social skills and so on. With this kind of information, both parents and teachers can impart sexuality education with enthusiasm, tenacity, and dedication in a simple manner.

The assessment checklist, pictorial guide and instructional guide will be of substantial use for assessment, as training material and as a teaching guide for parents, teachers, caregivers and other professionals for use in both school and home setting. This is just a beginning and we believe in improvement with ever changing methods. If there are any suggestions, we may be advised of the same.



(B.V. Ram Kumar)
Director(Offg), NIEPID

Preface

Sexuality Education for persons with intellectual disabilities is most delicate and sensitive topic. There is a need for the persons with Intellectual disability to know basic information on the physiological and psycho- social and emotional changes that happen as they enter into puberty and adulthood. Sexuality education encompasses knowledge about oneself, his or her own gender identity and roles, development of a positive concept of self, menstrual & genital hygiene, interpersonal relationships, understanding about one's own rights, reproductive system, marriage and contraception.

Sexuality education starts early in childhood and progresses through adolescence and adulthood. Sexuality education provided to young people with intellectual disabilities should be age-appropriate, culturally relevant, and scientifically accurate information. Many people with intellectual disabilities may not understand or lack information about healthy sexuality and the types of touching that are appropriate or inappropriate. This can be especially challenging if a person is having severe intellectual disability and requires other people to touch them to provide self-care. Children with disabilities are three times more likely than children without them to be victims of sexual assault. The likelihood is even higher for persons with intellectual disabilities. Persons with intellectual disabilities face many challenges right from differentiating public and private places, appropriate and inappropriate touch, personal and genital hygiene and sometimes even basic self-care. Often it is seen that any kind of abuse especially sexual abuse is not reported. Without receiving support, the adolescents with intellectual disabilities suffer long-term aftereffects, including post-traumatic stress disorder, anxiety, and depression, as well as an increased risk of victimization in adulthood.

This instructional guide is designed to help parents and educators to assist in imparting basic sexuality education to persons with intellectual disabilities. This manual discusses various basic themes which are essential to be discussed with individuals with intellectual disabilities as they grow and enter into adolescent period. It suggests activities which can be taken up both in the classroom and

home setting. It is essential that both parents and teachers to collaborate and cooperate with each other for teaching these concepts in a manner consistent with families' beliefs and values. While sexuality education covers a wide range of concepts, we limited ourselves in discussing most basic concepts which are critical for leading a safe life by persons with intellectual and developmental disabilities. By providing sexuality education, persons with intellectual and developmental disabilities are better prepared to live an independent and safe life in the community.

The authors hope that this instructional guide and the activities and resources provided will help both educators and parents gain a deeper understanding on how to proceed teaching the basic sexuality skills to persons with intellectual disabilities.

R. Shilpa Manogna

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Thanks to one and all.

(R. Shilpa Manogna)
Project Coordinator

About the Guide

This instructional guide is developed to impart basic sexuality training to adolescents and adults with Intellectual disabilities (ID). The activities suggested can guide the parent, caregiver or educator to start with the initial training. These activities are intended to be delivered by parents, caregivers and educators of students with intellectual disabilities. The activities are intentionally basic and straightforward so that young people with ID are presented with appropriate and accurate information about growing up, menstruation, masturbation, sexual abuse, appropriate social skills and so on. This instructional guide can be used with individuals and small groups of 5 students with ID.

The instructional guide on Basic Sexuality Education (BSE) for people with intellectual disabilities focus on three important issues:

1. Learn more about themselves – what is happening to their bodies and emotions; what are private body parts, learning proper genital hygiene, menstrual hygiene and management in case of girls.
2. Identify their roles and responsibilities in the family, identify the healthy boundaries to be maintained while interacting with strangers and familiar persons, acceptable social and communication skills.
3. Acquire accurate knowledge about good touch, bad touch, saying No, discussing with trusted adults about uncomfortable experiences and how to reduce/prevent sexual abuse.

Each unit has an introductory section that introduces the topic and explains about the primary objective and importance of teaching basic skills, behaviours to persons with ID. Each chapter is followed by a teaching plan which can be easily followed by the parents and teachers of people with ID. Each teaching plan consists of the following subheads:

- Title of the lesson
- Time Required
- Learning Objectives
- Vocabulary to teach
- Procedure /Activities
- Worksheets

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How to use this Guide

- a) This guide is intended for use of parents, care givers and educators of persons with intellectual disabilities aged 11 to 35 years. It provides images and activities for basic sexuality education.
- b) Before starting the training, it is suggested to assess the current level of knowledge and awareness of the students and young people with intellectual disabilities using the assessment checklist which is a part of this package.
- c) After assessment based on the needs and the current functioning level of the individual, choose the lessons and activities that you feel are the most relevant to your children and students.
- d) Needs assessment is very critical to decide what specific skills are to be discussed and explained to individuals with ID. Use the Sexuality Education Need Assessment Checklist (SENAC) for assessing the needs of your student/son or a daughter. This assessment tool is a part of this series.
- e) You can group students who have similar needs to deliver group instruction. For example, group all girls who need to be taught menstrual hygiene management or you can group all students together who do not identify/name private body parts correctly for the lesson on naming private body parts.
- f) For gender specific issues group the students accordingly. Parents can teach their children individually or can teach along with the well-siblings of the same age range if available.
- g) You can also adapt and modify the activities to suit the needs of individuals depending on gender, severity levels and cultural backgrounds. You need to read the activities carefully before you start teaching, so that you are well prepared.

Introduction

Every individual is a sexual being and born with a sexual identity. Sexuality is a fundamental need and an inseparable part of the personality of every individual, regardless of being female, male or persons with intellectual disability (ID) or without any disability. The sexual development is a multifaceted process that is closely associated with basic human needs such as being loved and accepted, feeling love for others and showing his/her love, feeling desired and attractive, sharing his/her emotions and thoughts. It includes not only anatomical and physiological process, but also sexual knowledge, beliefs, attitudes and values. It is important to realise that - all people, children and young people with intellectual disabilities develop gradually into adulthood. This process includes sexual development, which consists of an interaction between physical, cognitive, mental, social, relational, ethical, religious and cultural factors (UNFPA 2018; Murphy and Elias 2006).

Despite an ideological paradigm shift in the attitudes, rights of people with intellectual disability very often persons with intellectual disabilities are viewed and portrayed as asexual and problematic. Not only, have individuals with developmental disabilities been viewed as sexually deviant (Di Giulio, 2003), but they have also been seen as irrelevant, prone to criminality, asexual, and problematic to society (Karellou, 2003; King & Richards, 2002). Often Sexuality Education is misinterpreted as education regarding sexual orientation and physical intimacy. However, Sexuality education is much more comprehensive and meaningful and encompasses knowledge about oneself, his or her own gender identity, development of a positive concept of self, menstrual & genital hygiene, interpersonal relationships, understanding about one's own rights, reproductive system, marriage and contraception.

Sexuality education is defined as “Learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Sexuality education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers children 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”. (WHO 2010). Like all people, children and young people with intellectual disabilities develop gradually into adulthood. This process includes sexual development, which consists of an interaction between physical, cognitive, mental, social, relational, ethical, religious and cultural factors (UNFPA 2018; Murphy and Elias 2006). Sexuality education can support children and young people with disabilities in their sexual development and contribute to their health and wellbeing (Löfgren-Mårtenson 2012).

Sexuality education for adolescents and young adults with ID is an international human rights issue. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) stipulates the rights of people with disabilities to receive accessible sexual and reproductive education, without discrimination (UN, 2008). The United Nations Educational, Scientific and Cultural Organisation (UNESCO), 2009 also has emphasised the right to access adequate information to protect their health including sexual and reproductive health. The rights of persons with disabilities Act (RPwD act 2016) also have recognised the home, family and reproductive rights for persons with all disabilities. Although great strides have been made since then, it remains still as an underexplored area often associated with myths and misconceptions.

Recent studies have explored sexuality education and sexual knowledge for people with ID. Individuals with ID experience difficulty in interpreting behavioural cues within their social environments. This may in turn create negative outcomes for their expression of sexuality (Meany-Tavaras & Gavidia-Payne, 2012). According to Szollos and McCabe (1995), 50% of females with intellectual disabilities will be sexually assaulted in their lifetime, and males with intellectual disability are more likely to be sexually abused than other males. Women with ID are significantly more likely to experience rape, unplanned pregnancy, reproductive rights violations (Frawley & Wilson, 2016), sexual abuse, and mental health problems associated with abuse (Eastgate, Van Driel, Lennox, & Scheermeyer, 2011) than non-disabled women. High levels of sexual abuse within the ID population are potential indicators of poor sexuality education for this group. A recent systematic review has shown that sexuality education for people with ID must be improved to increase sexual knowledge, but the review includes only a small fraction of studies with an adolescent population (McDaniels & Fleming, 2016). Other studies have derived data on adolescent sexual knowledge through parents' observations and opinions of their adolescents' behaviour (Ginevra, Nota, & Stokes, 2016; Isler, Tas, Beytut, & Conk, 2009; Pownall, Jahoda, Hastings, & Kerr, 2011). Those with more social skills training, more exposure to different life experiences, and more opportunities to function socially can be expected to demonstrate more social competencies (Abbott & McConkey, 2006; Simpson, 2010). Although, some amount of research is done there is a noticeable dearth of research with regard to appropriate curriculum and methodology to impart sexuality education to people with ID.

Critical discussion topics that can help individuals with ID are to understand about puberty, menstruation, masturbation, relationships, protective behaviours, sexuality, safer sex practices, contraception, pregnancy and birth, sexual health screening tests, sexually transmitted infections, menopause, parenting skills and legal issues regarding sexuality (Butler, Leighton, & Galea, 2003). Other topics are body grooming and cleanliness, first impressions in speaking to your partner, communication training, self-assertiveness training, a sense of space between participant and others, manners in public spaces, sexual harassment, stalker victimization, male–female relationships, and differences between male and female bodies (Hayashi, Arkida, & Ohashi, 2011).



People with ID have challenge of accurately interpreting other people’s verbal, non-verbal and social cues. Lack of knowledge and impaired communication often makes them vulnerable to exploitation. People with intellectual disabilities depend on family members and service providers to teach them how to express their sexuality in and appropriate manner, which is a critical aspect of social competence. Many individuals with intellectual disability need ongoing education about sexuality, particularly self-protective strategies, so that others will not take advantage of them. Often parents and teachers of PWID seem lost as to how to manage and protect them. It is an absolute necessity to plan appropriate sexuality education program right from the young age so that people with ID develop right attitudes, values and healthy practices.

Benefits of Sexuality Education

Sexuality education delivered within a safe and enabling learning environment has a positive and life-long effect on the health and well-being of young people intellectual disabilities. Some of the benefits of imparting sexuality education to young people with ID are given below:

- It prepares them in understanding about the changes which happen in their bodies while growing up and helps in having a positive self-image.
- Increases knowledge and improves their attitude towards personal hygiene and health habits.
- For young women with ID, it helps in understanding what is happening or the physical process of handling menstrual cycle and products (pads, tampons, menstrual cups, etc.).
- Young men with ID also learn appropriate ways of handling masturbation and wet dreams along with maintaining genital hygiene.
- It teaches socially acceptable behaviours such as maintaining privacy, differentiating between good touch and bad touch, saying No and so on.
- Increases knowledge of potential indicators for sexual abuse and thereby reducing the risk for sexual abuse, violence and exploitation.
- Reduces the risk of having unwanted pregnancy and sexually transmitted infections.
- Helps in having better understanding and communication between parents and their children on responsibilities in various issues like relationships, marriage, pregnancy and parenting.

Myths and Facts about Sexuality Education

Myth : Sexuality Education increases unwanted sexual activity, problem behaviours and risk- taking behaviours.

Fact : Sexuality Education in or out of schools does not increase sexual activity, Sexual risk-taking behaviours or STI/HIV infections among young people with ID. It prepares them well and reduces for risk of being sexually exploited.

Barriers to Provide Sexuality Education

Although parents, caregivers, guardians and special educators are aware to some extent that sexuality education is important for young people with intellectual disabilities, often education and training is not imparted. We tried to understand the reasons behind this by interviewing 356 parents and 52 educators teaching adolescents and adults with ID. The study reported the following barriers:

Parents	Special Teachers
<ul style="list-style-type: none"> • Did not know what to teach and how to start the training • Concerned about how children will respond • Hesitation and shy to discuss at home • It will increase the sexual activity • Misperception that they are still kids and do not need any sexuality training. • Family beliefs and traditions • Redirect the responsibility to teachers and school 	<ul style="list-style-type: none"> • No formal training to give training • Lack of appropriate curriculum & resources • Hesitation or unsure to discuss in the classroom • Concerned about how parents will react • Lack of time with other responsibilities and skills to train makes sexuality education a low priority. • Lack of clear school policy. • Redirecting the responsibility to parents and caregivers.

We strongly recommend that parents and teachers develop a partnership and mutually discuss on what are the important concepts which need to be discussed based on the current level of understanding and functioning of the person with ID. It is ideal if sexuality education training is introduced when the child is ten-year-old. However, it is never too late to start. If you have not started, we encourage you to start as early as possible. Young people with intellectual disability are exposed to images, stories and videos through internet, social media networks, YouTube and magazines which can be confusing, inaccurate and misleading. You as parents, caregivers and teachers are best sources of providing accurate, age appropriate and correct information which your child and student needs. So, now is the right time to start.

General Tips to Parents before starting Sexuality Education

Many parents feel awkward, shy or hesitant when they have to talk regarding sexuality related matters with their children with intellectual disabilities. As parents you are the first teachers of your children. Hence it is important that you raise your children with appropriate social behaviours,



boundaries and prepare them for adulthood. Make sure that your child knows that it is always safe to discuss any matter with you without having the fear that you will be angry or punitive. Before you start training, ensure that you have the right information and have decided to what extent you want to discuss with your child and student. Be sure of your beliefs and always give scientifically correct information.

- Use correct names to body parts from an early age to instill confidence and openness.
- It is important to answer correctly and honestly. Keep your answer simple, correct and age appropriate.
- Be a part of your child's team with teachers and/or professionals to develop a realistic plan for your child's social, educational, sexuality and recreational needs.
- Ensure that training is continued at home for better understanding.
- Use the "teachable moment" as a learning opportunity about relationships and sexuality when watching TV or a movie, or spending informal time with your child.
- Be a role model to your child by demonstrating honesty, respect and appropriateness in your own relationships.
- Work one-to-one with your child to practice self-care related to sexual maturing, such as during menses, prepare your child for the changes that will happen physically and emotionally as puberty advances. Be sure to emphasize the social skills associated with private self-care.
- Learn more about sexuality and intellectual disability by reading recommended works, and attending workshops and training programs organized by schools and other related organizations.
- Remind your child that sexual words must not be used to express anger or hurt another's feelings.
- Know the signs of sexual abuse and know what to do if you suspect your child has been a victim. Do not hesitate to get professional help for your child in this aspect of development.
- Empower your child by providing opportunities for making decisions that grow with the maturing child, decisions such as what to have for lunch, which colour dress to wear, and which movie to watch.
- And above all respect your child's sexuality as he or she moves toward maturity and into a safe, responsible and satisfying adult life.

Tips for Educators before starting Sexuality Education

As an educator you have the responsibility for teaching your students about various life skills. Often educators find it difficult to talk about various aspects of sexuality. Educators feel hesitant and embarrassed to discuss about growing up, menstruation, masturbation and other issues in the classroom. Growing up is a natural process and individuals with intellectual disabilities have both the right and need to know about various changes that happen through adolescence to adulthood. It is important that various concepts about sexuality are presented to persons with intellectual disabilities in a positive and gradual way both at school and home.

As each person with intellectual disability is unique with different abilities, needs and learning styles, it is important that as a educator you have to determine what to teach, how much information is to be presented to the student and most importantly when to start the teaching. It is suggested to start teaching about sexuality from childhood onwards. You need not wait for the right time. At times you may also hope or assume that sexuality education is given at home by the parents. Sexuality training is a delicate and difficult, particularly parents will need the guidance of educators. As an educator you have to work closely with your students, parents or families to plan a positive and consistent sexuality education plan according to the students needs and maturity levels. It is also very important to take into consideration the family beliefs, religious beliefs, values, culture, custom and practices while planning sexuality education plan. Some of the important things to keep in mind while you start teaching about sexuality are given below:

1. It is normal for all children including children with intellectual disabilities to express curiosity about their bodies. You may look for opportunities to discuss about the changes that happen while they grow.
2. How you respond to your students is as important as what you say. Sexuality is mostly about the importance of self-worth, personal hygiene, understanding relationships and its boundaries and keeping oneself safe from exploitation. If sexuality is taught as a bad or an unnatural thing then your students may have trouble participating in society appropriately. So, Keep it positive!
3. Some of your students may be already aware of certain aspects of sexuality through television, mobile phones, internet and classmates or siblings. Make sure that they learn correct language and appropriate behaviour as they move into puberty and adulthood.
4. Persons with intellectual disabilities are at high risk of sexual abuse and exploitation. Teaching students correct names (pointing) of body parts including private parts is very important so that students will express to parents and to you if they were touched inappropriately.
5. Talk and explain to your students gradually and regularly. You can show videos, pictures, dolls, tell stories, wherever possible and feasible model appropriate behaviours and have role plays so that your students can understand various concepts with ease.



6. Encourage your students, appreciate and praise them when they show appropriate behaviours and make the right decisions.
7. Have open communication with parents. Make them as your equal partners in the training process. Respect their view and opinions.
8. Certain activities can be taught in groups. For example, you can teach about public and private places to group of students together in the class. In that ensure that you group students with similar maturity and functioning levels to facilitate proper learning.
9. Teach one skill at a time. Simplify the task. If required steps in task analysis may further be simplified.
10. Talking with students about sexuality can be difficult for many teachers. Before you begin, ensure that you have important classroom rules posted and discussed in the classroom. Some suggestions are given below, how we suggest you make your rules for your classroom.

Classroom Rules for Students and Teacher

- Everyone has the right to her/his own beliefs and opinions.
- Everyone has the right to be heard.
- Everyone will be treated with respect.
- We will use only the anatomically correct terms for body parts and sexual activities.
- We will not make fun of our peers.



Chapter - 1

Amazing Changes – Body Awareness

When children are born, sex is assigned based on external genitalia. A child who has a penis is said to be male. A child who has a vulva (it consists of Vagina, Labia Majora and Labia Minora) is said to be female. A person's sex assigned at birth, gender identity — the internal sense of being male, female, or others and understanding of gender expression is very critical during the early years. Gender identity is “who you know yourself to be”. A person's gender identity can be masculine, feminine, or other (Transgender). Gender identity refers to the deep and intimate feeling a person has of themselves. Children begin to understand and express their gender identity early in life. This understanding may be delayed in children with intellectual disabilities.

Gender expression is how you express your gender to others, whether through behaviour, clothing, hairstyle, the name, etc. Words to describe someone's gender expression could be “masculine,” “feminine,” “male, female and others” etc. Body awareness is the sense that we have of our own bodies. It is an understanding of the parts that make up one's body, where they are located, how they feel, and even what they can do. Body awareness develops as children grow and mature. Generally, around two years of age, children become conscious of the physical differences in boys and girls and by four years they can label themselves correctly as boy and girl. By six years they have a fair understanding of different body parts and its functions and show remarkable choices in the way they dress, act and conduct themselves which is highly influenced by socio-cultural factors.

Children may express their gender awareness through their:

- Clothing or hairstyle (Girls wear skirt, frock, saree, salwar suit, earrings, bindi, and usually have long hair) –
- (Boys wear shorts, shirts, pants and a belt, have a moustache and usually have a short hair)
- Choice of toys, games, and sports
- Social relationships, including the gender of friends
- Preferred name or nickname
- Children express their gender very clearly in their conversation. For example, they might say, I am a girl not a boy or I am your daughter not a son. As soon as a child says words like boys and girl, they are beginning to understand about gender.

Due to cognitive limitations, communication issues and slower comprehension, children with intellectual disabilities learn and do things at a slower rate. This slowness may be seen across all domains. A simple concept of gender difference between boy and girl can also be difficult to explain to children with high support needs. Many children with intellectual disabilities as old as eight years may not be sure of the gender identity and have poor body awareness. It is important to teach them names and functions of different body parts right from young age, so that they can be well prepared for a smooth transition from childhood to adolescence.

As children enter puberty, they can experience feelings ranging from excitement to dread. We can

Theories regarding adolescent sexuality

There are many theories regarding adolescent sexuality. The popular ones are listed below:

1. Freud's psychoanalytic theory states that the stages of psychosexual development are genetically determined. He opined those physiological changes are affected by emotional changes, and negative emotions like anxiety, depression, tension have greater impact. He also stressed on the role of self-image in the development of sexuality.

2. Anna Freud's theory: She emphasized on id, the ego and the superego. She opined that adolescent conflicts arise due to poor formation of id and ego of the individual.

3. Erikson's theory: He opined that the sense of personal identity is more important than sexuality. Individual efforts, peer relationships and value system contribute to a stable identity. The adolescent should form his own identity and not mimic an elder's or peer's identity as it will lead to confusion and dissatisfaction in adult life.

4. Developmental feminist perspective: Gender norms in society influence gender identity formation. Adolescent girls may learn to consider themselves as objects of desire and focus on what others expect out of them than being assertive about what they need. Adolescents are often judged for their sexual behaviour by their gender. Elder siblings also influence sexual attitudes as per this theory.

5. Social learning and the sexual self-concept: Peer pressure plays an important role. The sexual experiences in childhood and adolescence, family roles and media are responsible for forming a self-concept and learning.



help deal with these feelings by helping them to identify the changes that occur and the tools they have to cope with these changes. During this time, they experience a great deal of change physically, emotionally and sexually. There is rapid bone growth, increased sexual drive and emotional ups and downs due in part to the uncertainty about what is happening to them. Children with intellectual disability often experience delays in achieving milestones and this makes some people think that puberty may occur later or not at all for their child with intellectual disability. However, for children with intellectual disability, puberty usually occurs at the same age and rate as typically developing children. It's important to remember that each child is unique and may develop at a different pace.

Adolescence can be broadly divided into three phases: Early (10–13 years), middle (14–16 years), and late (17–19 years). Usually, physical changes start in early adolescence, where they are very concerned about their body image. During adolescence cognitive development takes place; adolescents develop abstract thinking and reasoning. Emotionally, they develop a sense of identity during late adolescence; social involvement, peer interaction, as well as sexual interest, develop in this phase. Different behavioral experimentation is seen in early adolescence, risk taking in middle adolescence, and later adolescents learn to assess their own risk taking. Most children will go through within this standard range unless they are experiencing a physical condition or, are using medications for their condition that influence their sexual development e.g., early onset of puberty due to medications.

With puberty comes body odour, body hair, pimples, oily skin, increase in breast size, hips, menstrual periods, fluctuating emotions, and crushes and attractions. It can be a challenging and confusing time for adolescents. Adolescents with intellectual disabilities go through same changes during puberty, too. The pace of changes may differ but do following same course of development as any other typically developing adolescent. Educating them about their bodies is very critical so that they can welcome these changes with positive attitude. Because of lack of exposure, social experiences and lack of knowledge, they see these changes as unwanted and may detest them. Often, they might also compare themselves with other peer group and may feel inferior about their looks and appearance. It is very important to teach them that each person is unique and puberty changes happen at different pace. All changes which occur during this time are amazing and needs to be accepted which will help them to lead a happy life in future.

As parents, caregivers and educators we have experienced and gone through these life stages and know what are the major changes that occur during puberty. Often parents, caregivers and teachers of young people with disabilities find it difficult to explain these concepts to their own

kids and students. Some of us might feel embarrassed, uncomfortable and hesitant to discuss. With the onset of puberty most of the parents, caregivers and teachers face the challenge of teaching them about private body parts. Often parents and teachers avoid the conversation or end the discussion without giving them proper clarification. It is important to teach children that one's body should be treated with utmost care and practice healthy practices.

It is also important that daily moments are utilized to introduce the concept of body parts which are seen publicly and body parts which are private and are always covered and not exposed in front of others. For example, while giving bath to the child, start talking about their nose, eyes, ears, hands and legs. At the same time also tell the name of penis and testicles. Likewise, while changing dress, you can initiate the conversation as “show me the parts which are covered with undergarments and name the body parts by pointing them.” Doing this will help to name their private parts like any other part of the body. Using correct names and language is very important. Majority of children with intellectual disabilities find it hard to express about pain and abuse because they do not know the words to use. Teaching correct vocabulary, especially of the private parts will help them to communicate appropriately, in case they have any pain and in reporting correctly in case of physical and sexual abuse. Children with intellectual disability are often good visual learners. Use of pictures, images, videos can be of great help.

Authors have tried to explain activities which can be easily implemented by parents, caregivers and teachers of adolescents and young adults with intellectual disabilities. The intention is to provide basic information about gender identity, naming of private body parts and puberty changes. The information if not suited to your child, it can be modified, adapted and taught.

Amazing Changes – Body Awareness

The following section explains activities and lessons on

- Gender identification
- Naming of private body parts – Man
- Naming of private body parts – Woman
- Amazing Changes during puberty in Boys
- Amazing Changes during puberty in Girls
 - ❖ The activities, pictures and images and worksheets are suggestive only.
 - ❖ We strongly recommend you to adapt the lessons as per your child's current level of understanding and needs.
 - ❖ The suggested activities will help you to establish a comfort level with the topic as you begin to start teaching your child.

Let's start educating our youngsters to welcome the puberty changes with positive attitude.



Points to Remember

- Speak Positive about your Child/Student to others. You will encourage a positive sense of self and keep the communication lines open.
- Try to deliver information as simply as you can and try to keep discussions light and fun.
- If your child is having trouble grasping a concept, try breaking it down into smaller parts.
- Try to use simple, concrete words and concepts.
- Use dolls, puppets, culturally appropriate pictures, images and videos to explain the concept.
- Use praise and positive reinforcement when your child shows they understand a particular topic or displays the desired behaviour.
- Ask your child questions to make sure they have understood the information.
- There is no single, right way to talk to your child about gender, puberty changes. It will be a process of ups and downs. Don't be discouraged or upset if a particular method doesn't work. Put it behind you and consider another approach.
- Adolescents imbibe values, ethics and etiquette practiced by their parents, siblings, teachers and significant adults. Appropriate role modelling, promotes healthy behaviours in adolescents.
- Be aware that your child who is worrying about gender and puberty may show signs of withdrawal, depression, anxiety and poor concentration. They may not want to go to school. Talk to them and trust what they say.

Consult your special educator, rehabilitation professional or physician if need be.

1. Gender Identification

Student Learning Objectives:

Time: 40 min

1. To be able to identify himself / herself and the classmates as Boy or Girl, male or female.
2. To be able to label picture of boy or girl, man or woman.
3. To be able to indicate which restroom he / she should use in the community given two choices.

Vocabulary Targeted:

Boy, man, girl, woman, shirt, kurtha, pajama, saree, half saree, trouser, jeans, short, plait etc.,

Materials Used:

Worksheets, Magazine / family album which contains pictures of boys and girls, men and women (individuals, same sex groups and in mixed groups)

Activities to be covered:

1. Gender – Attire, Physical features, Accessories
2. Gender identification activities.
3. Gender Appropriate use of Restroom - flash cards exercise.

Procedure:

1. Identifying Gender – Attire, Physical features & Accessories:

- Show them pictures of boy and ask the student “Is he a boy or a girl”, then shows a picture of man and ask the student “is he a man or a woman”. Look for their response.
- Ask them to describe (verbally or through pointing to different types of clothes and physical features like- A man can have a beard, Moustache, A girl can have long hair, short hair, bob cut etc.,)
- Ask them to tell one thing that is different. For example - “you are a boy and I am a girl” or “I am wearing pants, you are wearing a skirt/saree”.
- Then ask them to describe one thing that is alike, such as, we are both girls -we are wearing salwar/saree, or we both have Shirt and pants on.
- Show the picture cards of different types of attires for girl/boy and Man/Woman. Let them identify the accessories in various pictures. Introduce the correct vocabulary.
- Tell them young children are called as boys and girls and as they grow up they are called as Man- Male, Woman -Female
- Show the pictures from magazines, family albums and newspapers and let them identify pictures whether they are male or female.



Boy / Man	Girl / Woman
<ul style="list-style-type: none">Wears T-shirts, shirts, jeans, Trousers (pants), shortsGrows beard, mustache as he grows upGenerally short hair not long hairThey wear a belt, watch, shoes	<ul style="list-style-type: none">Wears skirts, kurtha pajamas, sarees, half sarees, T-shirts, jeans.Wears accessories like earrings, bindi, anklets, chains, necklace, toe rings, and make-up.Puts the plait, long hair, short hair or a bob cut.

2. Gender identification activities:

- Teacher shows picture cards of a boy and a girl separately.
- Then teacher gives different picture cards of clothes & mustache and ask the student to place appropriately to two different genders.
- Then students place the clothes for given picture cards accordingly.
- If the student needs any help in placing the picture cards of clothes, then you can support with appropriate prompts (physical/verbal prompt)
- After making this activity the child is asked to differentiate boy / man, girl / woman from the given set of picture cards.
- Put the titles “Boy / man” and “Girl / woman” on the flash card holder.
- Activity cards 1 & 2: Gender identity of a boy and a girl is given to the child. It may be best to laminate the cards for future use.
- Check the student whether they have placed each card under the title which best fits the place described.
- Then finally teacher shows an album / magazine to the student and point a particular person and ask him to identify whether is he / she, boy / man or girl / woman.



3. Gender Appropriate use of Restroom / washroom flash cards Exercise:

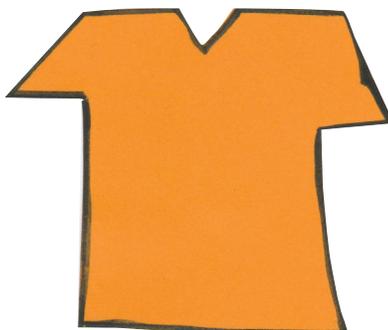
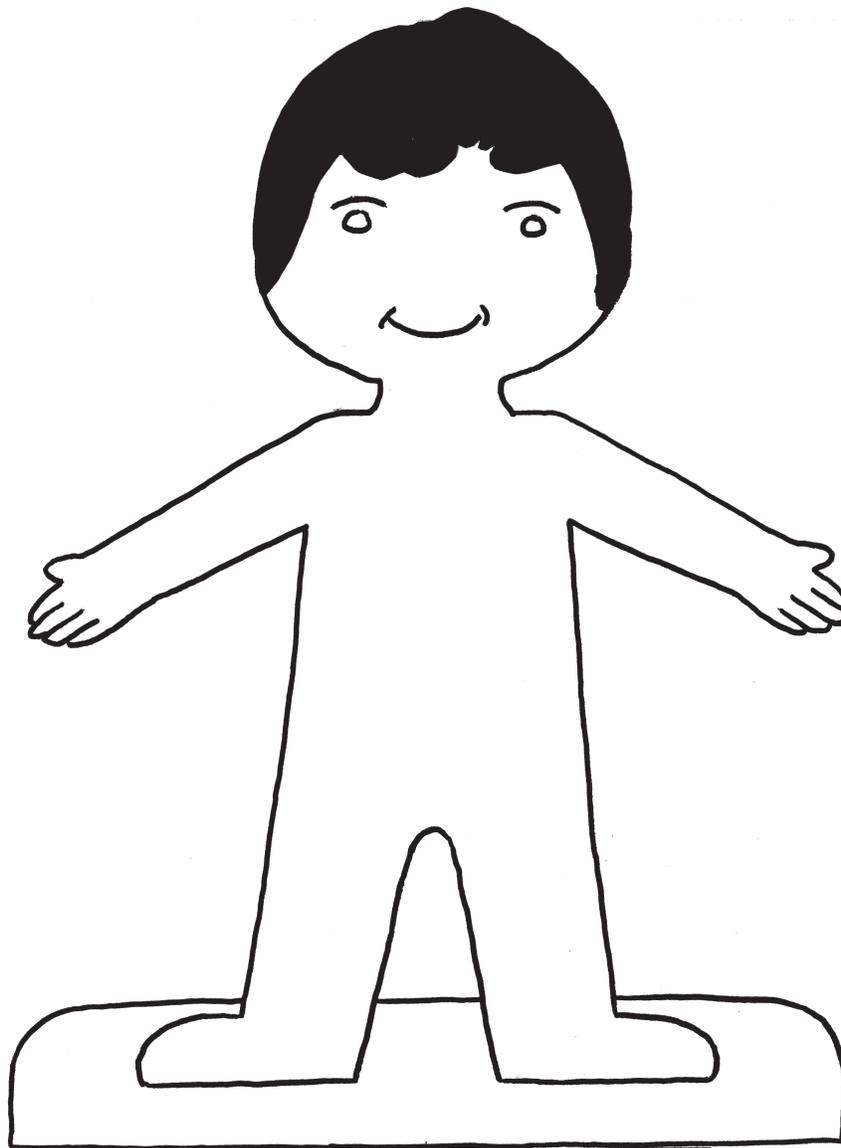
- Discuss with the student that men and women use different washrooms in public, it is important to know where to go. If you use the wrong washroom, people may think you are strange. The next exercise will help Student practice knowing which restroom they should use when they are out in the community.
- The restroom signs worksheet can be used in two ways. You can either copy the worksheet onto heavier stock paper and cut into flash cards, or create a transparency from the worksheet and point to words as you go.
- Then firstly teacher uses matching, identification & naming exercises to teach washroom sign boards along with the picture and name cards.
 - Then teacher keeps washroom sign boards in front of the student and asks the student to take a flash card of boy / man or girl / woman from bunch of flash cards and place the card on the appropriate washroom sign board – He / She. Teacher repeats the same process for the washroom sign boards – Gents / Ladies and Men / Women, until the student become master in choosing appropriate washroom sign board.
- Sometimes there are not separate restrooms for males and females. Be sure student knows how to handle any generic “restroom” signs they may encounter.

Evaluation:

- Initially teacher can give activity sheets which is showing the matching of appropriate attire for the gender specific both boy / man and girl / woman.
- Teacher can give worksheet of Cards 1: Show me pictures of BOY/ GIRL or
- Write the letter B on the boy and G on the girl pictures
- Teacher can give worksheet of Cards 2: Show me pictures of MAN / WOMAN or
- Write the letter M on the man and W on the woman pictures
- Teacher can give worksheet of Cards 3: Show me pictures of MAN / WOMAN or
- Write the letter M on the man and W on the woman pictures

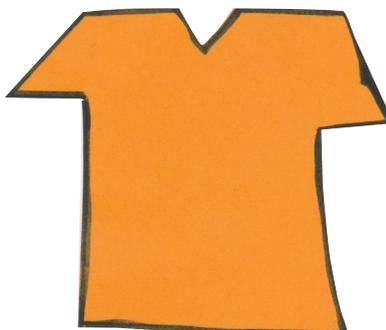
GENDER IDENTIFICATION

Activity sheet of matching the appropriate attire for a boy



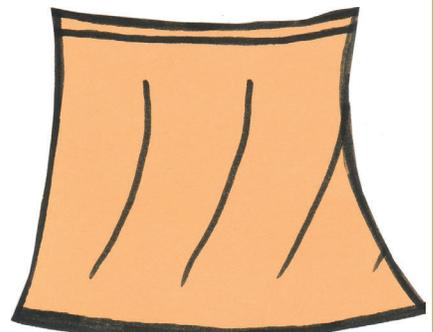
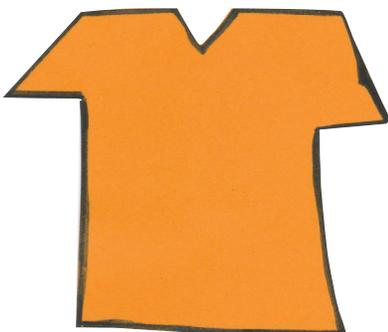
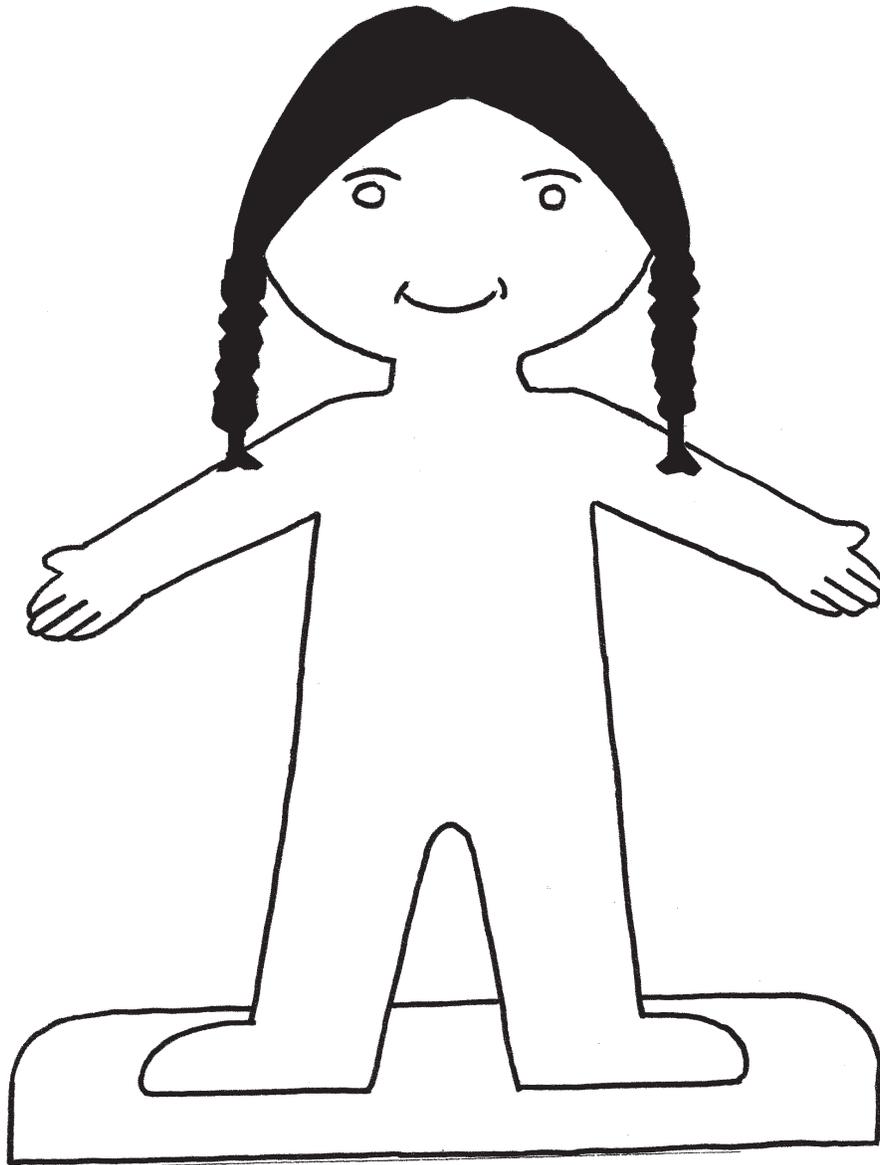
GENDER IDENTIFICATION

Sample Activity sheet of Matching the appropriate attire for a boy



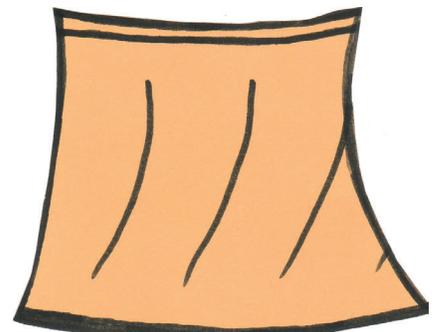
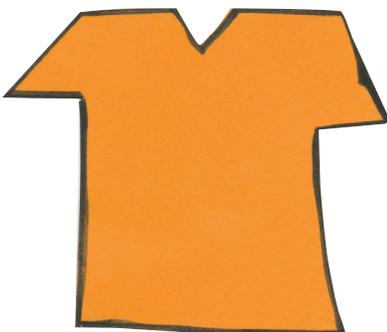
GENDER IDENTIFICATION

Activity Sheet of Matching with appropriate attire for a girl



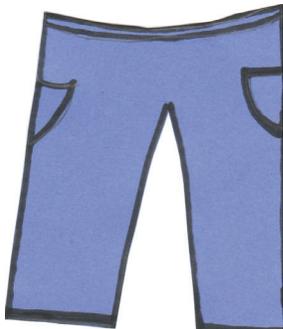
GENDER IDENTIFICATION

Sample Activity Sheet of Matching the appropriate attire for a girl



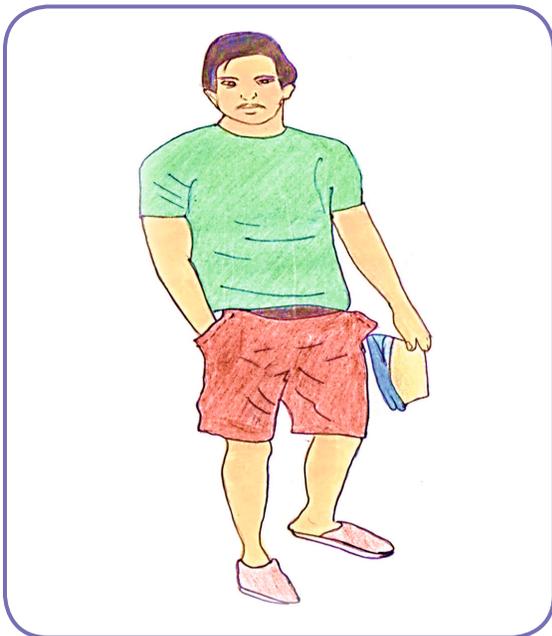
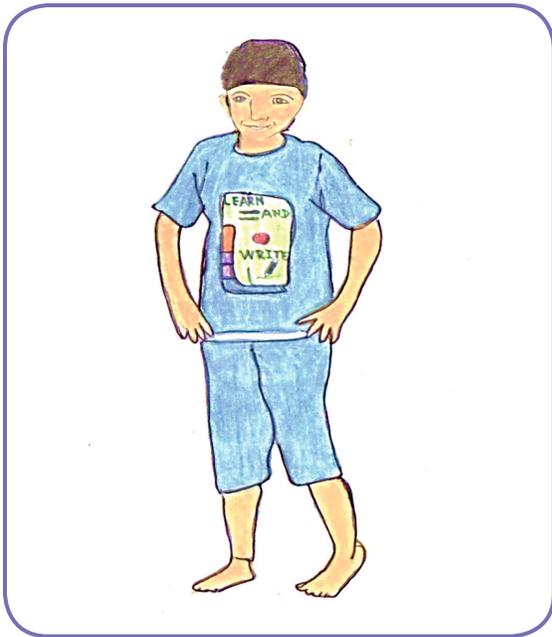
GENDER IDENTIFICATION

