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## Coping with Adolescence: Parents' Experiences in Providing Sexuality Education to Deaf Adolescents

Okwaput Stackus<sup>1,\*</sup>, Katumba Asnancie<sup>2</sup>

Kyambogo University, Uganda

\*Correspondence: E-mail: [stackuso@gmail.com](mailto:stackuso@gmail.com)

### ABSTRACT

Parents of Deaf adolescents are expected to provide sexuality education to their adolescents. This study explored how parents of Deaf adolescents acquire knowledge about sexuality education, the challenges they face in providing that education to their adolescents, and how they cope with the challenges. A qualitative approach was followed in the study. Methods of data collection were semi-structured interviews and focus group discussions. Data was collected from parents of Deaf adolescents. The findings indicate that parents obtain information about sex education from family members and formal education. However, their ability to provide that education is hindered by challenges such as a limited understanding of sexuality education, how to convey the information to Deaf adolescents, and inadequate skills in sign language. The authors recommend that parents of Deaf adolescents should be supported to acquire the knowledge and communication skills necessary for them to provide sex education to their adolescent children. In addition, the ministry responsible for education ought to put in place a policy that should guide the provision of sex education which is adapted for Deaf adolescents in schools.

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## 1. INTRODUCTION

According to [Giarni \(2015\)](#), sexuality is one of the main aspects of human development. It is considered to be a basic component of identity for which human beings need others. Sexuality encompasses such aspects as sex, gender identities, and roles as well as sexual orientation which may be expressed through thoughts, fantasies, desires, beliefs, and behaviors ([Fausto-Sterling, 2019](#)). Human beings have different levels and dimensions of sexuality, and this may be influenced by several factors. Individuals who are in the stage of adolescence in particular need support to navigate through the physiological and anatomical changes that influence their personality and sexuality ([Kar et al., 2015](#)). They should be guided for them to transition from being dependent on other people to being independent and mature human beings. During the transition, the adolescent moves from being part of a family group to being part of a peer group and a stand-alone adult ([Jivanjee et al., 2009](#)). S/he is faced with the task of understanding who s/he is and how to cope with many physical, cognitive, social, and emotional changes. The changes may cause adolescents to be self-conscious or sensitive as they compare themselves to others within their social environments. Confusion may arise as they notice differences between themselves and other people, making them particularly vulnerable to social and cultural pressures which they have to cope with as they grow ([Smelser, 2004](#)).

Sexuality education is, therefore, desirable to enable human beings, especially adolescents to cope with the changes and challenges related to their sexuality. It is an instruction on issues relating to human sexuality, including emotional relations and responsibilities, the human reproductive system, and changes that occur when one is transitioning to adolescence and then to adulthood as well as how they should control themselves ([Sable et al., 2011](#)). This aspect of education also consists of instruction on the development of and understanding of the physical, mental, emotional, social, economic, and psychological phases of human relations as they are affected by sex. It is about providing young people with knowledge and skills that might enable them to make informed and responsible decisions about sexual behaviors at all stages of their lives ([Kismödi et al., 2017](#)). Reports from authors such as UNESCO in 2018 and WHO in 2023 highlight the benefits of comprehensive sexuality education which include: delayed sexual initiation, reduced risk-taking, and improved attitudes related to sexual and reproductive health as well as a tool for combating sexual violence and discrimination.

Deafness is a hearing difficulty which so severe that an individual is impaired in processing linguistic information through hearing, with or without amplification ([Deltenre & Van Maldergem, 2013](#)). This condition can occur irrespective of one's gender, ethnicity, age, or economic status. Persons who are deaf are at greater risk of being marginalized due to the challenges in communication. Adolescence is one of the stages which every human being has to pass through. Every individual needs support from the people around them to go through that stage. The nature of the support provided determines how better the person's youth and adult life will look. Adolescents who are Deaf may, therefore, face an additional challenge of adapting to the hearing community, where communication and access to information is either incomplete or even non-existent ([Rich et al., 2013](#)). It's important to note that deaf adolescents possess normal intelligence. They are not deficient or deviant in their cognitive abilities; they simply cannot hear as well as other children. However, as they develop, they have different background experiences, communication histories, and knowledge. They may therefore need specialized instruction to reach the same developmental milestones as their hearing counterparts ([DiLulo et al., 2011](#)).

