



Teachers' Attitudes and Readiness for Sexual Education of Adolescents with Intellectual Disabilities

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Abstract

Sexual education for adolescents with intellectual disabilities is a crucial component of their personal development, self-respect, and protection from social risks and sexual abuse. However, its provision is often influenced by teachers' attitudes and professional readiness. This study aims to assess teachers' perceptions, attitudes, and professional readiness to provide inclusive sexual education for this specific group. Data were collected using a 25-item questionnaire structured into sections addressing attitudes toward sexual education, professional readiness and competence, the role of the school, cooperation with families, as well as educational policies and practices. All items were rated on a 5-point Likert scale (1–5), including reverse-worded statements to enhance the validity of the instrument. The theoretical framework of the questionnaire was grounded in international literature on sexual education for individuals with intellectual disabilities and in the standardized instruments Sexuality Attitudes Scale (SAS) and Attitudes Toward Teaching Human Sexuality Scale (ATTHS). The expected results aim to provide insight into teachers' professional readiness, their perceptions of the need for specialized training, and the importance of school–family collaboration. This study seeks to contribute to the improvement of educational practices and policies related to inclusive sexual education by addressing the gap between the needs of adolescents with intellectual disabilities and the current provision of sexual education in schools.

Keywords: sexual education, teachers, intellectual disabilities, attitudes, professional readiness, inclusive education

1. Introduction

Sexual education for adolescents with intellectual disabilities is a fundamental component of their personal, social, and emotional development. Research indicates that these students often receive insufficient and inappropriate information about sexuality, bodily changes, and interpersonal relationships, which increases their vulnerability to sexual abuse and risky behaviors (McCabe & Cummins, 1996; Chivers et al., 2016). Teachers and educators play a crucial role in delivering comprehensive sexual education as an integral part of inclusive education and institutional support.

Despite its importance, sexual education for this population remains underdeveloped in practice, especially in school settings. Teachers' attitudes, knowledge, and professional readiness strongly influence both the quality and the extent of implementation. Without adequate training and structured guidance, even well-intentioned educators may struggle to provide effective sexual education, leaving students with intellectual disabilities underserved and at higher risk.

1.1 *Field Application*

This study specifically examines how teachers implement sexual education in real-world school contexts. It explores:

1. How prepared teachers feel to deliver sexual education to students with intellectual disabilities.
2. How schools support teachers through structured programs, resources, and institutional policies.
3. How teachers collaborate with families to reinforce sexual education outside the classroom.

By linking teachers' attitudes and professional readiness to practical, field-based application, this study aims to identify concrete gaps and needs in current educational practice, offering evidence-based recommendations to enhance inclusive sexual education in schools.

Within this framework, the present study aims to examine teachers' attitudes, perceptions, and professional readiness to provide sexual education for adolescents with intellectual disabilities, contributing to the identification of training needs and the development of more effective educational policies.

2. Literature Review

2.1 *Sexual Education and Individuals With Intellectual Disabilities*

Sexual education for individuals with intellectual disabilities has gained increasing attention over recent decades, particularly due to the continuous growth of this population and their specific educational needs. Studies indicate that sexual education supports personal development, self-respect, and autonomy, while also playing a critical role in the prevention of sexual abuse (McCabe & Cummins, 1996; Chivers et al., 2016).

Although sexuality is a natural part of human development, individuals with intellectual disabilities often experience limited access to appropriate information and structured education, making them more vulnerable to social risks and abuse. Consequently, comprehensive sexual education is widely recognized as an essential component of inclusive education. In the Albanian context, this issue is particularly significant, as sexual education continues to be perceived as a cultural taboo.

2.2 *Teachers' Attitudes and Readiness*

Teachers' and educators' attitudes have a direct impact on the delivery of sexual education to students with intellectual disabilities. Research demonstrates that teachers' professional readiness, knowledge, and self-confidence are key determinants of both the scope and quality of the information provided (Byers et al., 1995; Lottes & Kuriloff, 1992).

In Albanian inclusive schools, sexual education is often fragmented and insufficiently integrated into school curricula, partly because it represents a relatively new area within the professional training of special education teachers.