Sample Activity Sheet of Matching with appropriate attire for a girl



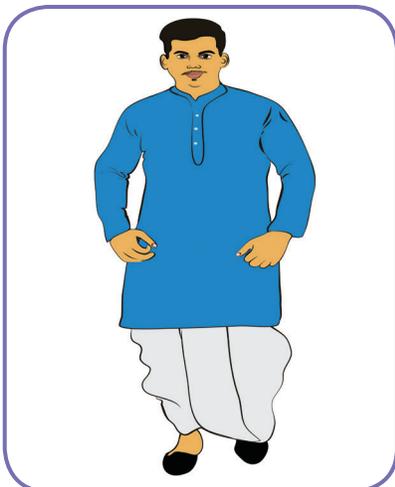
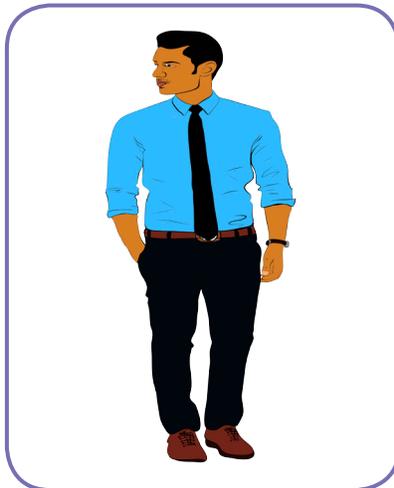
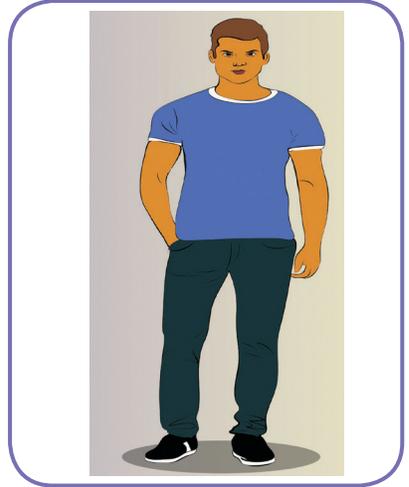
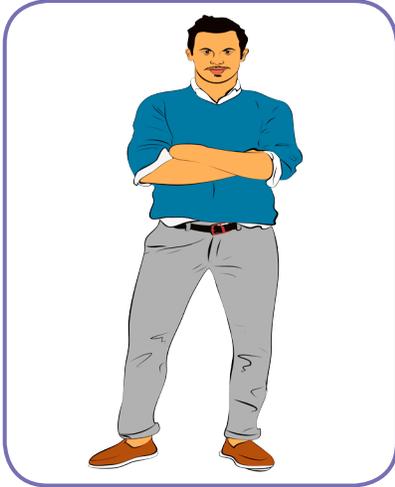
GENDER IDENTIFICATION

CARDS 1: Tell me / Show me the picture of a BOY and a GIRL
or
Write the letter B on the boy and G on the girl pictures



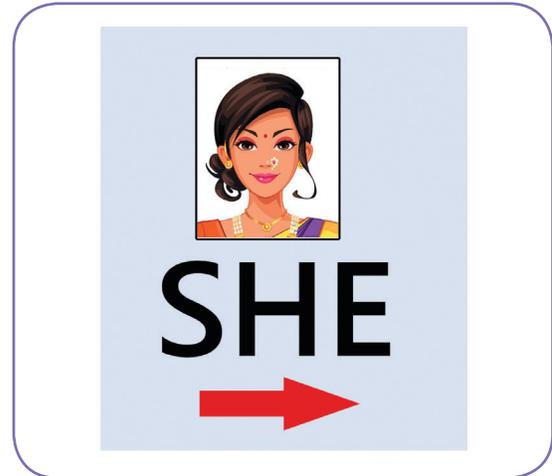
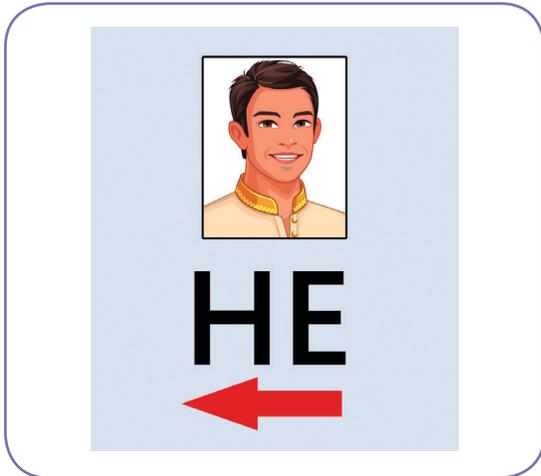
GENDER IDENTIFICATION

**CARDS 2: Show me pictures of MAN / WOMAN or
Write the letter M on the Man and W on the Woman pictures**



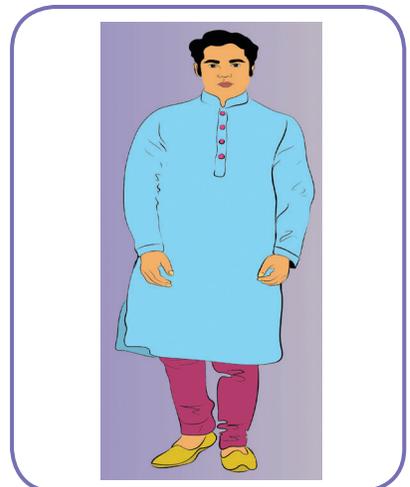
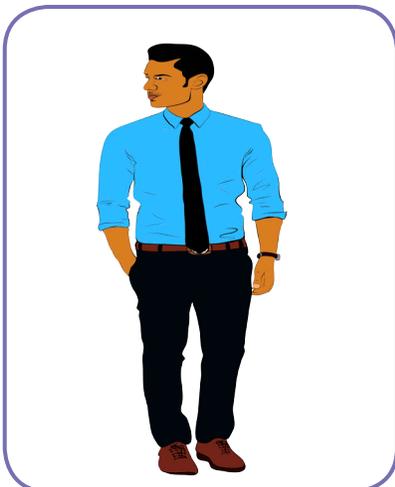
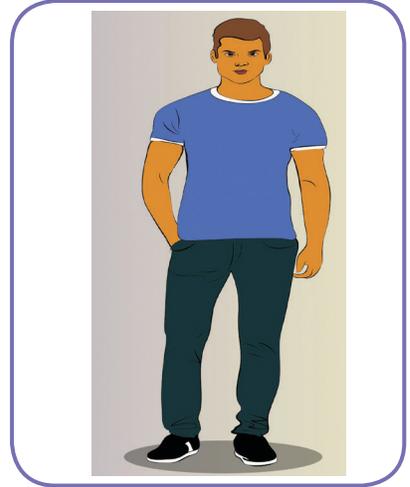
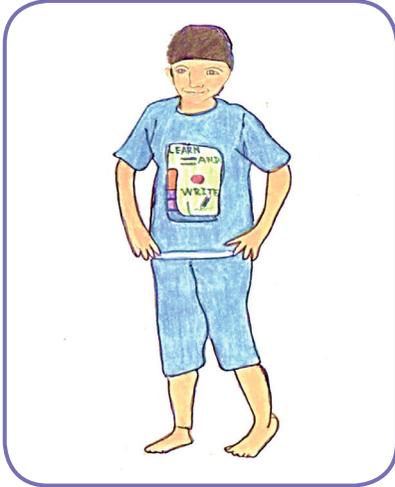
GENDER IDENTIFICATION

CARDS 3: WASHROOM / RESTROOM SIGN BOARDS
Show me pictures of gender specific washroom sign boards



GENDER IDENTIFICATION

CARDS 4: Tick the pictures which indicates Boy / Man
Circle the picture which indicates Girl / Woman



2. Naming of Private parts of a Man

Student Learning Objectives:

Time: 40 min

1. To be able to identify private parts of the body (penis & testicles).
2. To be able to name private parts of the body using appropriate vocabulary (penis & testicles).
3. To be able to correctly label private (genital) parts of the body using appropriate vocabulary.

Vocabulary Targeted:

Penis, testicles / scrotum, private parts, public parts etc.,

Materials Used:

Body parts chart, anatomical teaching doll, a magazine / family album which contains pictures of males & females

Worksheets.

Activities to be covered:

1. Review the lesson of gender identification
2. Public parts of the body
3. The whole body - with private parts covered
4. Private parts of the body
5. The whole body - with private parts uncovered

Procedure:

1. Review the lesson of gender identification:

- As a warm-up, repeat the gender identification exercise: Show some pictures in a magazine / family album and ask the student about whether it is a girl/boy in the picture. Ask if he/she is a girl/boy or Man/Woman.

2. Public parts of the body:

- Give picture card of visible body parts to the student. Point to each visible part of the body and ask student “what is this called?”. Wait for the response and tell them – yes, it is right .
- Eyes, Ears, nose, hands and legs and shoulders are seen by others.
- Even when we wear a dress, others can see these parts. Then explain that these parts are visible in our body and are called “Public parts”.



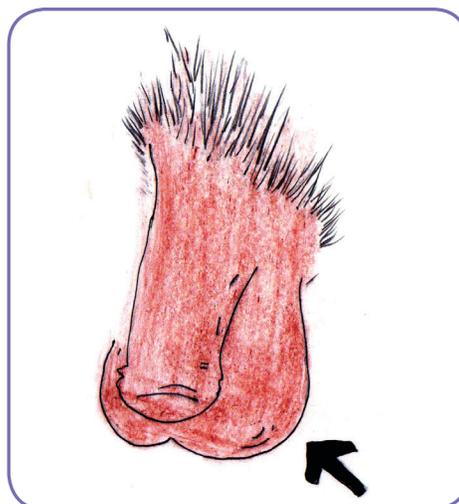
3. Private parts of the body:

- Tell the student that the bodies you are about to see are not wearing any clothes. Tell them this may make him a bit uncomfortable but they are going to learn about private body parts.
- Explain the student that – there are certain parts in our body which are covered by underwear or bathing suit which are always covered. These are called as “Private body parts”.
- Those parts of the body are always kept covered with clothes and should not be exposed when we are in public.
- Show picture card.1 and tell the student in this which body parts are covered with underwear or bathing suit are called as “Private body parts”.
- Give the correct vocabulary.
- Now show picture card.3 which is uncovered with underwear or bathing suit and ask him to identify the private body parts of a man.
- Now point to each private part of a man and name them.
- Use matching, identification & naming exercises to teach anatomical names along with the picture and name cards.



Penis

Testicles



Let the child point to the private parts of a man on his picture card. 3 and ask him to name them.

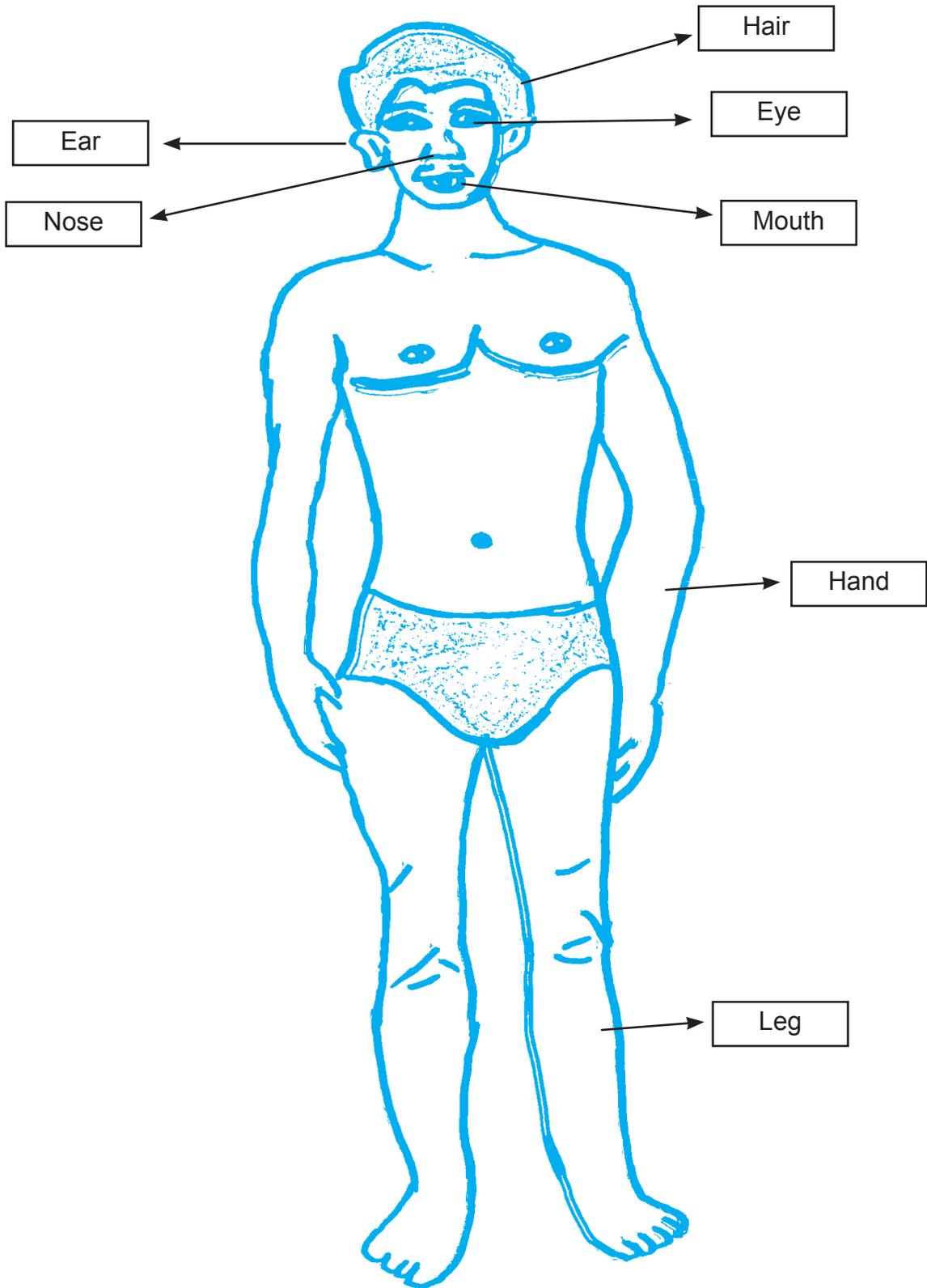
BODY PARTS

Public	Private						
<ol style="list-style-type: none"> 1. Eyes 2. Nose 3. Mouth 4. Ears 5. Cheek and Lips 6. Legs and Arms 7. Hands and Feet 	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <ol style="list-style-type: none"> 1. Penis 2. Testicles 3. Bottom/Buttock 4. Anus </td> <td style="width: 5%; border: none; text-align: center;"> } </td> <td style="width: 35%; border: none; vertical-align: middle;"> For a man </td> </tr> <tr> <td colspan="3" style="border: none; padding-top: 10px;"> Teaching the first two are compulsory. As they learn, introduce other two parts. </td> </tr> </table>	<ol style="list-style-type: none"> 1. Penis 2. Testicles 3. Bottom/Buttock 4. Anus 	}	For a man	Teaching the first two are compulsory. As they learn, introduce other two parts.		
<ol style="list-style-type: none"> 1. Penis 2. Testicles 3. Bottom/Buttock 4. Anus 	}	For a man					
Teaching the first two are compulsory. As they learn, introduce other two parts.							
<p>Who can see these?</p> <ol style="list-style-type: none"> 1. Friends 2. Anybody else 	<p>Who can see these?</p> <ol style="list-style-type: none"> 1. Doctor 2. Mom, Dad (Explain gender specific situations) 						
<p>What do you do if someone other than that your doctor, mom, brothers or dad touches your private parts?</p> <p><i>Tell them to stop and go away from them, tell mom, dad or teacher or siblings</i></p>	<p>What do you do if someone other than that your doctor, mom, brothers or dad touches your public parts?</p> <p><i>Tell them to stop and go away from them, tell mom, dad or teacher or siblings</i></p>						

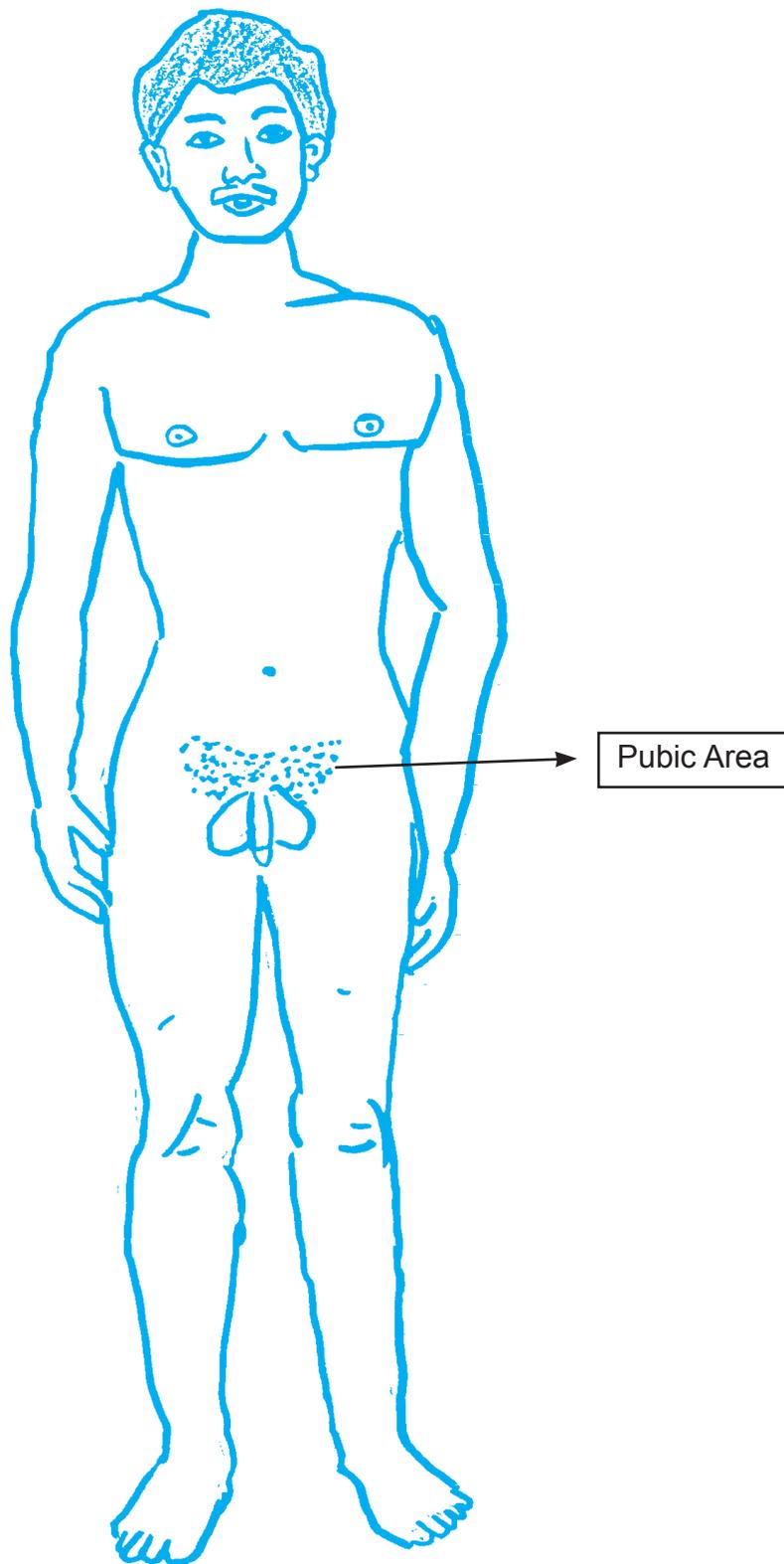
4. Evaluation: Give picture card. 3: the whole body –with private body parts uncovered. Point to private body parts and ask the student to name it, as review.

We strongly suggest to modify or adopt the procedure and worksheets to suit the needs and level of your students.

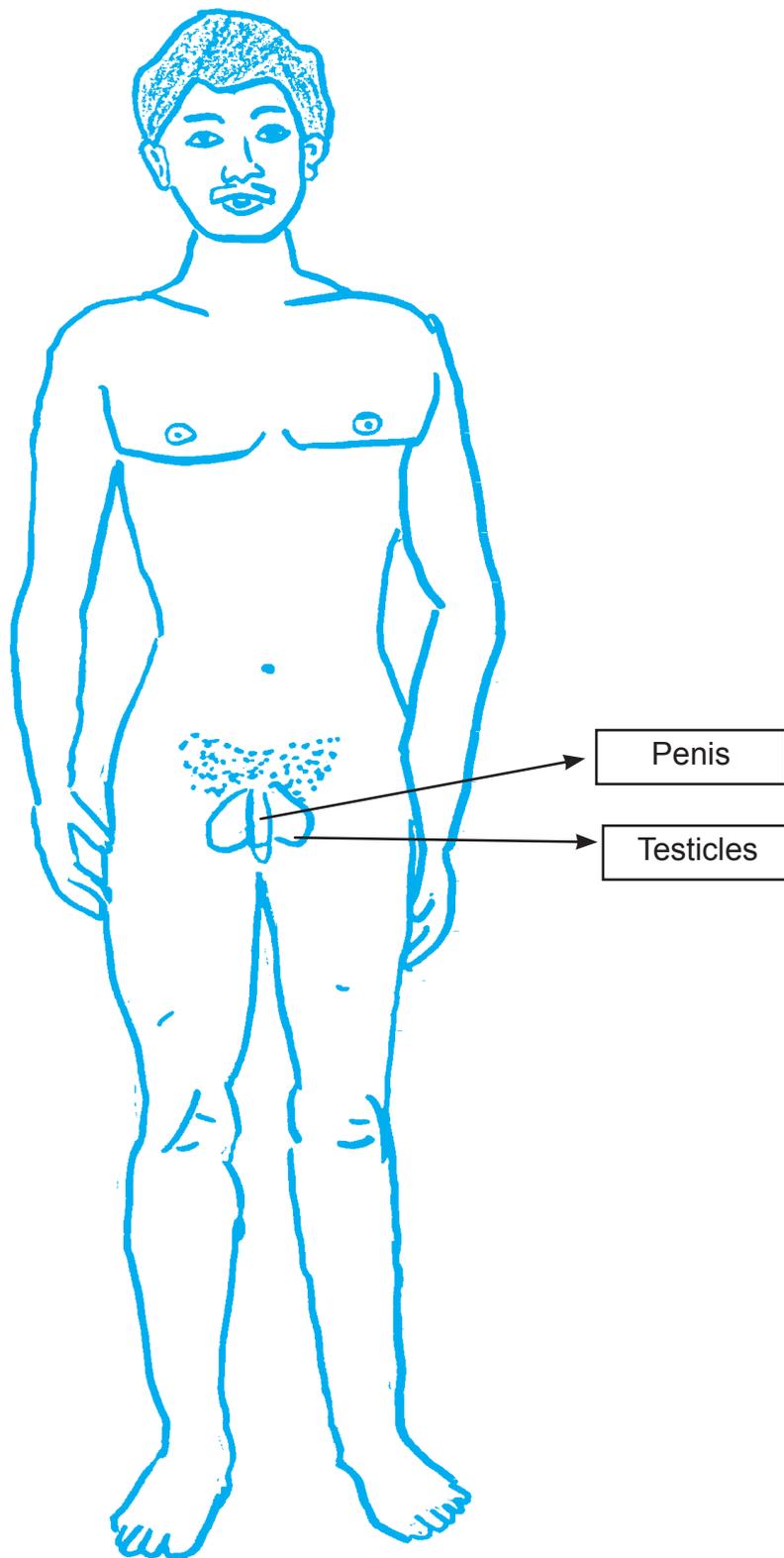
Picture Card 1: Visible Parts



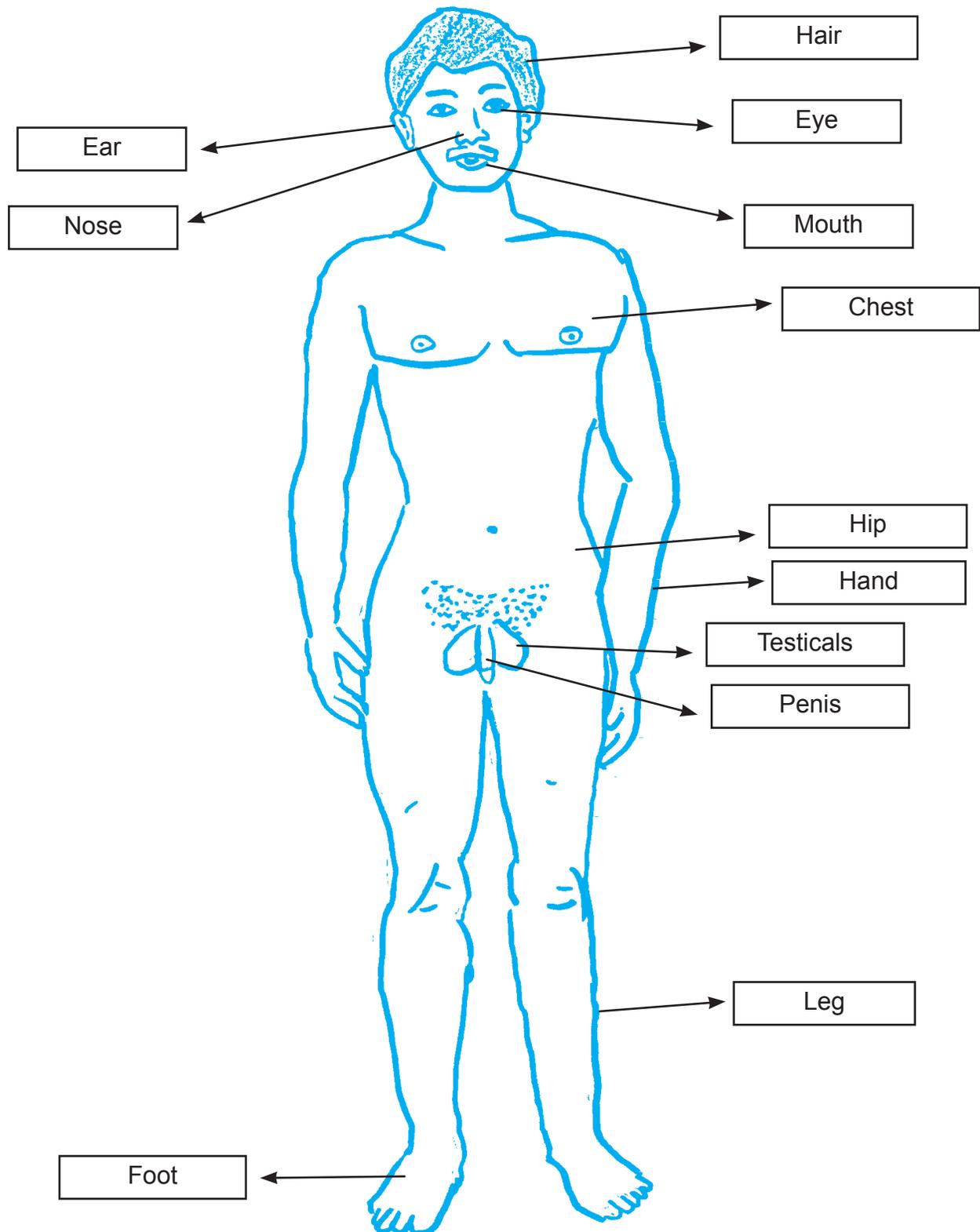
Picture Card 2: Private Parts



Picture Card 3: Private Parts

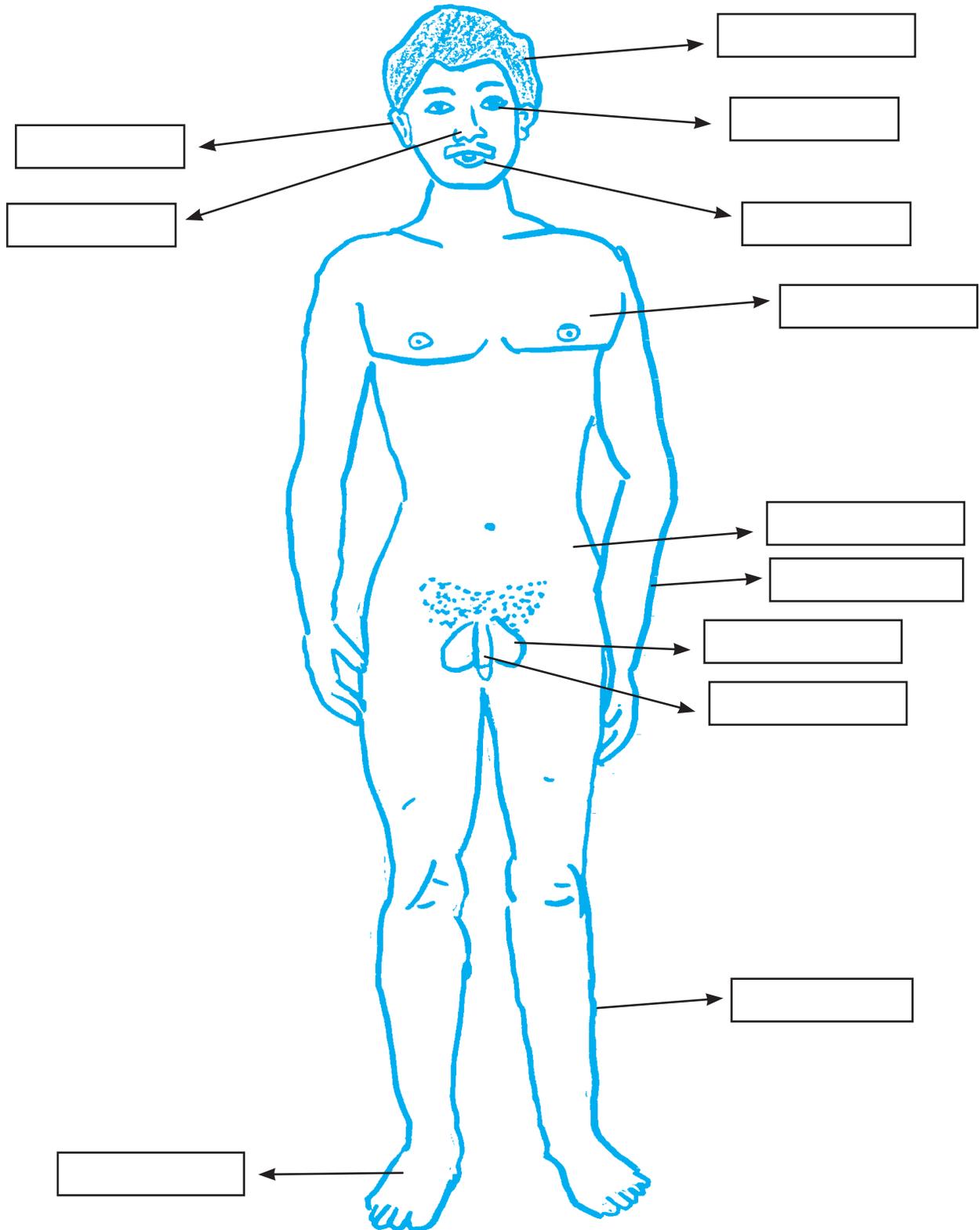


Picture Card 4: The Whole Body Including Visible & Private Parts



Evaluation Sheet

Name / Write the parts of the body



3. Naming of private parts of a Woman

Student Learning Objectives:

Time: 40 min

1. To be able to identify private parts of the body (Breast & Vagina).
2. To be able to name private parts of the body using appropriate vocabulary.
3. To be able to correctly label private (genital) parts of the body using appropriate vocabulary.

Vocabulary Targeted:

Breast, vagina, public parts, private parts etc.,

Materials Used:

Body parts chart, anatomical teaching doll, a magazine / family album which contains pictures of males & females

Worksheets.

Activities to be covered:

1. Review the lesson of gender identification
2. Public parts of the body
3. The whole body - with private parts covered
4. Private parts of the body
5. The whole body - with private parts uncovered

Procedure:

1. Review the lesson of gender identification:

- As a warm-up, repeat the gender identification exercise: show some pictures in a magazine / family album and ask the student about gender of the picture. Finally, ask the student about her gender ie., whether she is a girl or a boy – Man or a Woman.

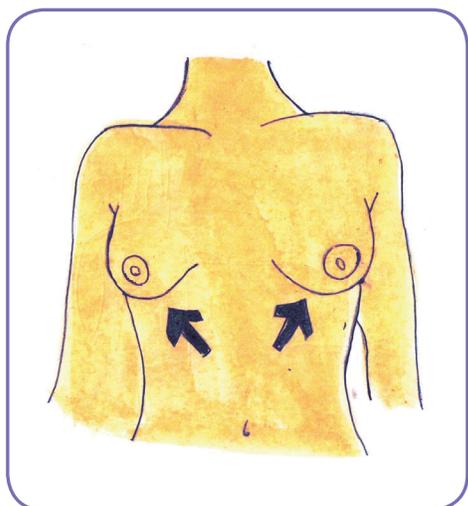
2. Public parts of the body:

- You can play Head, shoulders, knees and toes song for reviewing visible parts of the body.
- Give picture card of visible body parts to the student. Point to each visible part of the body and ask student “what is this called?”. Wait for the response and tell them – yes, it is right for each correct response.
- Eyes, Ears, nose, hands, legs and shoulders are seen by others. Even when we wear a dress, others can see these parts. Then explain that these parts are visible in our body and are called “Public parts”.



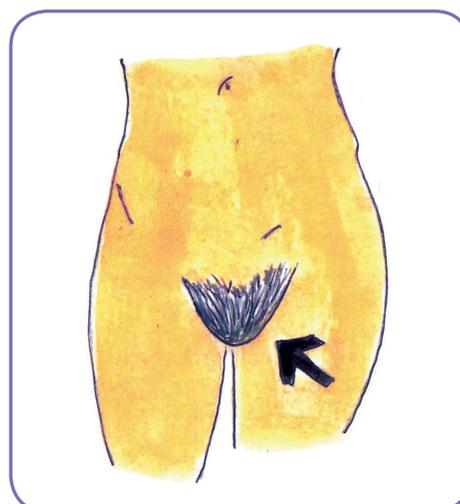
3. Private parts of the body:

- Tell the child that the bodies you are about to see are not wearing any clothes. Tell them this may make him a bit uncomfortable but they are going to learn about private body parts.
- Explain the child that – there are certain parts in our body which are covered by underwear or bathing suit and are always covered. These are called as “Private body parts”.
- Those parts of the body are always kept covered with clothes and should not be exposed when we are in public.
- Show picture card.1 and tell the child in this which body parts are covered with underwear or bathing suit are called as “Private body parts”. Give the correct vocabulary.
- Now show picture card.3 which is uncovered with underwear or bathing suit and ask him to identify the private body parts of a woman/girl
- Now point to the each private part of a woman and name them using the correct vocabulary. Avoid giving nick names.
- Use matching, identification & naming exercises to teach anatomical names along with the picture and name cards.



Breast

Vagina



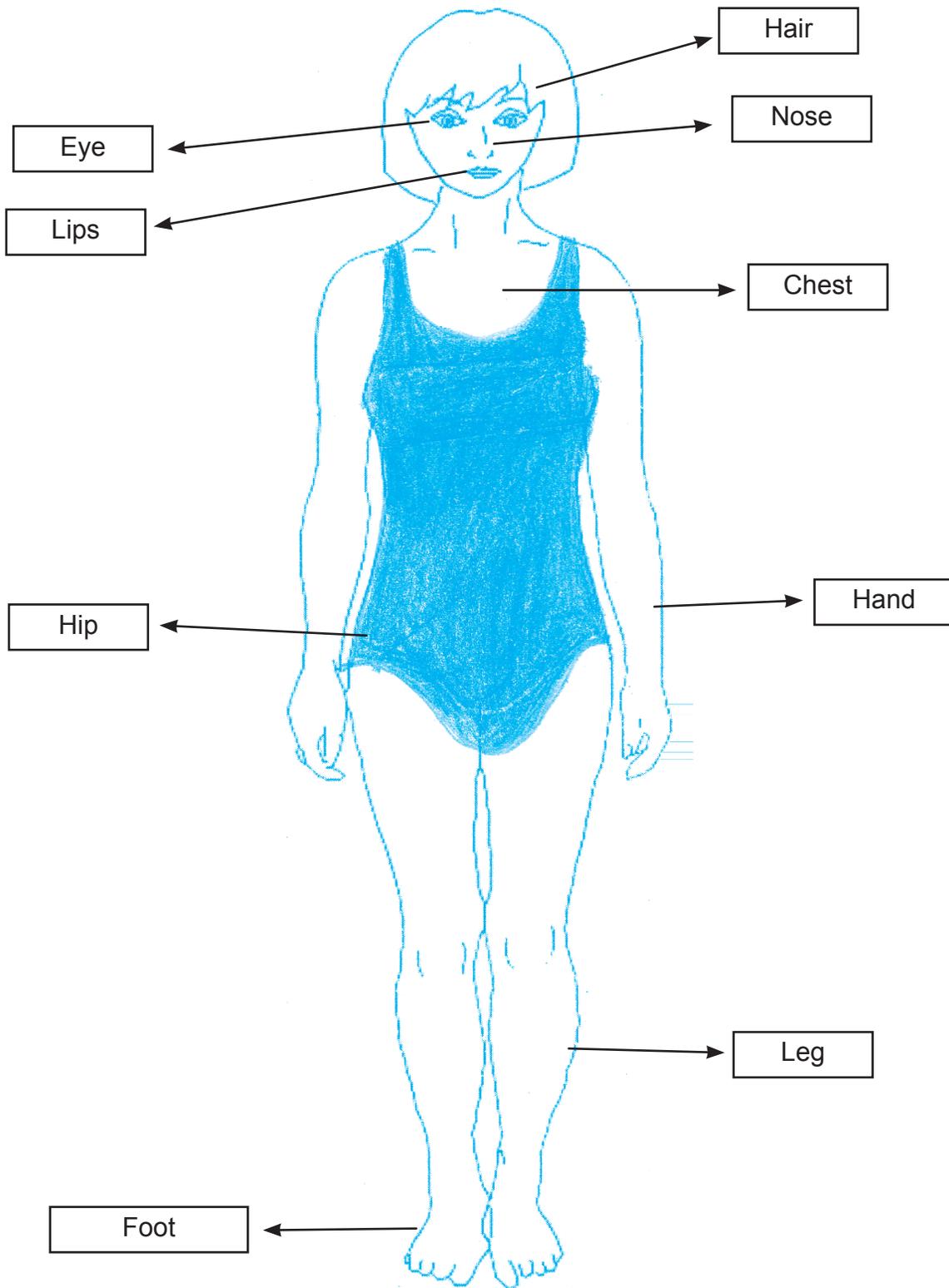
Let the child point to the private parts of a woman on her picture card: 3 and ask her to name them.

BODY PARTS

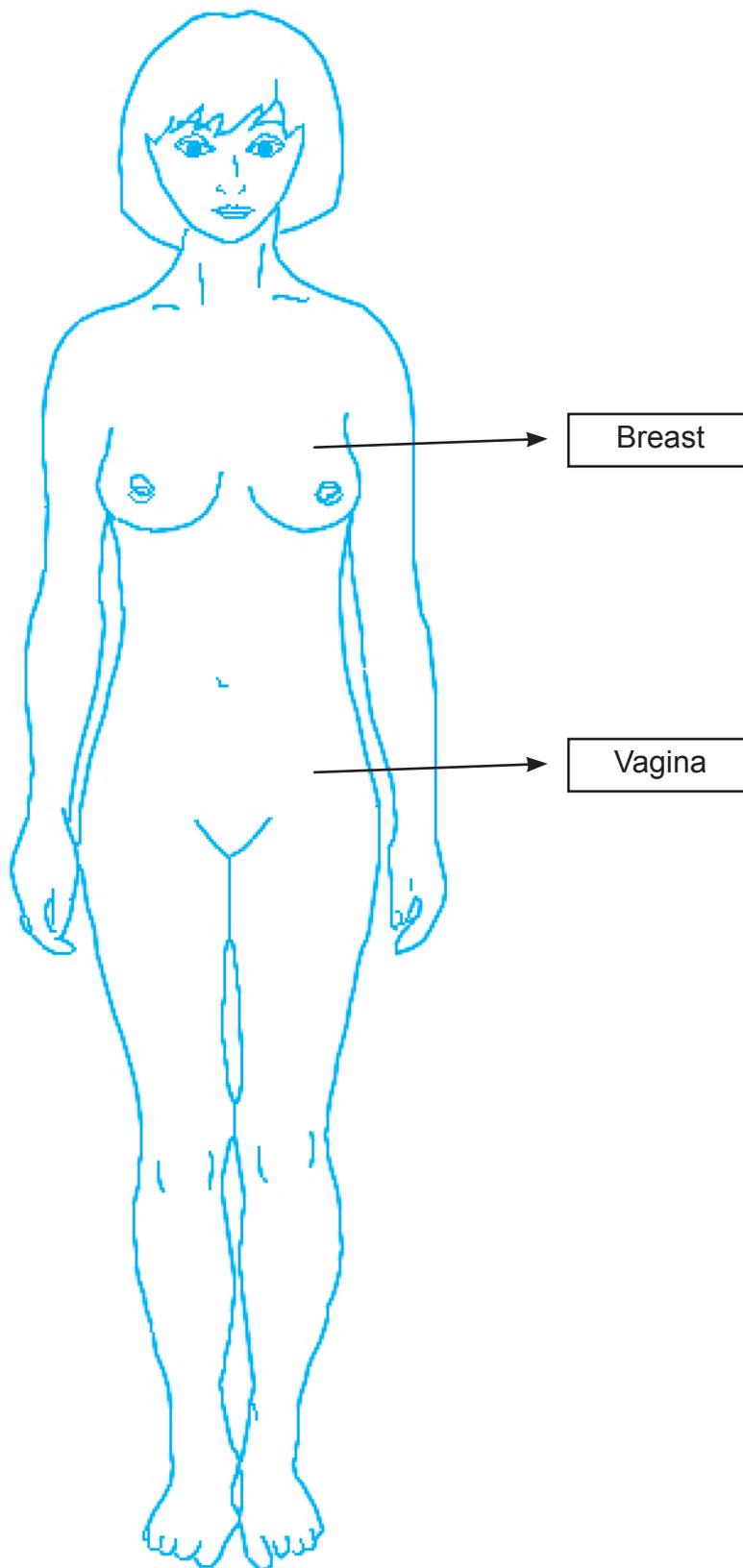
Visible	Private
1. Eyes 2. Nose 3. Mouth 4. Ears 5. Cheek and Lips 6. Legs and Arms 7. Hands and Feet	1. Breast 2. Vagina 3. Low Back 4. Bottom/Buttock 5. Anus Teaching the first two are basic and compulsory. As the child learns proceed to other parts.
Who can see these? 1. Friends 2. Anybody else	Who can see these? 1. Doctor 2. Mom and Sister (Explain Gender specific support during self-care routine)
What do you do if someone other than that your doctor, mom, touches your public parts unnecessarily / inappropriately? <i>Tell them to stop and go away and tell mom, dad or brother/sister/Teacher</i>	What do you do if someone other than that your doctor, mom, brothers or dad touches your public parts? <i>Tell them to stop and go away and tell mom, dad or brother/sister, Teacher</i>

4. Evaluation: Give picture card. 3: the whole body –with private body parts uncovered. Point to private body parts and ask the student to name it, as review.

