

Sexual health and behavior of mentally retarded pupils in Japan

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Abstract: Sex education has always been a controversial topic. Although sex education at schools has improved in general, sex education for mentally retarded pupils still encounters prejudice and conservatism as a result of several misconceptions about the subject. This research was performed in the form of a survey of opinions about sex education in special classes in ordinary public schools for mentally retarded pupils in Tokyo, Japan. Information was collected through written questionnaires distributed to teachers and parents of pupils of both sexes, whose age range was between 7 and 16 years. This work aims to stimulate an open and broad discussion, as well as to help teachers and parents to improve their knowledge about the subject. In addition, it provides data to outline a more specific program in sex education for mentally retarded pupils.

Key words: special education; sex education; health education; mentally retarded pupils

1. Educational system in Japan

After the World War II, the educational system offered equal educational opportunities for all people, in keeping with their abilities. Constitutional and statutory laws as implemented by cabinet orders have governed education.

The Constitution sets forth the basic national educational policy as follow:

All people shall have the right to receive an equal education correspondent to their ability, as provided by law. The people shall be obligated to have all boys and girls under their protection receive ordinary education as provided by law. Such compulsory education shall be free (Article 26).

The Fundamental Law of Education sets the principles of education in accordance with the spirit of the Constitution. Specific national principles of education, such as equal opportunity, compulsory education, co-education, public education, social education, prohibition of partisan political education or sectarian religious education in the public schools, and prohibition of improper control of education, are also contemplated.

The enactment of the law in 1947 was followed by a series of educational statutes. The first of these was the School Educational Law, which further elaborated the aims, methods, and principles of the new system. At present, Japanese education is, in general, established and operated on the basis of educational laws and statutes.

2. Special education system

Special education is provided in special schools and in special classes in ordinary elementary schools and ordinary junior high schools in Japan. Special schools are classified into three types: schools for the mentally retarded, schools for physically handicapped and schools for health-impaired, including the physically weak.

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Educational opportunities and facilities differ depending on the type and degree of the handicap of each child. In the context of the school education system as a whole, each handicapped child is offered the most appropriate education for the type and degree of their handicap.

The degrees of the handicap of children eligible for special schools are defined in The Order for Enforcement of the School Education Law (Article 22-2). The Law detailed stipulations for “educational placement of pupils that need special educational treatment” (Notification of the Ministry of Education, Science and Culture, October 6, 1978).

In general, education for severely handicapped children is conducted in special schools, while education for mildly handicapped children is provided in special classes or ordinary classes in ordinary elementary and junior high schools with special attention.

The law also establishes that parents must enroll their children between 6 and 15 years of age in ordinary elementary and junior high departments of special schools. The detailed procedures are described in The Order for Enforcement of the School Education Law in order to guarantee compulsory school attendance.

3. Teaching programs in special education

3.1 Curriculum of special schools

Special schools aim not only at providing education equivalent to that of ordinary schools but also at providing necessary knowledge, skills, attitudes, and habits to enable handicapped children to overcome the various difficulties arising from their handicaps. The standards of the curriculum of special schools are, therefore, based on those of ordinary schools.

3.2 Curriculum of special classes

The pupils receive the instructions and training necessary for their special needs in special classes, while at the same time they attend ordinary classes to receive instruction in other subjects with ordinary children.

3.3 Small classes

As handicapping conditions, capabilities and aptitudes vary significantly among handicapped children, individualized instruction and treatment services are needed. Thus, in special education, consideration is given to organizing small classes.

The proposed standard numbers of children per class at the compulsory educational level are ten in special classes of public special schools and three in classes for the multiply handicapped.

3.4 Transactional program

Special schools have transactional programs that provide handicapped pupils as many opportunities as possible to participate in educational activities with children in ordinary schools. Thus, they can expand their experience, develop sociability, and build up desirable interpersonal relationships.

3.5 Itinerant teacher program

With the objective of providing as many opportunities as possible to those children who find it extremely difficult to adapt themselves to schools life, including attending school and staying in a dormitory because of their severe handicaps, teachers are sent from the school to the location of the children such as homes and other institutions.

3.6 Courses for graduate and higher education for handicapped

Most graduates from lower secondary departments of schools for the blind and the deaf proceed to high

school.

The training programs for the graduate schools for the blind are specialized and technical nature, such as Japanese traditional massage, finger pressure, and acupuncture.

The graduates of schools for the deaf are mostly employed in the field of clerical work and in manufacturing industries. About thirty percent of the graduates of schools for handicapped get jobs, and others are admitted to vocational training facilities or other welfare facilities.