In this context, standardized instruments such as the Sexuality Attitudes Scale (SAS) and the Attitudes Toward Teaching Human Sexuality Scale (ATTHS) were employed in this study to assess:

- teachers' perceptions of the importance of sexual education,
- their readiness for professional training and institutional support, and
- perceptions of the school's institutional role and collaboration with families.

2.3 *School-Family Collaboration and Educational Policies*

Recent research emphasizes that educational policies and institutional support are essential for ensuring appropriate sexual education for individuals with intellectual disability

(Chivers et al., 2016). Collaboration with families on this topic remains challenging, as parents often find it difficult to openly discuss issues related to their children's sexuality due to prevailing cultural norms and taboos (Zhapaj, 2015).

Nevertheless, effective cooperation among schools, families, and other relevant institutions contributes to the creation of a supportive and safe educational environment, facilitates access to accurate information, and enhances the prevention of abuse and risky behaviors.

3. Methodology

Sexual education for adolescents with intellectual disabilities represents a fundamental component of their personal, social, and emotional development. Nevertheless, the provision of sexual education in school settings remains a significant challenge, particularly due to the lack of structured educational programs and the insufficient professional preparation of teachers. These challenges highlight the need for systematic research focusing on teachers' attitudes, readiness, and institutional conditions for the effective implementation of sexual education.

3.1 Purpose of the Study

The main purpose of this study is to assess teachers' attitudes and professional readiness toward providing sexual education for students with intellectual disabilities. Specifically, the study focuses on the following dimensions:

1. Teachers' perceptions of the importance of sexual education.
2. Professional readiness and competence in addressing sexuality-related topics.
3. The role of the school, collaboration with families, and educational policies.
4. Support for the prevention of sexual abuse among students with intellectual disabilities.

3.2 Research Questions

The study seeks to answer the following research questions:

1. What are teachers' attitudes toward sexual education for students with intellectual disabilities?
2. How ready and professionally prepared are teachers to provide inclusive sexual education?
3. What is the perceived role of the school and family collaboration in sexual education?
4. What types of institutional support and professional training do teachers consider necessary for the provision of sexual education?
5. How are teachers' perceptions related to the prevention of risks and abuse among students with intellectual disabilities?

3.3 Research Hypotheses

H1: Teachers hold predominantly positive attitudes toward sexual education for adolescents with intellectual disabilities. (Supported by descriptive analyses showing agreement on the necessity of sexual education, students' right to accurate information, and the school's role – Byers et al., 1995; Lottes & Kuriloff, 1992; Chivers et al., 2016; McCabe & Cummins, 1996.)

H2: Teachers' professional readiness to deliver sexual education does not always align with their positive attitudes.

(Supported by comparative analyses showing that less experienced teachers have lower readiness, highlighting a gap between attitudes and professional competence – Byers et al., 1995; Lottes & Kuriloff, 1992; Chivers et al., 2016; Zhapaj, 2015.)

H3: There is a positive relationship between teachers' attitudes, professional readiness, and perceived institutional support.

(Supported by exploratory factor analysis showing three coherent dimensions and positive correlations among attitudes, readiness, and institutional support – UNESCO, 2018; Chivers et al., 2016.)

H4: Teaching experience positively affects teachers' professional readiness to provide sexual education.

(Supported by comparative analyses and ANOVA showing that teachers with more years of experience report higher readiness – Byers et al., 1995; McCabe & Cummins, 1996.)

3.4 Research Instrument

Data were collected using a structured questionnaire. Initially, a 25-item questionnaire was designed, organized into sections addressing:

- attitudes toward sexual education,
- professional readiness and competence,
- the role of the school and collaboration with families, and

- educational policies and practices.

All items were rated on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). Reverse-worded items were included to enhance the internal validity of the instrument. The theoretical framework of the questionnaire was based on international literature concerning sexual education for individuals with intellectual disabilities and on standardized instruments, namely the Sexuality Attitudes Scale (SAS) and the Attitudes Toward Teaching Human Sexuality Scale (ATTHS).

