

Sexuality Education and Mental Retardation: Online Workshop Effects on Teachers' Attitudes, Knowledge, and Self-Efficacy Beliefs

The purpose of this study is to examine the effectiveness of a sexuality and mental retardation online seminar on the knowledge, attitudes, and self-efficacy beliefs of general and special education teachers towards sexuality education and mental retardation.

The Human Rights Movements in the 1960's brought many changes to the way society viewed people with mental retardation. Nirje's (1969) normalization principle spoke of the need to provide individuals with mental retardation with patterns and conditions of daily life that were as close as possible to the patterns and conditions available to people without mental retardation. Rights previously denied to people with mental retardation now included the rights to employment, housing, marriage, parenthood, sexual relationships and intimacies.

Families, considered one of the primary sources of information about sexuality for their children with mental retardation, face many questions as to what is appropriate in terms of sexuality education for their children. Lacking information and preparation in the area of sexuality and disabilities requires families to rely on professionals to assist them in understanding the sexuality of their children with disabilities.

The passage of the Individuals with Disabilities Act (IDEA), provided students with mental retardation with the opportunity to develop social skills with children of all abilities. IDEA (1990) specified that students with disabilities need to be placed in the least restrictive environment (LRE), the environment in which students would most likely be placed if they had no disabilities. Some public schools in the United States are mandated to provide sexuality education and or HIV/AIDS education to their students. Schools select the type of sexuality education for their students, and current practices include abstinence or comprehensive approaches to sexuality education.

The diversity of approaches to sexuality education in schools creates confusion for teachers and lack of information about their role in the delivery of instruction in the area of sexuality education. Many schools rely on professional development workshops to provide educators with some exposure to the topic. Professional development workshops in the area of sexuality education tend to focus on the norm and not necessarily on particular needs for students with disabilities. Due to this lack of training, many teachers feel unprepared to discuss sexuality in a classroom with students of diverse needs.

It is essential for special and general education teachers to have the necessary knowledge and positive attitudes towards the sexuality education of students with mental retardation in order to assure students with disabilities are provided with the opportunity to fully integrate into society.

The lack of training for teachers in the area of sexuality education and mental retardation is a concern. When the rights to sexual expression are provided to people with mental retardation without the appropriate exposure to sexuality education, situation of unfairness may occur. People with mental retardation can not truly become integrated into society without the necessary skills. Assisting teachers in understanding sexuality

and mental retardation can be a step towards assisting students with mental retardation in receiving an education that can assist in achieving a normal socio-sexual development.

Participants will include 72 certified general and/or special education teachers. Demographic information such as gender, grade level taught, years of teaching in regular and inclusive classrooms, as well as highest degree of education will be collected.

The seminar will consist of two experimental groups. One experimental group of 24 participants will receive a workshop in the area of knowledge about sexuality education and mental retardation (Unit I). The second experimental group of 24 participants will receive a workshop in the area of knowledge and attitudes towards sexuality education and mental retardation (Unit II). The third group of 24 participants will be the control group.