3.7 Higher education for handicapped

A considerable number of handicapped people continue their studies in universities and junior colleges. Every year, about 400 of them are admitted to universities and about 100 to junior colleges.

The Ministry of Education, Science and Culture, encourages national, public, and private universities and junior colleges to take suitable measures for their admission through a notification concerning admission at universities and junior colleges. The notification contains the following provision:

For the purpose of giving access to higher education to the handicapped in accordance with their capabilities and aptitudes, universities shall pay consideration to provide an opportunity to the handicapped to apply for admission.

In addressing this requirement, some universities have carried out entrance examinations in Braille for the blind, while the national government promotes establishment of facilities for the handicapped at the national universities.

Tsukuba College of Technology is a national junior college established for the visually and hearing impaired in 1987. The first entrant was accepted in 1990.

3.8 Specialized educational program for mentally retarded

The term "mental retardation" refers to sub-average general intellectual functioning that originates during the development period and is associated with impairment in adaptive behavior.

Generally, retardation of mental development may be determined from an intelligence quotient (below IQ 75) and through behavior characteristics. While it is difficult to classify the degree of mental retardation, it is divided roughly into three levels: mild, moderate and severe.

In the case of mild mental retardation, while intellectual activity requiring abstract thinking is difficult, the mentally retarded are capable of becoming socially independent through appropriate education. In the case of moderate mental retardation, with appropriate education, they will become capable of communicating with others by speech to some extent, of taking care of themselves, and of joining social life with some assistance. In the case of the severe mental retardation, even after compulsory education age, they will need substantial help in daily living activities.

3.9 Education in schools for mentally retarded

This comprises kindergarten, elementary, junior high, and high schools, although at present, few schools have kindergartens. The aims and content of education in elementary schools are to build a comprehension and expression of language required for social life.

In junior high schools, language education required for social life, development of interpersonal relationships, and participation in group activities are emphasized. High schools also provide education to help the mentally retarded acquire working attitudes and to experience the joy of work in the form of prevocational educational.

3.10 Special classes for mentally retarded

The instruction is provided in a small group setting according to individual differences. At the elementary

education level, emphasis is placed on acquiring basic life skills and participating in group activities. At the junior high education level, instruction is provided with emphasis on acquisition of the necessary attitude and knowledge for vocational life and social life for social independence in the future. Instruction is also given to encourage children to actively participate in school activities to enrich their experiences.

3.11 Finance and management of special education

The government subsidizes a certain proportion of the construction costs of special school buildings. The government promotes improvement of educational facilities, such as the development of curriculum materials in schools for the blind, group hearing aid systems in schools for the deaf, closed circuit TV facilities in schools for physically handicapped, and equipment in special classes. In addition, it also subsidizes construction and equipment installations in dormitories and expenses to purchase school buses for children whose homes are distant from the schools.

The annual expenditure on special schools in 1988 was about 499 billion yen through the national government, prefectures, and municipalities.

In 1956, the annual expenditure was about 3.2 billion yen. Since the enactment of a special measure law, this amount for construction of public schools for handicapped has increased about 150 times, summing up to 493 billion yen in 1988. The expenditure per pupil in special schools in 1988 was about 5.4 million yen, while that in ordinary elementary and junior high schools was about 600,000 yen respectively. Therefore, per pupil expenditure in special schools is about 9.3 times more than that in ordinary elementary schools and about 9 times more than in ordinary junior high schools.

However, the number of special schools is limited compared with ordinary compulsory education schools. Many children have to live in dormitories or travel a long distance to attend schools.

Therefore, the parents' economic burdens become greater than those of the parents of ordinary children. In order to reduce such burdens and to encourage parents to enroll their children in special classes and special schools, subsidies are offered to parents of handicapped children. Depending on the parents' income, the subsidies cover part or all of the expenses with lunch, transportation, boarding, school trips, school supplies, and so on.

4. Sex education in Japan

The sex education program has formed a part of the curriculum of special education, which established by the Ministry of Education, Science and Culture since 1993. These programs are prepared depending on the characteristics and development of the pupils with special educational needs. It is considered important for the complete individual development. Thus, the school can develop critical, reflexive and educative actions.

Many schools integrate in science teaching programs topics such as anatomy and reproduction as such a need is perceived.