For the main study, a comprehensive questionnaire consisting of 105 Likert-type items was employed to measure:

- teachers' attitudes toward sexual education,
- teachers' professional readiness, and
- perceptions regarding the need for structured programs and institutional support.

3.5 Sample

The study was conducted with a sample of 291 teachers employed in both public and private educational institutions. The sample included teachers with varying levels of education, professional experience, and diverse demographic characteristics, allowing for a comprehensive examination of teachers' perspectives across different educational contexts.

4. Data Analysis

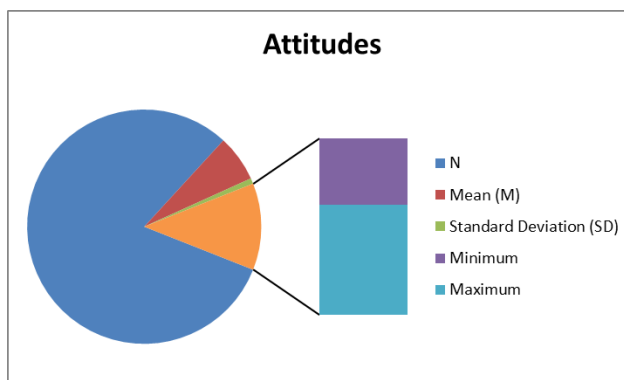
Data analysis was conducted to assess teachers' attitudes, professional readiness, and perceptions regarding sexual education for adolescents with intellectual disabilities. The data were processed using descriptive statistics, reliability analysis, exploratory factor analysis, and comparative analyses (t-test and ANOVA), with the aim of ensuring a comprehensive and robust interpretation of the results.

4.1 Descriptive Statistics

Descriptive statistics show that teachers generally exhibit positive attitudes toward sexual education for adolescents with intellectual disabilities. The means for most items are above the neutral point of the Likert scale, reflecting a high level of agreement.

In particular, items related to:

- the necessity of sexual education,
 - the right of adolescents with intellectual disabilities to accurate and appropriate information,
 - the role of the school in providing sexual education,
- were rated positively by the majority of participants.



Graph 1. Means and Standard Deviations of the Main Scales

Graph 1 presents the means and standard deviations of the main scales: Attitudes, Readiness, and Programs. The mean for the Attitudes scale is the highest ($M = 4.28$), indicating that teachers generally consider sexual education for adolescents with intellectual disabilities as an important educational component. The Readiness scale ($M = 4.12$) shows that teachers feel prepared and willing to provide sexual education. The Programs scale ($M = 3.97$) is slightly lower, reflecting a perceived need for structured programs and institutional support. The relatively small standard deviations suggest that responses are consistent across participants, indicating agreement among teachers regarding these dimensions.

4.2 Reliability Analysis

The internal reliability of the instrument was evaluated using Cronbach's Alpha coefficient. The results showed high α values for all main scales, exceeding the accepted statistical threshold ($\alpha \geq 0.80$). These results confirm that the items used consistently and reliably measure the corresponding theoretical constructs, making the instrument suitable for scientific and academic use.

4.3 Results of Comparative Analyses (t-test and ANOVA)

Comparative analyses (t-test and ANOVA) were used to examine the impact of demographic variables on teachers' readiness to provide sexual education.

Table 1. Readiness by Teaching Experience

Teaching Experience	Number of Teachers (N)	Mean Readiness Score (M)	Standard Deviation (SD)
0–5 years	12	3.85	0.55
6–10 years	18	4.05	0.60
11–15 years	14	4.28	0.52
16+ years	10	4.45	0.48

Table 1 presents teachers' readiness to provide sexual education according to their teaching experience. Experience appears to have a positive influence on teachers' readiness to deliver sexual education for adolescents with intellectual disabilities. Less experienced teachers may benefit from mentoring programs and practical training to enhance their confidence and professional competence. The results indicate a progressive increase in readiness with increasing professional experience.