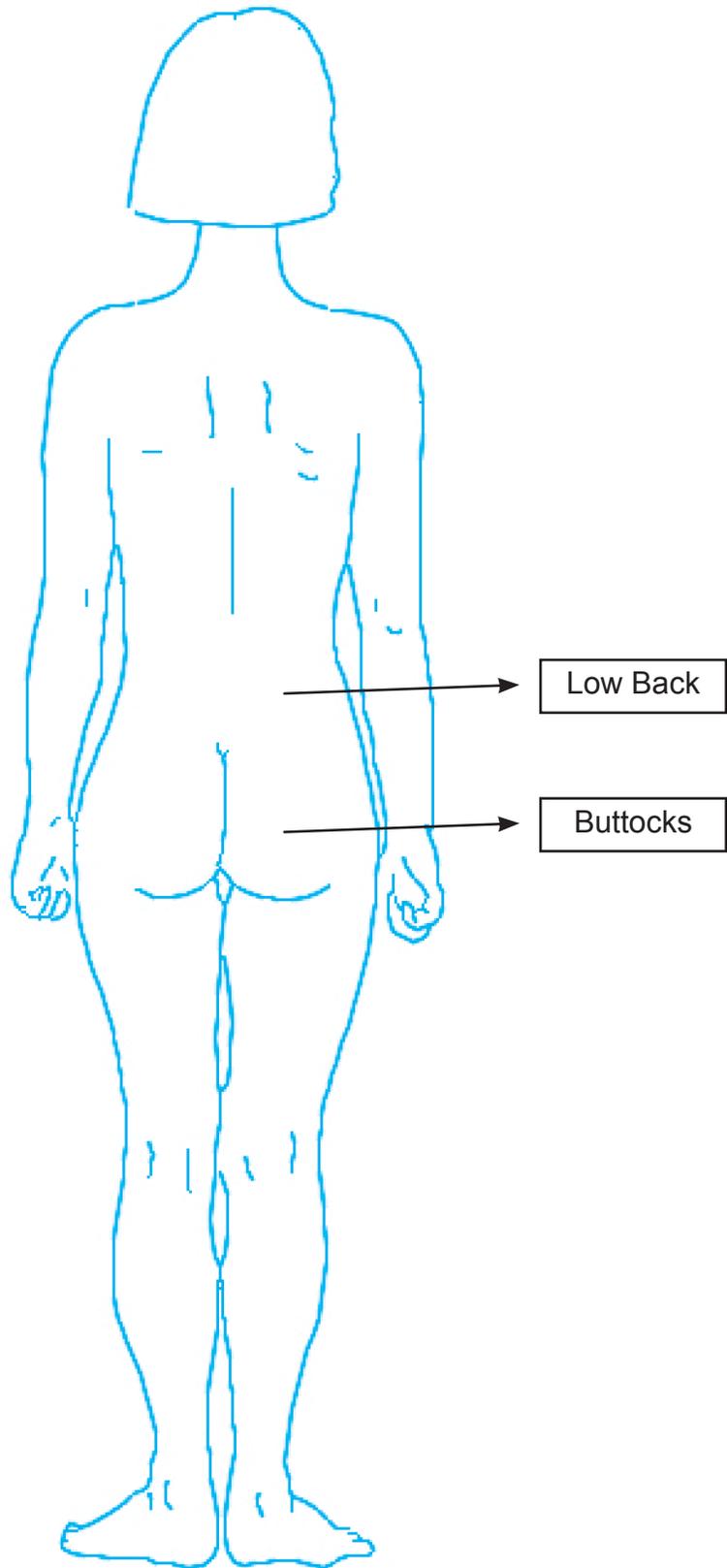
Picture Card 1: Visible Parts



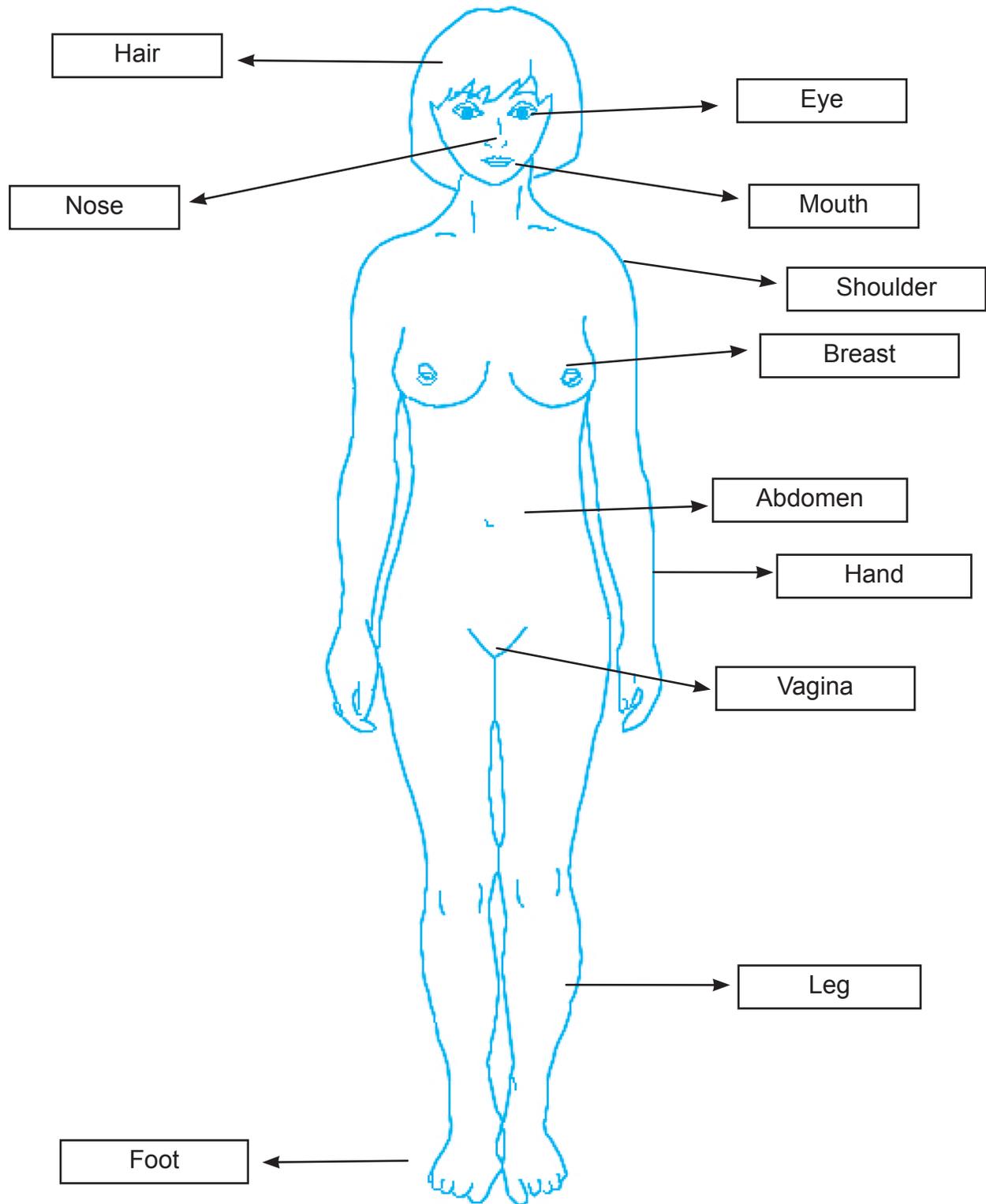
Picture Card 2: Private Parts



Picture Card 2: Private Parts Back side

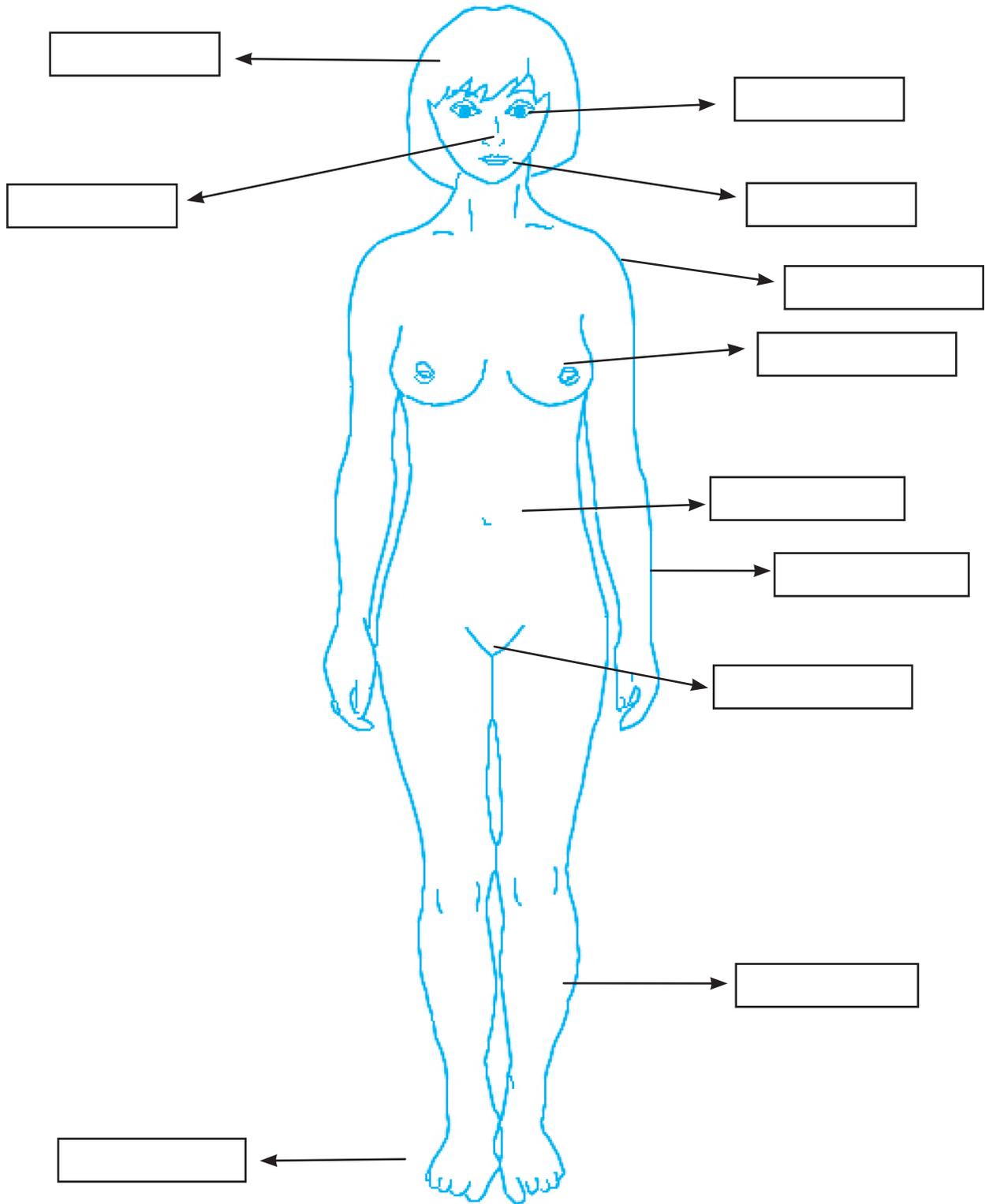


Picture Card 4: The Whole Body Including Visible & Private Parts



Evaluation Sheet

Name / Write the parts of the body



4. Amazing Changes during Puberty - Boys

Student Learning Objectives:

Time: 40 min

1. To be able to describe the physical, emotional and social changes during puberty
2. To be able to differentiate childhood and puberty
3. To be able to describe erection and ejaculation process.

Vocabulary Targeted:

Height, weight, muscles, bones, mood, feelings, hormones, pimples, pubic hair, beard, mustache, armpit, sweat pours, penis, testicles, erection, ejaculation, sensitive, conscious, sexual feelings etc.

Materials Used:

Activity cards, magazine, photo album & work sheets

Activities to be covered:

1. Explain the word puberty
2. Physical changes during puberty
3. Emotional changes during puberty
4. Social changes during puberty
5. Sexual feelings during puberty

Procedure:

Discuss with the children about the changes happen from childhood to adulthood by showing the following sample picture and explain about puberty. Biological changes can happen in various areas like in physical, emotional social, reproductive or sexual changes.

1. Explain the meaning of the Word puberty:

Growing up and changing from a child into an adult is called PUBERTY. Puberty means that you may experience changes with your body, your feelings and your relationships.

Basic Talking Points:

- Puberty starts anywhere between the ages of 8-17.
- Changes happen rapidly.
- Everyone is different.
- It will start and finish at a different time in different people
- This is normal.



You can also explain this depending on the level of understanding your student/child –

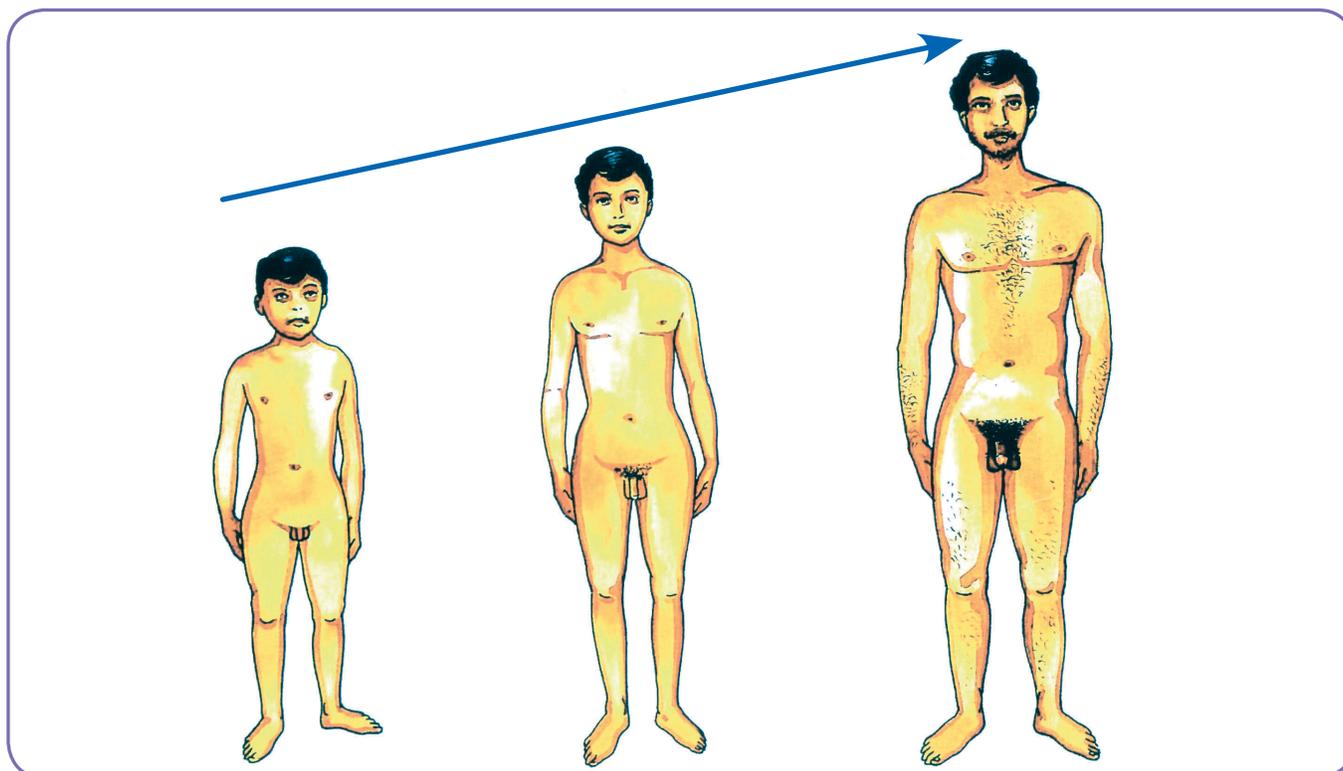
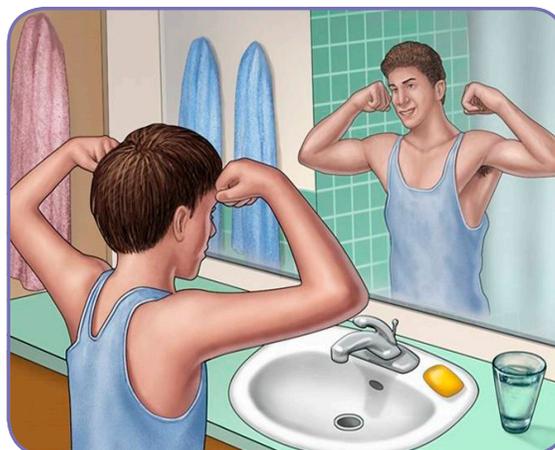
Puberty is a process of development that begins at ages **eight to seventeen**, when the body (adrenal gland) begins to secrete certain hormones (Testosterone). The body physically and sexually matures during this time.

2. Explain the Physical Changes:

Explain to the boy that he can notice the following changes in his body.

1. Physical Changes

- Grow taller
- Bones grow
- Muscles grow
- Weight gain is normal
- Hair and skin become oily and get pimples
- Body sweats more
- Hair growth (pubic areas, under the armpits, and on the face)
- May get more hair on arms, legs, chest and back
- Voice gets deeper
- Penis and testicles grow
- Sperm is produced
- May have mood swings, sexual thoughts and feelings



Showing the above picture card explain how the physical changes happen.

Activity: Ask the students to bring their photos from childhood. Give the activity of pasting the photos from childhood to adulthood. While pasting give them physical and verbal prompt, if need be. Let them observe the changes that took place in the pictures. Discuss the changes. Tell them these changes are normal in every human being as they grow. The worksheet is attached.

2. Emotional changes that occur during puberty

- Mood swings – You can see sudden changes in your mood
- Concerned about looks –how you look, your dress and your appearance.
- Get attracted to opposite gender
- Sometimes feel lonely and confused
- Stronger feelings of wanting to be liked
- Thinking about the future

3. Social changes

- Want to tryout new things like clothing styles, hair styles
- Friendship becomes more important
- Want more independence

4. Sexual/ reproductive changes (erection) happen during puberty

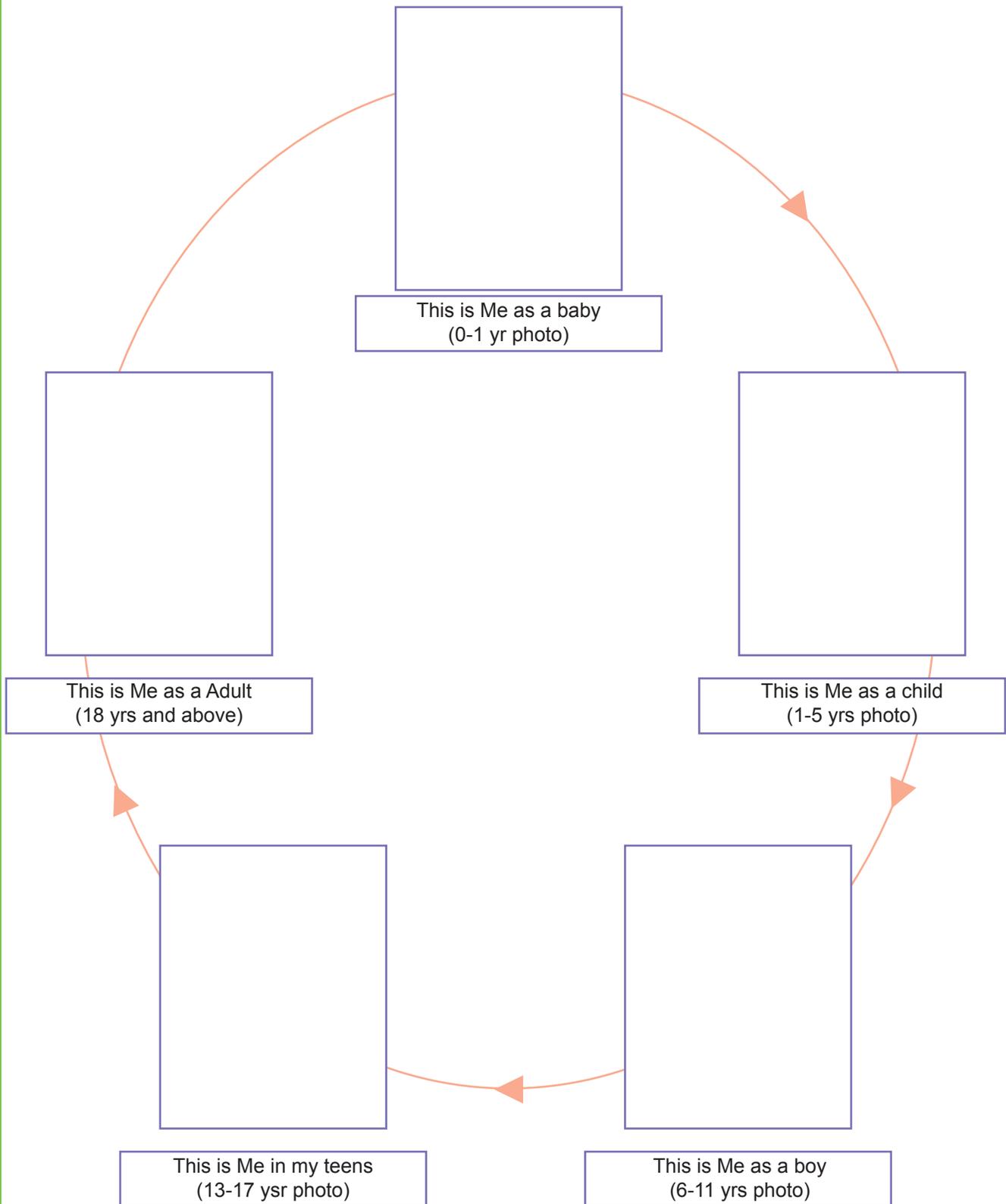
- A penis gets erect when blood rushes to it.
- Erections happen all of a sudden
 - When nervous or anxious
 - when touching their penis
 - Sometimes for no reason during puberty
 - If semen is going to come out, the penis is likely to be erect.
 - Muscles push the semen (which contains sperm) into the urethra and out the penis
 - This is called ejaculation

Teacher/ parent can do the Activity 1 & 2 and discuss the changes. These talking points will help in initiating the conversation.

Growing up and changing can be exciting and scary at the same time. Hence assure the child that **all changes are normal and good.**

- These changes are normal in all boys
- You are doing good and fine.
- If you feel confused/ scared talk to me(Teacher./Mom /Dad)

Activity 1 - Growing Up – Photo Pasting Activity



Note: Discuss the physical Changes in the photos as they grew up. Nothing is wrong with them. Assure these changes are good.

Activity 2 - Feelings Worksheet

How are you feeling Today? Tick the Emoji(s) /Statement.



I am feeling **Shy**.
It's ok to feel Shy sometimes



I am feeling **Sad**.
It's ok to feel Sad sometimes



I am feeling **Scared**.
It's ok to feel Scared sometimes



I am feeling **Happy**.
It's nice to feel happy



I am feeling **Worried**.
It's ok to feel worried sometimes



I am feeling **Surprised**.
It's nice to feel surprised



I am feeling **Confused**.
It's ok to feel confused sometimes

Note: Discuss that mood changes are normal. Nothing is wrong with them. Assure that these changes are good.



5. Amazing Changes during Puberty - Girls

Student Learning Objectives:

Time: 40 min

1. To be able to describe the physical, emotional and social changes in puberty
2. To be able to differentiate childhood and puberty
3. To be able to describe the process of menstrual cycle

Vocabulary Targeted:

Height, weight, mood, feelings, hormones, pimples, armpit, pubic area, underarms, breast bud, nipples, sensitive, conscious, sexual feelings, period, egg, ovum, uterus, vagina., etc

Materials Used:

Activity cards, magazine, photo album & work sheets

Activities to be covered:

1. Explaining the Meaning of puberty
2. Physical changes during puberty
3. Emotional changes during puberty
4. Social changes during puberty
5. What are periods and -Why do they happen/Menstrual cycle

Procedure:

1. Explain the meaning of the puberty:

Growing up and changing from a child into an adult is called PUBERTY. Puberty means that you may experience changes with your body, your feelings and your relationships.

Basic Talking Points:

- Puberty starts anywhere between the ages of 8-17.
- Changes happen rapidly.
- Everyone is different.
- It will start and finish at a different time in different people
- This is normal.

You can also explain this depending on the level of understanding your student/child –

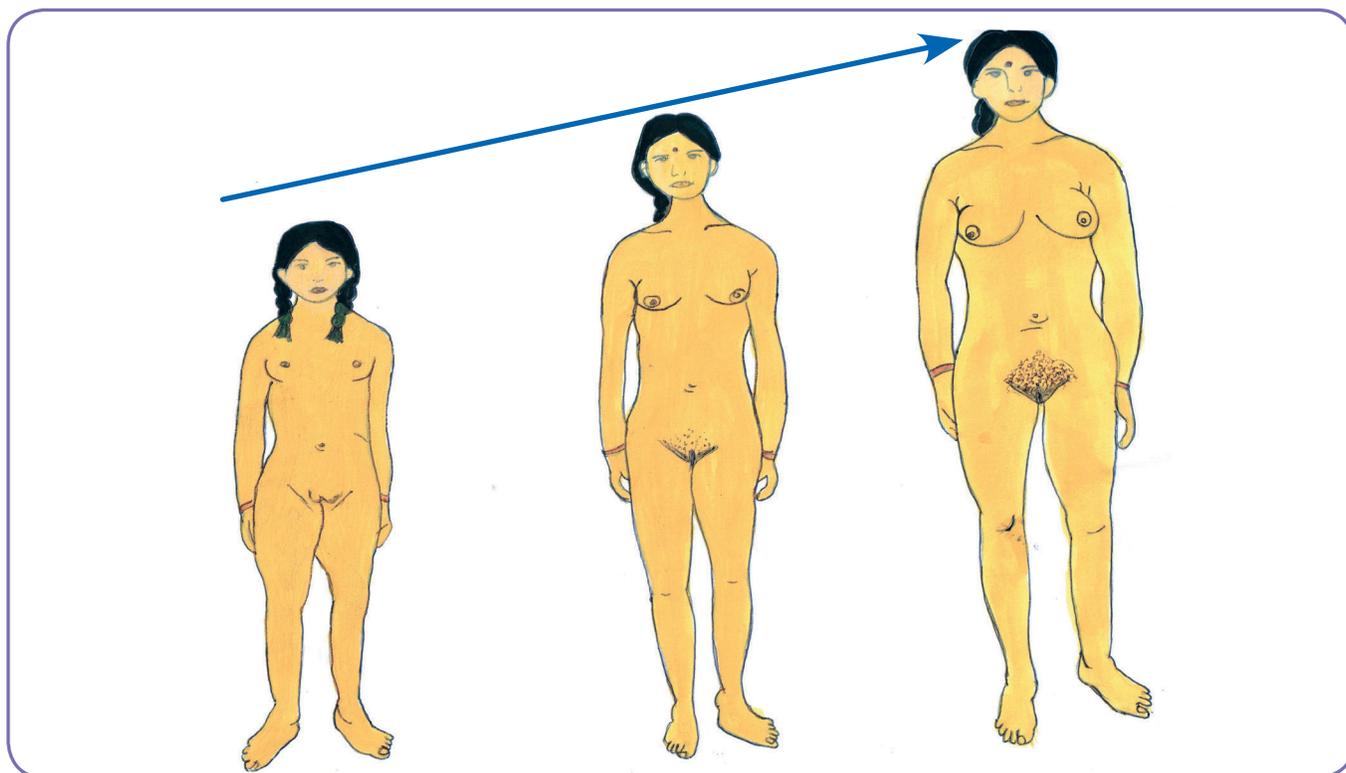
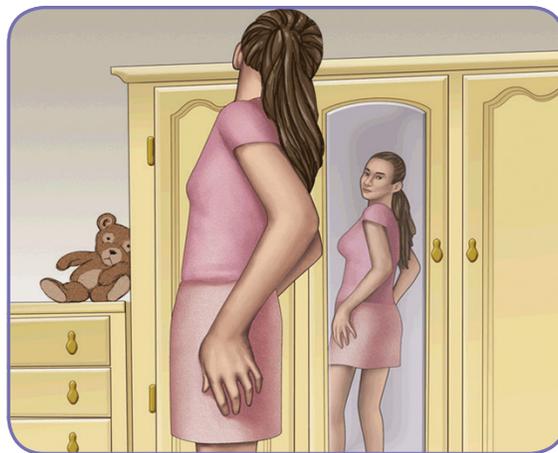
Puberty is a process of development that begins at ages **eight to seventeen**, when the body (adrenal gland) begins to secrete certain hormones (Progesterone). The body physically and sexually matures during this time.

2. Physical changes

Explain to the girl that she can notice the following changes in her body.

Physical changes

- Hair grows under armpits and in pubic area
- Hair on arms and legs may grow darker
- Breast and nipples get larger
- Body sweats more
- Menstruation (period) begins
- May have mood swings, sexual thoughts and feelings
- Grow taller
- Bones grow
- Hips get wider and more curvy
- Weight gain is normal
- Hair and skin become oily and you may get pimples
- Voice gets a little deeper



Showing the above picture card explain how the physical changes happen.



Activity: Ask the students to bring their photos from childhood. Give the activity of pasting the photos from childhood to adulthood. While pasting give them physical and verbal prompt, if need be. Let them observe the changes that took place in the pictures. Discuss the changes. Tell them these changes are normal in every human being as they grow. The worksheet is attached.

3. Emotional changes that occur during puberty

- Mood swings – You can see sudden changes in your mood
- Concerned about looks –how you look, your dress and your appearance.
- Get attracted to opposite gender
- Sometimes feel lonely and confused
- Stronger feelings of wanting to be liked
- Thinking about the future

4. Social changes

- Want to try out new things like clothing styles, hair styles
- Friendship becomes more important
- Want more independence

5. Menstrual Cycle (What are periods? and -Why do they happen?)

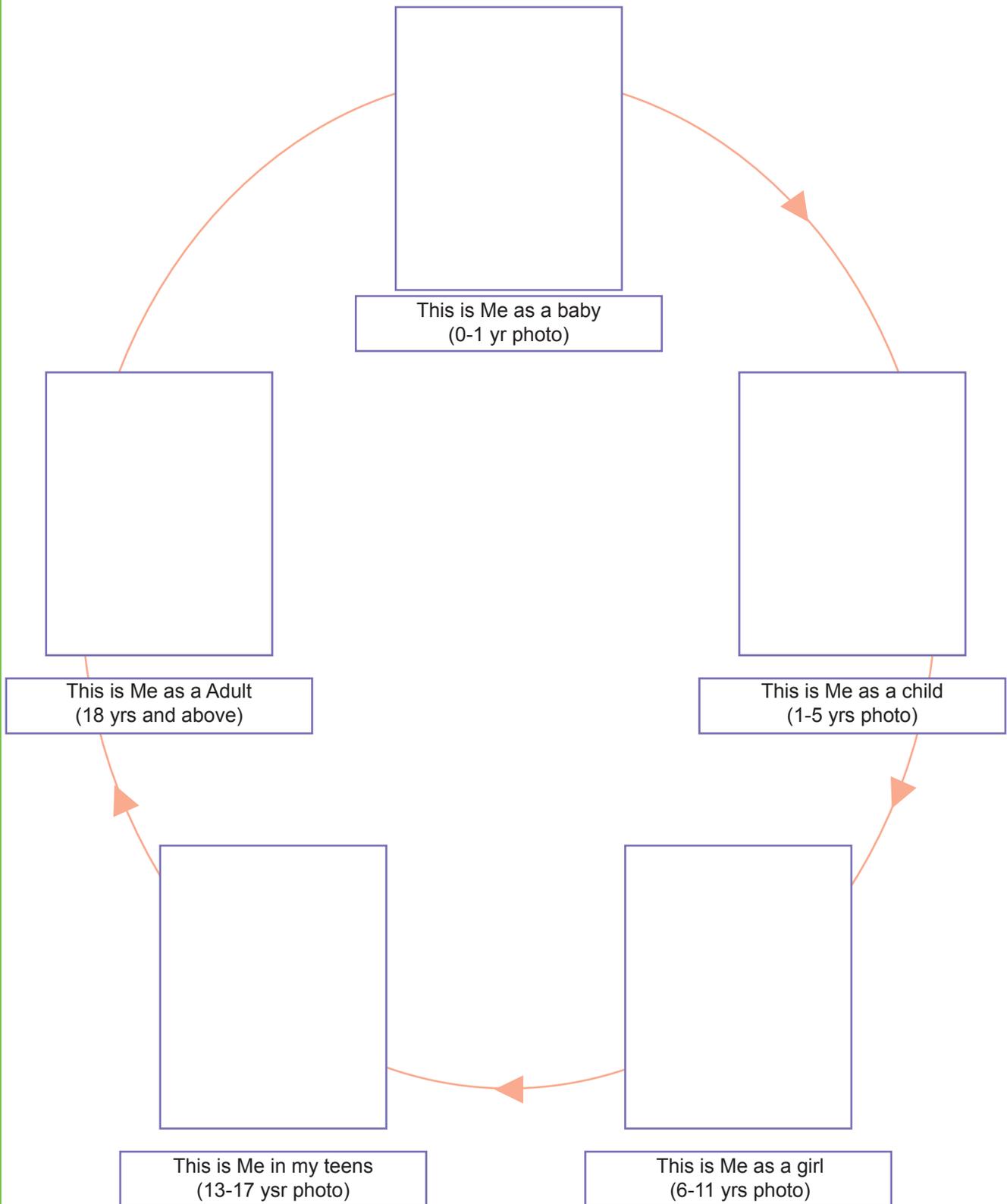
Teachers or parents can have discussion with students by showing picture card of menstrual cycle by explaining the following points.

- A person with a vagina is born with hundreds or thousands of tiny eggs, called ova – one is called an ovum
- These egg cells are only half formed
- At puberty, hormones tell the ovaries it is time to start releasing ova
- Usually one egg at a time develops and is released from an ovary
- At the same time, the uterus starts to grow a thick lining on the inside wall
- The lining has lots of tiny blood vessels
- The lining is there to protect and feed an egg that has combined with a sperm (a fertilized egg)
- If an egg does not meet a sperm - the lining breaks up
- It mixes with some blood and comes out the uterus into the vagina and then out the vaginal opening
- **This is called menstruation or a period. It happens every month/once in a month. It lasts for 5-8 days**

Simplify the points if the girl is not able to understand.

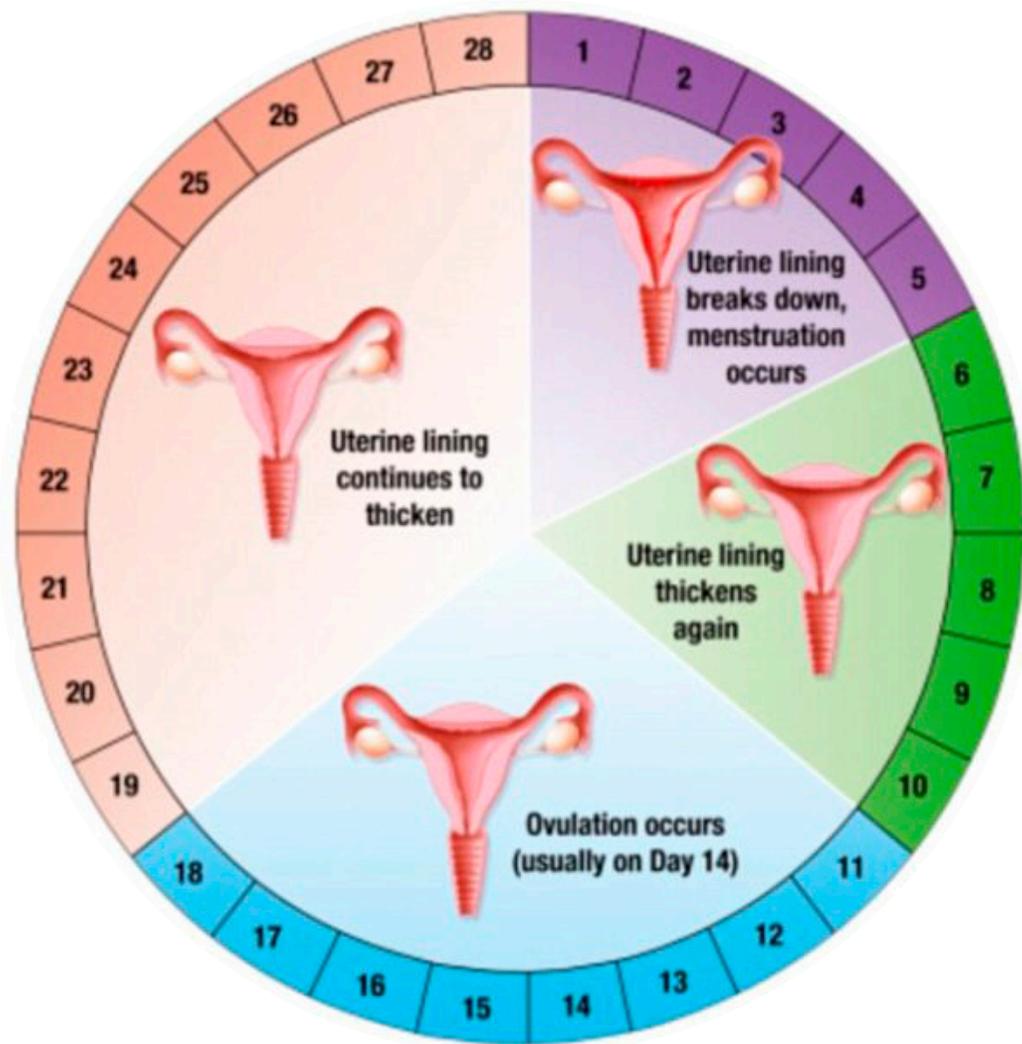
1. When impure blood is sent out of the body through vagina, Periods occur.
2. Every month this cycle happens or periods occur.
3. This is normal sign of growing up in girls.

Activity 1 - Growing Up – Photo Pasting Activity

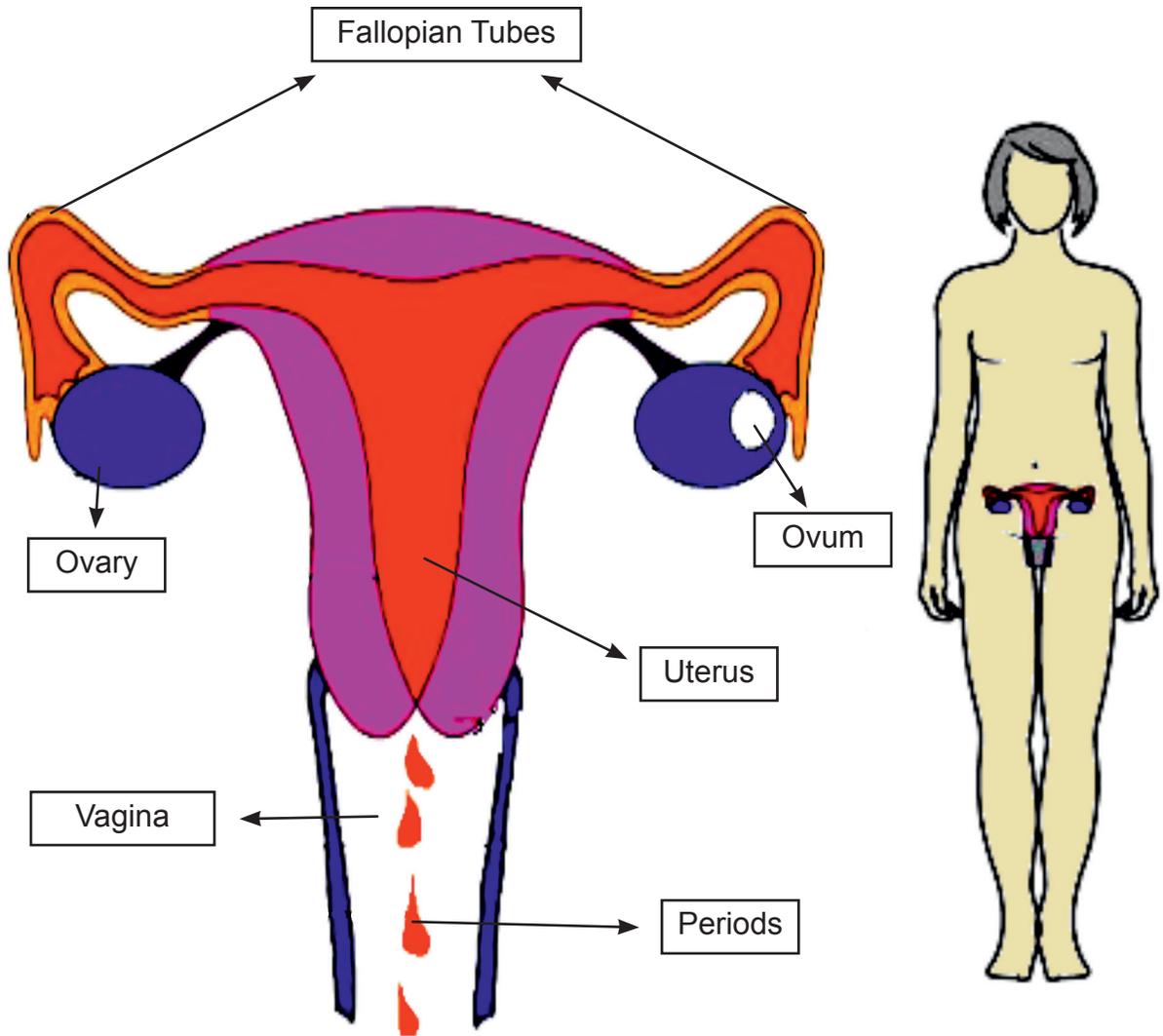


Note: Discuss the physical Changes in the photos as they grew up. Nothing is wrong with them. Assure these changes are good.

Teacher / Parent Explains the Process by showing this Picture

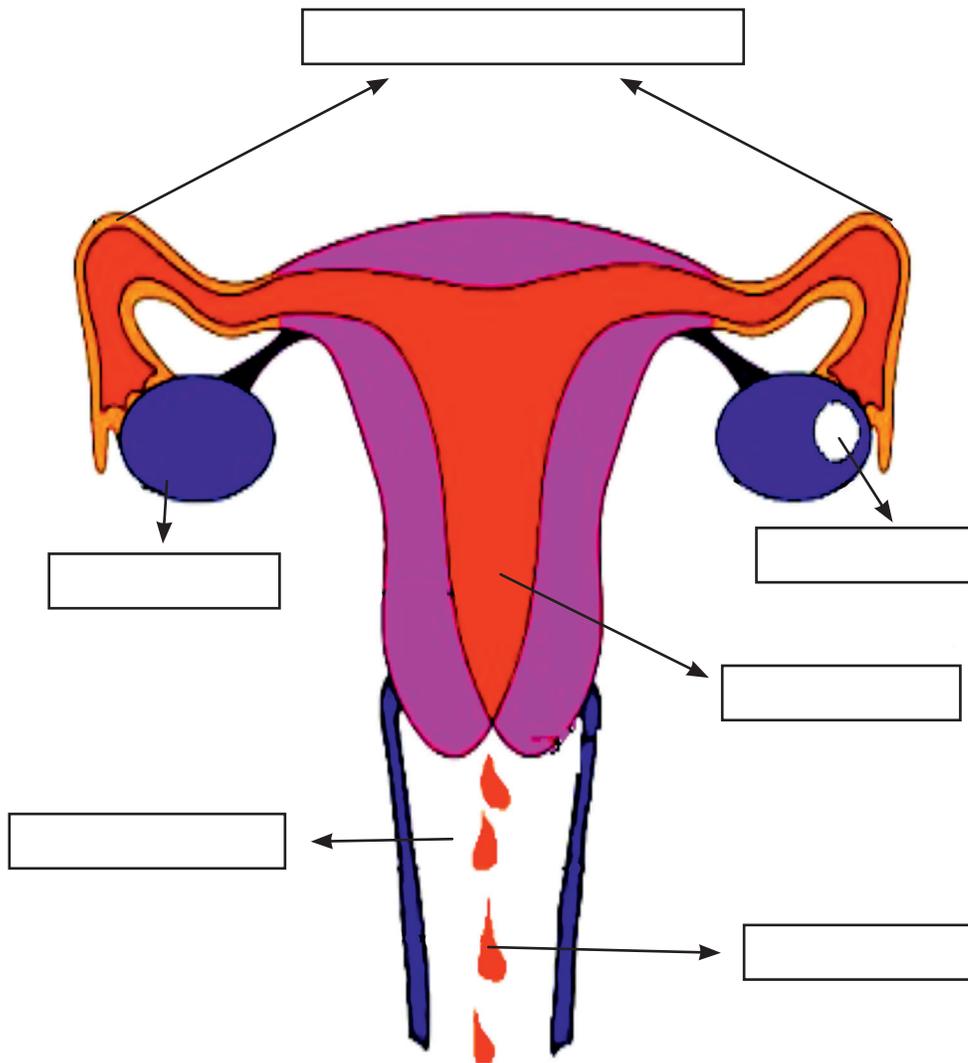


Parts of the body which involved in the process of Menstrual Cycle



Menstrual Cycle Worksheet

(Let the student label, write or Point to the part when asked)



Word Help Desk:

Ovary, Ovum, Uterus, Vagina, Fallopian Tubes, Periods

Menstruation or Periods or Bleeding (which ever word the young girl understands)

Activity 2 - Feelings Worksheet

How are you feeling Today? Tick the Emoji(s) /Statement.