In Uganda, the Uganda Bureau of Statistics in 2018 reported that 7.1 % of adults have some form of hearing difficulty, and 0.2 of these are reported to have severe hearing loss which may be classified as deaf. From the perspective of an inclusive society, these persons should be supported to live a life to their full potential. The Constitution of the Republic of Uganda (Emong & Eron *et al.*, 2016) also provides that no one should be discriminated against based on among others, disability.

The SDG Goal 3 targets to ensure universal access to sexual and reproductive health care services by 2030 (Panichkriangkrai *et al.*, 2020). In line with the SGDs, the CRPD, Article 25 (a) stipulates that person with disabilities should access the same range of health care and programs as provided to other persons, including in the area of sexual and reproductive health without discrimination (Panichkriangkrai *et al.*, 2020). These guidelines, therefore, make it imperative that adolescents who are deaf have access to sexuality education without discrimination. Much as it is understood that transcending through adolescence may be challenging for a typical teenager, it may even be more challenging for teenagers who are deaf. This is not only because of hearing loss but also because deaf adolescents live in hearing communities that predominantly use oral communication (Terlektsi *et al.*, 2020).

Parents are considered to be key people in sexuality education. They should be able to educate their children about sexuality and prepare children for adult life. The role of parents in supporting their children is articulated by Bronfenbrenner in the ecological theory. He posits that human development is determined by four levels of systems, that is; microsystems, mesosystems, ecosystems, and macro systems. According to the theory, the microsystem is explained as a system of persons or groups of institutions that play an immediate and critical role in the child's life. The microsystem includes the immediate relatives or other people with whom the child interacts within the family or school. According to Zhang and Makaiau (2021), these groups or organizations affect how the child grows, and the effect depends on how they interact with the child. Relationships that are encouraging and nurturing are more likely to have a major impact on the child's growth. The microsystem was considered relevant to this study because it outlines the roles of the immediate family of which parents are part. The theory notes that the microsystem influences a child's development in all aspects, among them health, and that the family is the most influential for the emotional development of the young person. In the child development process, effective communication and empathy within these relationships are vital. Caregivers and other people in the microsystem are important as they help co-regulate the young individual.

Hearing parents of deaf children may experience challenges in making decisions compared to parents of typically hearing children. Among them is the mode of communication to be used with their deaf children. These unique challenges may lead to elevated stress among parents and the deaf child. Despite all the above experiences, the parents of deaf adolescents are expected to provide sex education which is very vital in the development of their children. The study reported here was designed to explore the challenges experienced by parents in the provision of sex education to deaf adolescents in Jinja district, Uganda. At the time of the study, no other study had been conducted regarding this important aspect in the district even though there are deaf adolescents who should receive this support.

## 2. METHODS

A qualitative approach was used in the study. This approach was chosen based on the assumption that it provides an opportunity for the researcher to make meaning of the phenomenon under study using verbal and textual data (Porter, 2007). The study was rooted

in the interpretive paradigm, and based on the assumption that knowledge is socially constructed as individuals seek to make meaning of the world in which they live. The choice of the design was further informed by the epistemological position that individuals construct knowledge and understanding through their experiences.

The target population of the study was parents of deaf adolescents. The choice for the target group was based on the understanding that parents are key people in the upbringing of children and their importance cannot be overstated. They are, therefore, expected to be of great influence on adolescent children, and hence, their role in the provision of sex education is crucial. A purposive sampling procedure was used in this study. In an attempt to obtain information that was representative of both genders, the sample consisted of eight parents which comprised four males and four females. The parents selected had to be biological parents to the deaf adolescents because they were expected to have known their children over a long period, and are more connected to them.

