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## A Needs Analysis for Special Education Teachers' In-Service Training Related to Sexual Education in Turkey<sup>1</sup>

### Türkiye’de Özel Eğitim Öğretmenlerinin Cinsel Eğitime Yönelik Hizmet İçi Eğitimleri İçin Bir İhtiyaç Analizi

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#### ABSTRACT

This study was carried out to determine the in-service training needs of special education teachers regarding sexual education. In the research, the Delphi technique, which aims for participants to reach a consensus and includes both qualitative and quantitative methods, was utilised. The study group consisted of 31 volunteer special education teachers, of whom 22 were women and 9 were men. The data were collected with the Delphi questionnaires created during the process, and in order to reach the final conclusion in Delphi, two separate analyses were made for stability and consensus. In the analysis of the data, the median, mode, standard deviation, variance, range, lowest and highest values, interquartile range and score range percentage values were calculated; normality assumptions were checked with the Shapiro-Wilk test and as a result, the Wilcoxon signed-ranks test was used. As a result of the study, it was concluded that special education teachers' in-service training needs regarding sexual education were mostly in the area of protection skills, followed by the areas of self-care skills, family participation, peer relationships, perception training (affective domain), behaviour control, correct opposite-sex relationships, impulse control and treatment of problem behaviour.

**Keywords:** Sexuality, special education, sexual education, attitude, in-service training, training needs analysis.

#### ÖZ

Bu araştırma özel eğitim öğretmenlerinin cinsel eğitime yönelik hizmet içi eğitim ihtiyaçlarını tespit etmek amacıyla gerçekleştirilmiştir. Araştırmada katılımcıların fikir birliğine ulaşmayı amaçlayan ve hem nitel hem de nicel yöntemleri içinde barındıran delphi tekniğine başvurulmuştur. Çalışma grubu 22 kadın, 9 erkek olmak üzere 31 gönüllü özel eğitim öğretmeninden oluşmaktadır. Veriler süreç içerisinde oluşturulan delphi anketleri ile toplanmış, delphide son kaniya ulaşmak için sabitlik ve fikir birliğine yönelik iki ayrı analiz yapılmıştır. Verilerin analizinde medyan, mod, standart sapma, varyans, aralık, en düşük ve en yüksek değerler, çeyrekler arası genişlik ve puan aralıklarının yüzde değerleri hesaplanmış; normallik varsayımları Shapiro Wilk Testi ile kontrol edilmiş ve sonucunda Wilcoxon İşaretli Sıralar Testi kullanılmıştır. Araştırma sonucunda özel eğitim öğretmenlerinin cinsel eğitime yönelik hizmet içi eğitim ihtiyaçlarının en fazla korunma becerileri alanına dönük olduğu ardından öz bakım becerileri, aile katılımı,

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akran ilişkileri, algı eğitimi (duyuşsal alan), davranış kontrolü, doğru karşı cins ilişkisi, dürtü kontrolü ve problem davranış sağaltımı alanlarında olduğu sonucuna ulaşılmıştır.

**Anahtar kelimeler:** Cinsellik, özel eğitim, cinsel eğitim, tutum, hizmet içi eğitim, ihtiyaç analizi.

## INTRODUCTION

In Turkey, a number of problems in the national education system have been noted. As a result of the conducted studies, some suggestions have been made for the solution of these problems, which can be grouped as teacher qualifications, curricula, educational philosophy, financial problems, etc. (Saribaş & Babadağ, 2015). However, it is much more difficult to deal with questions and problems related to sexuality and sexual education, or to generate solutions subsequently (Akmanoğlu & Tekin-Ersan, 2012).

Sexuality, which has been an important part of continuous human history for centuries, includes more than one dimension (Esen & Siyez, 2017). According to the World Health Organisation, sexuality is “the integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love” (WHO, 2010). On the other hand sex education can be defined as the process of acquiring the behaviors for the individual to learn the physical and sexual characteristics of the same sex and the opposite sex and to have the ability to control sexual impulses (Çerçi, 2013). Through sexual education, it is aimed to facilitate the adaptation of the individual to the society and to raise sexually healthy individuals. The belief that the scope of sexual education means much more than teaching the names, preservation, functions of body parts or information about reproduction needs to be established in society and awareness on the subject should be created (Çalışandemir, Bencik & Artan, 2008).