I am feeling **Shy**.
It's ok to feel Shy sometimes



I am feeling **Sad**.
It's ok to feel Sad sometimes



I am feeling **Scared**.
It's ok to feel Scared sometimes



I am feeling **Happy**.
It's nice to feel happy



I am feeling **Worried**.
It's ok to feel worried sometimes



I am feeling **Surprised**.
It's nice to feel surprised



I am feeling **Confused**.
It's ok to feel confused sometimes

Note: Discuss that mood changes are normal. Nothing is wrong with them. Assure that these changes are good.

Chapter - 2

Personal Care and Hygiene Management

Personal hygiene is how you take care of your body. Maintaining proper personal hygiene is important for both health and social reasons. Personal hygiene not only benefits one's own health but also impacts the lives of those around us too. Good personal hygiene involves keeping all parts of the external body clean and healthy. In people with poor personal hygiene, the body provides an ideal environment for germs to grow, leaving it vulnerable to infection. On a social level, people may avoid a person with poor personal hygiene, which may result in isolation and loneliness. Maintaining appropriate hygiene practices reduces the spread of illness and risk of medical conditions caused by not taking care of the body properly. It also increases self-confidence and positively impacts in maintaining good inter- personal relationships. Personal care and hygiene involves taking care of entire body right from head to toe. It includes:

- brushing your teeth twice a day
- covering your mouth and nose with a tissue (or your sleeve) when sneezing or coughing
- Keeping nails and nose clean
- washing your hands with soap after using the toilet
- washing your hands after handling pets and other animals
- Taking bath and cleaning body every day
- Underarm cleaning
- Washing pubic and genital area

Menstrual Hygiene

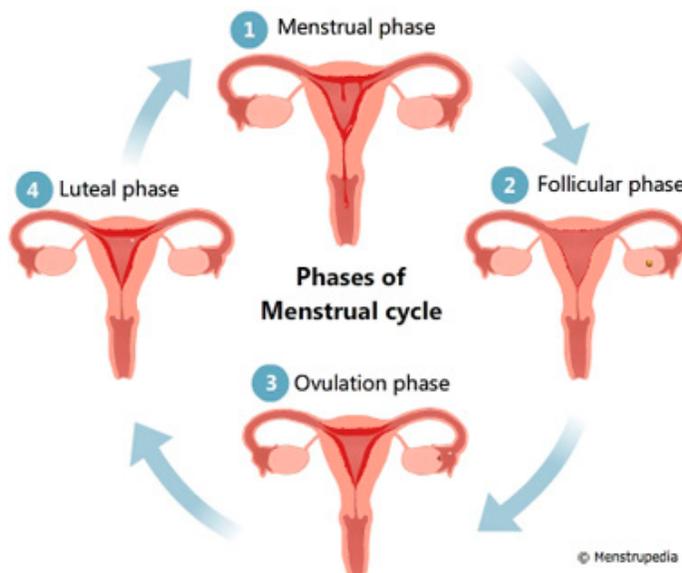
Parents take utmost care in maintaining proper hygiene of their children right from the early childhood. It starts from brushing teeth to giving ceremonial birth bath to puberty bath. However, it is often observed that although parents and educators are aware of importance of maintaining genital hygiene, practical training is not given much emphasis. Puberty typically brings with it an increased interest in hygiene as a whole in adolescent girls and boys, including genital and menstrual hygiene. These practices depend on cultural norms, parental influence, personal preferences and socioeconomic pressures. Due to global developmental delays young people with intellectual disabilities often face difficulties in taking care of their self-care activities. Parents, care takers and teachers should begin training at a very young age. Encouraging children to help clean themselves as soon as they are old enough is a good way to instigate a proper personal hygiene routine.

Menstrual Hygiene Management

The onset of menstruation is an important biological milestone. It also presents a significant challenge in hygiene for adolescent and young girls with intellectual disabilities. The timing of an adolescent girl's first menstruation, which is known as menarche, varies around the world. First menstruation can begin anytime between age 10-15 years. Many factors affect the onset of menarche such as genetic factors, use of medications, hormonal balances and body maturation.

The day count for menstrual cycle begins on the first day of menstruation when blood starts to come out of the vagina. Usually, the length of menstrual cycle is assumed to be 28 days (which is the average among women). The entire duration of a Menstrual cycle can be divided into four main phases:

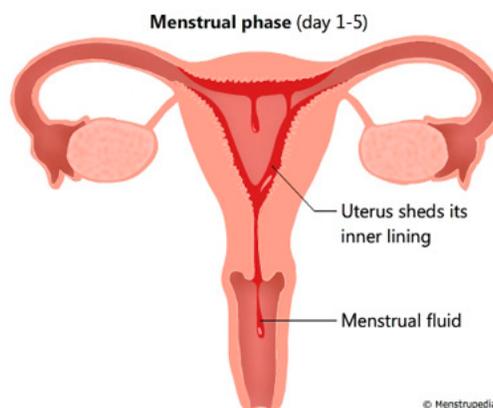
1. Menstrual phase (From day 1 to 5)
2. Follicular phase (From day 1 to 13)
3. Ovulation phase (Day 14)
4. Luteal phase (From day 15 to 28)





1. Menstrual phase (From day 1 to 5)

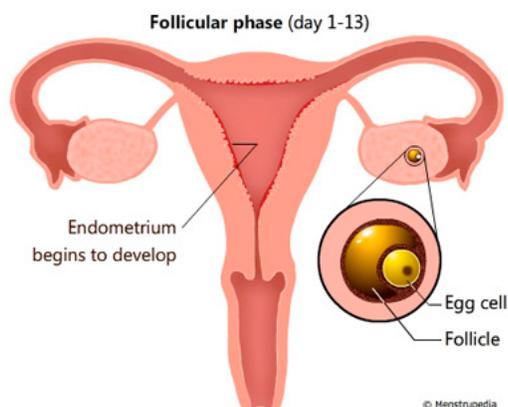
- Menstrual phase begins on the first day of menstruation and lasts till the 5th day of the menstrual cycle. The following events occur during this phase:
- The uterus sheds its inner lining of soft tissue and blood vessels which exits the body from the vagina in the form of menstrual fluid.
- Blood loss of 10 ml to 80 ml is considered normal.
- You may experience abdominal cramps. These cramps are caused by the contraction of the uterine and the abdominal muscles to expel the menstrual fluid.



2. Follicular phase (day 1-13)

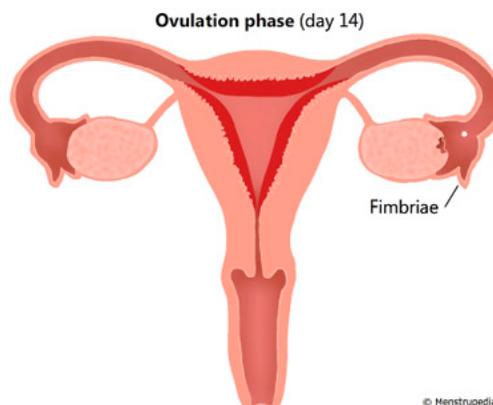
This phase also begins on the first day of menstruation, but it lasts till the 13th day of the menstrual cycle. The following events occur during this phase:

- The pituitary gland secretes a hormone that stimulates the egg cells in the ovaries to grow.
- One of these egg cells begins to mature in a sac-like-structure called follicle. It takes 13 days for the egg cell to reach maturity.
- While the egg cell matures, its follicle secretes a hormone that stimulates the uterus to develop a lining of blood vessels and soft tissue called endometrium.



3. Ovulation phase (day 14)

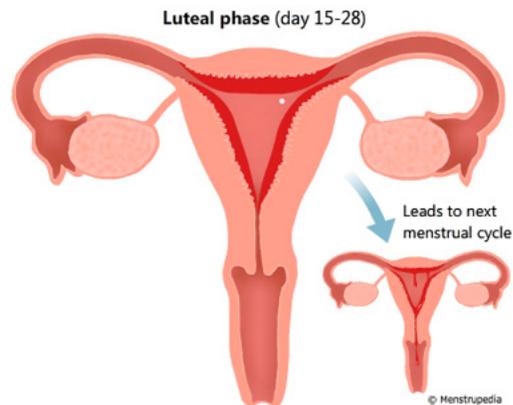
On the 14th day of the cycle, the pituitary gland secretes a hormone that causes the ovary to release the matured egg cell. The released egg cell is swept into the fallopian tube by the cilia of the fimbriae. Fimbriae are finger like projections located at the end of the fallopian tube close to the ovaries and cilia are slender hair like projections on each Fimbria.



4. Luteal phase (day 15-28)

This phase begins on the 15th day and lasts till the end of the cycle. The following events occur during this phase:

- The egg cell released during the ovulation phase stays in the fallopian tube for 24 hours.
- If a sperm cell does not impregnate the egg cell within that time, the egg cell disintegrates.
- The hormone that causes the uterus to retain its endometrium gets used up by the end of the menstrual cycle. This causes the menstrual phase of the next cycle to begin.



Onset of menarche, which is such an important and complex physiology process is largely dependent on the cultural and religious beliefs and context, marks girls' entrance into adult society, particularly their readiness to be married, carrying with it an expectation of assuming the social role of a mature woman. In that context, menarche often abruptly initiates altered expectations in terms of dressing and permitted social interactions.

Many of the young girls with intellectual disabilities, often have difficulty in understanding what is menstrual cycle and in learning the essential menstrual hygiene skills. Lack of self-help skills, lack of preparation and low levels of comprehension makes it difficult for them to understand the importance of this physiological development. Furthermore, several studies have shown an increase in problem behaviors, emotional problems, and seizure frequency at certain stages of the menstrual cycle due to cyclical hormonal changes and menstrual cramping. Young girls with severe intellectual disability are mostly dependent on parents and caregivers. Maintaining a girl's perineal hygiene, (genital and anal region) however, can be very challenging. Mothers' role in supervision increases, particularly as menstruation ensues at a time when girls become less willing to accept it due to the pain, discomfort of seeing blood which becomes too much for the girl to cope with.

Poor hygiene can lead to an accumulation of smegma, a paste like accumulation of epithelial cells and sebum that collects in moist areas of the genital region such as the clitoral folds and vaginal opening. Smegma can harden over time, causing itch or pain often exacerbated by scratching. Prolonged delay in addressing this would increase the risk for various urinary track infections and cervical diseases. Hence proper hygiene practices are to be ensured.



Some of the important types of personal hygiene are listed below:

1. **Hand-washing:** It stops the spread of germs. It is important to teach children and youngsters to wash hands after sneezing, coughing or blowing noses, before touching food, after toileting, after being in public places, and after being near sick people. Trimming and scrubbing undersides of nails should also be part of regular hand washing exercise.
2. **Regular baths:** keep children and adults clean and healthy. Bathing at the end of the day can also be part of a bedtime routine. Regular bath removes body odour. Regular hair wash removes excess oil and dust and keeps a person look clean and fresh. Make use of bathing activity to start conversation about teaching different body parts, privacy and hygiene
3. **Dental and Nasal Hygiene:** Brushing teeth twice a day, once in the morning and once before bed is a good practice which must be made a routine practice. A good dental hygiene can prevent gum problems, cavities and bad breath. Regular cleaning with nose buds should also be practiced.
4. **Shaving and Underarm hygiene:** It gives clean look, opens skin pores. Young boys and girls should be encouraged to shave excess hair to avoid perspiration and bad body smell. Cleaning underarm hair regularly can prevent body odour which usually comes with puberty.
5. **Genital Hygiene:** Washing genital organs daily with mild soap and water should be encouraged. Washing penis and vagina should become a regular bathing practice. Regular washing can prevent itching, germs, sweat and infections. Pubic hair should be cleaned and shaved periodically. Long unattended pubic hair will lead to urinary tract infections and diseases.
6. **Menstrual Hygiene:** It is important to change sanitary pads regularly and to wash the hands before and after changing pads, or any other sanitary products. Proper disposal of waste and maintaining adequate privacy is to be taken care of. Proper menstrual hygiene prevents the risk for urinary tract infections.

Early talks with your children, regular hygiene routine tasks and repetition and peer modelling proper hygiene skills can help young men and women to take proper care of themselves.

Management of menstruation, varies significantly across cultures dependent on the availability of commercial products, religious beliefs, folk cultures and other societal norms. For this reason, most adolescent girls consider menarche as a frightening, worrying and embarrassing event. Adolescent girls may think menarche as a disorder or disease. In some society's, menstruation is viewed negatively with lot of diet, movement and work restrictions. These negative attitudes can affect the whole life of adolescents. Therefore, it is very crucial to overcome menstruation-related negative attitudes. Sexuality education is beneficial in eliminating or minimizing the negative attitudes.

When young girls with intellectual disabilities begin to menstruate, they need to take a few steps to deal with their menstrual flow and to maintain general hygiene. Generally, girls with mild and moderate intellectual disabilities can understand and learn relevant hygiene skills but girls with severe profound disability need caregiver support in managing personal and menstrual hygiene. The following are some general measures that can help to continue daily routine without being interrupted by periods:

1. Managing menstrual flow to prevent menstrual fluid from soiling the clothes.
2. Maintaining proper hygiene and cleanliness.
3. Eating a balanced diet to provide the body essential nutrients.
4. Maintaining an active lifestyle while avoiding stress and tension.

Genital hygiene should also be emphasized other than the period days. As vaginas are self-cleaning, cleaning with water and very mild soap is often recommended. It is not suggested to use chemically strong soaps as it can cause imbalance to the natural cleaning process and lead to infections. Gaining the right information and attitudes about the menstruation phase is

Important Points:

1. Menarche can begin between 10-15 years. Every girl attains menarche at a different age.
2. Problems in the pituitary gland or thyroid gland which make hormones for body growth and development can delay puberty in children.
3. Usually, blood flow will be for 4-8 days. Approximately 110 ml of blood flows out during periods.
4. This capacity to bear children is called fertility. Menstruation is a sign of fertility.
5. If trained systematically, young girls and women with mild and moderate disability can learn to manage themselves during menstruation with minimal support.



important for creating desired behaviors in protecting and improving both physical and mental health of young girls with intellectual disabilities. If not trained from the teenage, mothers and caregivers will be overburdened with the task of taking care of the menstrual hygiene. Young girls should be explained about these aspects in a simplified way that will ensure the process of developing positive attitude.

Genital Hygiene for Men

It is important to maintain a good genital hygiene to keep the body clean and free from harmful germs and bacteria. Genital hygiene must be taught to both males as well as females. Regular washing of genitals ensures that the genital organs are clean and stay healthy. There are certain types of bacteria which are normally found in the genital area. They are harmless and are in fact important for maintaining the skin in a healthy state. However, an excess build-up of bacteria due to inadequate washing of the genitals can harm the skin and eventually lead to various health related issues. Maintaining good hygiene and care of the genitals reduces the chances of developing problems like skin irritations and some common infections. Often it is assumed that young boys and men (with and without intellectual disability) know the steps of good penile (penis) care but it is not so. Due to the cultural and religious beliefs, penile care and hygiene is less discussed. This leaves them with insufficient, irrelevant and inadequate information which leaves young boys and men in confusion. Genital hygiene should be addressed from young age as soon as the child reaches adolescent age.

In most males, the foreskin is attached to the head of the penis from birth and starts to separate as they grow. This normal separation allows for the foreskin to be pulled back and cleaned. If the foreskin is forcibly retracted, it can lead to severe pain, bleeding, skin tears, and scarring. When a boy is born, his penis is not circumcised. In some of the societies, circumcision is practiced as religious ritual and family tradition. Some families feel it unnecessary. Young boys and kids should not try to forcefully push the foreskin back. As the boy grows, the skin will gradually open up and push backwards on its own. Till the time this happens, just washing the foreskin which is visible is enough. In some of the boys, a white coloured substance called smegma may begin to gather. The purpose of smegma is to provide protection and lubrication to the penis. Forcible pull back of foreskin to clean the smegma should be avoided. The penis, scrotum, anus, as well as the pubic hair should be washed every day with a mild soap and water. Sweat and hair in the underarms and pubic area can produce a strong unpleasant smell. These areas need frequent washing. It must also be ensured that the area between the base of testicles and the anus should also be cleaned daily so that the young boy can feel clean, fresh and odour-free.

Maintaining privacy during genital care, changing, bathing, masturbation should be taught during the process so that young boys and men with intellectual disabilities are not misunderstood of showing socially inappropriate behaviours.

Wet Dreams/Nocturnal Emissions :

A wet dream is also known as a nocturnal emission. Nocturnal means “at night” and emission means “discharge.” This makes sense because a wet dream is semen (the fluid containing sperm) is discharged from the penis during ejaculation while a young boy is asleep. Generally, this event happens in boys ages between 12 and 16. Sometimes boys wake up from a wet dream, but sometimes they sleep through it.

Although some boys may feel embarrassed or even guilty and confusing about having wet dreams, they can't be controlled and you can't stop them from happening, but is completely normal - most guys experience them at some point during puberty and even sometimes as adults. This is a normal part of development. Some of the common reasons for wet dreams are given below:

- Physical stimulations
- When they are excited
- Fantasy
- When they are afraid of something
- Sometimes it also happens in sleep without any reason.

SOME FACTS ABOUT WET DREAMS

1. Testosterone is produced at puberty which produces sperm.
2. Semen builds up in the body. One of the way semen gets released is through wet dreams.
3. Wet dreams are a normal part of growing up.
4. As young boys age, hormone levels decrease, which reduces the frequency of wet dreams.
5. Wet dreams can happen during adolescence and adulthood also.
6. As a parent, there is nothing you can do to stop it or control it.
7. You tell your child that nothing is wrong with them.
8. Try to spend some time, finding out why they are worried? Any stressful events due to which he is fearful.
9. Give them support and encouragement to learn to clean self, change bedsheets and clean undergarments after the wet dream.



Persons with Intellectual disabilities, may not understand why there is discharge and can be very confused and panicked about it. Parents or elder siblings in the family should talk about it and assure that they are healthy, it is a natural process and there is nothing to worry about it. Instead of making them feel ashamed or guilty, let them know how to maintain hygiene during wet dreams like changing clothes, bed sheets, cleaning of semen from genitals and also maintaining privacy while changing dress.

Masturbation:

Masturbation or self-pleasuring, is touching and rubbing parts of their body for sexual pleasure, such as the penis, clitoris, vulva and breasts. It is a normal and healthy way for people to explore their own bodies and find out what feels good, where and how they like to be touched and how to achieve an orgasm. Masturbation is the self-stimulation of the genitals to achieve sexual arousal and pleasure, usually to the point of orgasm or sexual climax. It is commonly done by touching, stroking, or massaging the penis or clitoris until an orgasm is achieved. Masturbation is the first sexual act experienced by most males and females. It is also widely known as “Hand Practice / Hand Made Love” because of the involvement of the hand to experience the pleasure. In young children, masturbation is a normal part of the growing child’s exploration of their body. Most people continue to masturbate in adulthood, and many do so throughout their lives. In addition to feeling good, masturbation is a good way of relieving the sexual tension that can build up over time. While it once was regarded as a perversion and a sign of a mental problem, masturbation now is regarded as a normal, healthy sexual activity that is pleasant, fulfilling, acceptable, and safe. It is a good way to experience sexual pleasure and can be done throughout life.

It is important to understand that masturbation is a normal behavior that is seen at all ages, from childhood, through the teen years and into adulthood. Some people masturbate often, some rarely and some people do not masturbate at all. It is totally a personal decision. Even though it is normal, many a times parents, teachers and other people feel ashamed or embarrassed about masturbation, partly because of out-dated myths (e.g. that masturbation is harmful). For some families, masturbation is very offensive and is not topic which can be discussed in the family with the children.

Some people think masturbation shouldn’t be talked about, perhaps because they are embarrassed. It may also be because they fear the more it is talked about, the more an individual with intellectual disability will indulge himself/herself in masturbation. It may not be true always. Masturbation is not harmful unless it interferes with daily activities (missing school/therapy classes to stay at home to masturbate) or done publicly.

Talking about masturbation with young people with Intellectual and developmental disabilities is important as it encourages safe and non-judgmental environments in which adolescents and adults with intellectual disabilities can explore their sexuality and it supports people with intellectual disabilities to engage in safe practices when masturbating. Talking also helps in breaking down the myths associated with masturbation.

People with intellectual and developmental disabilities need education and training to support them to masturbate in a positive and fulfilling way. They should also know when and where to masturbate, who they can talk about it and in what circumstance it is appropriate to do that. It is OK, if it is done in private for eg: alone in a bathroom or bedroom at home keeping the door closed. Teaching about public and private places and behaviours is very essential. It is also important to talk about privacy. Some children and youth with ID who masturbate may find it difficult to stop. This can lead to the behaviour being carried out in unsafe and inappropriate places. It may become a habit. Trying to stop, suppress, punish and strict supervision may lead to aggressive and rebellious behaviours. Hence setting up clear rules is very important to teach appropriate time and place for self-love.

Possible Reasons for inappropriate masturbation in young people with intellectual and developmental disabilities are:

- a) Lack of structured routine and time made available for masturbation
- b) Lack of appropriate sexuality education related to masturbation
- c) Lack of opportunity for privacy - there may be no locks on bedroom doors to provide privacy
- d) Staff, carers, parents, siblings and other residents may not respect the privacy of Person with ID
- e) Hormone levels can influence sensitivity to tactile stimulation

Masturbation should only be considered a problem if it is:

- Done in public places
- Excessive (causing pain, interfering with other daily activities such as school, therapy, training and work)
- Causing other behavioral issues
- Upsetting for the child.



Tips for parents:

- Remember that children masturbate for many different reasons, including curiosity, exploration and sensory pleasure
- Try to focus on the setting, rather than the activity itself. For example, if your child is masturbating in public, you can tell them that what they are doing is fine, but it is a private behavior that they can do in a private place (like toilet/ Rest room or in bedroom with the door closed.)
- Understand that children may turn to masturbation in times of stress. If your child's masturbation is affecting playtime and other activities, you should find out what is making them anxious or upset
- Be clear, consistent and firm about the rules and timings
- Respect the privacy of your child. Do not barge in unannounced
- Teach them after cleaning process
- Respond to inappropriate masturbation in a calm, non-judgmental manner. Use clear and consistent language. For example, "It's not okay to masturbate here in the living room. You can do that in the bathroom/bedroom."
- Encourage other, incompatible behaviors – your child won't be able to masturbate if his hands are busy doing something else. (eg: games, painting, cooking etc)
- Make the surrounding of your child interesting & pleasant
- Reward not only appropriate behaviors but also the absence of inappropriate behaviors.
- Talk to your health care professional or Rehabilitation for appropriate behaviour modification program and sexuality education

Authors have tried to explain hygiene activities which can be easily implemented by parents, care givers and teachers of adolescents and young adults with intellectual disabilities. The intension is to provide basic information about genital hygiene, masturbation and menstrual hygiene management. The information provided and activities suggested can be modified and adapted to suit the needs of your son or a daughter. What is important is, to teach them maintain proper hygiene habits right from childhood.

Myths and Facts about Masturbation

Myth 1 : Masturbation is not a normal part of Sexual Development.

Fact : According to the study published in JAMA Pediatrics, it is normal part of sexual development and many girls and boys masturbate. It is totally healthy for people with Intellectual and developmental disabilities.

Myth 2 : Masturbation is DIRTY.

Fact : Many studies have shown that it is natural to explore your body and pleasure. Masturbation is integral part for healthy development for people with Intellectual and developmental disabilities.

Myth 3 : Masturbation is harmful .

Fact : In general, the medical community considers masturbation to be a natural and harmless expression of sexuality for both men and women.

Myth 4 : There are no health benefits of Masturbation.

Fact : The health benefits include better sleep, reduced stress and tension, fewer headaches and irritability, improves concentration.

Myth 5 : Masturbation leads to pregnancy.

Fact : Masturbation carries no risk of pregnancy or sexually transmitted infections and may have benefits to sexual and emotional health.

Myth 6 : Masturbation leads to mental health problems.

Fact : One may experience shame and guilt due to associated religious beliefs. Health professionals agree that masturbation is normal, healthy, and doesn't cause physical or mental health problems.

Myth 7 : Masturbation causes health problems such as excessive hair growth on the hands, blindness, infertility, erectile dysfunction and death

Fact : These myths are rooted in sexual shame and embarrassment. They are intended to discourage people with ID from exploring their sexual autonomy and none of them have any scientific evidence. None of these things are true.

Personal Care and Hygiene Management

The following section explains activities and lessons on

- Cleanliness of Genitals – Male
- Masturbation
- Cleanliness of Genitals – female
- Menstrual Hygiene Management
 - ❖ You are free to stick to your cultural and religious beliefs.
 - ❖ The activities, pictures and images and worksheets are suggestive only.
 - ❖ We strongly recommend you to adapt the lessons as per your child's current level of understanding and needs.
 - ❖ The suggested activities are basic and will help you to establish a comfort level with the topic as you begin to start teaching your child.
 - ❖ We suggest you to build upon this and teach higher skills if your child needs it.

Let's start educating our youngsters to maintain healthy hygiene practices.



Points to Remember

- Take bath once or twice and make it a point to clean penis and testicles with water and mild soap.
- Wearing clean(washed) loose fitting, cotton underwear can reduce the problem of sweat, irritation and bad odour.
- Use of towel/ Tissue to wipe dry the genitals after bath
- Encourage to wash hands after using restroom.
- When the young boy starts to develop facial hair, you must talk about shaving and show how to do it. If the young boy is severe and profound disability, you may have to shave regularly by explaining what you are going to do.
- Wash your daughter's vulva (vagina) gently in the bath with water. The vagina cleans itself – don't put anything in it. Wash from front to back to reduce the risk of urinary tract infections.
- Teach to change the sanitary pad every 4-5 hrs during the periods along with proper disposal. Using sanitary pad for longer time increases the risk for urinary track infections.
- If the young girl is having severe ID, the care taker must maintain proper menstrual hygiene procedures time to time and it is also important to talk with the young girl about it.
- Ensure that they dry the washed undergarments under the sun.
- Avoid using cotton saree or cloth. It might be uncomfortable and might lead to rashes.
- Avoid using nylon/synthetic panties and leggings and tight undergarments which do let the air to circulate. It traps the air and builds moisture and heat leading itching and rashes.

Begin the training from young age so that young boys and girls be independent in maintaining personal hygiene.

6. Cleanliness of Genitals - Male

Student Learning Objectives:

Time: 40 min

1. To be able to clean his genitals while taking bath / shower.
2. To be able to clean his genitals after wet dreams.
3. To be able to clean his genitals after masturbation
4. To be able to know how to maintain cleanliness of genitals.

Vocabulary Targeted:

Hygiene, genitals, penis, irritation, infections, bad smell, pubic hair, after shaves, deodorants, wet dreams, masturbation, pubic region etc.,

Materials Used:

work sheets & flash cards, Power point

Activities to be covered:

1. Review the lesson of private body parts of a man.
2. Explain the Word hygiene.
3. Cleaning of genitals of a man while taking bath / shower.
4. Cleaning of genitals after wet dreams.& masturbation.

Procedure:

1. Review the lesson of Private body parts of a man:

Discuss with the children about the changes happen from childhood to adulthood by showing the following sample picture and explain about puberty. Biological changes can happen in various areas like in physical, emotional social, reproductive or sexual changes.

- As a warm up, repeat the private body parts exercise: Show the handout / work sheet which is uncovered and ask him to identify /tell the private parts.
- When he says/identifies the private parts, explain that these are also called as 'Genitals'.
– Emphasize the word genitals as it is a new word for the student.
- Ask the child - when do you wake up in the morning, what do you do generally? Build up the conversation – (Then student may tell that “I brush my teeth, then wash my face, take bath and dress up and so on).
- Tell the child - Good... it is nothing but cleaning your teeth and face and body to maintain hygiene. Same way we have to clean all our body including genitals). Teacher tells the student that today's our lesson is about how to clean the genitals.



2. Explain the Word hygiene:

Tell the child that “hygiene means keeping our body & body parts clean and neat to have good health”. Insist that body parts means both public parts and private parts.

Ask the students –

a) How do we take care of Oral Hygiene? Let the students answer. Add on to the missing points

- We brush our teeth daily two times
- Clean our tongue
- We gargle with luke-warm water

b) Why do we take bath? Let the students answer. Add on to the missing points

- to keep our body clean .
- Not to fall sick or ill
- It reduces bad smell form the body etc

Explain that cleaning all parts of the body are important. Just like we wash face, brush teeth and do head bath we need to clean and wash the private parts like penis, testicles and anus daily during bath.

3. Talking points for Cleanliness of genitals while taking bath / shower:

Explain to the young boy/adolescent each step in detailed manner by showing the picture cards or the Power point.

i) Choose a mild soap: Many soaps contain perfumes that may irritate sensitive skin, and some contain cleaning agents too harsh for use on the genitals. For best results choose a mild, unscented soap meant for use on the body.

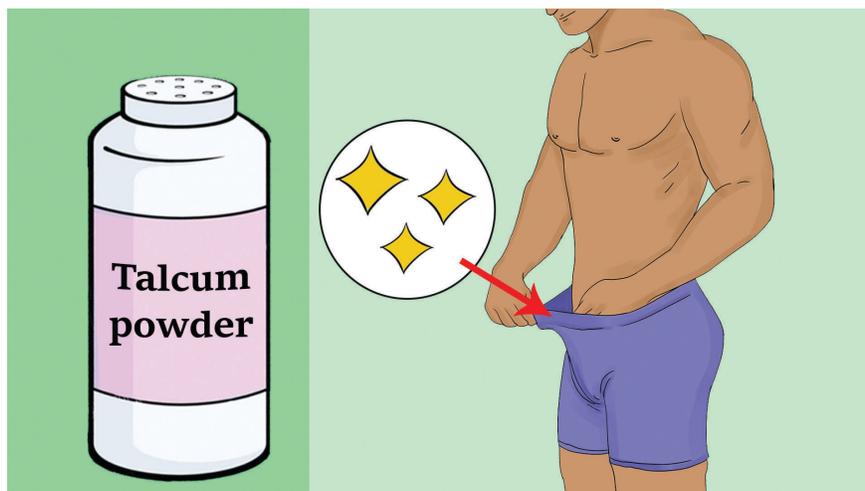
Note: If you have sensitive skin, ask your doctor or dermatologist about choosing soap that’s right for you.



- ii) **Take a shower / bath:** Use luke warm water rather than hot water to avoid burning or irritation of genitals and rest of your body.
- iii) **Wash the penis:** Explain the use of soap and to apply it to the testicles and shaft outer part of the penis, including the anus. Tell them as you wash your face and clean your tongue daily, the same way you need to wash and clean your penis and testicles with water and Soap. Father and brother can show him how to clean step by step. Gradually as he learns reduce the prompts. Any dirt or secretion under the foreskin should also be cleaned regularly. Explain that failure to clean this properly will result in 'smegma' collection, causing bad smell and an increased risk of infection. After washing & wiping genitals, you should also thoroughly dry the penis.

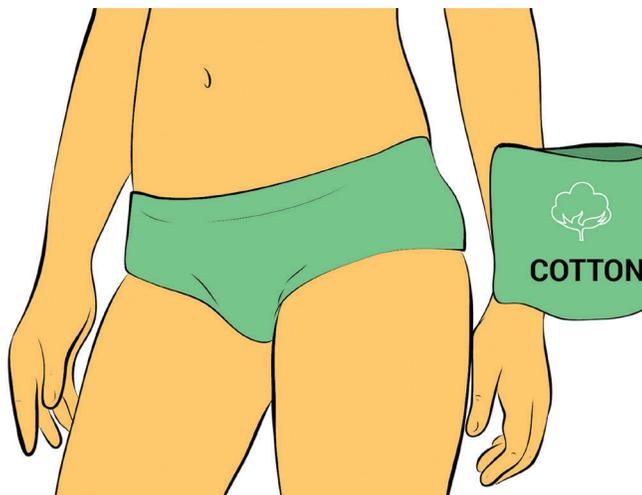


- iv) If you use talc or body powder on your testicles, resist the urge to powder the penis. If talc get under the foreskin, it can cause irritation and discomfort.





- v) Then you should wear cotton underwear as this allows the skin to breathe and keeps moisture away from the body.



Note: If underwear gets wet or soiled, It should be changed immediately. Change underwear every day and wear washed clothes to avoid any kind of infections.

- vi) Regularly remove your pubic hair and hair under the armpit with the help of a trimmer or razor. Care should be taken, not to hurt self and hence adult (father/brother) supervision is necessary until he is independent in doing so.



- vii) It is important not to apply aftershaves or deodorants directly to the genital area.

5. Cleaning self after Wet dreams/Masturbation:

Tell to the student that sometimes they will have discharge during the night. This is called as wet dreams or nocturnal emissions. When you have wet dream, your bed sheet, underwear and pajama will get wet with semen. This will then dry if you don't clean immediately and causes bad smell and will lead to infections.

So if you have wet dream follow the following steps.

- If you have a wet dream, you will need to put the dirty pajamas, under wear and bed sheets in the wash basket.
- You need to put clean bed sheets on your bed.
- You need to have a bath (shower) or wash your penis and testicles with soap and water, including the area underneath your foreskin.

Note: Hand washing should be a part of genital hygiene as hands should be washed after using the toilet, after masturbation, after wet dream.

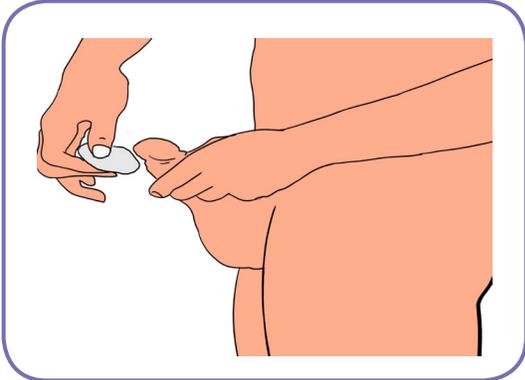
Finally consult a doctor if you have health issues such as rashes in pubic region.



Note:

1. It should be taught by a trusted male adult (Father, brother)
2. Teach in context (i.e., when the young boy/man had a wet dream, after masturbation, or before going to bath)
3. Teach consistently - both at home and at school
4. Using the same strategy for each episode
5. Using relevant supplies (i.e. trimmers, soap, tissue, hand wash etc)
6. The skill should be ideally taught like any other toileting skills
7. Teach Step by Step
8. Emphasize on maintaining privacy

Evaluation: Tick YES /NO (Read the statement aloud and ask oral response in case the student does not read)



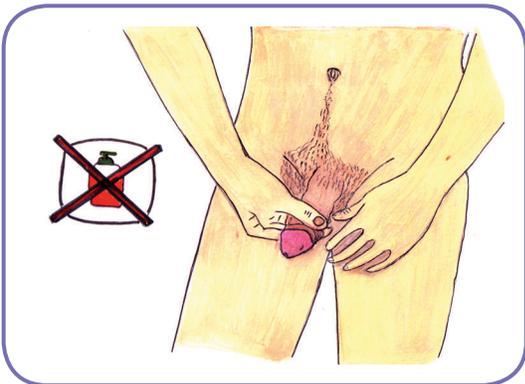
Penis should be cleaned with mild soap everyday

YES NO



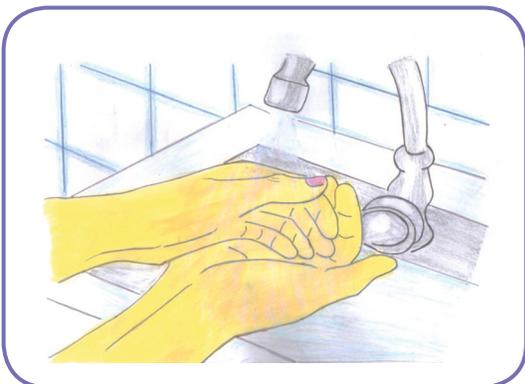
It is better to clean penis and testicles while taking bath everyday

YES NO



One should not apply any deodorant or any aftershave lotion on the penis and testicles

YES NO



It is good to wash hands after cleaning genitals.

YES NO

7. Masturbation

Student Learning Objectives:

Time: 40 min

1. To be able to identify public and private places.
2. To be able to identify public and private activities / behaviors.
3. To be able to identify public and private parts of a man.
4. To be able to learn where does and doesn't do masturbation.
5. To be able to know how to maintain privacy while doing masturbation.
6. To be able to clean his genitals after masturbation.

Vocabulary Targeted:

Public places, private places, public behaviors, private behaviors, genitals, masturbation, erections, cleanliness of genital etc.,

Materials Used:

Activity cards for public Vs private places, activity cards for public Vs private behaviors / activities, worksheets & Flash cards.

Activities to be covered:

1. Public Vs Private places.
2. Public Vs Private activities / behaviors.
3. Public Vs Private parts of a man.
4. Defining masturbation.
5. Maintaining privacy while doing masturbation.
6. Cleanliness of genitals after masturbation.

Procedure:

1. Public Vs Private places:

As a warm-up, repeat the Public Vs Private places exercise: teacher shows activity cards: 1 and asks the student to identify the public / private places of the activity cards.

2. Public Vs Private activities / behaviors:

As a warm-up, repeat the Public Vs Private activities / behaviors exercise: show the activity cards: 2 and asks the children to identify the public / private activities / behaviors of the activity cards.

3. Review the lesson of Public Vs Private parts of a man:

As a warm-up, repeat the Public Vs Private parts of a man exercise: show the activity cards: 3 & 4 and asks the children to identify the public / private parts of a man of the activity cards.



Discussion: 1. Ask the children:

- a. When you touch or rub your genitals how do you feel? Do you feel good or bad?
- b. Touching your private parts (genitals) is it a “public” or “private” behavior / activity?

It is important that the students differentiate between public behaviours and private behaviours so that they do not engage in public masturbation.

4. Defining Masturbation:

The following points will guide a discussion about the topic of masturbation. Be prepared that the children can be embarrassed but some children may wish to share experiences. Explain that this is a safe place to talk about masturbation but it is a private topic and should not be talked about in public places.

- Masturbation is when a person touches or rubs their genitals to make them feel good.
- As you grow you may start feeling sensations that feel nice. Boys will get erections and find it nice to touch private parts of their body. You can choose to do it or not.
- Masturbation is normal. But remember it is a very private thing. You should not touch yourself in front of anyone else.
- Whether someone chooses to masturbate or not is a personal choice.
- Masturbation is not harmful.
- It can be part of a person’s healthy sexual expression. The only time it might be considered a problem is when a person is masturbating so much, that it interferes with the development of healthy relationships or the involvement of other activities.

5. Maintaining privacy while doing masturbation:

- Masturbation is something that is done in private (No body should see you doing it)
- Always close the door of your bedroom or bathroom.
- Where could someone masturbate? – In a **private bathroom** or in **the bedroom**.
- It is **not OK** to masturbate in a **public washroom** or in **public places**.

Note: Explain the student(s) Growing up includes keeping yourself safe from harm.

- You should not let some one touch you on the private parts.
- It is also not right for you to touch someone’s body parts intimately or allow them to touch you .
- Say No and get away from there.
- You need to immediately tell your parents/Teacher.

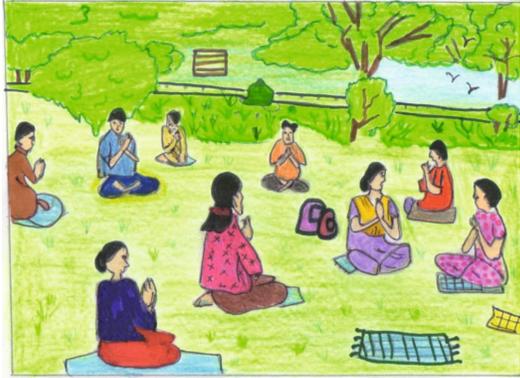
6. Cleanliness of genitals after masturbation: Give some tips for the children regarding masturbation:

- It is best way to clean your genitals after masturbation one’s self using disposable toilet tissue which can be hygienically flushed away or with water.
- **Hand washing** should be a part of genital hygiene as hands should be washed after masturbation.

Evaluation : Give activity cards 5: Masturbation and ask them to tick the pictures which indicates appropriate behaviors while doing masturbation.