Data was collected using two methods. The first method was semi-structured interviews. This method was used because of its flexibility in generating data and the opportunity that it provides for the researcher to delve into the feelings and opinions of the interviewee through probing (Carpenter & Stacks, 2009). The second method was focus group discussions (FGD). This method was selected because it provides an opportunity for interaction among the group participants and between them and the researcher thereby enhancing the data collected (VanderKaay *et al.*, 2018). The researcher, therefore, hoped that focus group discussion would enable parents to share their experiences regarding how they provide sex education for their children. A semi-structured interview guide and a focus group discussion guide were prepared based on the literature reviewed and the objectives of the study. As a strategy to enhance the trustworthiness of the findings, the interview guide and focus group discussion guide were piloted with participants who had children who were deaf but from a different part of the country.

To enhance the interactions, the interviews and focus group discussions were conducted in a language that was best understood or used by the participants. The choice of the venue was made by the participants themselves, considering its convenience to them. The interview and focus group discussion sessions involved introducing participants to the topic of the discussion, making them feel more comfortable sharing their opinions and ideas with the researcher and group participants, assuring them of confidentiality in whatever information they provided, and asking probing questions in line with the interview/focus group discussion guides. To ease follow-up where necessary, and to ensure that no information is left out during analysis, the interaction with each participant or group was recorded using an audio recorder.

Data was analyzed following the thematic data analysis procedure. The process involved transcribing the field notes verbatim, identifying significant statements, coding the data, and categorizing it according to the objectives and themes within which the data was presented.

In this study, ethical considerations were observed. Permission to conduct the study was obtained from the District Community Development Officer. Participants in the study were briefed about the purpose of the study and had to sign forms consenting to their participation before data collection. Furthermore, each participant was consulted to agree on the date, time, and venue for the interview.

### 3. RESULTS AND DISCUSSION

#### 3.1. Sources of Parents' Knowledge About Sexuality Education

The study explored the sources of parents' knowledge about sex education. The findings indicate that three of the female parents had acquired knowledge of sexuality from their family *i.e.*, mother and paternal aunt, followed by one who had acquired it from her formal education and peers. One of the male parents acquired the knowledge from his grandmother and supplemented it with what he acquired from formal education. He said:

*"I grew up as an orphan; my paternal grandmother was my guardian. She told me much about sexuality but I also received a lot from my teachers and peers"*.

The other three male parents stated that they acquired knowledge of sex education mostly from their peers and partly from formal education. One said:

*"My school life enabled me to learn about sex education and why it is important in life but this was supported by interaction with friends"*.

Another parent said:

*"In my culture, you get to know some things through friends and other adults. Sometimes school knowledge alone will not be enough to enable [you] to manage sexuality life"*

The excerpts above indicate that the parents obtained information about sex education from both formal and informal sources. The main informal sources are the other people in the community and the formal source is the exposure to education from which they learned about that aspect of education. Interestingly though, none of the participants mentioned the electronic or print media as the source of information.

#### 3.2. Challenges Faced by Parents in the Provision of Sexuality Education to Deaf Adolescents

The data shows that parents experience some challenges in the provision of sex education to deaf adolescents. One of the challenges is that parents have a limited understanding of the concept of sex education. When asked what he understands about sex education, one male parent noted that;

*"it is the information and guidance that we need to acquire as we grow into men and women"*

Two other male parents perceived sexuality education as *"teaching the child how their life will change about sexuality"*.