In the World Association for Sexual Health Declaration of Sexual Rights (WAS, 1997), “The right to obtain sexual information based on scientific research” (Article 9) and “The right to comprehensive sexuality education” (Article 10) can be accepted as the scientific and legal basis of individuals’ right to receive sexual education. However, in societies with conservative cultures, sexuality and related issues may be considered as a taboo (Ben-Asher & Gershuni, 2022; Kahn & Kofke, 2022). Yet it is thought that despite the attempts to cover it up, failure to fulfil the requirements of an existing development area may lead to greater problems in the future (Kadioğlu-Polat and Üstün-Budak, 2016; Strnadová, Loblinzk & Danker, 2021). To add more the literature accepts the existence of sexuality and underlines that it is not abnormal nor something to be condemned (Bayındır, 2021) another source, it is stated that sexual education is a very natural need like other physical needs and that it should be taught primarily in the family. Though it was mentioned that some families were worried about sexual education liberating the individuals sexually (Eker, 1992), a study about school based sexual education programs in Brazil revealed that one of the programs which is PEAS Belgo intervention program have shown to have no effect on sexually activeness age or the sexual interactions between the individuals. In addition to these results the program has shown to have improved the use of protection methods considerably (Andrade, Mello, Sousa, Makuch, Bertoni & Faundes, 2009). While examining sexual education in the world, there is a study that deals with the school-based sex education policies of four developed countries and the statistics on the sexual health of young people. In the study, with the same average age at first sexual intercourse, it was concluded that countries with a moderate approach such as the Netherlands, France and Australia have more positive sexual health data than those who follow avoidance and abstinence-based sex education policies such as the USA (Weaver, Smith & Kippax, 2005).

Examination of the research findings reveals that knowledge about sexual development in children and adolescents is inadequate (Sevil, Ünsal-Atan, Taşçı-Duran & Bolsoy, 2012). In this case, parents should support the sexual development with a holistic approach, just as they

provide opportunities of skills in other (Aydoğdu, 2017; Noorman, den Daas & de Wit, 2022). On the other hand it is concluded that more than half of parents participating in the studies have not received any training on the sexual education of the child (Ceylan & Çetin, 2015). In another study, it was revealed that although most of the parents supported sexual education, the number of parents who received sexual education on the topic wasn't at the desired level (Huiracocha-Tutiven, Orellana-Paucar, Abril-Ulloa, Huiracocha-Tutiven & Clavijo, 2022; Tuğut & Gölbaşı, 2019). Similarly, in the study of Göçgeldi, Tüzün, Türker, and Şimşek (2007), it was determined that families may have unmet needs on the subject when the rate of parents who advocate sexual education should be taught was compared with the rate of parents who offer sexual education to their children. In a different study related to training and practice of sexual education by parents, it was stated that the sexual education process offered by mothers increased compared to a generation ago, but didn't reach a sufficient level yet (Erbil, Orak & Bektaş, 2010). Sources suggest that the process should be continued with a systematic sexual education through schools after the parents who are first responsible for the sexual education of the child (Acar & Artan, 2005; Shtarkshall, Santelli & Hirsch, 2007). Another study points out that the teacher is responsible for the sexual education of the child as well as the family, the fact that the male teacher candidates gave the most expert answers to the question "by whom should provide sexual education" brings to mind the interpretation that the male teacher candidates think that some of their needs should be met in order to provide education on this subject (Ünlüer & İnan, 2021). In the study of Sakallı-Gümüş and Altınsoy (2015) it was revealed that more than half of the participating teachers in the research didn't offer sexual education, and that the few trainings offered consisted of limited subject and on general topics. Considering this situation, it can be interpreted that the equipment of the teachers who are the implementers of the existing programs is one of the basic building blocks of the process as much as the training program itself. Furthermore, inadequacies of families and educators on sexual education result in children not being able to benefit from sex education correctly or not at all. However, starting and maintaining sexual education from the pre-school period is among the responsibilities of families and educators (Öztürk & Gök, 2021). Moreover, the literature shows that even though teachers have a positive attitude towards sex education, they are hesitant about the steps they will take because they think that they have insufficient knowledge, and may abstain from offering sex education (Kardeş & Güney-Karaman, 2018). This situation coincides with the findings of the study conducted with teachers working in public schools in England (Westwood and Mullan, 2007). This picture can be associated with the low number and limited accessibility of accurate resources about sexuality that can be consulted (Baybek, Tumer & Kayar, 2007).

As in other areas of their lives, individuals need to have acquired knowledge about sexuality in order to exhibit behaviour that will be approved and accepted by the community and that conforms to the expectations of society, and to protect themselves from numerous dangers that may occur. Considering this situation, it is concluded that sexual education should be spread over a wide period of time and that it should begin in the family at an early age in accordance with the age and level of the child (Ceylan & Çetin, 2015). The extent and level of the education that begins in the family should change and continue in a systematised way in the school environment. Sinclair et al., (2017) in order to ensure this cooperation in the planning and implementation of sexual education, they talked about a five-stage system in which all stakeholders will be included in the process.

While in childhood, more emphasis is placed on gender discrimination, body recognition, etc., it is seen that in adolescence, there is a transition to matters such as menstrual management, genital hygiene, and protection skills. Young people's reproductive and sexual health systems are also part of the developmental process. Failure to provide the necessary education on sexual health and reproductive health can lead to problems such as unwanted pregnancy, sexually transmitted diseases, early pregnancy, and miscarriage that can endanger health (Bayram Değer & Balçı, 2018). There are examples in the literature in which the sexual education provided increases individuals' level of sexual health knowledge (Özkan, Üst & Ejder-Apay, 2020).