ACTIVITY CARDS - 1

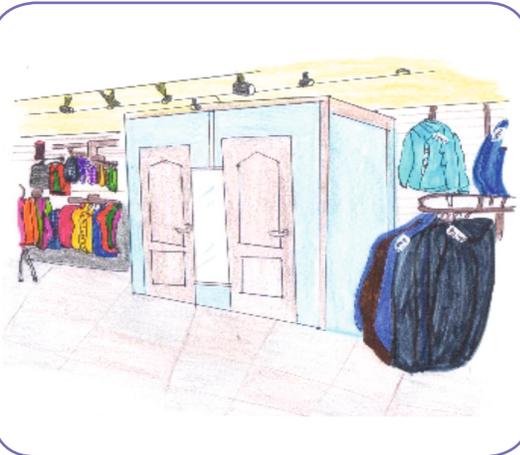
Identify Private Places



Park



Bathroom



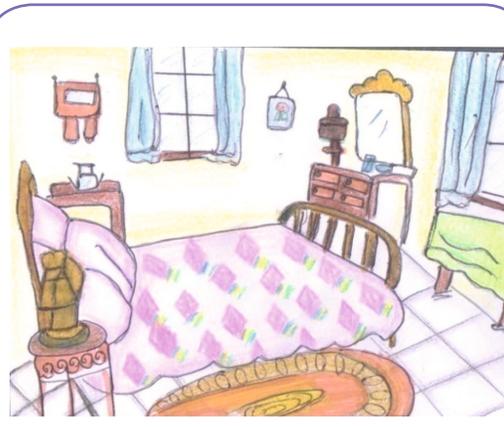
Trial room



School Ground



Public Washrooms



Bedroom

ACTIVITY CARDS - 2

Identify Private / Public Activities



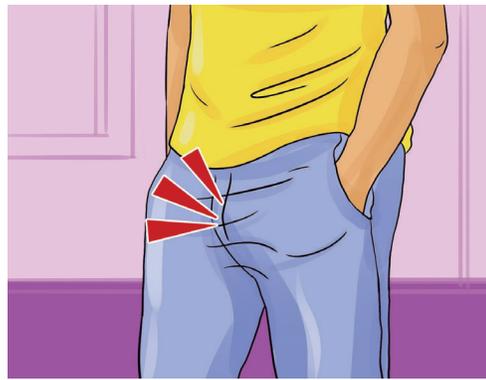
Getting dressed



Playing video games



Shaving beard



Touching private parts



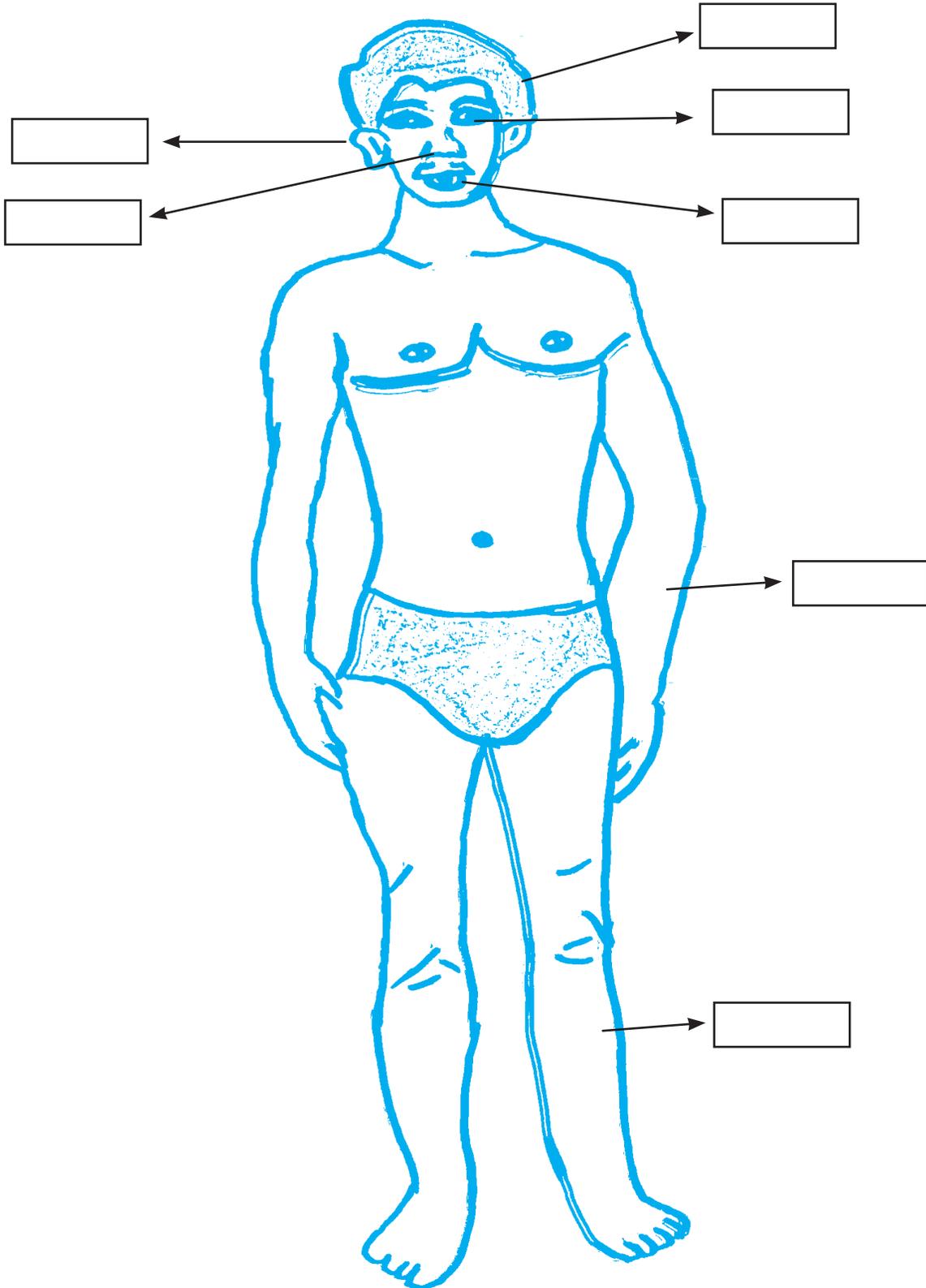
Bathing



Toileting

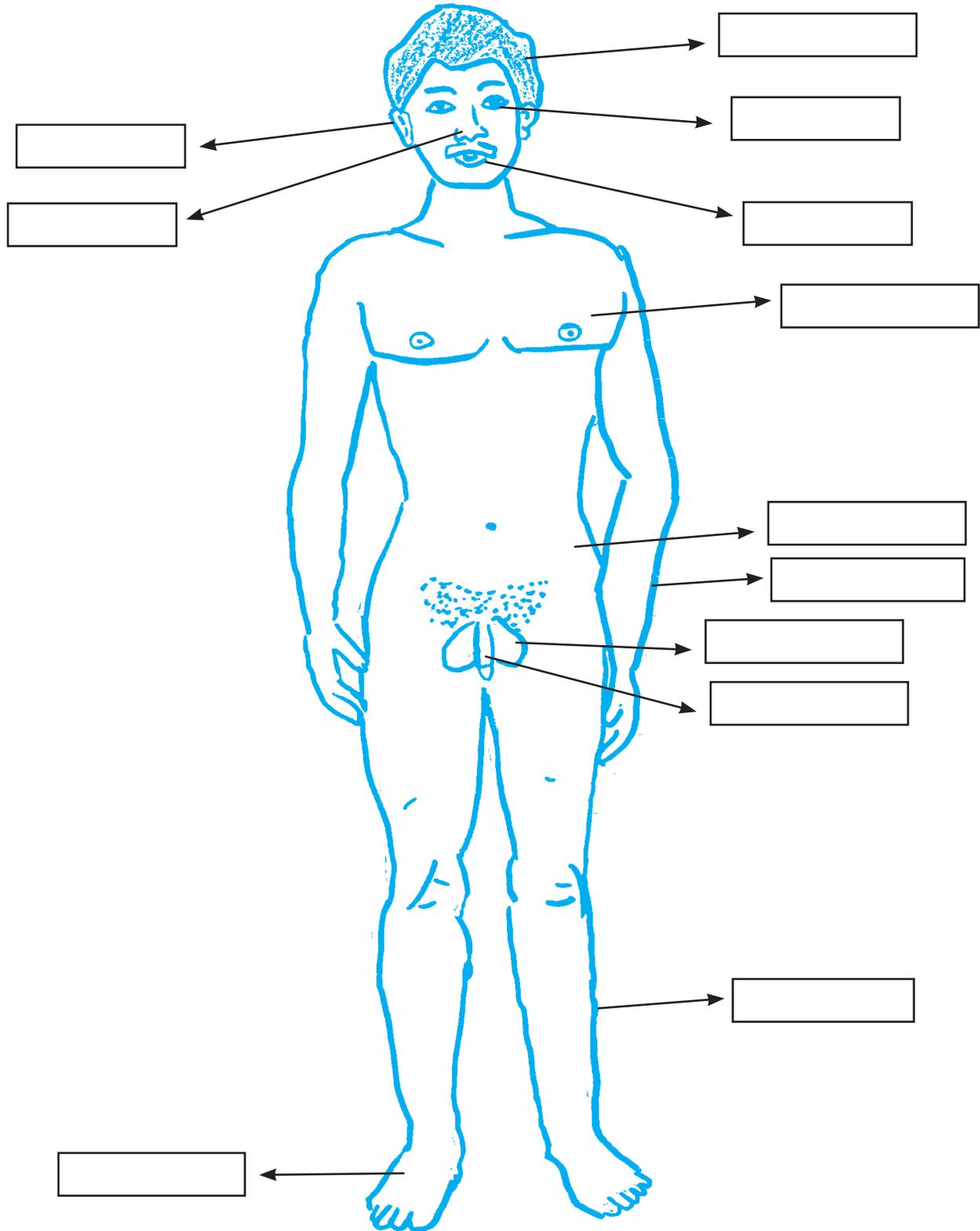
ACTIVITY CARDS - 3

Name or Write the parts of a man in the following picture



ACTIVITY CARDS - 4

Name the parts of a man in the following picture

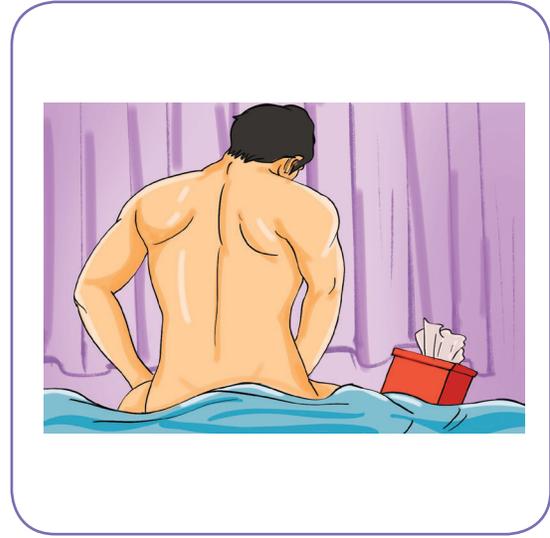


ACTIVITY CARDS - 5

Tick the pictures which indicates appropriate behaviors while doing masturbation.



Masturbating in Bathroom



Masturbating in Bedroom



Masturbating in Public place



Masturbating in Public washrooms



8. Cleanliness of Genitals - Female

Student Learning Objectives:

Time: 40 min

1. To be able to clean her genitals while taking bath / shower.
2. To be able to clean her genitals during menstruation.
3. To be able to know how to maintain cleanliness of genitals.

Vocabulary Targeted:

Hygiene, cleanliness of genitals, vagina, irritation, infections, bad smell, pubic hair, after shaves, deodorants, menstruation, pubic region etc.,

Materials Used:

Work sheets and picture cards.

Activities to be covered:

1. Review the lesson of private body parts of a woman.
2. Defining hygiene.
3. Cleanliness of genitals of a woman while taking bath / shower.
4. Cleanliness of genitals during menstruation.

Procedure:

1. Review the lesson of Private body parts of a woman:

As a warm up, repeat the private body parts exercise: Teacher shows handout / work sheet which is uncovered with underwear and ask her to identify the private parts. Then teacher concludes that those parts are also called as 'Genitals'.

Ask the students when you wake up in the morning what will you do? Then students tell that I brush my teeth then wash my face. Then tell the students it is nothing but cleaning your teeth and face. Tell the students that today our lesson is about how to clean our genitals. We are going to learn about genital hygiene management.

2. Defining hygiene:

Tell the students that "hygiene means keeping our body & body parts clean and healthy".

3. Cleanliness of genitals while taking bath / shower:

Explain the students each step in detailed manner.

- i) **Choose a mild soap:** many soaps contain perfumes that may irritate sensitive skin, and some contain cleaning agents too harsh for use on the genitals. For best results choose a mild, unscented soap meant for use on the body.

Note: If you have sensitive skin, ask your doctor or dermatologist about choosing soap that's right for you.



- ii) **Take a shower / bath:** Use warm water, rather than hot water, to avoid burning or irritating your genitals and rest of your body.



iii) **Clean the vagina:**

- a. It is important to wash the genital area regularly including the anus, to help student free from infections and bad odour.
- b. Since the genital area is moist and warm, bacteria can grow easily. Excretions from the vagina, perspiration, and urine can build up making it even easier for the bacteria to grow.



- c. These bacteria can cause Urinary Tract Infections (UTI's) or vaginal infections.
- d. Cleaning the genital area with a mild soap and water on a regular basis will help control the bacteria growth and limit infections.



Note: A girl should be concerned with the external genitalia and the anus can be washed using a wash cloth or fingers. This can be done daily in a shower or bath .The internal genitals have their own self-cleaning processes. Special care should be taken to open the labias and wash between them.

- iv) After washing & wiping genitals then you should also thoroughly dry the vagina.



v) Then you should wear cotton underwear as this allows the skin to breathe and keeps moisture away from the body.

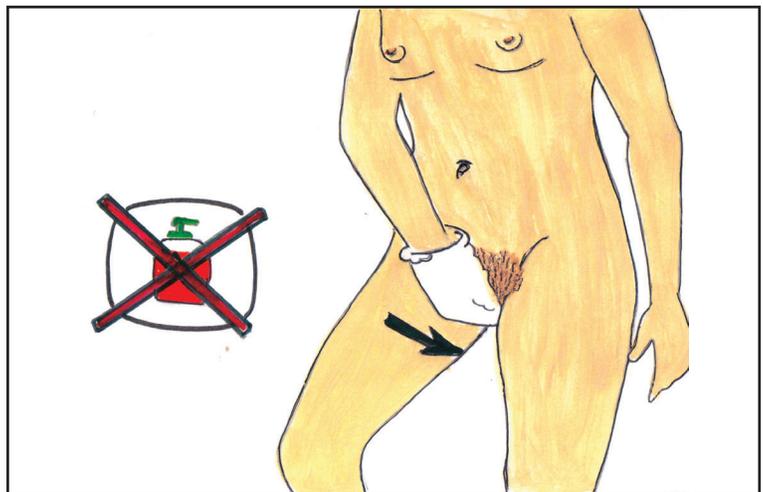
Note: If underwear gets wet or soiled, it should be changed. Change your underwear everyday.



vi) Regularly shave your pubic hair.



vii) Do not apply aftershaves or deodorants directly to the genital area.





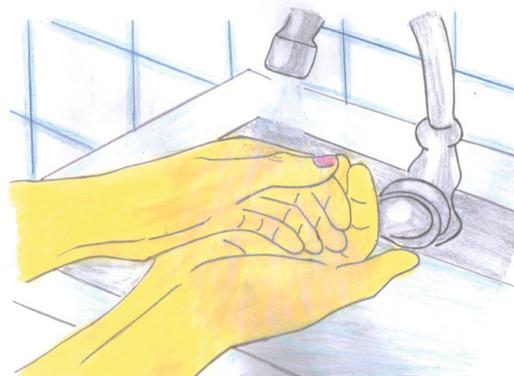
4. Cleanliness of genitals during menstruation:

During menstruation, a strong odour should not occur unless the person does not bath often enough.

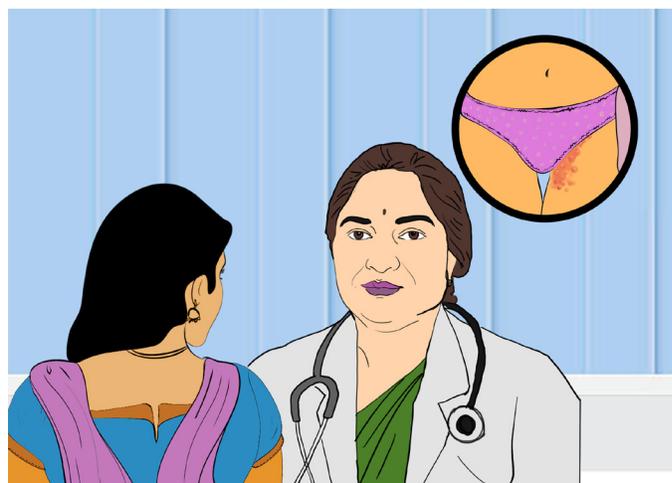
- a. To minimize odour and staining of clothes, washing the genital area at least once a day is recommended.
- b. It is also recommended to change a pad after every five hours, which will help to control the odour and the collection of blood.



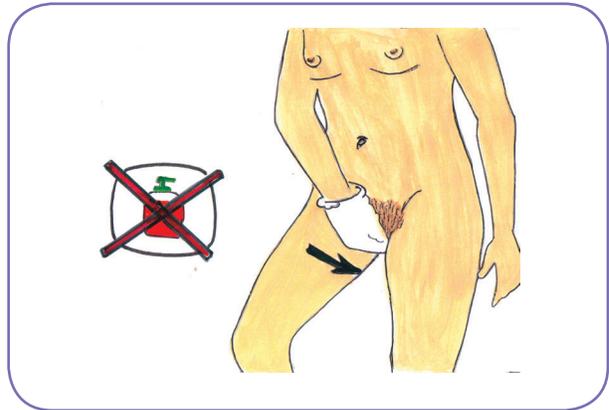
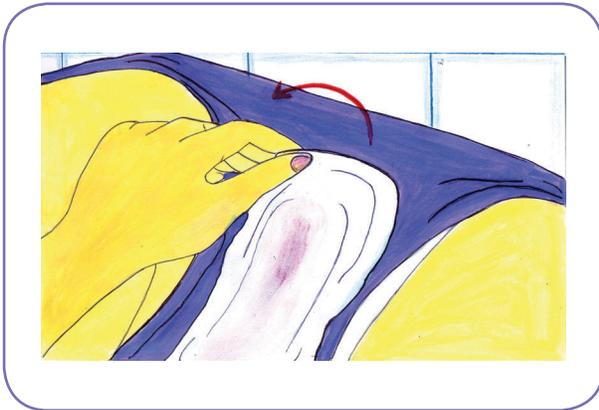
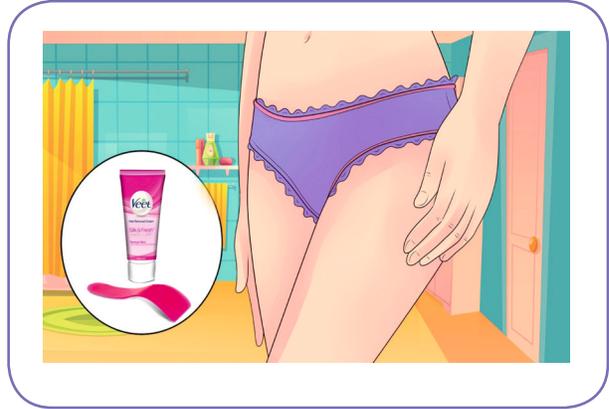
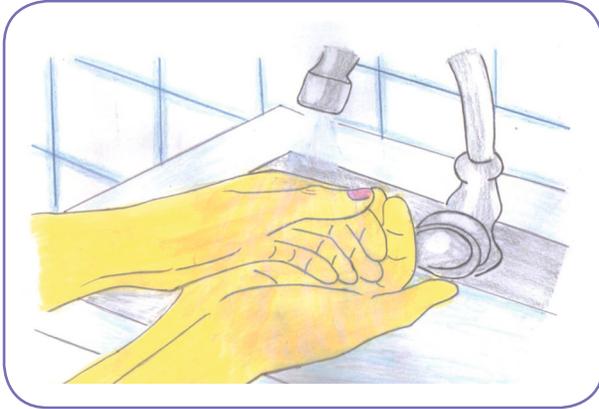
Note: Hand washing should be a part of genital hygiene. Hands should be washed after using the toilet, after menstruation.



- c. Finally consult a doctor if you have health issues such as rashes in pubic region.



Evaluation Sheet: Tick the pictures which indicates appropriate genital cleaning of a woman in the following.





9. Menstrual Hygiene Management

Student Learning Objectives:

Time: 40 min

1. To be able to Identify two signs that may occur before menstruation
2. To be able to describe ways to cope with the changes that occur during menstruation
3. To be able to Identify support systems that help during menstruation

Vocabulary Targeted:

Panty, sanitary pad, blood stain, period, wrap, waste basket, breast, yoga, stomach pain, headache, spoiled pad, nutrients, sticky side, press, pull up, peel, sticky side, handwash, trash bin.

Materials Used:

Menstrual kit - Underwear, toilet paper / old news paper for wrapping, sanitary pad for changing, soap for hand wash etc.

Red food color and water, dropler, used or old envelopes - to teach

Worksheet of female puberty changes (age wise)

Worksheet of statements related to Menstrual Hygiene

Activities to be covered:

1. Review the lesson of cleanliness of genitals
2. Discussion of Pre-Menstrual Symptoms
3. Demonstration of usage of Menstrual Hygiene Kit
4. Discussion of some scenarios
5. Facts and Myths about Menstruation

Procedure:

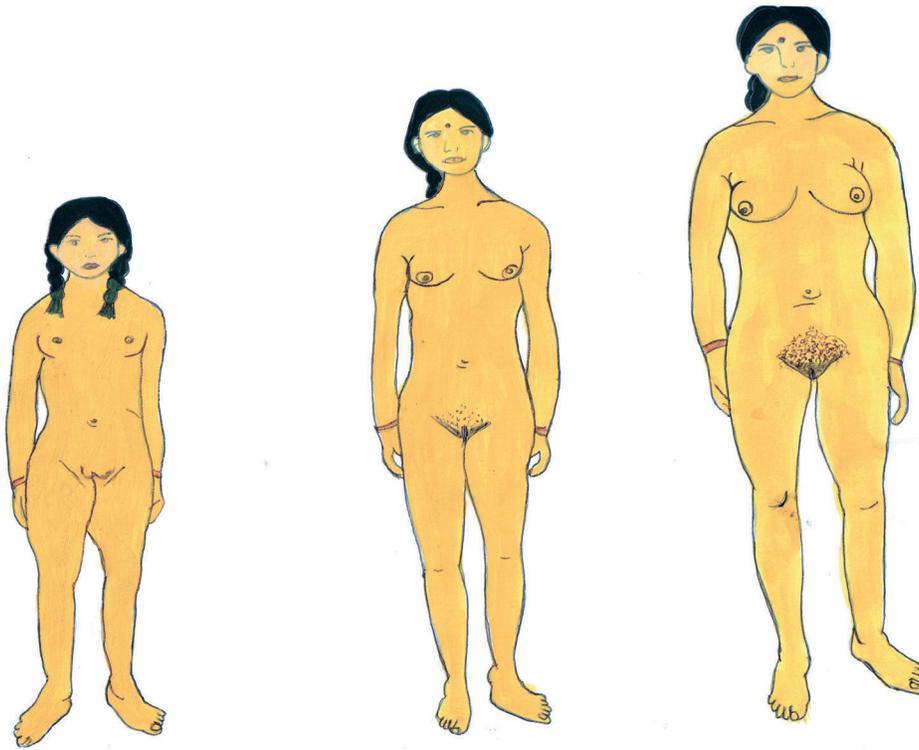
1. Review the lesson of cleanliness of genitals:

As a warm-up, discuss the cleaning process of genitals: Show some pictures in a book / magazine and ask the children about infections in the picture.

Finally ask the students about cleanliness of genitals.



Activity 1 : Discuss the changes happen during puberty by showing picture card of changes during puberty.



Activity 2 : Discussion of Pre-Menstrual Symptoms:

Explain some of the pre-menstrual symptoms before periods start

1. Breast pain
2. Mood changes
3. Fatigue
4. Nausea
5. Back pain
6. Stomach pain
7. Food cravings and aversions
8. Cramping.





Activity 3: Use of Menstrual Hygiene Kit

Demonstrate how to use menstrual hygiene kit

1. Lay the menstrual items out on a table so the students can touch and feel them.
2. Using the Menstrual Hygiene Kit show the students some menstrual pads.
3. Let the children know that various sizes / types (large/ Extra large, with wings/ without wings) are available and it is best to use the unscented ones.
4. Young girls should be taught about which is best to use.
5. Demonstrate using a small cup of water mixed with red food colour and how sanitary pads work by pouring the coloured water and watching as it absorbs the colored water.
6. Use a sanitary pad and a pair of women's underwear to demonstrate how to peel off the sticky strip on the back of the pad and show how it should be placed in a underwear. Also show how to fix the side wings. Use the following the pictures with students.

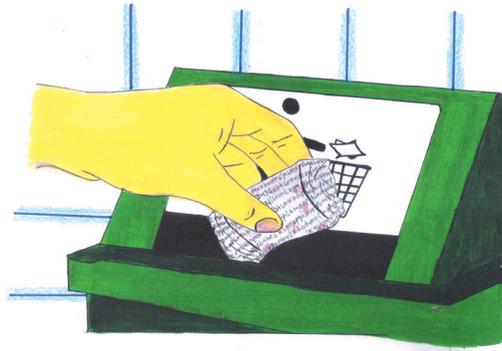


7. Demonstrate how to dispose used / soiled materials properly. To do this, take toilet paper and a pad. Demonstrate how to fold a pad and then how to roll it in toilet paper / old news paper / old or used envelops.



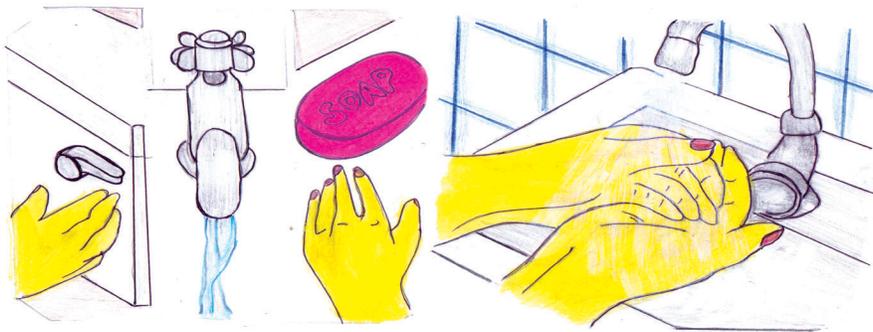
8. Then take your students into the restroom and show them (or see if they can show you) where to dispose the used pads. Discuss where they should dispose pads at home too.

9. Emphasize again that pads are never flushed in the toilet but should be thrown in the trash bin. If the students have difficulty in wrapping (or) rolling pad, use an old envelope to dispose the used / soiled pad.



10. Discuss how often to change pads (every 5 hours, or more often if needed) i.e., in case of over bleeding.

11. Reinforce the need to wash hands both before and after changing a pad.



12. Wearing clean, washed clothes and changing pads often will reduce and prevent unpleasant odors.



13. In case of severe pain or cramps it is advised to take rest.

14. Emphasize to students that it is good practice for a young woman to shower during her periods time.



Activity 4: Discussion of some scenarios

Discuss the following situations and ask your students to what they would do in each case.

Q. A young girl starts her period for the first time when she is at school.

A. She should tell her teacher

Q. A young girl starts her period and the blood soaks through her clothes.

A. She should inform a teacher, parent or guardian to help her. or

A. She should go to washroom and change her underwear and put on a new pad.

Q. A young woman feels that her period is supposed to start.

A. She should put 2 pads in her school bag and an extra underwear and a cover.

Q. A young woman has her period and some blood gets on her underwear.

A. If at home she should change her underwear and put on a new pad or

A. If it is at school, she should try to wipe the blood with toilet paper and then put on a new pad or use the extra underwear & change. Put the soiled once in a cover / old envelop.

Evaluation sheet

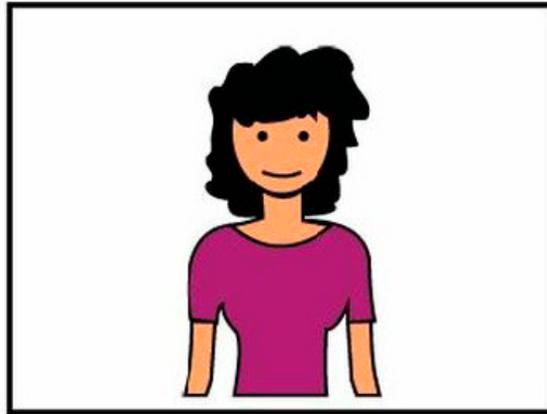
Give the following worksheet, read out for them and ask the statements to answer carefully. If the statement is true, say **YES**, If the statement is false, say **NO**.

STATEMENT	YES	NO
A girl should wash her hands before and after changing her pad.		
A used menstrual pad should be flushed in the toilet.		
When a girl is menstruating, she should change her sanitary pad after every two days.		
A girl who is old enough to menstruate should always have a sanitary pad with her.		
If a girl starts her menstrual period at school, and does not have a sanitary pad. she can ask the teacher for one.		
All teenage girls get menstrual periods every four weeks.		
If a menstrual pad has wings, it is able to stay firm.		
When a girl is menstruating, she cannot play sports.		

Social story on Menstrual Management can be shown for better understanding where students with Intellectual disabilities are visual learners. The following sample social story can be used.

Social story of Menstrual Management

All girls get their period.



All



girls



get



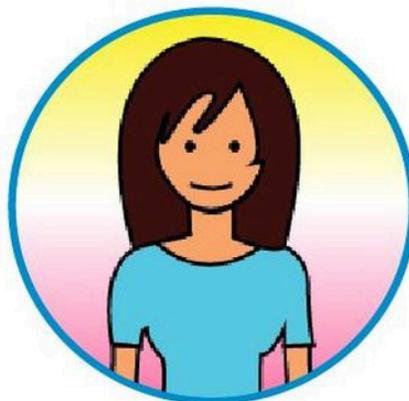
their



period.

I Have My Period

Able2LEARN



I



Have

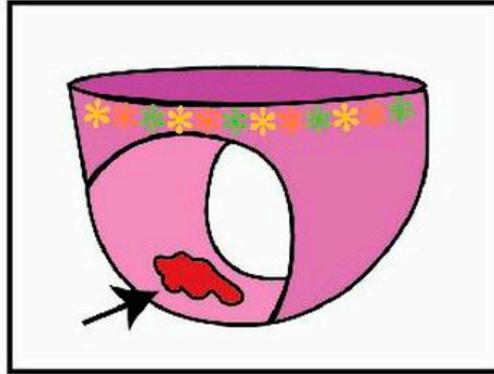


My



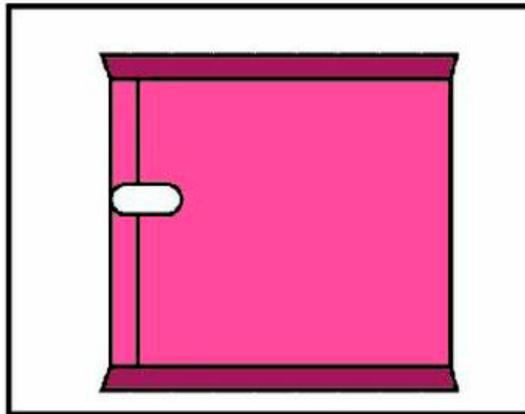
Period

When I get my period, I may get some blood in my underwear.



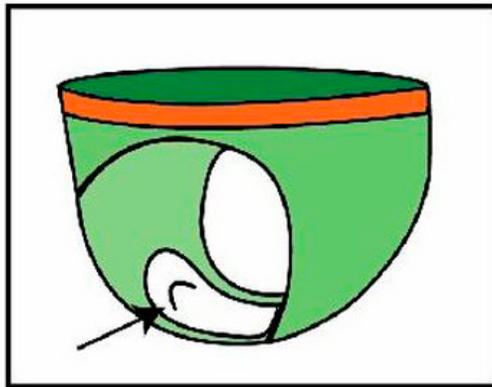
? I get my period I may
get some blood in my underwear.

Some pads come wrapped.



Some pads come wrapped.

I will put a sanitary pad on my underwear.



I

will



put

a

a



pad



on



my



underwear.

Similar kind of booklet is prepared to teach Menstrual Hygiene Management (MHM). Parents, teachers and caregivers can use this booklet for intervention purpose. Students with high functioning level can go through and can practice.

Source : Able2learn.inc 2015.

Chapter - 3

Relationships and Healthy Boundaries

Human beings are social beings and building relationships is a fundamental part of every life. As humans, we are interdependent on each other in every walk of life. Relationship-building describes the process of establishing emotional connections with others, starting from birth to adulthood, which are based on trust, experiences and intimacy. We grow and evolve into mature beings by understanding ourselves and others. This emotional maturity helps in maintain good inter personal relationships with significant others in our lives for example at home, school, college, workplace and community. Through relationships, children discover who they are and learn to understand others. When young children experience people helping, understanding, and enjoying them, they approach the world with openness and enthusiasm, and they grow to be responsive and caring people. Children should be ready to face the socio-emotional challenges that arise in different stages of life. Just like motor development and language development children go through a series of stages with regard to social development.

Children with intellectual and developmental disabilities not only experience delays in achieving motor, language and cognitive milestones but also in social milestones. Social development refers to the process by which a child learns to interact with others around them. As they develop and perceive their own individuality within their community, they also gain skills to communicate with other people and process their actions. Social development most often refers to how a child develops friendships and other relationships, as well how a child handles conflict with peers.

Children with intellectual and developmental disability lack social communication skills and also behavioural skills which are vital to positive social interaction and social development and building relationships. Children with intellectual disabilities have poor social skills due to lack of appropriate training and exposure which often puts them in unwanted and awkward situations. Studies show that everyday experiences with parents are fundamental to a child's developing social skill-set. Parents provide a child with their very first opportunities to develop a relationship, communicate and interact. As a parent, you also model for your child every day how to interact with the people around you. Based on the early experiences in his/her immediate environment, children tend to pick the behaviours and forms of communication which they often observe their parents, siblings and significant others doing.

Because social development is not talked about as much as some other developmental measures, it can be hard for parents to understand the process and to evaluate how their child is developing in this area. Many a times adolescents may show some behaviours which are unacceptable as they were never told that they are inappropriate or the very same behaviours were reinforced during the childhood. The basic social skills are smiling and making eye contact, responding to questions, giving compliments during social interactions. As they grow, essential social skills include ability to identify strangers, differentiate safe and unsafe touch, saying No, expressing emotions and feeling in an acceptable way and so on. Hence, it is very important to monitor the social development of the young individuals with intellectual and developmental disabilities which is very important for leading an independent life.

It makes sense for parents and professionals to remain aware of the social development of persons with intellectual disabilities beyond their childhood and adolescent years. Some families have been taken by surprise when sexual "urges" and interests became evident as late as the person's 20s or even 30s. The appearance of sexual urges and interests should be celebrated as an aspect of persons with intellectual disabilities that is within normal limits. It need not be feared as yet another obstacle to success and independence. You might be tempted to treat sexual expression as simply a behavior to be suppressed. Scientific experts suggest that suppression is not a wise approach to manage this important aspect of life.



Importance of Social Development

Social development can actually impact many of the other forms of development a child experience. Healthy social development can help your child:

Develop language skills. An ability to interact with other children allows for more opportunities to practice and learn speech and language skills. This is a positive cycle, because as communication skills improve, a child is better able to relate to and react to the people around him.

Build self-esteem. Other children provide a child with some of her most exciting and fun experiences. When a young child is unable to make friends, it can be frustrating or even painful. A healthy circle of friends reinforces a child's comfort level with her own individuality.

Strengthen learning skills. In addition to the impact social development can have on general communication skills, many researchers believe that having healthy relationships with peers (from preschool on up) allows for adjustment to different school settings and challenges. Studies show that children who have a hard time getting along with classmates as early as preschool are more likely to experience later academic difficulties.

Resolve conflicts. Stronger self-esteem and better language skills can ultimately lead to a better ability to resolve differences with peers.

Establish positive attitude. A positive attitude ultimately leads to better relationships with others and higher levels of self-confidence.

For a better and scientific understanding, Erickson's psycho social development theory is explained here which will help the parents, caregivers and teachers to learn about the various stages, its development and challenges. Erikson's eight stages contribute to mastering attitudes, developing ideas and relationships and skills at each stage of development. The theory also talks about the psychological conflict that must be successfully overcome in order for a child to develop into a healthy, well-adjusted adult. Although all the stages are important, understanding the first 5 stages will be very helpful in learning about various changes and challenges which children go through at each specific stage.

The stages are briefly explained and you are encouraged to read and co-relate with your child's current development.

Stages of Ericksons Psychosocial Development

Stage 1: Trust vs. mistrust (Birth to 12–18 months old)

The first stage of Erikson's theory begins at birth and lasts until the baby approaches their first birthday and a little beyond. You've probably noticed that the little child is totally dependent on you for everything: food, love, warmth, comfort. Being there for the baby by giving them not only physical care, but also plenty of love and warmth is the most essential thing. By providing these basic needs, parents/caregivers teach them that they can depend on you. This builds within them the psychological strength of trust. Feeling secure and the infant will be ready to experience the world. Children whose needs aren't met, will look at the world with anxiety, fear and mistrust.

Stage 2: Autonomy vs. shame and doubt (18 months to 3 years old)

During this stage, children start to assert their independence. They realize that they can do some things by themselves and they insist on those things. By this stage, your toddler has food preferences. So let them choose their own snacks. Or let them choose which shirt/dress they want to wear. Giving them the space to choose a dress or an activity means helping them build their self-esteem and decision making. At is this stage the child is ready for toilet training. Learning to control their bodily functions gives them a feeling of independence or autonomy. Children who come through this stage with flying colours will believe in themselves and feel secure in their abilities. Children who aren't given the chance to assert themselves (within the limits you set) will battle with feelings of inadequacy and self-doubt according to Erikson.

Stage 3: Initiative vs. guilt (3 to 5 years old)

Once children reach the preschool stage (ages 3–6 years), they are capable of initiating activities and asserting control over their world through social interactions and play. By learning to plan and achieve goals while interacting with others, preschool children can master this task. Initiative, a sense of ambition and responsibility, occurs when parents allow a child to explore within limits and then support the child's choice. These children will develop self-confidence and feel a sense of purpose. You can encourage your child to plan, achieve goals, and take responsibility by making sure they have plenty of opportunities to interact with others.

Let them explore the world within the limits you set up. Take them to visit relatives, friends and older adults and give out gifts and chocolates. Through both interacting with others socially and through play, your child develops self-confidence and learns to enjoy having a sense of purpose. Here's when your child starts asking endless questions. By addressing these questions with genuine interest, you're investing in your child's positive self-image. However, if parents are controlling or don't support their child when they make decisions, the child may not be equipped to take the initiative, may lack ambition and could be filled with guilt. Overpowering feelings of guilt can prevent a child from interacting with others and deter their creativity.

Stage 4: Industry vs. inferiority (5 to 12 years old)

Children are ready to go to school and ready to learn many new skills. Children begin to compare themselves with their peers to see how they measure up. Their circle of influence widens. They either develop a sense of pride and accomplishment in their schoolwork, sports, social activities, and family life, or they feel inferior and inadequate because they feel that they don't measure up. If children do not learn to get along with others or have negative experiences at home or with



Stages of Ericksons Psychosocial Development

peers, an inferiority complex might develop into adolescence and adulthood. If you notice that your child struggles in one area, look for another area in which they can shine. Help your child develop their strengths in areas where they have a natural flair. They may not be good at maths, but perhaps they can dance, draw or sing well. When your child succeeds, they'll feel industrious and believe they can set goals — and reach them. However, if children have repeated negative experiences at home or feel that society is too demanding, they may develop feelings of inferiority.

Stage 5: Identity vs. confusion (12 to 18 years old)

According to Erikson, an adolescent's main task is developing a sense of self. At this psychosocial development stage, your child faces the challenge of developing a sense of self. They form their identity by examining their beliefs, goals, and values. The questions they face aren't easy to answer: "Who am I?", "What do I want to work as?", "How do I fit into society?" Throw into all this confusion the question of "What's happening to my body?" and you'll probably remember the turmoil that you felt during adolescence. On their journey to self, most adolescents will explore different roles and ideas.

Adolescents who are successful at this stage have a strong sense of identity and are able to remain true to their beliefs and values in the face of problems and other people's perspectives. When adolescents are apathetic, do not make a conscious search for identity, or are pressured to conform to their parents' ideas for the future, they may develop a weak sense of self and experience role confusion. They will be unsure of their identity and confused about the future. Teenagers who struggle to adopt a positive role will likely struggle to "find" themselves as adults. The encouragement and reinforcement you give your child are vital to shaping their personal identity. In addition, your child's experiences and social interactions mold their behavior and ideals. Adolescents who successfully weather this crisis will come away with a strong sense of identity. But when adolescents don't search for their identity, they may not develop a strong sense of self and won't have a clear picture of their future. The same confusion may reign supreme if you, as their parent, try to pressure them to conform to your own values and beliefs.

Stage 6: Intimacy vs. isolation (18 to 40 years old)

People with a strong sense of identity are now ready to share their lives with others. After one has developed a sense of self in adolescence, they are ready to share their life with others. However, if other stages have not been successfully resolved, young adults may have trouble developing and maintaining successful relationships with others. Erikson said that we must have a strong sense of self before we can develop successful intimate relationships. Adults who do not develop a positive self-concept in adolescence may experience feelings of loneliness and emotional isolation. People who didn't manage to complete the previous stage successfully and don't have a strong sense of identity are generally unable to build committed relationships, according to this theory. Lacking the security and warmth of a loving relationship, they're more likely to experience loneliness and depression.

Stage 7: Generativity vs. stagnation (40 to 65 years old)

This seventh stage is characterized by a need to give to others. On the home front, this means raising your children. It can also mean contributing to community charities and events that better

Stages of Ericksons Psychosocial Development

society. On the work front, people strive to do well and to be productive. Generativity involves finding your life's work and contributing to the development of others through activities such as volunteering, mentoring, and raising children. During this stage, middle-aged adults begin contributing to the next generation, often through childbirth and caring for others; they also engage in meaningful and productive work which contributes positively to society.

People who complete this stage successfully have the satisfaction of knowing that you're needed. They feel that they're contributing to their families and community and work place. Without the positive feedback in these areas, though, people may experience stagnation. Frustrated that they're unable to raise a family, succeed at work, or contribute to society, they may feel disconnected. They may not feel motivated to invest in personal growth or in productivity.

Stage 8: Integrity vs. despair (Over 65 years old)

This is the stage of reflection. During late adulthood, when the pace of life slows down, people look back on their lives to assess what they've achieved. People who are proud of what they've done experience genuine satisfaction. However, people who are not successful at this stage may feel as if their life has been wasted. They focus on what "would have," "should have," and "could have" been. They face the end of their lives with feelings of bitterness, depression, and despair.

Healthy boundaries are the limits in relationships within which we feel psychologically safe (Kent, 2012). Many a times individuals with intellectual disabilities may have difficulty in understanding the healthy boundaries that are expected in conventional social relationships. Sometimes, they may also have difficulty in understanding different types of relationships due to limited exposure. For example, they may have difficulty to understand the social bond and warm emotional relationship between grandparents, sibling relationship, peer group relationships if they have never been given the chance to interact and have positive experiences. They may interrupt while a conversation is in progress, have difficulty taking turns or waiting for assistance, entering others room without knocking and taking other's belongings. When interacting with caregivers, siblings or acquaintance they may express their feelings through behaviours such as intruding into the personal space, attempting to kiss or touch inappropriately and trying to seek attention by sitting closely. Most often parents and caregivers might ignore these behaviours considering them as - childlike behaviour, he/she doesn't know, he is too young to think in sexual way etc . If not corrected, the very childlike behaviours may transform into difficult challenging behaviours which may leave caregivers/siblings and significant others feeling confused and uncomfortable. Hence, a fitting response is to consistently and immediately provide straight forward feedback that these behaviours are not acceptable.



It is also important to make our children with intellectual and developmental disabilities to differentiate between family members, friends, relatives, acquaintance and complete strangers. Appropriate ways of communicating such as using courtesy words, saying No if they do not want to do anything or do not like anything. As parents, caregivers and teachers we need to respect their choices and accept their decisions as it would be the first step to teach them to be assertive. Children who are predominantly non-verbal may express their needs and choices through gestures and pointing. Careful contextual observation is essential to understand their non-verbal communication and behaviours.

Teaching good touch - bad touch or safe and unsafe touch can be difficult and challenging when working with children or adolescents with intellectual and developmental disabilities. Showing pictures or videos of an adult hugging a child as a bad touch can give the wrong message regarding situations where a hug is appropriate, such as when a parent hugs a child. It is very important to see whether the right message is being conveyed to them.

The main aim of teaching this differentiation between safe and unsafe touch is to get across the concept of whether touching is good or bad depends on who is touching and how he/she is touching the other person. Anyone who is touching another person on the breasts, penis, or pelvic area, or who tries to kiss another person without that person's consent is performing a BAD touch. A mother touching while changing dress or a doctor touching to examine is not considered as a bad touch. Good touch and bad touch both give us feelings. The difference is that one is not harmful to the person and the other one is.