Generally, these topics are addressed in discussions on human reproduction, anatomy, and human physiology. This program includes only the biological aspects, and it does not include the affective, social, and culture values. However, this systematic program promotes preventive actions against sexual transmissible diseases and contributes to prevention of some problems such as sexual abuse and undesired pregnancy. In addition, the sex education program for pupils in special classes in ordinary schools in Japan is held in a multidisciplinary way.

In every school, there is a nurse teacher. This nurse teacher is an instructor for sex education as well. She develops her orientation with the teachers. The students have complete confidence and they can talk about their

problems freely, moreover the school feels that the availability of individual interviews might contribute considerably to help with their sexual problems.

The sex education at school does not offer individual or therapeutic assistance, but only pedagogical assistance.

5. Results

Copies of the questionnaires were sent to 375 ordinary schools with special classes for mentally retarded students located in Tokyo. In Tokyo, there are 725 ordinary public schools, but only 375 schools have special classes with 597 enrolled students. These questionnaires were answered by 235 teachers (149 females and 86 males) and 312 parents (166 females and 43 males).

It was assumed that the answers would provide a better understanding about their opinions about the sex education for special students.

The first question was about the need to offer sex education to their children. A total of 213 teachers (91%) and 170 parents (54%) answered that they had some situation in which they needed to offer some orientation about sex to their children.

In these cases, the topics that have been increasingly discussed among teachers were as follows: hygiene (71%), masturbation (48%), dating (44%), marriage (9%), parturition (9%), sexual intercourse (9%), pregnancy (7%), contraception (3%), and sexually transmissible diseases (2%).

Among parents, the topics that have been increasingly discussed were: hygiene (38%), masturbation (20%), dating (15%), parturition (7%), pregnancy (7%), marriage (5%), sexual intercourse (5%) and sexually transmissible diseases (3.5%), and contraception (2%).

A total of 98% teachers and 89% parents recognize that it is necessary to talk about sex with these students. However, 90% teachers and 85% parents face difficulty when they need to talk about this topic.

Nevertheless, they believed that the family is responsible to provide this orientation (77% teachers and 85% parents).

According to the results, 94% teachers and 92% parents agreed that a sex education program at school, which includes biological and psychological aspects of the sexuality, could be considered important.

In addition, they believed that there was an adequate age for starting sex education. According to them, the adequate age was between 11 and 16 years (67% teachers and 48% parents).

Regarding the hypothesis of the implementation of a sex education program in their schools, 82% teachers believed that it could be offered to the parents concurrently. On the other hand, according to parents, considering the hypothesis of this implementation, 53% parents believed that it can be provided to them simultaneously and 88% of those parents agreed with their participation on it.

The concepts they considered necessary to elaborate in a sex education program were (for teachers) hygiene (93%), dating (77%), masturbation (62%), parturition (40%), marriage (39%), pregnancy (35%), contraception (31%), sexual intercourse (31%), sexually transmissible diseases (22%). For parents, the concepts were as follows: hygiene (65%), dating (50%), masturbation (41%), sexual intercourse (31%), sexually transmissible diseases (28%), pregnancy (21%) and parturition (20%).

A total of 46% teachers included some topics about sex education in their teaching programs, but only 9% of them had some kind of orientation about teaching sexuality for pupils with special educational needs in their

graduate course.

6. Discussion and conclusion

In agreement with the obtained data, we can observe that parents and teachers found the difficulty in discussing concepts related to sexuality with mentally retarded adolescents because of the lack of information or knowledge about the topic.

In spite of the fact that sex education has been allowed by the Ministry of Education to be an integral part of the teaching programs, this survey verified that only 46% of the teachers use this topic in their teaching programs and 9% of them had some background knowledge.

However parents and teachers demonstrated an interest in discussing sexuality and implementing a sex education program at school, even though they did not have knowledge of an adequate way to approach the subject with the students.

The implementation of a sex education program in special education cannot be considered as a short-term solution. In order to attain such an objective, training programs are necessary to prepare the professionals who work with these students. In addition, the program should have the parents' participation for effectiveness. Then, we can affirm that the implementation of this program at school can contribute to present and future individual welfare.

The sex education program should be interpreted as a way of arguing and amplifying knowledge and options for an individual to choose their way. Sex education is not limited to informing children and adolescents about topics relative to their sexuality, but it also involves all intentional and functional processes of personality formation, with special focus on relationships with sexual involvement.

As a result, the students can be prepared for conscious and responsible sexual behavior. It is an integral part of the total educational process. The objective is to help students with special educational needs to grasp a better degree of personal maturation throughout their progressive development.

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