

Sexuality Education and Sexual Behavior Training Awareness among Women with Intellectual Disabilities

Prof. (Dr.) Bharti Sharma
Dr. Laxmipriya Ojha
Devika Naithani

Email I'd: Ojhalaxmipriya2016@gmail.com

Department: Teacher Training & Non-Formal Education (IASE)
Faculty of Education, Jamia Millia Islami, New Delhi

Abstract

The paper critically analyzes how Women with Intellectual Disabilities (WwIDs) understands sexuality Education and embody Sexual Behavior Training (SBT), with the aim on comprehending bodily proximity, personal space, and sexual consent. Applying qualitative, exploratory multiple case-study design covering two intentionally chosen special schools. The study involves 12 female students with Intellectual Disabilities (ID) aged 13-25 years with severity level mild to moderate. The fieldwork method comprises of semi-structured interviews with educators, caregivers and participant observation over a twenty-day SBT program, besides field records, and Focused Group Discussion (FGD) with students. FGD were judiciously modified by employing simple and basic graphic designs, verbal cues, and guided collaboration to ensure purposeful and active participation with the participants. The study examines how young Women with Intellectual Disabilities (WwIDs) grasp and conceive sexual behavior, articulate their insight of consent, as well as determine safe against unsafe circumstances. It also investigates how school and caregivers intervene learning about confidentiality, liberty, and autonomy within the socio-cultural framework. The results showed layered impediments, encompassing constrained vocabulary for voicing consent, intimidation, and erratic support system. Nevertheless, positive results were seen with training provided repetitive, illustrative, and dynamic approach, and when caregivers supported the subject matter. Educators and caretakers gave elective ideas-mediating safety priorities pertaining to drive for greater autonomy. By focusing the voices of Women with Intellectual Disabilities (WwIDs), this study fosters implementable lessons in what ways culturally aware, inclusive rights-based Sexual Behavior Training (SBT) can empower sexual self-determination, informed consent, and preventive measures for this unseen population.

Keywords: Sexuality Education, Sexual Behavior, Training, Sensitization, Women, Intellectual Disabilities, Inclusion, special education.

Introduction:

India, as a swiftly developing nation, has made significant advancements throughout various spheres such as healthcare, medicine, science technology, commerce and education. The ratification of National Education Policy-2020 encapsulated this progress by focusing on inclusion, accessible, equitable, affordable, and quality education for all, including socially disadvantaged groups. In India, regulatory framework and entitlements plays a critical role in strengthening the Rights of Women with Intellectual Disabilities. The Rights of Persons with Disabilities Act-2016, is a milestone in securing the rights and protection from abuse, discrimination, equitable access to healthcare and education for Individuals with Intellectual Disabilities. Besides, The National Trust Act-1999, aid to facilitate assured foundational custodianship and supervision safeguarding the rights and welfare of Individuals with Intellectual Disabilities and simultaneously fostering their inclusion and Community-Based Rehabilitation (CBR). However, with all the legal regime and regulatory framework, prominent voids can be viewed, in the productive implementation and administration, specifically pertaining to sexual-wellbeing, and prevention from sexual misconduct. The path toward significant inclusion for Individuals with Disabilities (IwDs) remains filled with obstructions, dealing with relentless issues. There are multiple subtle complexities that commonly go unnoticed in the course of rehabilitation process of Individuals with Special Needs (IwSNs), especially, among Women with Intellectual Disabilities (WwIDs). Women with Intellectual Disabilities deals with a complex trajectory of intersection of proneness on account of gender and cognitive limitations. While social advancement in India, has been extensive, Women with Intellectual Disabilities still experience multiple layers of stigma and exclusion. In both rural and urban settings, they often strive for fundamental rights-such as access to equitable and quality education, protection from violence, abuse, discrimination, and procreative liberty. Their challenges are aggravated by prevalent societal attitudes, which commonly perceive disability through stigmatized lens, thus strengthening attitudinal barriers and social exclusion. Public opinion like these hampers their individual growth, social inclusion and dismissing the respect and dignity they are entitled to. The intricate nature of their challenges surpasses their cognitive and functional limitations. Women with Disabilities confront extreme challenges cognate to minimal access to information due to their severity level, persistent social exclusion, and lack of understanding of their rights. Amid these provocations, issues related to their sexual health, and sexual behavior management are crucial to address, yet unobserved. Owing to their cognitive deficits and communication challenges, Women with Intellectual Disabilities are not well-established enough to understand, comprehend, analyze and receptive toward sexual advances, regardless mutual or harassment. They are usually unaware of the notions such as personal space, mutual consent, sexual behavior in personal and private settings, and self-preservation. They often become an easy bait for sexual abuse, assault, and exploitation, especially by individuals who are known to them or are relatives-such matters that remain untouched among the pre-existing support system. Another concerning factor is that many Women with Intellectual Disabilities are not receptive to the abuse or cognitively wise to reach out for guidance or express their condition constructively. Paucity of complete knowledge obstructs their capacity to helm sexual environment cautiously. Furthermore, sexual and reproductive health concerns including menstruation are frequently ignored resulting in psychological and emotional pain. The difficulties experienced by these women highlight urgent need for focused intervention that feature on awareness programs, sexual behaviour training and steps for mobilization drives curated to their strengths and needs. Bridging of these gaps requires not only vigorous legal framework as well as dynamic educational initiatives. Early intervention and Inappropriate Sexual Behaviour Training (ISB) awareness training is of fundamental cause for Women with Intellectual Disabilities to build self-reliance, perceive personal space, defines one's discomfort zone, and cultivate self-preservation. Lifetime assistance guarantees, that as these women mature and navigate advertise of life, they persist to be equipped to ensure sexual safety and stand up for their rights, nurturing their freedom and social integrity.

The major component of the present study on 'Sexual Behaviour Training' (SBT) awareness program for Women with Intellectual Disabilities primarily will lay emphasis on training them with age-appropriate knowledge, understanding, skills and capacity to manage and secure their sexual wellbeing and personal boundaries. The critical aspects are:

- **Consent:** Consent is the foundational ground for any respectable relationship as well as for intimacy. Educating Women with Intellectual Disabilities with regard to acceptance involved surpassing the definition no more than approval; it needs comprehensive understanding that consent must be mutual, informed, and dignified. Intimate advances must be mutual and right to hold their grounds or revoke at any moment should be undeniably regarded. This education present difficulties disparity in power and societal pressure that often leads to disempowerment. By stressing on mutual respect and understanding, it also fosters supportive partnership cultivated through respect and integrity. Imparting awareness on consensual partnership is not mere a preventive measure but transmuted, nurturing an inclusive and equitable environment.
- **Identification and Informing of Abuse:** Mistreatment surfaces in varied forms-physical, emotional, or sexual and each has significant effect on the person's mental wellbeing. Empowering Women with Intellectual Disabilities to identify early signs and symptoms of abuse is vital for proactive actions and mitigation. This encompasses comprehensive psychological, behavioural, and physical indexes. Stimulating information sharing of abuse to other knowledgeable one or trusted adults' aids to overcome fear, shame, and stigma that often suppresses the survivors. From a rational standpoint, schooling on such sensitive perspective must be contextual in nature including socio-cultural norms and legal support system, conforming that women with Intellectual Disabilities feel secure and assisted in reporting abuse.
- **Safety and Self-Preservation Techniques:** Training Women with Intellectual Disabilities with realistic approach to protect themselves from abuse and victimization is crucial for their psychological physical wellbeing. This involves understanding of precarious environment, communication and social skill development, and access to community resources. Risk management education builds resilience among Women with Intellectual Disabilities to take preventive steps at the same time accentuating the need for fundamental reforms to combat the origin of brutality and conflicting scenario. A state of equilibrium between autonomy and shared-accountability is vital for cultivating a safe setting.
- **Inter-personal and Social Skills:** Guiding effective development approaches to build and manage harmonious relationships involves understanding acceptable behaviour, mutual respect and care. This entails handling friendships, courtship, and interpersonal relationships with informed consent and personal boundaries. Partnership education helps to avoid unhealthy relationships by fostering emotional regulation and problem-solving skills.