Our interactions with loved ones, friends, and strangers often include some form of physical contact, but there are distinct lines we do not cross when it comes to touching people in these three groups. For example, it's okay to kiss our moms on the cheek, but we would never kiss or hug strangers. This needs to be explained using variety of examples. Modeling is a strategy where a Parent or teacher demonstrates a concept and children learn by watching. Have your child or students sit and watch while you demonstrate and explain the different forms of touch and when we use them. Model things like high fives, handshakes, and side hugs; then try including these examples in different scenarios.

Role-playing is another effective strategy where two or more people act out a scenario and students observe. With you and your family members or other school employee as actors, demonstrate some different scenarios with which your students may be familiar, such as:

- Seeing an old friend in the market/shopping mall
- Watching cricket or kabaddi game with friends
- Going out to a park/cinema with family members/siblings
- Visiting your grandparents

Use contextual examples to explain how strangers may try to communicate and lure them while offering sweets/toys etc. The following exercises are to help individuals who may have a hard time with abstract concepts, learn about good touch/bad touch. Learning about good touch/bad touch, public and private behaviours, trusted adults and strangers is important in order to protect oneself from abusive situations. Repeated instructions and examples can help them to have a better understanding.

Authors have tried to explain activities and vocabulary which needs to be stressed while training about the relationships and healthy boundaries which can be easily implemented by parents, care givers and teachers of adolescents and young adults with intellectual disabilities. The information provided and activities suggested can be modified and adapted to suit the needs of your son and daughter. What is important is, to teach them to build healthy relationships and to maintain appropriate and acceptable social behaviours and to identify and keep themselves away from abusive situations and persons.

Relationships and Healthy Boundaries

The following section explains activities and lessons on

- Family members and Strangers
 - Differentiating Public and Private places
 - Differentiating Public and Private behaviours
 - Good Touch and Bad Touch
-
- ❖ The activities, pictures and images and worksheets are suggestive only.
 - ❖ We strongly recommend you to adapt the lessons as per your child's current level of understanding and needs.
 - ❖ The suggested activities will help you to establish a comfort level with the topic as you begin to start teaching your child.

Let's start educating our young boys and girls to be smart and responsible.



Points to Remember

- Speak Positive about your Child/Student to others. You will encourage a positive sense of self and keep the communication lines open.
- Spend interrupted time with your child every day and try to keep discussions light and fun.
- Give your child an opportunity to explore communication and relationship building by using the magic words: Please, Thank you and Sorry.
- Never leave the child unattended with the mobile phone. As a lot of pop-up windows open which can show unwanted pictures and videos with just a click.
- Anger, sorrow, embarrassment, every feeling is important and it should come out. Hence, give opportunity for children to express their emotions in appropriate ways. Suppressing emotions should never be encouraged.
- Allow your kids to play with other kids to build positive relationships.
- Taking them to social gatherings (Birthdays, marriages, get togethers, temples, poojas) can facilitate observational learning.
- Use praise and positive reinforcement when your child shows a particular or displays the desired behaviour.
- Ask your child questions to make sure they have understood the information.
- Adolescents learn values, ethics and etiquette practiced by their parents, sibling, teachers and significant adults. Appropriate role modelling, promotes healthy behaviours in adolescents.
- Observe for unusual changes in the behaviours. They may not want to go to school/therapy center. Talk to them and trust what they say.

Consult your special educator, rehabilitation professional or physician if need be.

10. Family Members and Strangers

Student Learning Objectives:

Time: 40 min

1. To be able to define the term family member, friend, helper, familiar person, stranger.
2. To be able to correctly label the characters in a given situation as family member, helper, familiar person, stranger.
3. To be able to demonstrate appropriate safe behaviour when a stranger approach.

Vocabulary Targeted:

Family member, Father, Mother, Brother, Sister, Cousin, Friend, Helper, Professional therapist, Stranger.

Materials Used:

Pictures of family members with relationship, pictures of few friends, helpers , familiar persons, stranger.

Photo album of each student for identification of family members, magazines

Work sheet of people in my life.

Worksheet of relationships

A teacher assistant or acting student to help with role plays.

Activities to be covered:

1. Defining terms.
2. Identification of people in each student's life.
3. Role plays showing "Stranger-safety skills".
4. Activity sheet of different types of relationships

Procedure:

1. Talking points

- Every day we interact with many people. Each of them have a special relationship with us.
- The **teacher** at the school who smiles as we enter by the helper at the school, or professional **therapists**, our own extended family members all of these people play important roles in their lives.
- For children with intellectually challenged the ability to discriminate between a stranger, a helper, a friend, a professional therapist and a family member and understand what behaviors are appropriate within each relationship is a critical social skill.



Activity -1 : Define terms- different kinds of relationships

- Family member
- Friend
- Therapist
- Stranger
- Wife – Husband
- Helper
- Familiar person

Family member: Family members are the people who reside with us all through our life like, father, mother, brother, sister, grandfather, grandmother etc.

Wife – Husband: A man and woman married by religious customs and stay together to build a family.

Friend : A person who you know well and who you like a lot, but who is usually not a member of your family:

Helper: A helper is a person who helps another person. Most of the helpers are paid to help you. Ex: caretaker, servant maid.

Therapist: A person skilled in a particular kind of therapy. Ex: Speech therapist, Physiotherapist, Occupational therapist etc.

Familiar person: Someone you know but usually they don't stay with you. Ex: Neighbour's, Shopkeepers where you frequently go there.

Stranger: Someone you don't know and don't stay with you. Ex: sales executives, street vendors , co travelers in the bus, auto, train etc.

Activity -2 : Identification of people in student's life:

Look through photo albums or magazines and have students point out people who are helpers / family members / friends / familiar persons / therapist / stranger etc.,

Activity-3: Role-play about “Strangers”

Explain to children now, that they know about different types of relationships, they are going to have a chance to see if they can tell what kind of relationship exists by the type of behaviour used during greeting.

Situation: Ramu and Kiran are studying in the same class at school from three years. They go everywhere together, share their food and other things. They go to music class together, visit each other's house frequently etc.,(Ramu and Kiran are friends)

Kiran went to Ramu's house for his birthday party, where Ramu's mother - Manjula Aunty gave him cake and the chocolates. (Here Ramu and Manjula aunty are familiar persons)

Ramu and Kiran both of them go to the same therapy center. Dr. Anitha, gives them speech therapy regularly - (Dr. Anitha - therapist. She is also a known person).

Similarly give some more examples from their daily life.

Worksheet of Relationships

Stick the pictures of the following members



Father



Mother



Brother



Sister

Worksheet of Relationships

Stick the pictures of the following members



My Grandfather



My Grandmother



My Uncle



My Friend

ACTIVITY SHEET

Activity sheet of different types of relationships:

The following activity sheet can help the Intellectual disabilities to identify the different kinds of relationships. The following pictures can be used to teach about various people around them.

From the following pictures, let's determine the type of relationship and discuss why it is that type of relationship. Some of the relationships depicted can fall into more than one relationship category.



Strangers



Wife and Husband



Family



Family



Friends



Friends



Professional Relationship



Strangers



Strangers

Worksheet on Relationships

Tick the appropriate word for the following picture

- Family
- Friends
- Professional Relationship
- Strangers



- Family
- Friends
- Professional Relationship
- Strangers



- Family
- Friends
- Professional Relationship
- Strangers



- Family
- Friends
- Professional Relationship
- Strangers



11. Public Vs Private places

Student Learning Objectives:

Time: 40 min

1. To be able to identify public and private places.
2. To be able to differentiate public and private places

Vocabulary Targeted:

Bathroom, Bedroom, Trial room, Living room, Classroom, Kitchen, School ground, Park, Grocery shop, Church / Temple / Mosque, Swimming pool, Public washroom, Post office, Vegetable market, Hospital, Bus stand, Canteen, Restaurant, Railway station, Gym, Library, Zoo, Bank, ATM centre, Public place & Private place etc.,

Materials Used:

Activity cards, magazine, photo album & work sheets

Activities to be covered:

1. Defining public and private places.
2. Activities for public and private places.

Procedure:

1. Definition of Public Versus Private Places:

Public places :

- A place where there is more than 1 person.
- Places where you are likely to see other people.

Ex: Classroom, kitchen, park, public washroom, temple/church/mosque

Private places :

- A place where there is only one person.
- A place in which you are usually alone.

Ex: Bathroom, bedroom, trial room,



2. Public and Private Places:

Private Vs Public – What’s the difference:

Discussion: 1. Ask the child

- a. What did you do this morning? Tell the activities / behaviors then teacher writes on the board the responses given by the students,
- Brushing teeth,
 - Going to the toilet,
 - Taking bath
 - Changing clothes,
 - Eating breakfast and
 - Taking the bus.

Tell the children that we are going to learn about public and private places.

3. Activities for Public versus Private Places:

1. Post the titles “Private” and “Public” on the board.
2. Activity cards 1: Private / Public Places to student. It may be best to laminate the cards for future use.
3. Let the children place each card under the title which best fits the place described.

Private	Public	
<ul style="list-style-type: none">• Bathroom• Bedroom• Trial room• Public washroom	<ul style="list-style-type: none">• Classroom• Kitchen• School ground• Park• Shopping mall• Church / Temple / Mosque• Swimming pool• Post office• Vegetable market• Police station• Living room	<ul style="list-style-type: none">• Hospital• Bus stand• Restaurant• Railway station• Gym• Library• Grocery store• Zoo• Bank• ATM centre

Evaluation :

Give the activity cards 2: Private / Public places and ask them to tick the pictures which indicates private places. If needed modify the activities and picture cards.

Cards-1 : Private and Public Places



Park



Living Room (Hall)



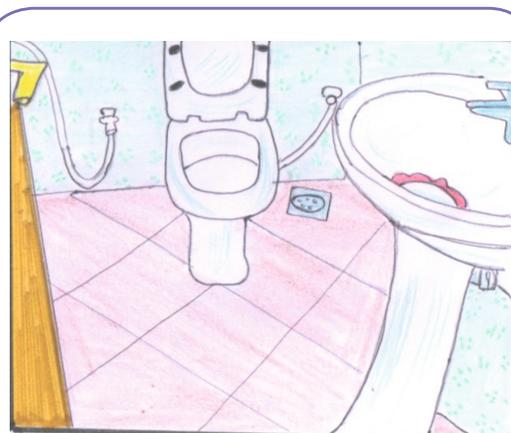
Hospital



Bedroom

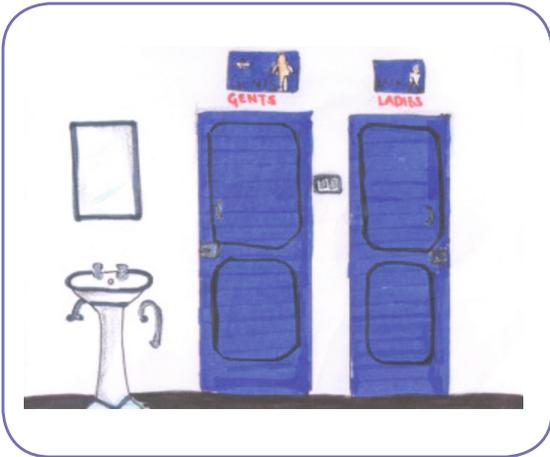


Play Ground



Bathroom

Cards-1 : Private and Public Places



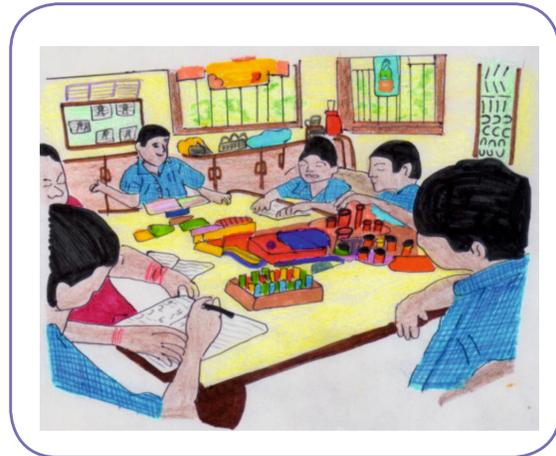
Public Washrooms



Vegetable Market



Church



Library



Trial Room



Temple

Cards-1 : Private and Public Places



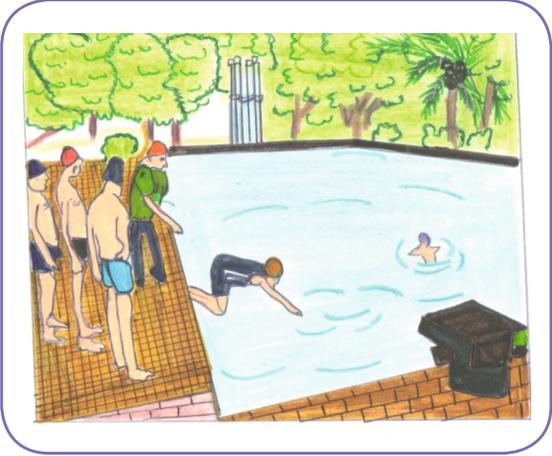
ATM Center



Railway Station



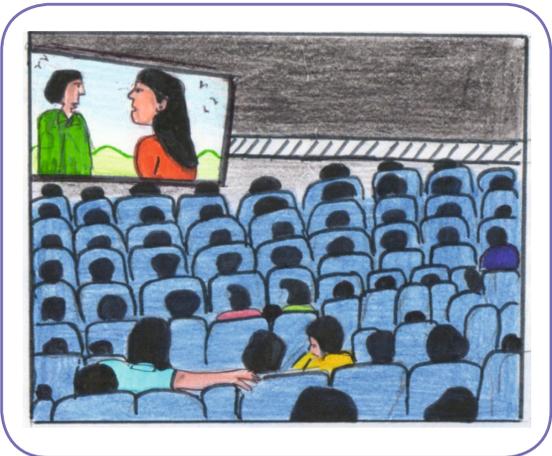
Post Office



Swimming Pool



Bus Stand



Cinema Theatre

Cards-1 : Private and Public Places



Mosque



Grocery Shop



Kitchen



Bank

Cards-2 : Private and Public Places

Tick the pictures which indicates PRIVATE PLACES in the following



Park



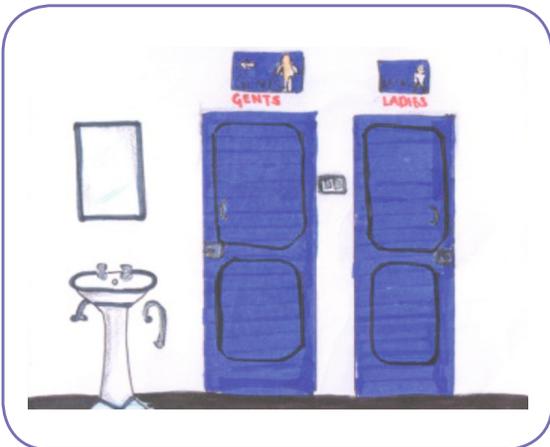
Bathroom



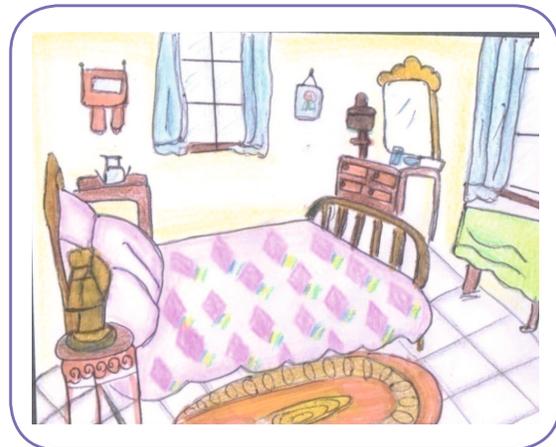
Trial Room



Play Ground



Public Washrooms



Bedroom



12. Public Vs Private Behaviours

Student Learning Objectives:

Time: 40 min

1. To be able to identify public and private activities / behaviours.
2. To be able to differentiate the public and private behaviours

Vocabulary Targeted:

Public behavior, Private behavior, Bathing, Going to the toilet/bathroom,

Getting dressed or undressed, Shaving underarms & pubic hair, Changing clothes in trail room, Touching your private parts, Masturbating, Eating lunch, Riding the bus, Exercising, Talking on the phone (depending on the conversation), Singing & dancing, Watching TV, Reading a newspaper, Playing video games, Cooking, Washing dishes, Shaving beard, etc.,

Materials Used:

Activity cards, magazine, photo album & work sheets

Activities to be covered:

1. Review of Public Vs Private places.
2. Defining public and private behaviours.
3. Activities for public and private activities / behaviours.

Procedure:

Public and Private Behaviours:

1. Review of Public Vs Private places:

As a warm-up, repeat the Public Vs Private places exercise: show the activity cards 1: Public Vs Private places and ask the children to identify the public / private places in the activity cards.

Discuss with the students/children:

- a. **What did you do this morning? Tell the activities / behaviours. Then write them on the board.**
 - brushing teeth,
 - going to the bathroom,
 - changing clothes,
 - eating breakfast
 - riding the bus
 - going to school

b. Now tell me did anybody see you while – brushing ? Eating?

Discuss, who all will be present while doing these activities.

c. Now Say : some activities should not be seen by others. (Except mother/father who helps you) Ask Did anybody see you while going to toilet other than your parents? No, because it is private activity which is done in a washroom which is a private place.

Similarly, while taking bath and changing clothes nobody should see you. You need to maintain privacy by closing the door. This is a private activity. This is done in bedroom or in washroom which are private places.

2. Definition of Public and Private behaviours / activities:

Explain that Public Behaviours are:

Activities you can do when you are with or around other people.

Ex: Eating lunch, talking on the phone, shaving beard.

Private Behaviours are :

- Things you do only when you are by yourself.
- Should occur in an appropriate private place.

Ex: Adjusting underwear, going to the bathroom, changing dress/ sanitary pad, masturbation etc

3. Activities for Public and Private behaviours / activities:

1. Post the titles “Private Behavior” and “Public Behavior” on the board.
2. Give the Activity cards 2: Private / Public behaviours / activities, to the children. It may be best to laminate the cards for future use.
3. Let the children place each card under the title which best fits in the place described.
4. Finally, ask the child to list places (at home or in other places) where it is permissible to be without clothing



Private Activities / behaviors	Public Activities / behaviors
<ul style="list-style-type: none">• Putting on make-up• Bathing• Going to the toilet/bathroom• Getting dressed or undressed• Putting on deodorant• Shaving underarms & pubic hair• Changing clothes in trail room for appropriate fitting of dress• Kissing• Touching your private parts• Adjusting Underwear• Talking about sexual feelings• Cleaning nose• Masturbating	<ul style="list-style-type: none">• Eating lunch• Riding the bus• Exercising• Talking on the phone (depending on the conversation)• Singing & dancing• Watching TV• Reading a newspaper• Playing video games• Cooking• Washing dishes• Shaving beard• Cutting hair

4. Activity sheet of Appropriate and Inappropriate activity or behaviours

Show the activity sheets of appropriate and inappropriate behaviours and explain the difference between them.

5. Discuss the House Rules:

It is important to follow some rules at home and at school. .

Discuss the house rules regarding dressing and touching self and explain why they need to follow the rules. Emphasize the private and public places and behaviours.

Discuss the house rules regarding touch:

Where is it Ok to be with just underwear on?

Where is it Ok to be without clothes?

Where can I get dressed and undressed?

Discuss the house rules regarding touch:

Where in the house can I touch my private parts? What are the private areas in the home?

What are the private areas in the school?

What are the public areas in the home?

What are the private areas in the school?

What are the public areas in the community?

What are the private areas in the community?

Evaluation:

Give the work sheets of Private / Public behaviours and ask them to tick / point the word which indicates private behaviours and public behaviours. If the student can write, ask him/her to write the words public/private.

ACTIVITY SHEET-1

Identification of the pictures which indicates PRIVATE PLACES in the following



Park



Bathroom



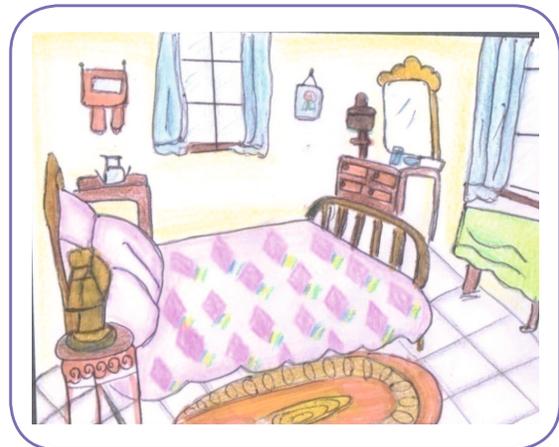
Trial Room



Play Ground



Public Washrooms



Bedroom

ACTIVITY SHEET-2

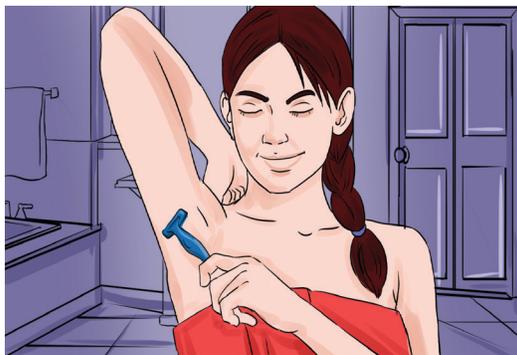
IDENTIFY OR POINT PRIVATE / PUBLIC ACTIVITIES & BEHAVIOURS



Washing dishes



Playing video games



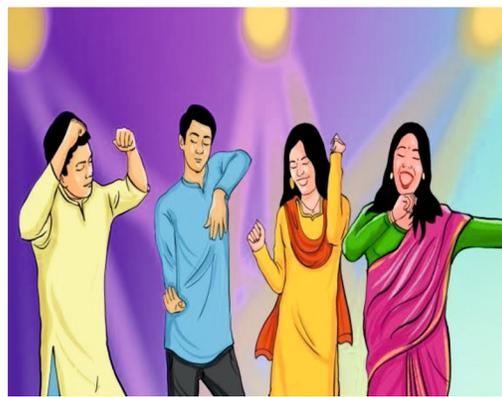
Shaving underarms



Toileting



Getting dressed



Dancing

ACTIVITY SHEET-3

IDENTIFY OR POINT PRIVATE / PUBLIC ACTIVITIES & BEHAVIOURS



Singing



Shaving Pubic Area



Shaving



Talking on the phone



Touching private parts



Watching TV

ACTIVITY SHEET-4

IDENTIFY OR POINT PRIVATE / PUBLIC ACTIVITIES & BEHAVIOURS



Reading newspaper



Eating Lunch



Exercising



Changing clothes in the bathroom



Cooking



Riding in the Bus

ACTIVITY SHEET-5

EXPLAIN THE DIFFERENCES

Inappropriate Behaviours / Activities



Appropriate Behaviours / Activities



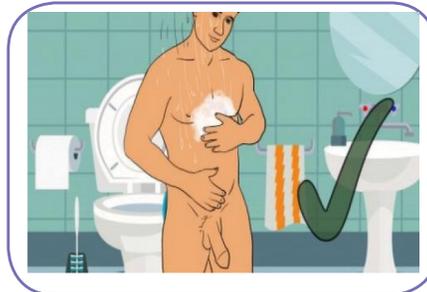
ACTIVITY SHEET-6

EXPLAIN THE DIFFERENCES

Inappropriate Behaviours / Activities

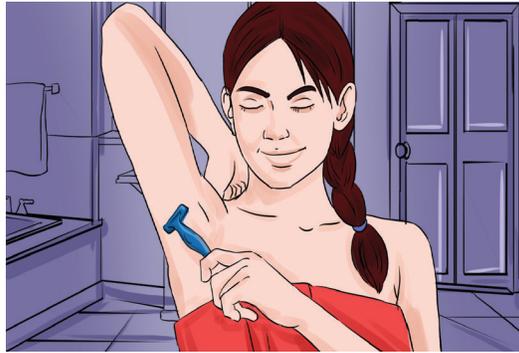


Appropriate Behaviours / Activities



EVALUATION SHEET

Tick the pictures which indicates Private Activities / Behaviours



Shaving underarms



Playing video games



Shaving



Bathing



Touching private parts



Watching TV

EVALUATION SHEET

Tick the pictures which indicates Public Activities / Behaviours



Washing clothes



Maintaining intimate Relationship



Singing



Reading the News Paper



Wiping the genitals



Talking over the phone

13. Good touch and Bad touch

Student Learning Objectives:

Time: 40 min

1. To be able to Identify three different types of touch
2. To be able to label different types of touch
3. To be able to identify different kinds of relationships in which touch is appropriate /ok
4. To be able to decide how they want to be touched (appropriate touch)

Vocabulary Targeted:

Good touch, Bad touch, Unwanted Touch, shake hand, painful, harmful, happy, pinch, secret, strangers, comfortable, uncomfortable, feelings, scared.

Materials Used:

Colouring sheet, Picture cards
“Your touching rights” handout,
“Underwear rules” handout

Activities to be covered:

1. Types of touch
2. Review relationships
3. Underwear rule

Procedure:

Talking points

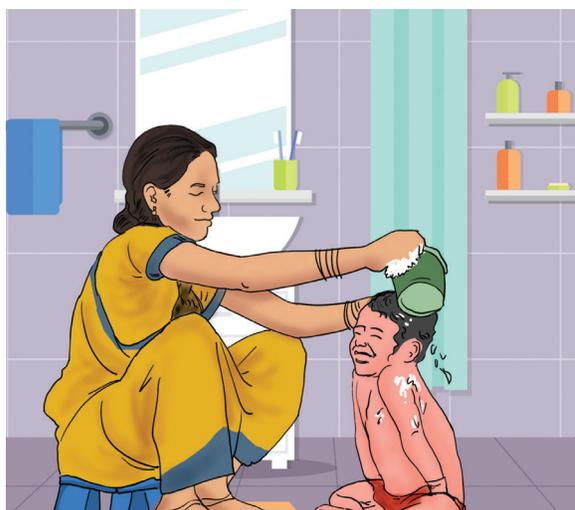
- Discuss with the children that we all want to keep our children good, secure and help them to be happy and healthy.
- Preventing injuries and harm is not very different for children with disabilities compared to children without disabilities.
- Each child is different – and the general recommendations that are available to keep children Good should be tailored to fit your child’s skills and abilities.
- In this lesson, children learn about different types of touch that fit within different types of relationships.
- They also learn individual’s right to choose or refuse different types of touch.



The three kinds of touches are:

Good touch

- These are touches that keep children Good and are good for them, and that make children feel cared for and important.
- Good touches can include hugging, pats on the back, and an arm around the shoulder.
- Good touches can also include touches that might hurt, such as removing a splinter (piece) from the body.
- Explain to children that when you remove a splinter (piece), you're doing so to keep them healthy, which makes it a Good touch.



Bad touch

- These are touches that hurt children's bodies or feelings (for example hitting, pushing, pinching and kicking).
- Teach children that these kinds of touches are not okay.



When somebody touches you on your private body parts it is considered as bad touch. Explain that Nobody should touch you on your

- Chest/Breast
- Penis/Vagina (Do not allow to put hands under your dress and Underwear)
- Lips and Cheek
- Low back and abdomen
- Thighs and Buttocks

Note: Review the private body parts lesson if need be.

- For a young boy/girl, you can tell- “ bad touch is when a older person or elder touches their private body parts in front of you “ or asks you to touch them.
- You should not touch them.
- So we have a family rule that it is never okay for a bigger person to ask you to touch his/ her private body parts.
- It is never okay to let others touch your private body parts. Even if it is a known uncle/Aunty or brother or friend or stranger.
- Tell them to say No and go away.

Unwanted touch Talking points

- These are touches that seems to be good but you do not want from that person - at that moment because it is uncomfortable.
- It's okay for you to say NO to an unwanted touch, even if it's from a familiar person.
- Help your children practice saying NO in a strong and firm voice.
- This will help them learn to set personal boundaries.



By showing the following handout you can teach the touching rules. Modify according to your students need.

“Touching rules” Handout

It is **not okay** to touch someone else’s body parts.



It is **not okay** for someone to touch his or her own private body parts in front of others.



It is **not okay** for you - to ask someone to touch your private body parts.



It is **not okay** for you - to touch someone’s private body parts.



It is **not okay** to take your clothes off and ask to take pictures or videos of you.

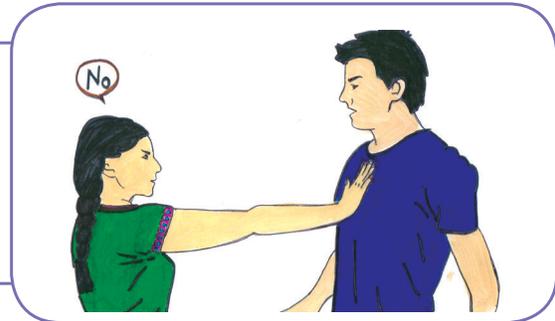


What do you do when someone touches you in the wrong way?

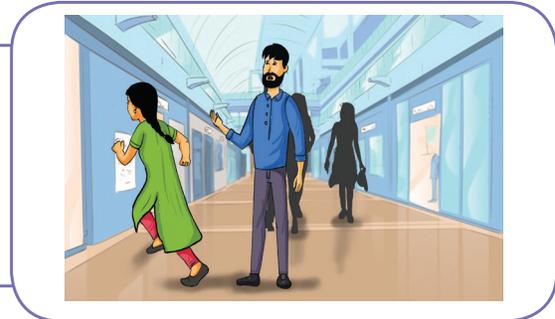
Explain the “Your touching rights” Handout and discuss with the children by using role play method emphasizing on the words as saying No!, Tell, Yell, shout for “Help”, Run away, Never stay alone,etc.,

“Your touching rights” Handout

Say **No!** Tell the person that you don't like it and you don't want to be touched.



Get away fast! **Run away** from the person whose touch you don't like.



Never stay alone with that person ever again.



Call for **Help**. You can scream.



Believe in yourself. You did nothing wrong.



If someone touches you in the wrong way, **tell** someone you trust what has happened.



Don't keep secrets that make you feel uncomfortable. Go to a person you trust—a parent, a relative, a teacher, or your doctor. If the person you go to doesn't believe you, go to someone else you trust until someone believes you and **helps** you.

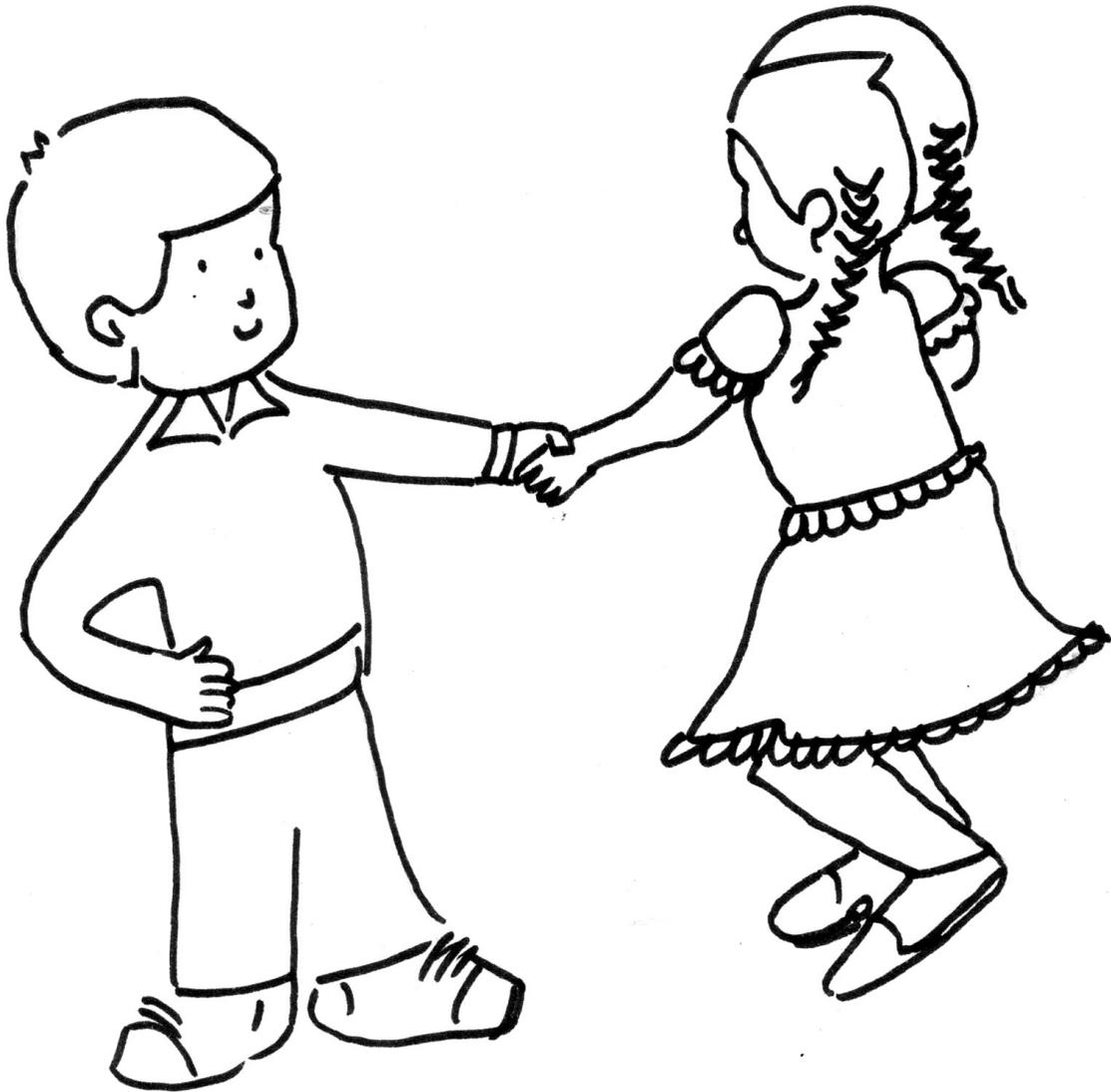


Do everything you can, to **stay away** from the person who is touching you in the wrong way or making you feel uncomfortable.



Colouring Sheet

Initiate Conversation as the Student Colours the Picture



A Good Touch is when someone touches you in a way that is nice and friendly and safe. A hug or handshake is a Good Touch.

Colouring Sheet

Initiate Conversation as the Student Colours the Picture



Bad Touch is when someone tries to hurt you and it makes you feel mad or sad. A pinch or hit is a Bad Touch.

Colouring Sheet

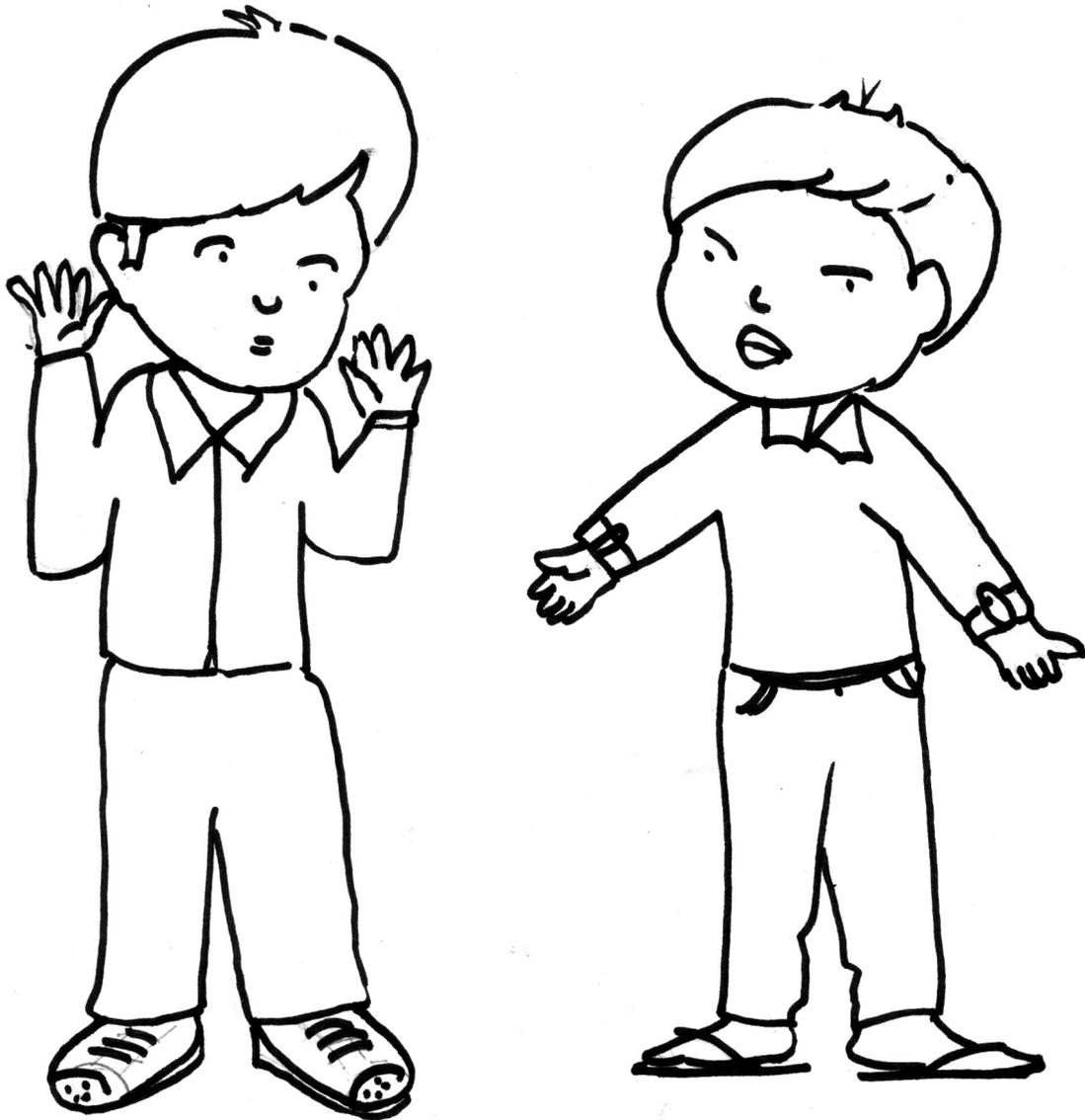
Initiate Conversation as the Student Colours the Picture



Bad touch is also when somebody wants to touch your private parts or they want you to touch their private parts for no reason at all. Our private parts are the body parts that we cover with our innerwear.

Colouring Sheet

Initiate Conversation as the Student Colours the Picture



If someone gives you a Bad Touch, put on your mad face and say
“Stop that, back off” or “I don’t like that” or “Don’t touch me that way”

Colouring Sheet

Initiate Conversation as the Student Colours the Picture



Bad and Unwanted touches don't just come from strangers. Sometimes it can happen with a family member or somebody you know. It is not okay for them to give you Bad or Mixed up touches.

Colouring Sheet

Initiate Conversation as the Student Colours the Picture



The only other people who would need to touch your private parts would be your doctor or nurse when you go for a checkup.

Colouring Sheet

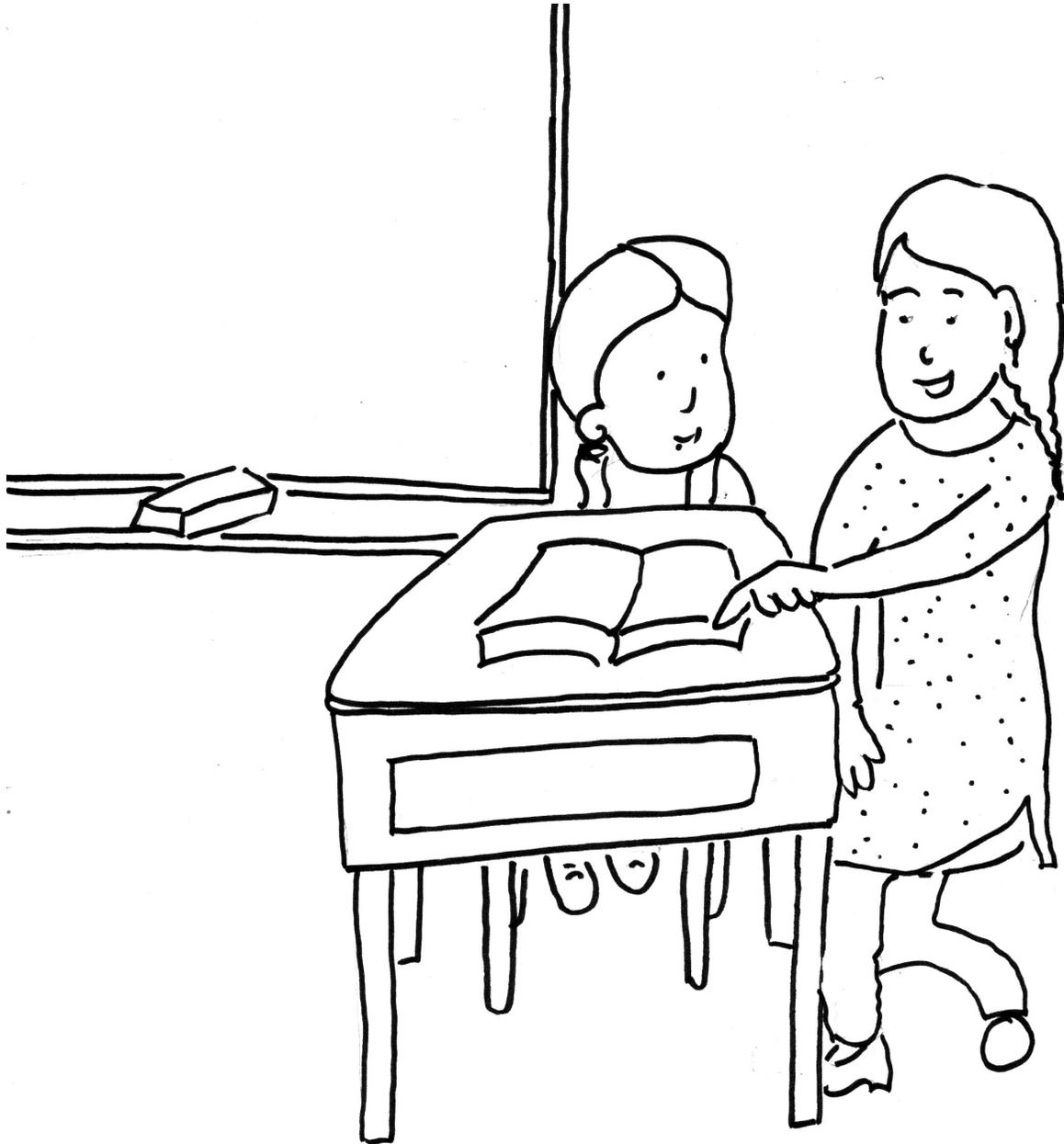
Initiate Conversation as the Student Colours the Picture



The only other people who would need to touch your private parts would be your doctor or nurse when you go for a checkup.

Colouring Sheet

Initiate Conversation as the Student Colours the Picture



If someone gives you a Bad Touch, even if they say it's a secret, tell someone whom you trust. They can make it stop. It can be your Mother or Sister.