Two parents, one male, and the other female, however, described sex education concerning the girl children. They relate it to educating girls about menstruation and pregnancy. One said: *"It is a time when girls are educated about menstruation and body changes"* and another said *"Talking about menstruation, abstinence, and pregnancy"*

The data also shows that some parents did not know how to explain the biological changes that took place in the adolescents' bodies or were shy to explain sexuality issues to their children. One female parent said that:

My lack of education limits me from explaining to her what exactly takes place for menstruation to happen because I too wasn't told. I think their teachers tell them at school.

Two female parents said:

*"I am shy to discuss such things"*.

The above excerpts suggest that some parents are uneasy about providing sex education to deaf adolescents. This may hinder them from providing the support that is needed for the children to make responsible decisions regarding their sexuality.

### 3.3. How Parents of Deaf Adolescents Cope with the Challenges of Providing Sexuality Education

The study further explored how parents of deaf adolescent's cope with the challenges of providing sex education to their children. The data shows that parents who have challenges in communication found alternative ways of communicating with their deaf adolescents. When asked about the strategies she uses to overcome the challenges in providing sex education to her deaf adolescents, one female parent said that she endeavored to use gestures and communicate to her daughter about sexuality issues like menstruation and hygiene. Another parent said:

*"I communicate through writing, but I cannot write everything! I also gamble with the signs I know"*

The strategy of using gestures and writing was, however, reported as not very effective too. One parent noted that providing sex education on some of the complex issues was still a challenge due to communication difficulties. The parent said:

*"Well.... Mmmh, I cannot say that it's very effective because on many occasions my deaf daughter has many questions which I do not understand and therefore cannot answer"*.

Furthermore, some parents are not comfortable communicating such sensitive sexuality issues to their children because they feel bound by cultural norms. Such parents assign that responsibility to other adults such as the aunt of the deaf adolescent or even leave it to the school authorities to provide the education. One parent said:

*"I always engage the deaf role model in the community who is his friend"*

And another said:

*"In my culture, it is the mother's responsibility to find a suitable person to communicate such issues."*

Another parent said:

*"Culturally it is the responsibility of an aunt (senga) to impart such education."*

Some parents assign that responsibility to siblings with the assumption that they know each other and hence may support the deaf adolescent better. Other parents, however, expressed reservations about the effectiveness of using siblings to provide sex education. For instance, one parent said:

*"For now it's effective but as she grows she needs more information from a responsible adult because her siblings are her peers; who! They may mislead each other"*.

Another said:

*"It's not very effective because the deaf adolescent needs to learn a lot more than what I tell him. He sometimes just smiles or sulks, leaving me in a dilemma"*.

Most of the parents obtained knowledge about sex education from interaction with other people in the families and or community and formal education. Surprisingly though, none of the parents mentioned the media as the source of knowledge as might be the case in other societies. This could be attributed to the culture in that ethnic group and other ethnic groups in Uganda which do not encourage talking about sexuality in public. A study conducted by [Lozano-Verduzco and Rosales Mendoza \(2016\)](#) highlights the importance of using media in sex education even though media information varies in terms of type and content. The family and the formal education being the sources of knowledge for the parents who participated in this study is, however, consistent with Bronfenbrenner's theory which observes that the microsystem is the most influential and closest relationship where direct contact and caring occurs. The theory states that the microsystem is the child's immediate surroundings where lifelong care and support are expected to be provided. How the members of the environment



interact with the child will, therefore, affect how the child grows. This implies that the more encouraging and nurturing these relationships and places are, the better the child will be able to grow. Saewyc (2011) also emphasize that the family and parents in general are recognized by many disciplines as the most influential in affecting adolescents' behavior including sexual identity. That view is also echoed by Rogers (2017) who note that conversations with parents have the potential to become the benchmarks against which teens measure other information about sexuality and serve as a buffer against early sexual activity. This calls for the need to empower parents of deaf adolescents with knowledge about sexuality education as well as the communication skills for supporting their children to live a life that is safe and acceptable in society.