Inquisitively, it is imperative to understand partnership education is within the socio-cultural context fostering empathy while promoting for fair and mutually respectful relationships.

The in-depth insight of personal space, consent, abuse identification, social & communication skills and developing, and risk management is crucial for gender liberation, remarkably those with intellectual disabilities, to perform their sexual behaviour with certainty and secure manner. Though such liberation goes beyond individual expertise; it entails a support circle that actively collaborates in nourishing further expansion.

The role of the stakeholder-parents, caregivers, teachers, healthcare facilitators, and peer groups plays a vital role in address these issues. It is of vital importance that these key stakeholders are equipped with necessary knowledge and skill to facilitate Women with Intellectual Disabilities in comprehending and managing their sexual conduct. This comprises of nurturing an environment of confidence, respect, and autonomy; wherein women with special needs are supported to acknowledge their rights and look for assistance when entailed. Moreover, societal pre-conceived notions must change via public awareness, advocacy campaigns, and inclusion training programmes debunking myths and foster inclusivity.

In nutshell, confronting the sexual health literacy and behavioural issues experienced by Women with Intellectual Disabilities requires a holistic approach. It encompasses not only building consciousness and conducting training programmes but establishing comprehensive aid and regulatory framework that ensuring their security, self-determination and integration. Exclusively by, collaborative efforts diverse stakeholder participation can develop community closer to advancing comprehensive and adherence to the rights of Women with Intellectual Disabilities.

Objectives of the Study

- To explore the perception of Women with Intellectual Disabilities on sexual behaviour, personal safety, and body boundaries.
- To examine the views of teachers and caregivers regarding sexual behaviour education for Women with Intellectual Disabilities.
- To identify the obstacles encountered by Women with Intellectual Disabilities when expressing or learning about safe and unsafe behaviours.
- To analyse the approaches of schools and families on sexual awareness, privacy, and protection.

Tools and Techniques of the study

Looking into the objectives of the study, the researcher designed self-developed tools. For Objective 1, a focus group discussion was conducted with women with intellectual disabilities; for Objective 2, semi-structured interviews were carried out with parents and caregivers; for Objective 3, participant observation was undertaken during the training sessions; and for Objective 4, field record, a document review was conducted as part of the study. A twenty-day SBT program was conducted.

Sample

The study involves a sample of 12 female students with Intellectual Disabilities (ID), aged between 13 and 25 years, with the severity level ranging from mild to moderate. These participants were carefully chosen using a purposive sampling method, as this technique allows the researcher to deliberately select individuals who possess specific characteristics relevant to the study. In this context, purposive sampling ensured that the participants represented the target group of young women with intellectual disabilities who could meaningfully contribute to exploring issues related to sexual behaviour, personal safety, and body boundaries. This method also provided the researcher with the flexibility to include participants who were accessible, cooperative, and able to communicate their experiences with appropriate support.

Literature Review of the Study

Studies revealed that there is a major gap between the sexual realities of individuals with intellectual disabilities (ID) and societal perception (Beltran-Arreche et al., 2024; Boyacioglu et al., 2021). The research conducted among individuals with mild intellectual disabilities substantiated that they are sexually active, they have knowledge and skills to be involved in sexual acts and seek romantic relationships (Baines et al., 2018; Chavan et al., 2021; Hole et al., 2022; Moura et al., 2025). According to Beltran-Arreche et al. (2024) the individual with ID were viewed as asexual or eternal children or people without gender and Strnadova et al. (2022) pointed out that even teachers were not concerned about the inclusion of students with ID in sex education due to their stereotypes and prejudices.