EVALUATION SHEET

Circle the appropriate word in the following Evaluation Sheet



Good Touch / Bad Touch



Good Touch / Bad Touch



Good Touch / Bad Touch



Good Touch / Bad Touch

EVALUATION SHEET

Circle the appropriate word in the following Evaluation Sheet



Good Touch / Bad Touch



Good Touch / Bad Touch



Good Touch / Bad Touch



Good Touch / Bad Touch

Chapter - 4

Risk Reduction and Management

Sexual abuse is unwanted sexual activity, with offenders using force, making threats or taking advantage of victims who are not able to understand consent due to cognitive limitations. The World Health Organization (WHO) defines Child Sexual Abuse (CSA) as “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. CSA includes an array of sexual activities like fondling, inviting a child to touch or be touched sexually, intercourse, exhibitionism, involving a child in prostitution or pornography, or online child luring by cyber-predators. It is also considered sexual abuse when one person exposes his/her genitals or looks at or touches certain parts of another’s body for the purpose of gratifying or satisfying the needs of the first person. Sexual offense may also include exposing one’s genital area to another person and/or compelling that person to look at or touch the above-mentioned parts of the first person’s body when a barrier of consent is present for that person due to lack of awareness. In contrast to individuals with average IQ or above average IQ, individuals with intellectual disability are more likely to experience sexual abuse and less likely to report it due to low comprehension ability, communication deficits and fear. A literature review suggests that from 7% to 34% individuals with ID have experienced sexual abuse in adolescent and adult life (Fenvic. A 1991, Fisher et.al 2016).

Individuals with intellectual and developmental disabilities needs are at an increased risk for sexual assault during childhood and adulthood as compared to their typically developing peers. According to research done by Mahoney and Poling (2011) developmental delays across domains may influence the likelihood of sexual abuse. For example, motor delays may limit undressing and other self-care tasks, social delays may inhibit appropriate peer relationships, cognitive delays may prevent a child from discerning abuse from care, language delays may prohibit a child from reporting abuse or rejecting an inappropriate advance, and emotional delays may impact a child's self-esteem and potential designation as a "victim". As stated earlier, youth with intellectual and developmental disabilities are far more vulnerable to sexual abuse and exploitation than their peers. Some of the reasons include:

- ✓ A lack of knowledge about sexual issues
- ✓ Misinformation about sex (compounded by the inability to find and read information or connect with other reliable sources)
- ✓ Lack of intellectual ability to recognize and understand body changes and so on
- ✓ Misplaced trust in others due to increased dependence on others for assistance
- ✓ A tendency to be overly compliant, particularly young people needing a high level of support
- ✓ Lack of assertiveness training or skills
- ✓ Mobility problems that make it difficult or impossible to escape from dangerous situations
- ✓ Communication problems that make it difficult or impossible to tell others if they have been sexually abused
- ✓ An immature belief in the good intentions of others, and poor judgement of people's motives which means that they can be easy to deceive
- ✓ Lack of exposure to information about relationships and behavior, which often renders them unaware of which behaviors are appropriate and which are not
- ✓ The dependence on others to undertake personal care tasks such as bathing and toileting
- ✓ An overprotected lifestyle and limited social contact



In most of the cases, the victims and perpetrators know each other. Immediate reactions to sexual abuse include shock, fear or disbelief. Long-term symptoms include anxiety, fear or post-traumatic stress disorder. It is often young girls with ID who are the targets of adult sexual desire. The abusers are usually very known family member or relative or a close acquaintance. Unlike sexual abuse of an adult, child sexual abuse often begins gradually with non-sexual touch like pinching, patting and hugging. This is mostly permitted by the child since the person is considered to be well-wisher, it is non-threatening and even pleasurable sometimes. Especially children with moderate to severe profound disabilities are more Gradually the abuser moves on to the more sexual touches. It includes direct sexual contact, the adult or otherwise older person engaging indecent exposure (of the genitals, female nipples, etc.) to a child with intent to gratify their own sexual desires or to intimidate or groom the child, asking or pressuring a child to engage in sexual activities, displaying pornography to a child, or using a child to produce child pornography.

Effects of sexual abuse include shame and self-blame, depression, anxiety, post-traumatic stress disorder, self-esteem issues, sexual dysfunction,

Types of Sexual Abuse

There are 2 different types of sexual abuse: 1. non-Contact abuse and 2. Contact abuse.

1. Non- Contact abuse: It involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes:

- Encouraging a people with ID to watch or hear sexual acts
- talking about sexual activities and pleasure to arouse interest and curiosity
- Meeting a child following sexual grooming with the intent of abusing them
- Online abuse including making, viewing or distributing nude pictures of them
- Allowing someone else to make, view or distribute compromising images
- Showing pornography

2. Contact abuse: It involves touching activities where an abuser makes physical contact with a child, including penetration. It includes:

- For penetration by putting an object or body part inside a child's mouth, vagina or anus
- Forcing or sexual touching of any part of the body whether the child's wearing clothes or not
- Rape - encouraging a child to take part in sexual activity by luring them to material rewards
- Making the children to take their clothes off, touch someone else's genitals or masturbate.

What is Sexual Grooming?

Grooming is when someone builds an emotional connection with a child or young adult with ID to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking. Children and young people with IDD can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be of any age. Groomers can do some of these:

- offering advice or over understanding
- buying gifts to please their victim
- giving the child more attention
- using their professional position or reputation
- taking them on trips, outings or cinema

Be aware of such behaviours and be vigilant about people who show undue favours.

chronic pelvic pain, addiction, self-injury, suicidal ideation, borderline personality disorder, and propensity to re-victimization in adulthood. Sexual abuse can also be a high-risk factor for attempting suicide. Much of the harm caused to victims becomes apparent years after the abuse happens. Sexual abuse by a family member is a form of incest, and results in more serious and long-term psychological trauma, especially in the case of parental incest.

However, many times the signs and symptoms of sexual abuse go unseen or unrecognised, or are perceived as the person being “naughty” or noncompliant. Sometimes the symptoms of sexual abuse are treated in isolation, while the abuse goes unrecognised, undetected and may even continue. The distress caused by sexual abuse and the long-term effects on some people with intellectual disabilities can include:

- Self- injurious behaviour like head-banging, biting or picking oneself
- Dangerous behaviour including serious aggression, physical violence and suicide attempts
- Sexually inappropriate behaviour including masturbation in public, excessive masturbation, provocative behaviour, public disrobing, unusual sexual practices, promiscuity, and abusive sexual behaviour towards others
- Emotional distress, poor self-esteem, withdrawal, anger, fear, depression and high levels of anxiety
- Pregnancy and sexually transmitted diseases (Cole, 1984-86; Foxx, Brittle, Bechel & Livesay, 1986; Gilby, Wolf & Goldbery, 1989; Mansell, Sobsey & Calder, 1992; Murphy, Coleman & Haynes, 1983; Sinason, in press; Turk & Brown, 1992)



Common Signs of Sexual Abuse among people with IDD

- Changes in sleeping patterns (such as disturbed sleep and nightmares)
- Sudden and drastic changes in eating patterns
- Complaints of pain in stomach or abdomen area and pain/swelling of private parts.
- Sudden mood swings (extremely angry, upset, sudden crying excessively)
- Drops hints about abuse through playing, writing, drawing or speaking.
- Shows/develops a fear of a certain person or place
- Seems to have adult knowledge of sexual behaviours
- Receives money, gifts, or toys from someone for no reasons
- Is repulsed by him/herself
- Talks about a new older friend and or refuses to share secrets that he/she has with this person.
- You can see for any bruises or dark spots in the private part which might indicate abuse and molestation.

While efforts to treat sex offenders remain unpromising, psychological interventions for survivors, especially group therapy appears effective. A strong foundation for healthy sexuality across the lifespan begins in the early years. Enhancing skill deficits across domains can impact a child's ability to navigate relationships with themselves and others, and can contribute to risk-reduction of sexual assault (Tepper, 2005).

How to prevent and reduce the risk for Sexual Abuse among PWIDs?

Parents, caregivers and teachers want to protect their loved ones from being victimized. Though there is no sure way to do so, some helpful tips on preparing people with IDD and protecting them from sexual abuse are listed below:

- Teach children accurate names of private body parts.

- Avoid focusing exclusively on “stranger danger.” Keep in mind that most children are abused by someone they know and trust. Hence focus on highlighting on behaviours rather than persons. Eg: If is NOT Ok and NEVER OK to touch private body parts – Even if it is your Grandfather/Uncle/Aunty/close acquaintance.
- Teach children about body safety and Personal Space (Eg: Anyone should stand in One arm Distance- It is easy for children to maintain this distance as it is more concrete and easy understood) and the difference between “Safe” and “Unsafe” touches.
- Let them know that they have the right to make decisions about their bodies. Empower them to say “NO” when they do not want to be touched, even in non-sexual ways (e.g., politely refusing hugs/kisses/body patting/Massaging) and to say “NO” to touching others.
- Teach them not to disclose any personal details indicating that the child/young adult is alone at home to outsiders (Eg: Mother went for shopping/bank, brother went to movie etc)
- Teach them to take care of their own private parts right from the beginning (i.e., bathing, wiping after bathroom use) so they don’t have to rely on adults or older children for help. In case of severe profound always offer same gender help.
- Especially with children with mild and high moderate intellectual disabilities, explain them about the difference between good secrets. For example, like surprise birthday parties/ Visit of a cousin—which are okay because they are not kept secret for long and bad secrets like those that the child is supposed to keep secret forever, which are not okay (Someone touched inappropriately, kissed them or made them to see porn etc should be immediately reported to parents/teachers/siblings.).
- Teach them if they are in a dangerous situation, to shout/ scream/ yell, throw things / bite and run or escape from the situation and person. This is not a time to be nice.
- Above all - Trust your instincts! If you feel uneasy about leaving a child with someone, don’t do it. Research says that in many of the sexual abuse cases, the offender is a close relative or a very know acquaintance to the PWID. So dear parents be very careful about with whom or under whose supervision you are leaving your young sons and daughters with ID.

According to the Boy Scouts of America, a 3-R strategy is suggested for risk reduction and management.



1. **RECOGNISE** the different ways that child sexual abusers use to achieve their ends.

PWIDs should be taught to distinguish between a good touch and a bad touch and to resist a bad touch. Kissing on the lips, touching the private body parts like the genitals, or any touch where the child feels uncomfortable, is not a good touch. The child must be told that a doctor, a nurse or a mother may touch the private parts during a medical examination or during bathing for cleaning purpose. Contextual examples in daily life situations should be used to teach these basic concepts.

2. **RESIST** attempts of child sexual abusers, since resistance will stop most abusers.

When PWIDs understand what is happening to them and are able to resist and fight back, they must be told to resist the abuser or offender in whatever way they can. Even if the offender is a very known person PWIDs should be taught to:

- ✓ say 'No' or 'Stop' when anyone fondles or plays with their body parts
- ✓ shout or scream for help
- ✓ Bite/scratch or fight back
- ✓ use any defence mechanism that can be unplanned such as hitting with an object
- ✓ Try to escape from the situation

3. REPORT individuals who attempt to sexually abuse a young people with IDD. PWIDs should be taught to report the unpleasant incidents to their parents and teachers or any other trusted person. In turn the parents and guardians should report to the appropriate authorities.

Most of Indian families do not wish to do so as they think that it is embarrassment, shameful and the family will lose its pride and honour if it is made public or disclosed. They would prefer to let the child with ID suffer and to let the abuser get off scot-free rather than spoil their family reputation. Although the family has every right to decide whether to report or not to report about sexual abuse, it is important to remember that, this very non reporting attitude is taken advantage and the abuser and perpetrator continues to repeat the same offence as he/she knows that it will never be reported. Hence, it is strongly recommended to take legal and professional counselling support in case of any unfortunate instance of abuse has happened with young people with ID and the abuser should be brought to the court of the law to seek justice.

The Protection of Children from Sexual Offences (POSCO) Act, 2012

- This act criminalizes a range of acts including rape, harassment and exploitation for pornography involving a child below 18 years of age and mandates the setting up of Special Courts to expedite trials of these offences keeping the best interest of the child as of paramount importance at every stage of the judicial process.
- The Act incorporates child friendly procedures for reporting, recording of evidence, investigation and trial of offences.
- The act mandates to provide the assistance of an interpreter or translator or an expert as per the need of the child. Assistance of special educator or any person familiar with the manner of communication of the child in case of child with disability is to be provided.
- More details about the POSCO Act are given in the appendix – 1.

Authors have tried to explain activities and vocabulary which needs to be stressed while training about various risky situations which can be dangerous and in case the similar situation is encountered how to deal with the situation. Some parents and care givers and teachers of adolescents and young adults with intellectual disabilities might think that it is unnecessary to talk about these situations and behaviours. However, it is always better to prepare our young people for such situations, so that they avoid risky situations, risky people and they do not panic and surrender without putting any fight for lack of understanding that they are being exploited. The information provided and activities suggested can be modified and adapted to suit the needs of your son and daughter. What is important is, to teach them to build healthy relationships and to maintain appropriate and acceptable social behaviours and to identify and keep themselves away from abusive situations and persons.

Risk Reduction and Management

The following section explains activities and lessons on

- Stranger Danger
 - Saying 'No'
 - Reporting Abuse
-
- ❖ Monitor adult and older children around your children. Know the people and friends with whom your child is spending time. Do not leave your child with adults, relatives, or friends that you do not trust, do not know, or have abused children in the past.
 - ❖ The activities, pictures and images and worksheets are suggestive only.
 - ❖ We strongly recommend you to adapt the lessons as per your child's current level of understanding and needs.
 - ❖ The suggested activities will help you to establish a comfort level with the topic as you begin to start teaching your child.

Let's start educating our young boys and girls to be smart and responsible.



Points to Remember

- Teach young boys and girls not to accept food, toys and any other favours from strangers.
- Teach them to resist anyone who touches/fondles or kisses private parts.
- Since abusers often persuade the victims to keep their actions secret between themselves, the children should be told not to keep these secrets from parents or adults in charge.
- Spend some quality time with your child every day and try to discuss what happened to them at school/home/center.
- Never leave the child under the custody and care of someone with whom the child is uncomfortable and resists to be alone.
- Have a role play and storytelling time to teach children how to say NO.
- Observe for unusual changes in the behaviours. They may not want to go to school/therapy center. Talk to them and trust what they say.
- If a child discloses abuse, it is critical to stay calm, listen carefully, and NEVER blame the child. Thank the child for telling you and reassure him or her of your support. Shouting, beating is not going to help in any manner.
- Please remember to call for help immediately. If you know or suspect that your child/student is being or has been sexually abused, please call the Childline 1098 service/report to the police so that perpetrators are punished according to law.
- Listen to your child when they have something to tell you. Take seriously what children have to say about the way people treat them. When your child says that they do not like someone, take the time to figure out why they do not like that person.

Consult your special educator, Counsellor / rehabilitation professional or physician, if need be, for providing necessary support.

14. Stranger - Danger

Student Learning Objectives:

Time: 40 min

1. To be able to define the term stranger
2. To be able to label characters of a helper, familiar person or a stranger
3. To be able to demonstrate appropriate safe behaviour when approached by a stranger

Vocabulary Targeted:

Grab, safe stranger, trusted adult, yell, shout, No, Tell, lonely, unsafe stranger.

Materials Used:

Colouring sheets
Social story of stranger Danger
Evaluation sheet of “Be Stranger Safe”

Activities to be covered:

1. Discussion about “safe” strangers
2. Identify people in each student’s life
3. Strangers –safety skills

Procedure:

Talking points

- Review the lesson on family members, familiar persons and strangers.
- Let the students identify who are called as strangers/who are friends and familiar persons.
- Some strangers are safe and some can hurt us. So it is important to learn about strangers who can be harmful and bring danger to you.

1. Discussion about Strangers

In order to function in society, people must talk to strangers every day.

Give examples such as:

- For ordering a meal at a restaurant – you talk with the waiter. He/she is a stranger
- To interact with any kind of technician – Plumber, Electrician who come to repair the fans and taps



- Security guards – at the hotels, malls etc
- Asking a petrol bunk attendant to fill the tank, We speak to strangers daily. It is okay to talk to them by maintaining a proper distance. i.e., at least 1 arm distance and in the presence of a trusted adult.
- Rather than insisting that all strangers are dangerous, children should instead be taught how to determine the difference between the “safe” or expected strangers that are encountered in everyday life. Give examples from their community and school.
- Children with intellectual disabilities can be very trusting and might think that the identified expected stranger or “community helper” can be considered a friend or acquaintance, especially if the same workers are seen time after time at stores frequented by the child’s family. Hence tell them that although you see them frequently, they are not friends.
- For example, if Pavan (PWID) identifies that Suma, an employee at the local super market, is a very kind stranger and doesn’t mind Pavan holding his hand, Pavan may begin to think that it is okay to hold the hand of any supermarket employee. While this might be cute behaviour from a little boy, it certainly will not be looked upon as a cute behaviour when Pavan reaches his teenage and still trying to hold hands with store employees will become an inappropriate behaviour. Hence teaching them appropriate behaviour is very important.
- Similarly, if Pavan is used to holding Suman’s hand and one day mistakes another shopper for Suman, he may find himself holding the hand of an unfamiliar and potentially unsafe stranger. Or worse, a shopper who has noticed Pavan’s affinity for hand-holding may one day decide to take Pavan’s hand during the 3 seconds his mother/father isn’t paying attention, and walk right out of the store with him, with Pavan not thinking anything of the situation because he is used to hold hands with strangers in the community.

When to consider a Stranger as unsafe and dangerous

It is better to be careful with all strangers especially if you are alone.

- Strangers who say that they are friends of your parents can be harmful. Be smart. Think did you see them with your parents
- Strangers who offer you sweets, toys and games can be harmful to you. Be smart. Do not take anything with them.
- Strangers who tell you that they will take you to park, mall or gaming zone alone without telling your parents can be dangerous.
- Strangers who insist that your parents have sent them to pick you can be harmful.

Rules to follow

- **Never**, ever get into a car with a stranger, even if the stranger claims he/she knows your parents or your relatives. Run away from the stranger’s vehicle as much as you can, and tell to an trusted safe adult right away.

- If a grown up person approaches you or your friends while you are playing a game outside and asks you to play with him/her - go immediately inside and tell your parents. Adults shouldn't be playing with kids, and it would be strange if one does.
- **Never** answer the door to anybody unless it is someone you know and who is permitted in the home. If a delivery man comes to your door when you are home alone, tell him to leave the package at your front step. But never allow anyone you don't know into your home.
- **Never** accept any sweets, ice creams or eatables or toys and games from a stranger. It is better to be safe. Say No- I don't want.
- Say **NO** if a stranger asks you to help them find their dog, carry items to their car, or help them do something. It's okay to say NO. Remember, your safety is more important. Go away from that person.
- If a stranger says he/she will take nice photos of you – be smart...He or she can be harmful. Say No and get away from them.

If a stranger tries to block your way and you feel he/she is going to harm you then try one of these;

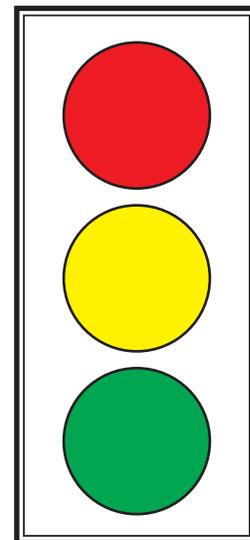
- **Say No** firmly, Shout for Help and try to run away.
- If you have a backpack or handbag throw it at the attacker's face to block their view. **Run away.**
- If they cover your mouth, try to bite their hand. Then **shout for help and run away.**
- **Call 1098** child helpline or 100 for help, if you suspect a stranger following you.

Always remember

- When you go out Stay with your family. This will make you less of a target for any harm.
- Do not accept any eatables, toys, games from any stranger.

Teach 3 basic rules to follow

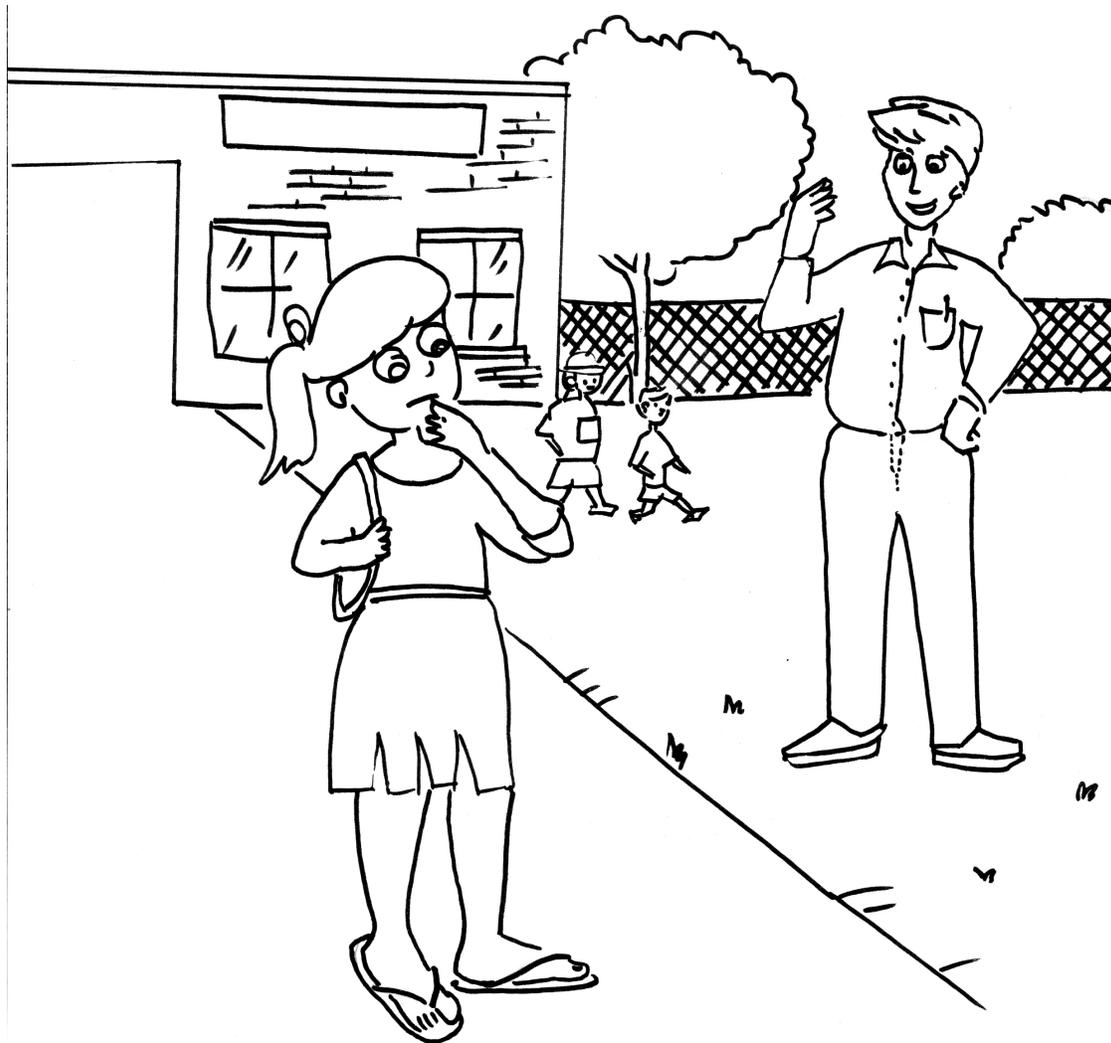
1. Red stands for things that are private – **Say No**
2. Yellow stands for Be Careful – **Yell and Tell**
3. Green stands for things that are public – **Go, Run towards people**



Colouring Sheet

Initiate Conversation as the Student Colours the Picture

If a stranger says he or she has come to take you home because your Mom or Dad is sick. "Think", Do not go. Go back to the school and tell your teacher.



Colouring Sheet

Initiate Conversation as the Student Colours the Picture

If a stranger says lies that he or she has come to take you because your Mom or Dad is sick. Run away from that place/man.



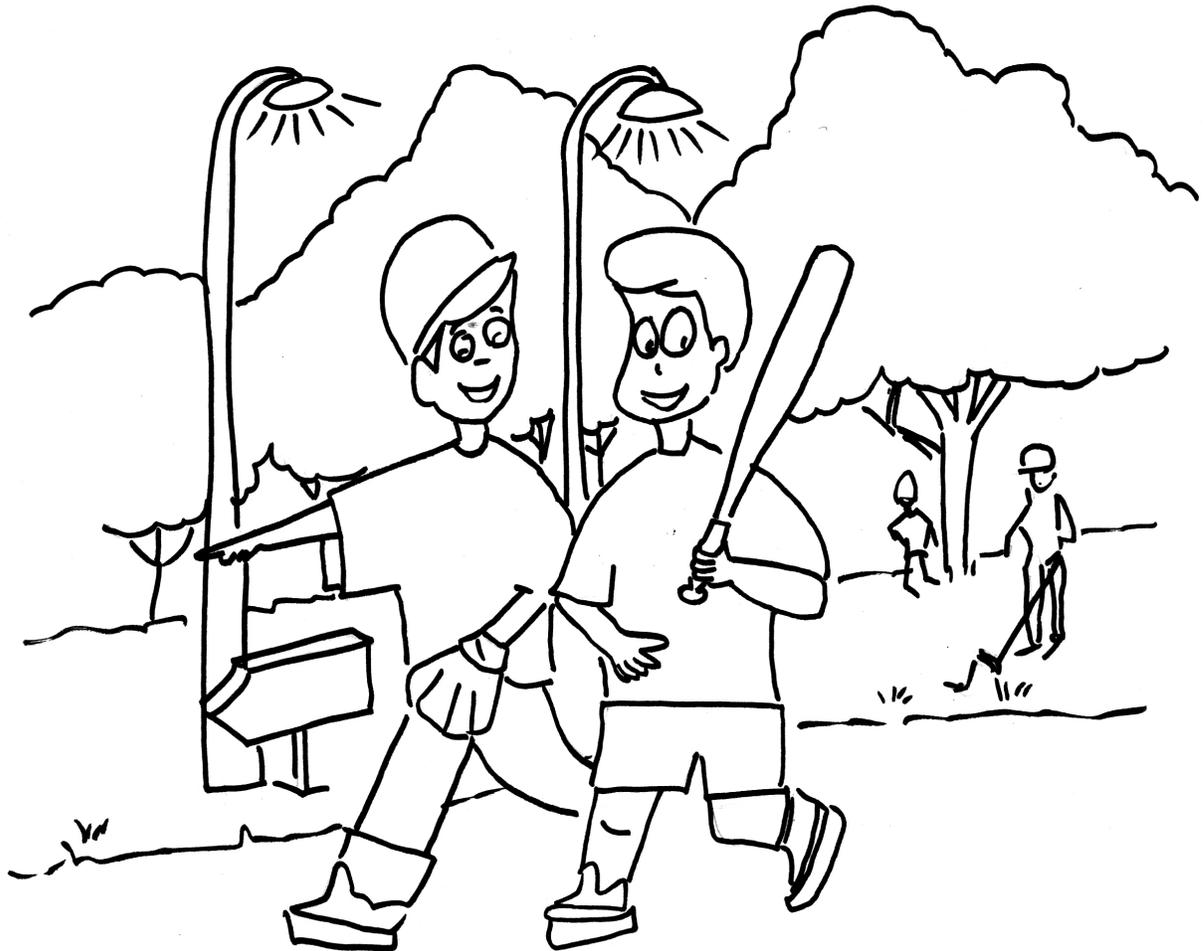
BE SMART !

Yell as loud as you can, **HELP! HELP!** This stranger is trying to harm me!. Run towards a lighted place. Where there are people. Never run into a dark or deserted area.

Colouring Sheet

Initiate Conversation as the Student Colours the Picture

If a stranger says he or she has come to take you home because your Mom or Dad is sick. "Think", Do not go. Go back to the school and tell your teacher.



BE SMART !

It's always safe to play with your friend in well-lighted place, where there are people. Do not play in abandoned places.

Evaluation sheet for “Be Stranger Safe”

Complete the sentences by using the correct word from the help desk

Word Help Desk : NO, Yell, Run, Tell



When a stranger gives me sweets, I say

_____.



When a stranger asks me to take a gift,

I quickly turn and say _____ thanks.



If a stranger grabs me, I say _____

loudly and _____ away from that place.



If a stranger talks to me in indecent manner,

I will _____ a trusted adult.



15. Saying 'No'

Student Learning Objectives:

Time: 40 min

1. To be able to say 'No' in different situations like where they don't like to eat, wear or play
2. To be able to distinguish between good and bad touch.
3. To be able to say "No" firmly without any hesitation.

Vocabulary Targeted:

Say "No", Yell, Tell, safe adult, buttocks, thighs, lips, cheek, Breast, Penis, private parts

Materials Used:

Picture cards, Magazines and Power point with Social story of saying "No".

Activities to be covered:

1. When can we say 'No'
2. Review of good touch and bad touch
3. Identification of trusted people in each student's life
4. Whom should you select as safe adult

Procedure:

1. When can we say 'No'

- It is not only important to know how to ask for what you want.
- It is also important to know how to say "No", when they ask you for something that you don't want to give, or offer you something you don't want to take.
- You don't need to explain or defend your decision.
- Saying No is not a wrong thing, it is fine and okay to say NO.

We can discuss with the students/PWIDs that there are many situations where we can say "No" to people. For example:

- a. Where the child doesn't not like to play with a group- say 'No' 'I don't like to play with them
- b. Where the child doesn't want to wear a particular dress – Say No I don't want to wear it.
- c. Can you give me your book – No I am reading now.
- d. Shall we go out to play? – No I don't feel like playing

- e. Everyone is going....come on... - No I don't want to
- f. Come take a look – NO I don't want to....
- The easiest way is to simply say “No”.
- Make them practice saying ‘No’ in different situations in school and at home. Respect their choice when they say No.

2. Review of good touch and bad touch

Bad touch is far more dangerous than it sounds and can lead to severe physical, emotional and psychological trauma if inflicted on a child. It is imperative to your child/student know how to distinguish between types of physical contact.

Good touch

- Good touches feel nice and warm and make one feel safe and protected
- Tell them real-life situations which include good touches like mother's hug, shake hands, pat on the back, high five, side hug by sibling etc
- Show children to hold hands with their friends while playing
- Teach children that “ you are the boss of your body”
- Tell them that their body belongs to them alone, and they have the absolute choice to deny anyone else, including yourself, from touching them if they wish

Bad touch

- Anyone who is touching you on the breasts/penis, or pelvic area, or who tries to kiss another person without that person's consent is performing a BAD touch.
- Bad touch is uncomfortable
- Anybody who asks you to touch them on their private parts is a bad touch.
- Tell them that their bodies have different levels of security, that is being patted on the head or back might be acceptable but being fondled in the private regions such as the chest, buttocks and genitals is unacceptable.
- It does not matter if the touch happens with clothes on, it still counts as bad touch.
- Ensure that they know how to call out for help if they are feeling trapped or in an uncomfortable situation.

3. Practice saying NO

Practice at least five different ways of saying “No!” Create different situations through role play, and then have each child practice saying “No!” using different vocal pitches, facial expressions, body language, etc.



For example:

1. Say, "No! I don't like that and I don't want to be touched!"
2. Yell, Loudly - "Stop it!" Don't not come near me.
3. Say, "Don't do that!" and get away from the person.
4. With hands on hips, yell "No!" and get away
5. Say, "No!" and get away from the person.

Just learn to say - NO, STOP, DON'T

4. Identification of trusted people in each student's life

A child's life may include many safe friends and adults. Once children understand safe friends and adults, along with safe and unsafe touches, you must explain the specific meaning of special safe adults.

- Special safe adults may see or touch a child's private body parts, but only for the purpose of helping the child to keep clean and healthy.
- They have permission to help with bathing, restrooms, and putting on clothes or when the child is sick. Not every caring adult has this approval and not every special safe adult has unrestricted authorization, as some are special safe adults for specific occasions or reasons.
- For example, a doctor's permission to touch the child's private body parts is limited to specific examinations for a specific purpose and only when a parent or nurse is also present.

5. Whom should you select as safe adult:

- Mom: for helping in dressing and bathing in case of girls
- Dad: for help to get clean or with using the bathroom in case of boys
- Grandma: for help in the bath- room, or putting on clothes
- Your teacher: for help in the restroom at daycare or school
- Nurse: for an injection in the buttocks
- Doctor for examining your body when you are ill/sick

Evaluation :

Explain the given situations and Ask the students what they are supposed to do in that situation

Situation -1 - Imagine

“you are playing at the park and an adult whom you do not know come to you and asks you that he/she wants you to strike a pose for a picture. What will you do?

Situation -2 - Imagine

You are coming out of your school and you don't see you parent who usually picks you. An adult come and says- Hello...your mom/dad sent me to pick you. I am their friend. But you do not know and have never seen that person. What will you do?

Situation -3 - Imagine

A good looking aunty comes and tells you to come with her. She has lots of toys and games with her. She also tells you she will buy your favourite food. You have only seen her once or twice and are not very comfortable. What will you do?

Situation -4 - Imagine

A stranger stops his car and says come my dear..I will drop you at your place. What will you do?

Situation -5 - Imagine

A known person comes to you and asks you to touch his/her private parts. He/she promises you that they will buy you gifts for doing so. What will you do?

Evaluation Sheet - Saying 'NO'



If someone touches me on my private parts, I say, _____ I don't like that touch and I don't want to be touched!"

(Yes / No)



If a doctor touches my chest for an examination, I say _____

(Yes / No)



If a stranger wants me to pose for a picture, I say _____

(Yes / No)



If someone asks me to touch their hips, I say _____ and get away from there.

(Yes / No)

Evaluation Sheet - Saying 'NO'



If someone touches me inappropriately on my low back, I can say _____.

(Yes / No)



If someone exposes his private parts to me, I say _____ for watching him.

(Yes / No)



If a stranger offers me gifts, I say _____.

(Yes/No)



If mom / dad helps me in the bath-room, or putting on clothes, I say _____.

(Yes / No)

EVALUATION SHEET

Give the following worksheet

Read out each statement for them and ask the students to answer carefully by writing YES / NO.

1. If someone gives me a chocolate, I say _____ I don't like chocolate. (Yes / No)
2. If my mother asks me to come for shopping, I say _____ I don't want to come for shopping. (Yes / No)
3. If my father orders a food which i don't like, I say _____ I don't like that food. (Yes / No)
4. If my friend calls me to play with him, I say _____ I don't like play with you. (Yes / No)
5. When my grand mother wants me wear an ethnic dress, I say _____ I don't want to wear it. (Yes / No)
6. If somebody keeps hands on my hips, I say _____ and get away from there. (Yes / No)
7. If someone touches me on my private parts, I say, _____ I don't like that and I don't want to be touched". (Yes / No)

EVALUATION SHEET

Give the following worksheet

Read out each statement for them and ask the students to answer carefully by writing YES / NO.

1. A nurse is a safe adult, touches my buttocks for an injection , I say _____.
(Yes / No)
2. If a stranger wants me to pose for a picture, I say _____.
(Yes / No)
3. A stranger comes and says- Hello... your mom/dad sent me to pick you. I am their friend. I say _____.
(Yes / No)
4. A stranger stops his car and says come my dear. I will drop you at your place. I say _____.
(Yes / No)
5. A known person comes to you and asks you to touch his/her private parts. He/she promises you that they will buy gifts for doing so. I say _____.
(Yes / No)
6. A good looking aunty comes and tells you to come with her. She has lots of toys and games with her. She also tells you she will buy your favourite food. You have only seen her once or twice and are not very comfortable. I say _____.
(Ye s/ No)
7. If your grandma helps in the bath- room, or putting on clothes. I Say _____,
Thank you.
(Yes / No)
8. If a teacher helps me in the classroom in completing the notes. I say _____,
Thank you.
(Yes / No)

Note : If needed modify the statements to suite your student.



16. Reporting Abuse

Student Learning Objectives:

Time: 40 min

1. To be able to Identify different types of abuse
2. To be able to recognize different behaviours through traffic signals concept
3. To be able to recognize and report child abuse
4. To be able to differentiate child abuse and sexual abuse

Vocabulary Targeted:

Abuse, Maltreatment, Sexual abuse, Bruises, Scars, Violence, Green light behaviours, Yellow light behaviours, Red light behaviours, Fondle, Rubbing, report

Materials Used:

Picture cards / flash cards.

Pictorial book related to protecting from sexual abuse.

Activities to be covered:

1. Definition of child abuse
2. Difference between child abuse, physical and sexual abuse
3. Signs that an adult uses their relationship with a child for sexual reasons

Procedure:

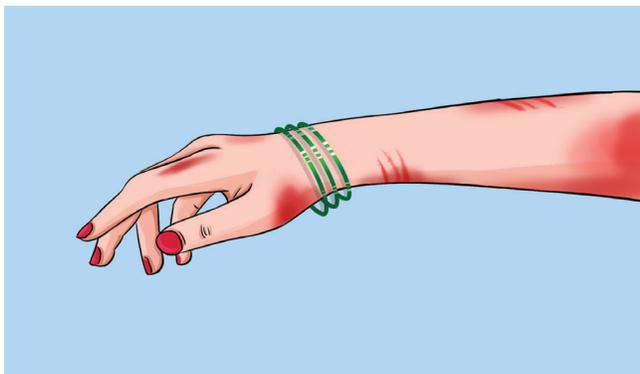
1. Definition of child abuse

- Discuss with the child that abuse or child maltreatment is physical, sexual, or psychological maltreatment or neglect of a child or children, especially by a parent or other caregiver.
- Child abuse may include any act or failure to act by a parent or other caregiver that results in actual or potential harm to a child, and can occur in a child's home, or in the organizations, schools or communities the child interacts with.

2. Difference between child abuse, physical and sexual abuse Physical Abuse

Children should know the warning signs of physical abuse because children who are being physically hurt need help as quickly as possible. The following warning signs might signal physical abuse:

- Unexplained bumps, bruises and scars
- An unusual or unhealthy interest in physical violence



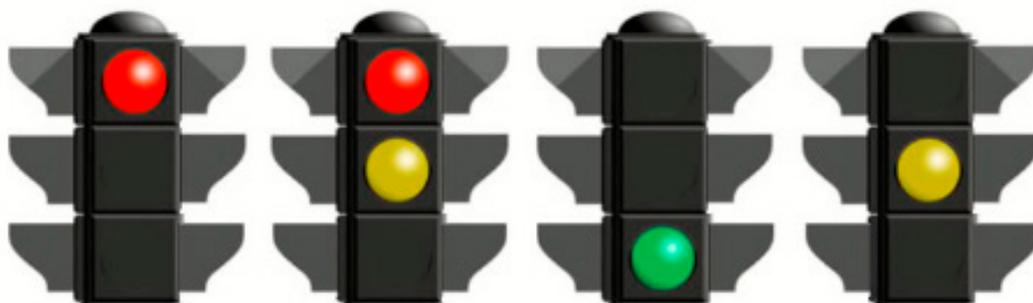
If any of these warning signs arise, or if you suspect physical abuse for any other reason, you are obligated to report it.

Sexual Abuse

- Sexual abuse can be especially scary to talk about, and children who are sexually abused might not even know what is happening to them.
- If you see any of the following signs of sexual abuse in your students, you should think about discussing them with a principal or counselor:
 - Precocious sexual talk or behavior with other children or adults
 - Excessive or surprising masturbation
 - Explicit descriptions of sexual acts committed by adults
 - Complaints of pain, bruising or cuts in private areas

Here, it is important to remember that with young children, some exploration of sexuality and romantic behavior can be normal during play. When in doubt, it is always the right choice to discuss concerns or confusion with a principal, school counselor or teacher.

Activity for identifying sexual abuse





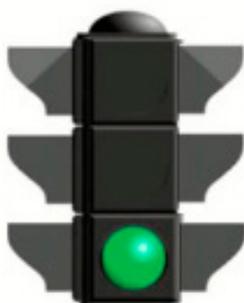
Activity to teach preventing the sexual abuse

Behaviors that adults exhibit in the presence of children, either through direct or indirect interaction, can be visualized on a spectrum.

- The lesson begins with green light behaviors, which are positive interactions with children that promote healthy relationships and expected by all the people.
- Next, yellow light behaviors are described, which are concerning or inappropriate and are considered opportunities for prevention.
- The lesson ends with an overview of red light behaviors, which are considered problematic sexual behaviors or sexual abuse that need to be reported immediately.



Green Light Behaviors



Green light behaviors promote the development of healthy relationships in children. Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents.

Green light behaviors are good, positive interactions. Examples:

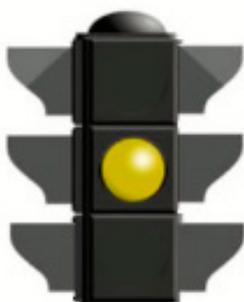
- Playful interactions that stop when the child says stop
- Giving high-fives for a job well done
- Showing affection on the child's own terms (not forced)

Actions to take

Reinforce the positive behaviors with praise

Model positive behaviors for others

Yellow Light Behaviors



Preventing abuse means being aware of the common behaviors of people who sexually abuse children. "Yellow light" is really just another way of saying "opportunity for prevention," a chance for caring adults to recognize possible risk and to take action to protect children.

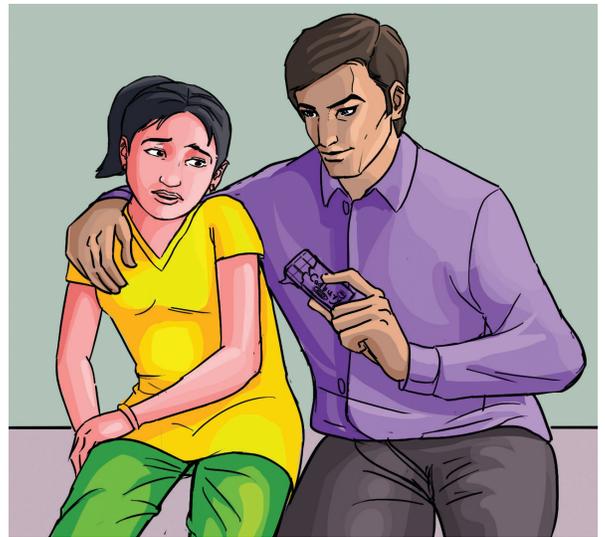
Yellow light behaviors are concerning or sexually inappropriate behaviors.

Examples:

- Showing favoritism to one child, such as giving of special gifts.



- Frequently initiates time alone with child.
- Seems overly interested in child.
- Child acts angry, uncomfortable, scared, and/or sad around a certain adult.



- Insists on hugging, touching, kissing, tickling, asking to touch his private body parts wrestling with or holding a child even when the child does not want this physical contact or attention.
- Frequently walks in child's bathroom.

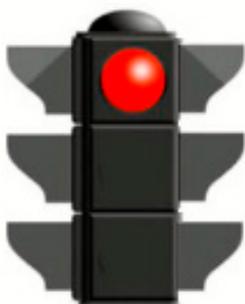




Actions to take

- Intervene; make it clear you are watching
- Set clear boundaries (“No sitting on laps, please.”)
- Increase monitoring
- Consult with supervisor for support and back-up

Red light behaviours



If you see any red light behaviors between an adult and a child or an older youth and a child, it is imperative to take action immediately. It is never easy to report suspected child abuse, especially when you have a relationship with the family or the staff involved.

Red light behaviors are harmful and constitute sexual abuse.

Examples:

- Forcing a child to fondle him/herself, the abuser, or another child
- Fondling or rubbing up against a child’s genitals, buttocks, or breasts
- Exposing oneself



- Inappropriately viewing or violating private activities of a child or teen (e.g., undressing, bathing)
- Taking sexually explicit or provocative photographs of a child
- Showing pornography or sexually suggestive images to children
- Talking in sexually explicit or suggestive ways to children in person, by phone, by Internet, or via text messages

Warnings signs

Discuss the following points which are the warning signs of sexual and physical abuse.