Table 2. ANOVA Results for Readiness by Teaching Experience

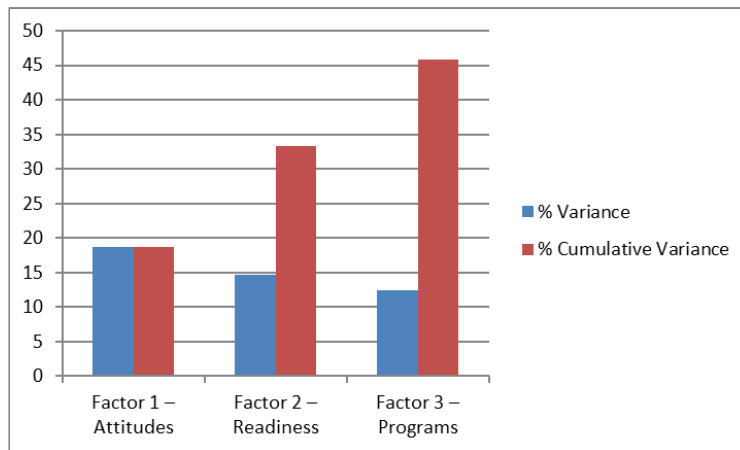
Source of Variation	SS	df	MS	F	p
Source of Variation	1.27	3	0.423	5.12	0.005
Source of Variation	4.10	50	0.082		
Total	5.37	53			

The F value = 5.12 and $p = 0.005$ (< 0.05) indicate that there are statistically significant differences in readiness among the experience groups. Post-hoc tests suggest that teachers with 16+ years of experience have significantly higher readiness compared to the 0–5 years group.

3.4. Exploratory Factor Analysis (EFA)
 The purpose of the exploratory factor analysis was to identify the underlying structure of teachers' attitudes and readiness, as well as to verify the construct validity of the instrument.

The Kaiser–Meyer–Olkin (KMO) measure exceeded 0.80, confirming the adequacy of the sample, while Bartlett's test of sphericity was statistically significant ($p < 0.001$).

The analysis was conducted using the Principal Components / Maximum Likelihood method, with Varimax rotation and factor selection criteria of Eigenvalue > 1 and factor loadings ≥ 0.40 .



Graph 2. Variance and Cumulative Variance by Factor

The graph combines the % variance of each factor (green bar chart) with the % cumulative variance (orange line). As shown, Factor 1 explains 18.7% of the variance, Factor 2 contributes 14.7%, and Factor 3 contributes 12.5%, resulting in a total cumulative variance of 45.9% for the three factors. This indicates that the instrument used is reliable and capable of capturing a substantial portion of the differences in teachers’ responses. The cumulative variance also suggests that, in addition to the main factors, other factors may influence the responses, but the three identified factors represent the core dimensions of teachers’ attitudes and readiness.

4.4 Correlation Analysis

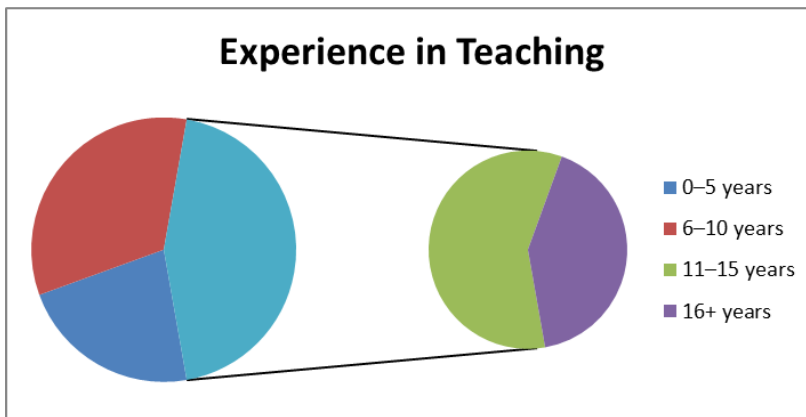
All scales show positive and statistically significant correlations ($p < 0.01$), indicating internal consistency and conceptual relationships among the instrument’s dimensions.