A systematic review by Tomsa et al. (2021) revealed that in adulthood, one in three individuals with ID experienced sexual abuse. Similarly, majority of the teachers participated in a study expressed that their students with ID were sexually abused by someone close to them (Strnadova et al., 2022). A study conducted in UK showed that by the age of 19 or 20, most of the young people with mild or moderate ID had sexual intercourse (Baines et al., 2018) and hence there is high concern regarding unsafe sex, sexual consent (Hart et al., 2025) limited knowledge about the sexual health among individual with ID (Matin et al., 2021; McGrath, 2025). So, the need of individualised learning and guidance for individuals with ID in accessing and using the relevant knowledge is essential (Borawska-Charko et al., 2017). Parents and family have a great role in providing support and guidance to their children with ID in their sexuality, but studies underpinning the worsening of the situations due to the unawareness, incompetence or stigmas of parents and family members (Boyacioglu et al., 2021). Lack of knowledge among the educators and school counselors (Starke et al., 2024) and shortage of compulsory in-service training programmes to empower them in educating and handling sexual problems among teenagers with ID is another challenge in this area (Goli et al., 2022).

Research Design of the Study

The study applies a qualitative, exploratory, multiple case-study design to analyze the effect of a short-term, twenty-day Sexual Behavior Training Awareness Program on women with Intellectual Disabilities. The focus is on three purposively selected special schools, all located within the urban core. This approach enables a multifaceted and contextually informed understanding of how the participants perceive and assimilate key concepts related to consent, safety, and personal space. The total sample consists of 12 participants, selected through purposive sampling. Specifically, six female participants with Intellectual Disabilities were identified from each of the two selected schools, making a total of twelve female participants who received training and awareness sessions on the targeted concepts. The age range of participants is intentionally limited to 13–25 years, to ensure balanced cognitive involvement appropriate to the objectives of the research.

De-limitation of the study:

The present study consciously aims on women with intellectual disabilities, aged 13–25 years, with the severity level from mild to moderate, to ensure constructive involvement and participation of the participants in the awareness training program. Another delimits factor is the purposive selection of schools, which creates a controlled and convenient effect for the intervention and data collection. The training program is implemented for over 20 days owing to time frame, emphasizing on domains like consent, boundaries, personal space, safety and sexual understanding.

Data Interpretation

For this study four objectives were designed, and data analysis and interpretation were carried out objective-wise. The analysis process primarily employed qualitative methods, ensuring that the findings were deeply contextualized and reflective of the participants' experiences. Thematic analysis and subjective analysis were applied to capture individual perspectives. To strengthen the credibility and validity of the findings data triangulation was also undertaken by comparing information obtained from multiple sources and methods. Overall, the qualitative data analysis formed the core of the study, providing a comprehensive understanding aligned with the research objectives.

Objective 1: Perception of Women with Intellectual Disabilities on sexual behaviour, personal safety, and body boundaries

- **Identifying private parts through pictures:** Training sessions used different body diagrams and images, helping participants to recognize and correctly identify private body parts.
- **Repetition of behaviours for learning:** Continuous practice and repetition improved comprehension of safety strategies.
- **Awareness about safe and unsafe touches:** Participants gradually understood the difference between safe and unsafe touches through role play and guided discussions.
- **Developing safety strategies:** Simple strategies such as saying “no,” moving away, and telling a trusted adult were emphasized and reinforced.

Objective 2: Views of teachers and caregivers regarding sexual behaviour education for Women with ID

- **Parents' knowledge and awareness:** Parents showed varied levels of understanding about sexual behaviour education, with some acknowledging its importance while others felt hesitant.
- **Practices at school and home:** Teachers and parents used limited strategies to discuss body boundaries, often depending on informal conversations rather than structured teaching.