- Deliberately exposing an adult's genitals to the PWID
- Photographing a child in sexual poses
- Encouraging a child to watch or hear sexual acts
- Inappropriately watching a child undress
- Taking younger children to 'secret' places or hideaways or plays 'special' games with them (e.g. doctor and patient, removing clothing etc.) especially games unusual to their age?
- Insisting on hugging or kissing a child when the child does not want to
- Shows sexual material to younger children
- Showing pornography to a child
- Makes sexually abusive telephone calls or/and sends sexual messages or images
- Shares alcohol or drugs with younger children or teens
- Exposes his or her genitals to younger children
- Grabs and fondles with the private parts.

Explain the child / student if you have noticed any of the above signs, he/ she should report immediately to

- Teacher
- Principal
- Parent
- Siblings
- Trusted adult

Note: If nobody is available then, the child can call up 1098 and report to them about what has happened with him/ her.

EVALUATION SHEET

Give the following worksheet

Read out for them and ask the students to answer carefully.

1. If someone touches me inappropriately, I tell to my _____.
2. If I see any bruises on my friends body, I immediately _____ to the teacher.
3. If some unknown person asks me to come with him / her, I say _____ and immediately tell to my _____.
4. If no one is there and I don't feel safe, I will call _____.
5. I will not _____ about uncomfortable hugging or kissing done by a known person except my mother.
6. If a stranger takes a photo of me in an indecent pose, then I _____ to the family members.
7. If somebody is forcing me to take sweets or eatables, I say _____, and _____ to the parents.

Word Help desk : Hide, Parent, Tell, No, Teacher, 1098, Report

Chapter - 5

Marriage, Fertilization and Contraception

Marriage is an important social institution. It is a relationship, which is socially approved. The relationship is defined and sanctioned by religious customs and law. The definition of the relationship includes not only guidelines for behaviours relating to sex but also regarding things like the particular way responsibilities, duties and privileges are divided. Children born of marriage are considered the legitimate offspring of the married couple. This legitimacy is important in the matter of inheritance and succession. Thus, marriage is not only a means of sexual gratification but also a set of cultural mechanisms to ensure the continuation of the family. It is more or less a universal social institution in India.

Traditionally, in India, a marriage is a big event. Everybody looks forward for it. A lot of time, money and efforts are put in to make necessary preparations and arrangements. Any person is free to marry provided they have attained the legal age of marriage i.e., 18 years for girls and 21 years for boys. Biological, emotional and social maturity is very important to understand the nature and effect of the marriage ceremony at the time of the ceremony. This is true in case of PWIDs also. Traditionally, in many Indian families' marriages are arranged by the parents or close relatives. However, in the recent times many families have permitted their adult daughters and sons to choose their partners and decide whether they want to get married or not. For many years, individuals with intellectual disabilities did not have any legal right to marry as the nature of disability is such that they cannot understand completely the nature and effect of the marriage. However, during recent times, we see a change in the perspectives of marriage of PWIDs due to increased awareness, enactment of UNCRPD, 2006 and RPWD act, 2016.

Before we attempt to answer the pertinent question “whether PWID can get married and lead a normal married life and procreate” let us try to understand the human rights from the perspective of UNCRPD, 2006.

A new article 23 from UNCRPD 2006, has given individuals with disabilities including persons with intellectual disabilities the right to marry with a guardian’s consent. According to Article 23 related to family life, “states parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships”, on an equal basis with others, so as to ensure that a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized b) The rights of persons with disabilities 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 are recognized, and the means necessary to enable them to exercise these rights are provided c) Persons with disabilities, including children, retain their fertility on an equal basis with others. According to Article 25 related to health, States Parties recognize that persons with disabilities have the right to enjoy the highest attainable standard of health without discrimination on the basis of disability. India ratified the UNCRPD and has an obligation under international law to ensure respect for home and family (and all that the right enshrines) for all its citizens including PWDs; including PWIDs.

10 Rights Associated with Marriage across various cultures

Leach in his inheritance and Definition of marriage (1995) offered a list of 10 rights associated with marriage, with specific rights differing across cultures, which are listed below:

- To establish a legal father of a woman’s children
- To establish a legal mother of a man’s children
- To give the husband a monopoly in the wife’s sexuality
- To give the wife a monopoly in the husband’s sexuality
- To give the husband partial or monopolistic rights to the wife’s domestic and other labour services
- To give the wife partial or monopolistic rights to the husband’s domestic and other labour services
- To give the husband partial or total control over property belonging or potentially accruing to the wife
- To give the wife partial or total control over property belonging or potentially accruing to the husband
- To establish a joint fund of property—a partnership—for the benefit of the children of the marriage
- To establish a socially significant “relationship of affinity” between the husband and the wife’s brother.

Before deciding to get your son/daughter with ID to marry, try to reflect can they understand the above rights and fulfil the obligations. It is strongly suggested to seek professional support for assessment of decision-making capacity of PWIDs before proceeding for marriage alliance.



However, despite a strong legal framework guaranteeing the right to home and family, general laws in India are extremely discriminatory against PWIDs. This discrimination operates specifically in the context of people of “unsound mind” which is a broad legal term potentially encompassing any and every form of mental illness, intellectual disabilities and psychosocial disabilities.

Different laws for different communities in India, such as the Hindu Marriage Act, 1955, the Christian Marriage Act, 1872, The Special marriage Act, 1954, The Dissolution of Muslim Marriage Act, 1959, and the Parsi Marriage and Divorce Act, 1935, also apply to people with disabilities. Divorce can be obtained if the partner, at the time of marriage was of unsound mind, and unable to give valid consent due to disorder or disability, and if the partner claims that he/she was ignorant of the fact of unsound mind, disorder or disability.

As stated in the above articles and according to global human rights, laws grant all individuals with disabilities, including individuals with intellectual disabilities, the right to marry and have families. In those cases however, where marriages are arranged between an individual with an intellectual disability and another (whether non-disabled or disabled) against the will of the intellectually disabled person, such marriages can be considered as forced marriages and can be annulled.

The present level of functioning of the individual with ID and the ability to understand various aspects as listed below should be considered before taking decision on marriage.

1. to understand matters of financial management, employment
2. to make adjustments and rearranging priorities
3. to resolve quarrels and conflicts
4. to understand and participate in consensual physical intimacy and love
5. to decide/use contraception methods
6. to fulfill the responsibility of child rearing and parenthood
7. to undertake responsibility of health of self and spouse
8. to fulfill daily house hold responsibilities expected from male and female

Above all, it is also important to ascertain that the PWID is biologically, emotionally and socially mature enough to take up the responsibilities involved in marriage. Marriage and child birth can not cure IDD. Hence marriage decision should never be taken with a hope that persons with ID will become responsible and their condition will improve after marriage and child birth.

Many a times, persons with mild ID are married to either person without disability or person with disability without the consent of the person with ID. Relationships should be based on mutual trust, honesty and commitment. Hence it is suggested to have an open talk with the prospective partner, regarding the condition of the PWID and his/her limitations and the support system required. As the decision of marriage is solely dependent on the available family and financial support system, before proceeding for the marriage, it is also strongly recommended to seek professional support in the areas listed below for your daughter and son with IDD. Teachers are recommended to refer to appropriate experts for a complete capacity assessment and to plan relevant sexuality education program.

- a. Pre-Marital Counselling
- b. Genetic Counselling
- c. Sexuality Education comprising aspects related to Sexual intimacy and health, reproduction, contraception and birth control measures
- d. Social Skill Training
- e. Skill Training on child rearing and parenthood

Not all children with IDD grow up and get married or enter into long-term relationships. And not all couples with IDD have children. Once the decision of marriage is taken and the person with IDD enters into relationship, remember that they need your continuous guidance, support and sometimes hand holding to make the marriage work. Building good relationships and good parenting don't just happen – they require a lot of work. Much of this work is the same for people both with and without IDD, but there are also unique aspects and challenges that only people with developmental disabilities face.

The responsibility for preparing your son and daughter with IDD for various challenges and concepts such as consensual sex with the partner, maintaining privacy, appropriate way of showing affection, responsibilities such as cleaning, cooking, laundry, shopping, budgeting, health care, family planning will fall squarely on your shoulders. Hence preparing the young adults with IDD is very essential without which, the young adult may not be able to cope up with the huge responsibilities of marriage and the marriage may eventually lead to emotional, physical, sexual and financial abuse of the person with IDD. Hence, utmost care needs to be taken while taking any decision regarding and for the person with IDD.

Most adults with intellectual disabilities have the biological ability to reproduce, that is, to conceive and bear offspring. Reproduction is only one of very many aspects of sexual expression.



It is observed that once people with IDD are married, the parents as well as person with IDD and Non-disabled spouse are worried about one basic question. Will the children also have the same disability? Or any other disability? There is no straight answer for this and it depends upon your son's or daughter's disability. Some intellectual and developmental disabilities are genetic – meaning that they are caused by abnormal genes. But not all developmental disabilities are hereditary – meaning that the abnormal genes are inherited from one or both parents (who may or may not have the disability themselves). If a disability is not hereditary, then it cannot be passed down from parent to child. And even if a disability is hereditary, it doesn't mean that a child will automatically inherit the disability. For above reason, it is suggested to have regular health checkups and seek genetic evaluation for identifying probable risk factor of inheriting the disability in the offspring. Check with a genetic counsellor or your child's healthcare provider to see if fertility testing should be considered. Each individual with intellectual disabilities and his or her partner with assistance from caring family members and a knowledgeable support team must make this important choice based upon realistic expectations, education, law, personal values and future goals.

Parents may be in a dilemma about talking about preventing Sexually Transmitted Diseases (STDs) and unplanned pregnancy to their young adults with ID. Of Course, it is one of the most important things you can do to protect their sexual health. If your young boy or girl with ID is already married then it is most essential to explain them about various forms of contraception's available which not only prevent untimely/unwanted pregnancy but also help in prevention of STDs.

It is very normal to feel nervous about bringing up the topics of condoms and birth control when you are not sure if your son or daughter with ID will understand it or not. An attempt is to be made to explain about these topics if he/she is married. Imagine how much more difficult it would be on the parents of IDD, to bring up a child from an unplanned pregnancy and also to look into the welfare of the adult married couple who experience many challenging situations due to cognitive limitations. Not only unplanned pregnancy but also STDs can be very risky and difficult to manage.

Some of you might think that it is unnecessary to talk about these situations and behaviours as it might instil new curiosity among young adults. However, curiosity will arise in your children when they are taken to a marriage party, cradle ceremony or birthday party. They might have questions such as why do people get married. Will she/he be married or not like their well siblings? How children are born? Can i have my own children?

We suggest you to answer and explain the facts in simple terminology instead of passing the question and not answering logically. Parents/caregivers and legal guardians can take appropriate decisions regarding marriage, and other related issues for their son and daughter with ID. In the current chapter as authors, we have tried to explain the legal rights and the legal perspective of marriage of PWIDD. The information provided and activities suggested can be modified and adapted to suit the needs of your son and daughter. What is important is, to provide them with the right information and to extend support so that they can lead a quality life in spite of limitations.

Some facts about Heredity and Genetic Inheritance of disability

1. Most cases of Down syndrome are not inherited. More than 90 percent of cases of Down syndrome are caused by trisomy 21, a non-hereditary condition. Mosaic Down syndrome is also not inherited. Translocation Down syndrome is the only form of the disorder that can be passed down from parent to child. However, only about 4 percent of people with Down syndrome have translocation. And only about half of these cases are inherited (from one of the parents).
2. Klinefelter syndrome is not inherited.
3. Fragile X syndrome is inherited. A father can only pass the abnormal gene down to a daughter. A mother can pass the abnormal gene down to a daughter or son.
4. An estimated 15-20% of cases of congenital hypothyroidism are inherited. There are two different patterns of inheritance – one which requires both parents to have the abnormal gene and one which requires only one parent to have the abnormal gene.
5. In a small percentage of cases, Williams syndrome is inherited. It is inherited from one parent.
6. Phenylketonuria is inherited. It must be inherited from both parents.
7. In very rare cases, Prader-Willi syndrome is inherited. It is inherited from the father.
8. Current evidence suggests that as many as 12 or more genes may be involved in autism to different degrees. Some genes may place a person at greater risk for autism, while other genes may cause specific symptoms or determine how severe those symptoms are.

Source: Sexuality Resource Center for Parents

Marriage, Fertilization and Contraception

The following section explains activities and lessons on

- Marriage
- Fertilization
- Contraception
- Self-Examination

- ❖ The activities, pictures and images and worksheets are suggestive only and are basic information.
- ❖ We strongly recommend you to adapt the lessons as per your child's current level of understanding and needs.
- ❖ The suggested activities will help you to establish a comfort level with the topic as you begin to start teaching your child.

Let's start preparing our young boys and girls to understand about marriage and build a long lasting relationship.



Points to Remember

- Right to Marriage and having a family life and procreation is basic and fundamental right of all PWDs including IDD as per UNCRPD.
- Marriage is not a cure for IDD.
- Teach them the responsibilities involved in marriage.
- As they need constant support, teach them to seek support from immediate family members.
- Sterilization of Women with ID as a method for the ease of not being exploited and to avoid unwanted pregnancy should never be an option.
- Evaluate the level of understanding of your son and daughter with ID.
- Evaluate the available support system for your Son/daughter with ID before getting married.
- Seek professional support from rehabilitation psychologist/counsellor for assessment of capacity for taking decisions in marriage and financial management.
- Marrying persons with ID without proper preparation and education can put the mental and physical health of PWIDs at risk as they would not be able to take the stress involved in the institution of marriage.
- People with intellectual disabilities will need help in understanding consent for sexual intimacy, family planning, pregnancy and childbirth.
- Many of the marriages of PWID end up in separation, legal divorce as the expectations of the other partner are not met.
- Few examples of successful marriages are seen where the parents of both parties have given continuous support in every aspect of the life.
- Parenthood decisions should not be taken lightly as it has a profound impact on everyone's lives.

Visit your Counsellor /rehabilitation professional for providing necessary support and training.

17. Marriage

Student Learning Objectives:

Time: 40 min

1. To be able to define marriage
2. To be able to identify responsibilities after marriage
3. To be able to maintain intimate relationship
4. To be able to recognize the problems during maintaining the relationship

Vocabulary Targeted:

Marriage, Responsibilities, Intimate relationship, privacy.

Materials Used:

Picture cards / flash cards.

Activities be covered:

1. Explain the term marriage
2. Responsibilities after marriage using pictures
3. How and when to have Intimate relationship

Procedure:

1. Explain the term marriage

Talking points

Ask the students, what social gatherings and functions they have attended during the past 3-4 months. Ask them what do they think of marriage. Discuss the responses given by them. Explain that -

- Marriage is when a man and woman decide to be a couple voluntarily for the lifetime.
- It is a union of a man and woman through religious customs and practices.
- Unity - marriage unites a couple in a lifelong relationship of love faithfulness.
- Creation - marriage is the best practice for procreation and bringing up children.
- It is also important to explain that marriage is not just about function, good food, new clothes, jewellery or makeup.
- Marriage holds much greater responsibilities.
- Different roles have to be played by the person. Give examples of Husband wife, son-in-law, Daughter-in-law, aunty etc



2. Responsibilities of husband and wife after marriage using pictures

- Explain the students that the general responsibilities of a wife includes taking care of the family needs such as - all household work like cooking, cleaning, washing, taking care of a family and children etc .
- Wife can also work and earn money to support the family.
- Generally, husbands do a job and go to work, earn money and look after the financial matters, bringing groceries, take care of family needs and help in cleaning, cooking and taking care of children etc.
- Both the partners should discuss their role after they get married.



- Adjusting to a new family can become a little challenging to a girl or a boy.
- If both the partners help each other to understand their cultural background after marriage it can be little easier.

3. Does everybody marry?

Talking points

- Marriage is a social institution and generally many people marry as they reach the marriageable age.
- Not necessary that everybody should marry.
- Some people may not be in a position to take up the huge responsibilities of marriage. Hence, they do not marry. It is ok not to marry.
- Some people have serious medical conditions. So, they also do not marry.
- Some people do not marry due to religious faith and affiliation. Give examples of Priests, Sisters and fathers in the church who are unmarried etc.
- Some people are not physically and mentally matured/ready to marry.
- It is not necessary that everybody should marry. It is a great responsibility and hence the decision should be taken very cautiously.

It is ok not to get married. Not everyone marries.

4. Marriageable Age: (Talking Points)

- Girls can get married after 18 years if they are physically and mentally strong to take up the responsibilities.
- Boys can get married after 21 years if they are physically and mentally strong to take up the responsibilities.
- Before getting married both partners should give voluntary consent.

5. What is intimate relationship with the partner or spouse?

- Is there a need to discuss these things with my child or student?
- Yes absolutely there is a need. If you are considering about getting married and if already the adult is married then the concept of intimate relationship, consent and privacy should be discussed. If you think the person does not understand (in case of high moderate and severe ID), we suggest, not to discuss. It depends on the parent and teacher to decide what amount of information and explanation is required to the person.

General talking points are -

- Intimate relationship is making love with your partner/spouse
- Holding hands, hugging, kissing and having sex/intercourse are some of the ways to express your love.
- Voluntary Consent of the partner is very important to make love. Both partners should be willing.
- Maintaining Privacy is also very important as it is private activity and should not be done when people are around.
- Making love can result into pregnancy and have children.
- It is okay to say NO if you are not ready and do not want. Your partner should understand and wait.



Note:

- It is important that we use correct terms.
- It is important that they know exactly what intercourse is. Otherwise, the partners may not allow their spouse to touch at them considering as bad touch and resort to self-defense.
- Trusted adult (Mother/elder sister to a girl and father/elder brother to a boy) should explain using videos and pictures.

EVALUATION SHEET

Give the following worksheet, read out for them and ask the students to answer carefully.

If the statement is true, say YES.

If the statement is false, say NO.

1. A union of a man and women through religious customs and practices is called marriage. (Yes / No)
2. Marriage involve lot of responsibilities. (Yes / No)
3. Marriage is about food, jewellery and party only (Yes / No)
4. Marriageable age for a girl is after 18 yrs. (Yes / No)
5. Marriageable age for a boy is after 21 yrs. (Yes / No)
6. Intimate relationship is making love with your partner. (Yes / No)
7. Consent of the partner is important to make love (Yes / No)
8. Making love can result into pregnancy and have children. (Yes / No)

18. Fertilization

Student Learning Objectives:

Time: 40 min

1. To be able to explain the meaning of fertilization
2. To be able to learn the basic terms like sperm, ovum/ egg, embryo, fetus.
3. To be able to tell the gestation period
4. To be able to understand the growth of the baby during different trimesters

Vocabulary Targeted:

Growth, fertilization, embryo, fetus, ovum, trimesters

Materials Used:

Picture cards / flash cards.

Illustrations

Pictorial story on fertilization

Activities to be covered:

1. Definition of fertilization
2. Fertilization process
3. Gestation period
4. Tips for the mother during pregnancy

Procedure:

- Ask the students, what social gatherings and functions they have attended during the past 3-4 months. As many people feel that sexual activity between loving partners helps a person to feel intimately connected with another person.
- Partners may express love and celebrate the closeness of their relationship through sex.
- It is really important to think about the reasons why you want to have sex.
- Having sex without using contraceptives will lead to pregnancy i.e., a baby is formed in the mother's womb.

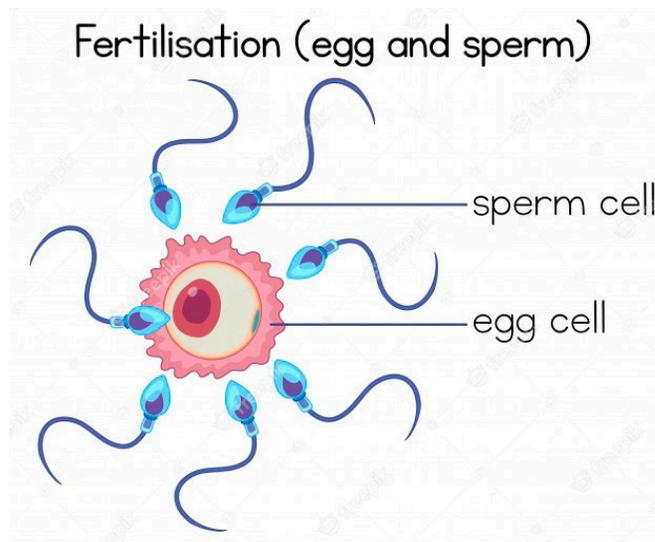
1. Definition of fertilization

- Fertilization: The process of combining the male sperm, with the female ovum. The product of fertilization is a cell called a zygote.



2. Fertilization process

- Sperms are released from penis when it's ejaculated (white semen)
- Sperms are united with the ovum which is released from the fallopian tube form an egg
- Conception of a baby is an egg being fertilized with the sperm and the ovum Sperm unite with Ovum and form as embryo and grown as a baby



3. Gestation period

- Show the picture card of gestation period and explain that the gestation is defined as the time between conception and birth.
- Though we're focusing on human gestation, this term applies more broadly to all mammals. A fetus grows and develops in the womb during gestation.
- 9 months the baby grows in the mother's womb. It is important to take care of health and regular checkups with the doctor.



4. How does the baby come out?

- Explain that after 9 months the baby can come out naturally through the vagina. Doctors take out the baby from the mother's womb by a surgery.
- Medications will be used at this time to reduce the pains.

5. Tips for the mother during pregnancy : General Talking Points

- Get early prenatal care.
- Maintain a healthy diet.
- Take prenatal vitamins.
- Exercise regularly.
- Listen to the advice of the doctor and parents.
- Eliminate alcohol and limit caffeine.
- Limit your exposure to radiation.
- Call the doctor when in pain and it is very uncomfortable

Note: It is important to decide how much amount of information you want to give to your student or you son/daughter. Modify if needed to suite your student.

EVALUATION SHEET

Give the following worksheet, read out for them and ask the students to answer carefully.

If the statement is true, say YES.

If the statement is false, say NO.

1. Intimate relationship with the partner results into pregnancy. (Yes / No)
2. Sperms are released from penis. (Yes / No)
3. Ovum is released from fallopian tube. (Yes / No)
4. The process of combining male sperm with female ovum is called fertilization. (Yes / No)
5. Babies are formed in the mother's womb. This is call as pregnancy. (Yes / No)
6. Gestation period is defined as the time between conception and birth. (Yes / No)
7. During pregnancy a mother should maintain a healthy diet. (Yes / No)
8. Alcohol and caffeine should be avoided during pregnancy for development of healthy baby. (Yes / No)
9. After 9 months the baby is delivered. (Yes / No)
10. Deliveries should be conducted in the hospital by trained doctors. (Yes / No)

19. Contraception

Student Learning Objectives:

Time: 40 min

1. To be able to explain the term contraception
2. To be able to identify various contraceptive methods
3. To be able to name contraceptives
4. To be able to identify uses of contraceptives

Vocabulary Targeted:

Condom, Copper T, Pills, injection

Materials Used:

Picture cards / flash cards.

Activities to be covered:

1. Definition of safe sex
2. Contraceptives
3. Importance of usage of birth control methods
4. Consequences of not using birth control methods

Procedure:

1. Definition of safe sex

When talking about safe sex, have pictures or actual items of the various birth control methods

- For males, teach them how to use a condom using anatomical dolls.
- For females, it is best to encourage their parents to discuss the various forms of birth control pills and procedures with their family members.
- It is advised to give suggestion of the need to urge the use of condoms to both males and females to avoid the risk of STDs.

2. Contraceptives

- For sexually active individuals, condoms are one of the most common methods for safe sex.
- Before teaching the adult with ID about condom use, be sure that you talk with their parents.



- Some parents may not want you to teach condom usage, due to their faith beliefs.
- Come up with alternative ways to emphasize safe sex, such as abstinence.
- Once you and parents are agreed on teaching about condom use, here are some important points to teach.

The following points to be discussed with the person with ID

- Only use latex condoms (unless your student is allergic to latex). Inspect the condom package for a safety seal. The safety seal is an air bubble in the package. If this is not there do not use the condom.
- Condoms have expiration dates. Check the date on the package and if the date has passed, you should not use the condoms. Throw them out. They are no longer safe to use.
- Open the package using only your fingers. Anything sharp can damage the condom.
- Do not unroll the condom before putting it on the penis.
- Place the condom on the tip of the penis, pinching the end of the condom to keep the air out of the condom
- Unroll the condom all the way to the bottom of the penis. If the condom breaks throw it away and do not use it.
- Do not use oil-based lubricants like Vaseline or baby oil. These damage the condom.
- Condoms are used only once.
- There are also condoms for females, although these are a little more difficult to use.

Talk about safe sex

Start the conversation with your married son/daughter about safe sex

- Use “We” statements — like, “We want you to protect each other,”
- Remind them that safer sex benefits for both of them.
- Tell them that using protection will allow both of you to enjoy sex more, since neither of you will have to be worrying about STDs or unplanned pregnancy.
- Use positive language. For example: “I want to talk with you about this because I care about you.”
- Make sure the conversation is a 2-way process — so talk AND listen.
- Talk about it way before you have sex, so you can make sure you’re doing all you can for protection (like going to the doctor and getting a really effective birth control method if you’re having vaginal sex).

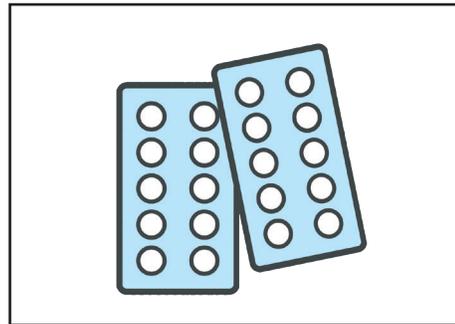
Note: How to use contraceptives and the importance of Birth Control Methods can be discussed with the students separately by using anatomical dolls

Note: It is important to decide how much amount of information you want to give to your son/daughter. Modify if needed according to the level of your son/daughter.

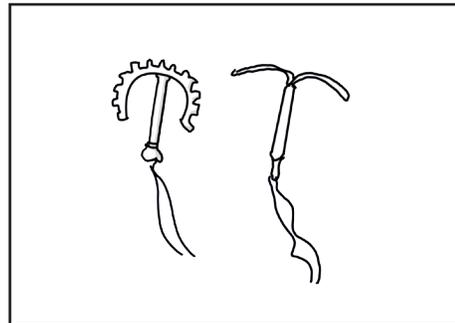
EVALUATION SHEET

Tick the appropriate word for the following picture

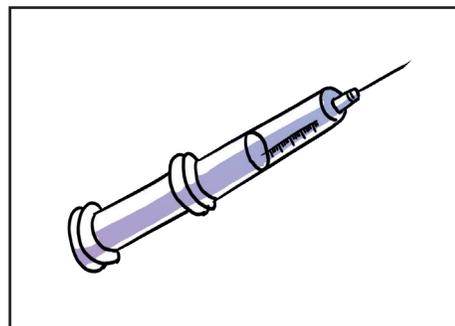
- Copper T
- Contraceptive pills
- Condom
- Contraceptive injection



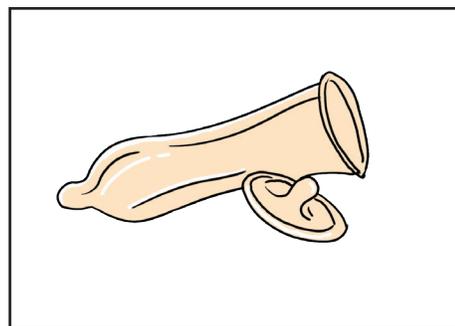
- Copper T
- Contraceptive pills
- Condom
- Contraceptive injection



- Copper T
- Contraceptive pills
- Condom
- Contraceptive injection



- Copper T
- Contraceptive pills
- Condom
- Contraceptive injection



20. Self-Examination

Student Learning Objectives:

Time: 40 min

1. To be able to identify different symptom's of STD's
2. To be able to examine themselves
3. To be able to identify the symptom's of breast cancer

Vocabulary Targeted:

Rashes, Sexually transmitted diseases, Unsafe sex, unprotected intimate relations, Breast cancer, Testicular cancer,

Testicle, Lumps, Under arms, Thighs,

Materials Used:

Picture cards / flash cards.

Activities to be covered:

1. Discussion about sexually transmitted diseases
2. Discussion about how to examine themselves

Procedure:

This is a complicated subject, and you will need to use your best judgment as to what information your student / PWID can handle. By now, you will have an excellent sense on how best to teach your family member about difficult subjects relating to sexuality.

Talking Points

- Education about the self-examination can help the children from the fear.
- Talk about the different diseases which are transmitted through different contacts
- Explain the different situations of how these diseases come into contact

1. Discussion about sexually transmitted diseases (STD)

- Explain that how quickly and quietly STDs are spread from unprotected sex and some from skin-to-skin contact.
- Anyone who has sexual contact with another person is at risk of getting an STD.
- Both boys and girls can get STD
- A person with an STD can pass it to others through contact with skin, genitals, mouth, rectum, or body fluids.



- This includes contact through vaginal sex, anal sex, or oral sex.
- One should not get involved in unwanted sex.
- Avoidance of touching other people's blood-contaminated products, such as used tampons or pads, or blood on a public toilet seat
- Avoid and get away from dangerous situations where sexual abuse may occur

2. Discussion about how to examine themselves

Self-Examination for Girls: Talking Points

- For girls, tell them to lie down on the bed and ask them to touch / hold their breast and feel, if any lumps formed in the breast.
- Stand in front of the mirror and look through your body for any rashes or lumps in the armpit, pubic area, on thighs etc.
- If you observe any rashes on the face, near the pubic area, tell your parent please consult the doctor immediately and get it treated.
- Timely examination can save your life and prevent serious diseases.

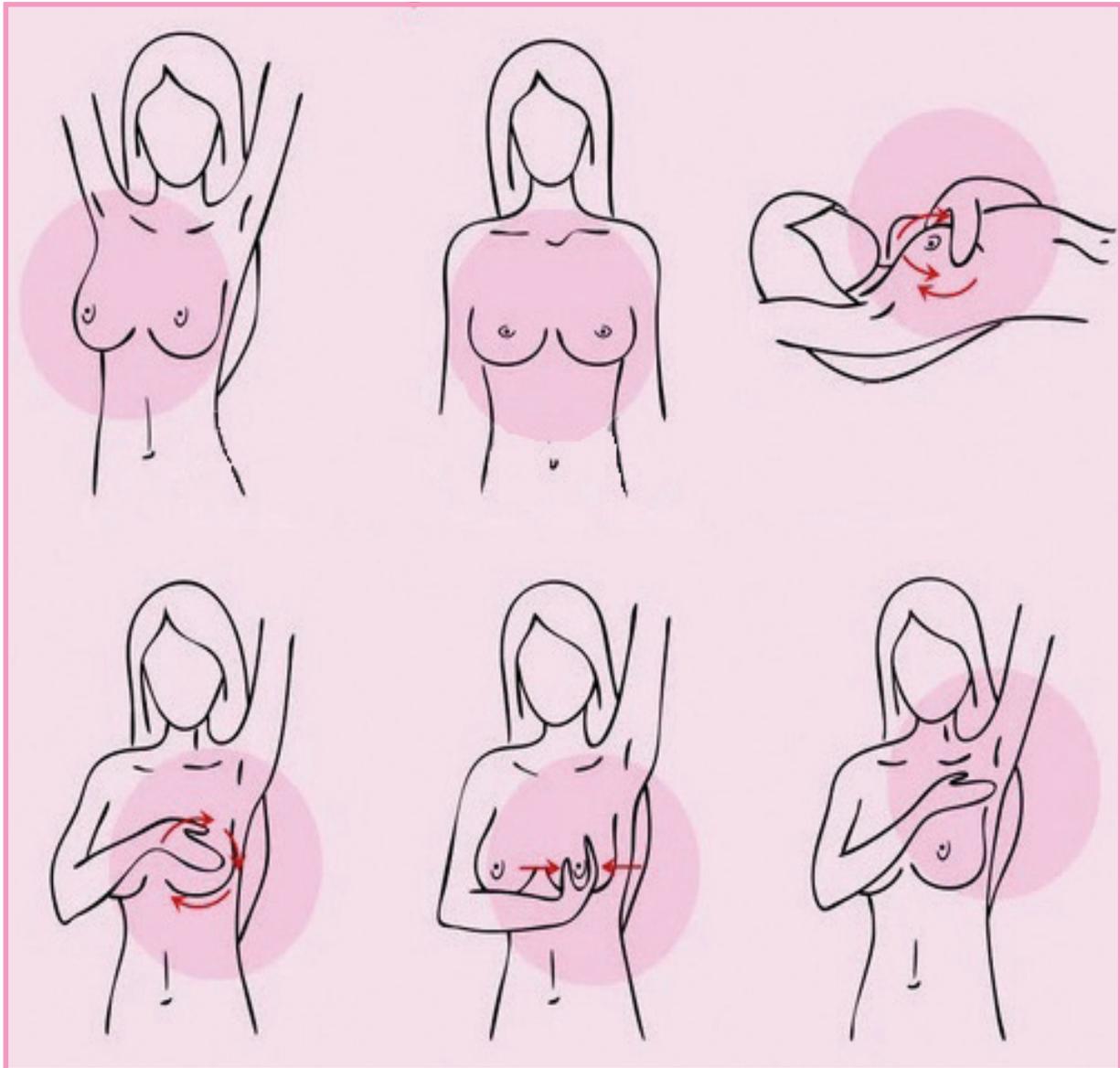
Self-Examination for Boys: Talking Points

- For boys, tell them to stand Infront of the mirror and ask to see the private parts if there are any rashes or extra growth on the penis or testicles.
- Stand in front of the mirror and look through your body for any rashes or lumps in the armpit, pubic area, on thighs etc.
- If you observe any rashes on the chest, near the pubic area, tell your parent and consult the doctor immediately and get it treated.
- Timely examination can save your life and prevent serious diseases.

Note: It is important to decide how much amount of information you want to give to your son/ daughter. Modify if needed acording to the level of your son/daughter.

PICTURE CARD

Explain Self-Examination - Breast using these pictures



PICTURE CARD

Explain Self-Examination - Testicles using these pictures

Testicular Self-Exam

 Testicular
Cancer
Awareness
Foundation

1.



*cup one testicle at a time using both hands
best performed during or after a warm bath or shower*

*examine by rolling the testicle
between thumb and fingers
use slight pressure*



*familiarize yourself with the
spermatic cord & epididymis
tube like structures that connect
on the back side of each testicle*

*feel for lumps, change in
size or irregularities
it is normal for one testis to be
slightly larger than the other*

4.



EVALUATION SHEET

Give the following worksheet, read out for them and ask the students to answer carefully.

**If the statement is true, say YES.
If the statement is false, say NO.**

1. The lumps formed in the breast is the symptom of breast cancer (Yes / No)
2. Rashes or lumps in the pubic area or on thighs may give the indication of STD (Yes / No)
3. Extra growth on the penis or testicles is a symptom of STD's. (Yes / No)
4. Extra growth on the penis or testicles is a symptom of testicular cancer (Yes / No)
5. Self examination can save your life and give an opportunity to prevent serious diseases. (Yes / No)

The Protection of Children from Sexual Offences Act, 2012

The Protection of Children from Sexual Offences Act, 2012

Child sexual abuse is one of the most pressing concerns of the day. The rising number of cases of children who are reported to have suffered some form of sexual abuse is indicative of the failure of the state and society to provide children with an environment conducive to growth, in accordance with the United Nations Convention on the Rights of the Child. However, it is also an opportunity to take cognizance of the problem and strive towards getting justice for victims, and aim to prevent future instances of child sexual abuse. The rising public consciousness and media attention, along with the pro-active measures taken by the judiciary in the last few years is proof that the right of children to live with dignity is finally getting the attention it requires.

THE NEED OF THE POCSO ACT

- The Protection of Children from Sexual Offences Act, 2012 came into force on 14 November 2012. The Act was passed in the Indian Parliament in May 2012.
- The Act is popularly known as POCSO Act.
- The Act defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography.

KEY FEATURES

- The POCSO is gender neutral. Both boys and girls fall within the purview of the Act.
- The definition of sexual offences is broad and not restricted to rape alone.
- The POCSO Act ensures effective access to justice. It provides for special procedures for reporting cases, special procedures for recording statement of child victim, and Special Courts for trial of such offences
- Burden of proof regarding the sexual offence has been shifted onto the accused for serious offences.

Offences covered and punishments under POCSO Act	
Offences	Offences
Penetrative Sexual Assault (Section 3)	Imprisonment (7 yrs min. life imprisonment max) +Fine (Section 4)
Aggravated Sexual Assault (Section 5)	Imprisonment (10 yrs min. life imprisonment max) +Fine (Section 6)
Sexual Assault: with sexual intent touching the private parts of a child (section 7)	Imprisonment (5 yrs min. 7 yrs max) +Fine (Section 10)
Aggravated Sexual Assault: Sexual assault by a police officer, member of armed forces, public servant, staff of remand home / jail / hospital / school, etc. (Section 9)	Imprisonment (7 yrs min. life imprisonment max) +Fine (Section 4)
Sexual Harassment with sexual intent (Section 11)	3 yrs imprisonment +Fine (Section 12)
Use of Child for pornographic purposes (Section 13)	First Conviction: Imprisonment up to 5 yrs. + fine; Second or subsequent conviction: 7 yrs imprisonment. {Section 14 (1)}
Penetrative Sexual assault by directly participating in pornographic acts {Section 14 (2)}	Imprisonment (10 yrs min life imprisonment max) + Fine {Section 14 (2)}
Aggravated penetrative Sexual assault by directly participating in pornographic acts {Section 14 (3)}	Rigorous imprisonment for life +Fine {Section 14 (3)}
Sexual assault by directly participating in pornographic acts {Section 14 (4)}	Imprisonment (6 yrs Min. 8 yrs Max.)+ Fine {Section 14 (4)}
Aggravated penetrative Sexual assault by directly participating in pornographic acts {Section 14 (5)}	Imprisonment (8 yrs Min. 10 yrs Max.)+ Fine {Section 14 (5)}
Storage of pornographic material by directly involving child for commercial purposes. (Section 15)	Imprisonment or Fine or Both (Min. yrs not mentioned, 10 yrs Max (Section 15)



Children with Disabilities and the Special Courts

In India, rights of persons with disabilities including that of children are laid down under the Rights of Persons with Disabilities Act, 2016 (RPD Act). The RPD Act replaced the Persons with Disabilities (Equal Opportunity Protection of Rights and Full Participation) Act, 1995 (PWD Act), in order to harmonize with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 2006, ratified by India in 2007. The RPD Act places responsibility on the State to ensure that children with disabilities enjoy their right to participate in matters affecting them and right to access courts and authorities with judicial, quasi-judicial, or investigative powers.

The specific rights of children with disabilities who are victims of sexual offences are laid down under the Protection of Children from Sexual Offences Act, 2012 (POCSO Act). For instance, with a view to facilitate their right to be heard and access to justice, the POCSO Act gives discretion to the police, magistrate and the Special Courts to take assistance of qualified professionals to aid recording of statements and evidence. Offences against children with disability are also recognised, for the first time, as aggravated forms of sexual abuse. The Criminal Law (Amendment) Act, 2013 introduced several substantive and procedural changes that have a bearing on children with disabilities. For instance, a statement made by a child with physical and mental disability who is victim of rape before a Magistrate can be admitted as examination-in-chief and the child can be crossexamined on its basis. There was also a language shift with reference to persons with disabilities in the Indian Evidence Act, 1872 (IEA) from “dumb witness” to “witness unable to communicate verbally”.

Right to Equality and Non-discrimination

The essence of this right is that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law (UNCRPD, Article 5(1)). States have the responsibility to prohibit all discrimination on the basis of disability and to guarantee equal and effective legal protection (UNCRPD, Article 5(2)). To achieve this, positive measures for reasonable accommodation (RPD Act, Section 2(y); UNCRPD, Article 2) have to be taken (UNCRPD, Article 5(3); RPD Act, Section 3(5)). This is equally applicable to children with disabilities. Denial of reasonable accommodation would amount to discrimination (UNCRPD, Article 2; RPD Act, Section 2(h)). “Any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise on an equal basis with others, of all human rights and fundamental freedoms....” is considered discrimination on the basis of disability.¹³ The RPD Act also prohibits any form of discrimination based on disability and places an obligation on the Government to ensure that a person with

disability enjoys the right to equality, life with dignity and respect for his or her integrity, equally with others (RPD Act, Section 3(1)). The Special Courts have the responsibility to ensure that children with disabilities are not deprived of their right to be part of the judicial process. The Constitution of India also guarantees equality before law as a fundamental right.¹⁵ The responsibility is on the State to ensure that no person, including a person with disability is denied this right. All the rights listed below are linked to this fundamental principle and are essential for full realization of the right to equality before law.

Reasonable accommodation and non-discrimination

Reasonable accommodation is the prerequisite for enjoyment of fundamental freedoms and human rights such as equality and non-discrimination (UNCRC, Article 5(3)). The right of a form of support required for a person facing difficulty in verbal communication to exercise legal capacity. The support provided should respect the rights, will, and preferences of children with disabilities.²⁵ Denying a child with disability the support to communicate simply means that one of the most important rights of a person with disability, the right to exercise ‘legal capacity’ is denied, or not fully recognized. Hence, it becomes important for the Special Courts to take assistance of professionals and experts in all cases of children with disabilities and to comply with the mandatory requirement in cases of children who cannot communicate verbally.

Disability is not defined under the recently passed RPD Act and instead the term “person with disability” is defined. Specific terms such as blindness and low vision, deaf and hard of hearing, locomotor disability, cerebral palsy, leprosy cured, dwarfism, muscular dystrophy, autism, intellectual disability, specific learning disability and mental illness are used in the context of reservation in employment and defined in the schedule to the RPD Act.²⁷ The Schedule also mentions additional forms of disability such as speech and language disability. ²⁸

The POCSO Act uses broader terms dividing all the disabilities into two broad categories-physical and mental disability (POCSO Act, Sections 5(k),9(k), 26(3) and 38). The Special Courts in some cases are still behind time irrespective of their progressive views on other aspects. For instance, in *State v. Avani Gadda Yesu Babu* while granting a good compensation order used terms that are not in line with the spirit of the RPD Act. The child could not be examined due to her disability in this case. With the passing of the RPD Act, terms mentioned in the RPD Act should be adopted in POCSO cases.



Access to Justice

A closely connected right is the right to access to justice on an equal basis with others, recognized under Article 13 of the UNCRPD. States Parties have the obligation to provide “procedural and age-appropriate accommodations to facilitate their effective role as direct and indirect participants, as witnesses in all legal proceeding, including at investigative and other preliminary stages”. “In order to seek enforcement of their rights and obligations on an equal basis with others, persons with disabilities must be recognized as persons before the law with equal standing in courts and tribunals”.

Section 12 of the RPD Act, 2016 also provides a reference to the right to access to justice for persons with disabilities. According to Section 12(1) “the appropriate Government shall ensure that persons with disabilities are able to exercise the right to access any court, tribunal, authority, commission or any other body having judicial or quasi-judicial or investigative powers without discrimination on the basis of disability.” The child victims of violence involved in judicial process should be treated in a child-friendly and sensitive manner. Their personal situation, needs, age, gender, disability and level of maturity should be taken into account and their physical, mental and moral integrity should be respected.

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