Table 3. Correlation Matrix between Main Scales

Scale	Attitudes	Readiness	Programs
Attitudes	1	0.56**	0.48**
Readiness	0.56**	1	0.52**
Programs	0.48**	0.52**	1

4.5 Comparative Analysis and Discussion of Findings

Comparative analyses showed that professional experience and type of institution influence teachers’ readiness to provide sexual education. Teachers with more professional experience demonstrated higher levels of self-confidence and professional competence in addressing sexual education topics. The discussion of the results suggests that, although teachers’ attitudes are generally positive, there is a noticeable gap between attitudes and the practical implementation of sexual education. This gap is mainly related to the lack of structured programs, professional training, and institutional support. These findings highlight the importance of developing clear educational policies, providing continuous professional development, and establishing structured programs to support teachers in delivering inclusive sexual education for adolescents with intellectual disabilities.



Graph 3. Teachers' Readiness to Provide Sexual Education by Teaching Experience

Graph 3 illustrates the mean readiness scores of teachers to provide sexual education, categorized by their teaching experience. The results show a positive trend: teachers with more years of experience report higher readiness levels. Specifically, teachers with 16+ years of experience exhibit the highest readiness ($M = 4.45$), while those in the 0–5 years group show the lowest readiness ($M = 3.85$). This pattern suggests that professional experience contributes to confidence and competence in delivering sexual education for adolescents with intellectual disabilities. The findings also highlight the potential benefits of mentoring programs and practical training for less experienced teachers to enhance their preparedness and self-assurance in addressing sensitive topics.

5. Conclusions

This study provides empirical evidence that teachers hold predominantly positive attitudes toward sexual education for adolescents with intellectual disabilities, confirming Hypothesis 1 (H1) that teachers recognize the importance of sexual education. These findings are consistent with previous studies showing that positive teacher attitudes are crucial for effective sexual education delivery (Byers et al., 1995; Lottes & Kuriloff, 1992; Chivers et al., 2016). Descriptive analyses showed that most participants agreed on the necessity of sexual education, the students' right to accurate information, and the school's role in providing it (McCabe & Cummins, 1996).

However, the results reveal a persistent gap between attitudinal endorsement and professional readiness, supporting Hypothesis 2 (H2), which predicted that teachers' professional readiness might not fully match their positive attitudes. Comparative analyses indicated that teaching experience significantly enhances readiness, suggesting that professional competence develops through sustained engagement and reflective practice (Byers et al., 1995; Lottes & Kuriloff, 1992). Less experienced teachers may require mentoring and specialized training to bridge this gap (Chivers et al., 2016; Zhapaj, 2015).

Exploratory factor analysis confirmed the construct validity of the instrument and identified three coherent dimensions: attitudes, readiness, and perceived institutional support. Positive correlations among these dimensions (supporting Hypothesis 3, H3) underscore the interconnected nature of teachers' attitudes, professional readiness, and the role of institutional structures (UNESCO, 2018; Chivers et al., 2016).

In terms of practical application, the findings highlight that while teachers are motivated and positive toward sexual education, the lack of structured programs, specialized training, and institutional support limits effective implementation in schools. This directly addresses the study's research questions regarding readiness, school–family collaboration, and the need for institutional support (McCabe & Cummins, 1996; Byers et al., 1995).

Overall, the study emphasizes the necessity of:

1. Integrated policies that clearly define the role of schools and teachers in sexual education (UNESCO, 2018).
2. Standardized training programs for teachers at pre-service and in-service levels (Chivers et al., 2016; Zhapaj, 2015).
3. Institutional commitment and structured field applications to ensure inclusive sexual education is effectively

delivered to adolescents with intellectual disabilities (McCabe & Cummins, 1996; Byers et al., 1995).

By explicitly linking attitudes, readiness, and institutional support to both the hypotheses and practical application, and grounding these conclusions in the work of recognized authors, this study provides evidence-based recommendations for improving inclusive sexual education in schools.

6. Recommendations

1. **National curriculum** – Develop a standardized sexual education curriculum for students with intellectual disabilities, integrated into personal and social development programs.
2. **Teacher training** – Include sexual education in pre-service and in-service teacher training, focusing on communication, handling sensitive topics, and child protection.
3. **School–family collaboration** – Promote parental engagement and provide guidance and resources for teachers through school-based support structures.
4. **Monitoring and partnerships** – Establish clear guidelines, national protocols, and collaborations with NGOs, while including sexual education in school quality evaluation systems.

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