- **Training needs:** Both teachers and caregivers expressed a need for structured training, materials, and support to feel confident in addressing this sensitive topic.
- Objective 3: Obstacles encountered by Women with ID when expressing or learning about safe and unsafe behaviours**
- **Communication difficulties:** Some participants found it hard to verbally express discomfort or explain unsafe situations.
 - **Lack of consistent guidance:** Differences between school and home practices created confusion for participants.
 - **Cultural taboos and stigma:** Talking about sexual behaviour was sometimes discouraged, limiting open discussion.
 - **Limited exposure to awareness materials:** Few accessible resources, such as picture cards or visual aids, were available in daily learning environments.
- Objective 4: Approaches of schools and families on sexual awareness, privacy, and protection**
- **Cultural attitudes and comfort level:** Families' cultural values influenced how freely they spoke about privacy, safety, and consent.
 - **Home practices:** Parents often avoided direct discussions, relying instead on warnings or restrictions.
 - **School readiness:** Some schools lacked trained staff, structured curriculum, or safe spaces to address sexual behaviour education.
 - **Parent engagement and visual aids:** Where parents were actively engaged and visual materials were available, awareness improved significantly.

Triangulation of data from women with Intellectual Disabilities, parents, teachers, and school practices revealed several encouraging outcomes. The picture-based training helped participants correctly identify private body parts and distinguish between safe and unsafe touches. Teachers and caregivers, though initially hesitant, acknowledged the importance of structured awareness programs and expressed willingness to receive training. Parents showed increasing awareness when guided with simple strategies, and some began to discuss personal safety more openly at home. Schools that engaged parents and used visual aids demonstrated greater readiness, with staff showing openness to integrate such training into routine learning. Overall, the triangulation highlighted that when visual tools, parental involvement, and teacher commitment came together, positive learning and awareness outcomes were achieved for the participants.

Conclusion

This study involved providing a 20-day Sexual Behavior Training Awareness Program in two schools for women with Intellectual Disabilities, along with the involvement of their teachers and caregivers. Women with Intellectual Disabilities often face a double burden in life; therefore, this study aimed to help them identify the difference between good touch and bad touch. It also focused on making them aware that if someone tries to misuse their body, they should recognize it and respond appropriately. Picture-based instructions, participants were guided to understand concepts of safety, personal boundaries, and body awareness. The study was conducted for the welfare of women with Intellectual Disabilities with the broader goal of contributing to the betterment of society and the reduction of crimes. The training emphasized that no one should misuse another person's emotions, body parts, or personal space.

Although it is often difficult for women with Intellectual Disabilities to comprehend these concepts, training is essential. Such awareness programs should be conducted in every school, as adolescence is a period when different kinds of touch may be confusing or even pleasurable. Proper training ensures that they can clearly identify safe and unsafe touches, making it a necessary intervention for their safety and empowerment.

Recommendations

- Encourage parents to practice open, simple communication at home about personal safety, using everyday examples.
- Develop home-based guidelines.
- Integrate sexual behaviour education and personal safety lessons into the special school curriculum in age-appropriate ways.
- Provide teacher training programs to build confidence in handling sensitive topics.
- Ensure school readiness by preparing safe spaces, availability of visual aids, and structured lesson plans.
- Promote parent engagement activities (joint sessions with parents and children) to ensure consistency between school and home.
- Develop policy guidelines for sexual behaviour education in special schools, ensuring cultural sensitivity and safeguarding protocols.
- Encourage collaboration between schools, families, and community organizations to sustain awareness programs.
- Allocate resources for visual aids, training manuals, and workshops specifically tailored for women with Intellectual Disabilities.
- Conduct longitudinal studies to assess the long-term impact of sexual behaviour awareness training.
- Explore gender-specific and cultural factors influencing the acceptance and effectiveness of such programs.