Despite the efforts made by parents to provide sex education to their children, the data shows that they experience some challenges. For instance, it is noted that some parents have only a basic understanding of sex education. This suggests that they might convey inadequate information about sexuality education to their adolescent children. The data also indicates that male parents were much more aware of sex education compared to female parents. Although the reason for this disparity was not known, it implies that a lot more support should be provided to female parents to in order enable them to acquire more knowledge about this aspect of education. This is particularly important because in Uganda, as it might be the case in many African communities, female parents spend more time with their children compared to male parents. The above finding, however, aligns with some researchers (Muhwez *et al.*, 2015) who observe that sex is one of the most salient topics for adolescents to discuss with their parents.

Based on their explanations, some parents seem to understand the concept of sex education from a feminist perspective. This assertion is based on the perception that sex education is a provision necessary for girls and not boys. Parents who have that perception might, therefore, deprive the boys of the opportunity to acquire knowledge that is necessary for them to navigate the challenges of adolescence.

Some parents were noted to be uneasy about providing sex education to deaf adolescents. This is consistent with some researcher's (Punch & Hyde, 2011) assertion that parents may be uneasy talking with young people about issues relating to sexuality. They add that much as parents want to be involved in educating adolescents about sexuality, they do not know how to go about it. The parent's discomfort may arise from a lack of adequate information about sex education. Some researchers (Teacy *et al.*, 2018) observe that parents who did not have sex education when they were young may lack confidence in the subject. However, this dilemma is not unique to parents of deaf adolescents alone. Some researchers observe that many hearing parents find it difficult to talk to their children who are not deaf about the changes expected during adolescence.

Some of the parents felt uncomfortable because they experienced challenges in communication using Sign Language, a language of hand and body movements used in communication with deaf or hard-of-hearing persons. Furthermore, it was noted that the Ugandan Sign Language which the parents used with their deaf adolescents did not have signs for some of the concepts used in sexuality education and that some of the signs used were perceived to be vulgar in that language. Capacity building for parents should, therefore, include training them in signs related to sexuality education as well as developing signs for the concepts that are commonly used in that education.

The data shows that parents endeavor to cope with the challenges of providing sexuality education to their children. Parents who experience challenges in communication found alternative ways of communicating with their deaf adolescents. Some of the parents used

gestures to communicate with their deaf adolescent while others communicated through writing. Gestures are spontaneously produced movements of the arms, hands, and other parts of the body to express communication. Some researchers (Obermeier et al., 2012) observe that gestures are beneficial in countering difficult communication between hearing people and persons with hearing impairment. Given that gestures lack grammatical structure, using them might enable parents to convey only basic information to the deaf adolescent. This implies that communicating some of the more complex issues about sexuality may continue to be a challenge to the parents. This observation is consistent with some researchers. Who reports that deaf individuals experience delays in receiving health care due to communication difficulties.

Some of the parents felt embarrassed to provide sex education to their deaf adolescents and hence, relinquished that responsibility to other people such as role models in the community or the aunt. The challenge with that strategy, however, is that one cannot guarantee the effectiveness of the role played by that other party. This is because sexuality education is expected to be an interactive process between the parent and the adolescent, and is based on trust between the two. If the person who stands in for the parent is not very familiar, there is a likelihood that the deaf adolescent will not open up during the interaction

#### **4. CONCLUSION**

The study shows that parents of deaf adolescents get knowledge about sexuality education from family members and other adults outside the family. However, some parents may feel uneasy communicating with deaf adolescents about biological changes that occur in the adolescent's body, or experience difficulties communicating with the adolescent about sexuality issues. Although the parents endeavor to use some strategies to cope with the challenges, the strategies adopted are not very effective. The findings imply that there is a need for deliberate support from Government and non-government Agencies in Uganda to empower parents of deaf adolescents so that they can effectively provide sex education to their children.

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#### **6. AUTHORS' NOTE**

The authors declare that there is no conflict of interest regarding the publication of this article. Authors confirmed that the paper was free of plagiarism.

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