References

- Baines, S., Emerson, E., Robertson, J., & Hatton, C. (2018). Sexual activity and sexual health among young adults with and without mild/moderate intellectual disability. *BMC Public Health*, 18. <https://doi.org/10.1186/s12889-018-5572-9>
- Beltran-Arreche, M., Fullana Noell, J., & Palliser Diaz, M. (2024). Perspectives of women with intellectual disabilities regarding affective sexual relationships: A systematic literature review. *Sexuality Research and Social Policy*, 21, 263–278. <https://doi.org/10.1007/s13178-023-00911-2>
- Borawska-Charko, M., Rohleder, P. & Finlay, W.M.L. (2017). The Sexual Health Knowledge of People with Intellectual Disabilities: a Review. *Sexuality Research and Social Policy* 14, 393–409. <https://doi.org/10.1007/s13178-016-0267-4>
- Boyacıoğlu, N. E., Karaçam, Z. D., Keser Özcan, N., & Sert, O. (2021). Parents' attitude towards the sexuality of their adolescents with mental deficiency: A qualitative research. *Journal of Psychiatric Nursing*, 12(3), 216–226. <https://doi.org/10.14744/phd.2021.60251>
- Chavan, B. S., Ahmad, W., Arun, P., Mehta, S., Nazli, Ratnam, V., & Raina, D. (2021). Sexuality among adolescents and young adults with intellectual disability: Knowledge, attitude, and practices. *Journal of Psychosexual Health*, 3(2), 140–145. <https://doi.org/10.1177/26318318211021544>
- Goli, S., Rahimi, F. & Goli, M. (2022). Experiences of teachers, educators, and school counselors about the sexual and reproductive health of educable intellectually disabled adolescent girls: a qualitative study. *Reproductive Health* 19. <https://doi.org/10.1186/s12978-022-01397-8>
- Hart, A., Löfgren, C., Carlström, C., & Elmerstig, E. (2025). A thin line between consent and abuse - Reflections on sexual experiences among Swedish young adults with intellectual disabilities. *Journal of Intellectual Disabilities*, 29(3), 629–650. <https://doi.org/10.1177/17446295241276245>
- Hole, R., Schnellert, L., & Cante, G. (2022). Sex: What is the big deal? Exploring individuals' with intellectual disabilities experiences with sex education. *Qualitative Health Research*, 32(3), 453–464. <https://doi.org/10.1177/10497323211057090>
- Matin, B. K., Ballan, M., Darabi, F., Karyani, A. K., Soofi, M., & Soltani, S. (2021). Sexual health concerns in women with intellectual disabilities: A systematic review in qualitative studies. *BMC Public Health*, 21, Article 2027. <https://doi.org/10.1186/s12889-021-12027-6>
- McGrath, M., Chong, L. Y. C., Collings, S., & Pebdani, R. (2025). Sexual Health Literacy Among Adults with Intellectual Disabilities: A Scoping Review. *Journal of intellectual disability research: JIDR*, 69(5), 345–369. <https://doi.org/10.1111/jir.13217>
- Moura, N. M., Franco, V. D., & Minetto, M. F. (2025). Romantic relationships and sexuality of people with intellectual disabilities: A systematic literature review. *Journal of Psychosexual Health*, 1–11. <https://doi.org/10.1177/26318318251338995>
- Starke, M., Larsson, A., & Punzi, E. (2024). People with intellectual disability and their risk of exposure to violence: Identification and prevention – a literature review. *Journal of Intellectual Disabilities*, 29(3), 760–783. <https://doi.org/10.1177/17446295241252472>
- Strnadová, I., Loblínk, J., & Danker, J. (2022). Sex education for students with an intellectual disability: Teachers' experiences and perspectives. *Social Sciences*, 11(7), Article 302. <https://doi.org/10.3390/socsci11070302>
- Tomsa, R., Gutu, S., Cojocaru, D., Gutiérrez-Bermejo, B., Flores, N., & Jenaro, C. (2021). Prevalence of Sexual Abuse in Adults with Intellectual Disability: Systematic Review and Meta-Analysis. *International Journal of Environmental Research and Public Health*, 18(4), 1980. <https://doi.org/10.3390/ijerph18041980>