While the issue of sexual education is so sensitive even in individuals with normal development, the process can become even more complex with the addition of the disability dimension to this issue. When we examine the definitions of individuals with special needs, we frequently see the statements that compared to their peers, they show significant inadequacy in their developmental areas and experience difficulties in adaptation (Eripek, 2002; Special Education Services Regulation, 2020). Due to this inadequacy and these adaptation problems in individuals, the issue of sexuality can become a labyrinth and therefore, issues related to sexual education may be deferred. In a study conducted by Hampton (2017), it was underlined that only one of 11 studies dealing with sexual education in public schools focused on sexual education among school-aged children with disabilities, whereas all students needed sex education. Regardless of normal development or disability, it is normal for the individual to need support in order to improve himself in this area since every human is born with a gender at birth. In another source in the literature, guide studies for qualified sexual education were mentioned, supporting the view that complete and correct information about sexuality is essential for disabled individuals (Wolfe & Blanchett, 2003).

Resources underline how common it is that people with disabilities, who have difficulty in expressing themselves due to their inadequacies are abused all over the world (Kanbaş, 2010). The literature reveals that in child abuse and maltreatment, the vulnerabilities of the victims, such as the need for love, need for friendship, and non-self-sufficiency are taken advantage of (İnci, 2010). When we consider that many of the aforementioned vulnerabilities apply to individuals with special needs, we encounter a frightening picture in terms of abuse (Gönener, 2010). In addition to that, while stating that the number of abuse cases is not low and the fact that the number of cases reflected is a small part of the actual number of cases, the effect of sexual education is advocated in minimizing and even preventing the destructive effects of abuse on physical, mental, emotional and social development (Çetin-Gündüz & Demirli-Yıldız, 2020).

For this reason, sexual education for individuals with special needs is not an area to be left to choice, but is an indispensable need (Yarborough & Sweetman, 2022). Tutar-Güven and İşler (2015) argue that the interpretation of sexuality as uncontrolled, addictive, or fondness for sexual intercourse in individuals affected by disability is due to the lack of sexual education offered to them, and that therefore, sexual education is necessary for all individuals, including those affected by disability. Considering that the ultimate aim of studies in the field of special education, which have been going on for many years, is to provide appropriate support to individuals with special needs and as much as possible, to integrate these individuals in society without separating them from their peers (Baykoç-Dönmez, 2007), it is obvious how difficult it can be for an individual whose sexual problems have not been remedied, who does not know what the right relationship with the opposite sex is, in whom the concept of privacy has not been fostered, who cannot provide their own personal care related to adolescence, and who is faced with many more problems, to integrate with their peers. Freud (2020), the pioneer of psychoanalytic theory, talks about the concept of "libido", while explaining sexuality and developmental processes. He argues that this concept has an innate chemical-based, impulsive nature. This situation confirms that even if the individual has a disability, he will have some sexual needs due to his sexual impulses. That being the case, sexual education is a necessity in special education, which forms a part of general education (Jeyachandran, Ranjelin & Kumar, 2022; Nelson, Odberg Pettersson & Emmelin, 2020). Since for most disabled people, the family experiences a dilemma, their information sources for sexual education generally consists of the information they obtain from the media and their peers. For reasons such as the inability to select the correct and necessary information from the media's deep pool of information, and the inability to confirm the correctness or incorrectness of the second-hand information they obtain from their peers, these sources of information are open to criticism in the field of sexual education. Considering reasons such as traditionally covering up sexual education or the family's inability to transfer knowledge and skills on this issue to the disabled individual, it is concluded that sexual education should be provided in a systematic way. In the compilation

study conducted by Yıldız (2020), the need is emphasised for comprehensive, quality sexual education for many skills, starting from individuals with special needs' self-care skills up to maintaining their own sexual lives.

Care should be taken to ensure that the education on offer is planned, programmed and given by experts (Akça, Şahin & Arslan, 2017; Sarafraz, Taghizadeh, Jafari & Ghiasi, 2022). The quality of the education is closely related to the quality of the curriculum that is prepared. A well-designed curriculum contributes to the success of the education process. For this reason, the construction of the curriculum should be handled meticulously.

Curriculum development can be defined as a comprehensive process that begins with the goal setting stage and also includes the evaluation stage (Şahin, 2006). Rather than being inert, this process is in constant motion, and it aims to maintain its currency with this dynamic structure (Özdemir, 2009). The realisation of these changes and transformations on scientific grounds should not be overlooked (Yakar, 2016). In order to find the best methods for the preparation, implementation and evaluation of the effectiveness of the programs, people who are experts in the subject, namely teachers could be consulted (Selcuk, Caliskan, Sendur and Yurumezoglu, 2015) and teacher candidates regarding the difficulties and problems encountered in the education process could be consulted and their opinions could be obtained (Maral, Oguz-Unver and Yurumezoglu, 2010). Moreover, regarding this issue, it was decided at the 7th National Education Council to consider the determination of current needs in the curriculum to be prepared and to make teachers competent in line with the current curriculum (Demirel, 1992).

It is thought that the in-service training needs of special education teachers regarding and their attitudes towards sexual education can be determinative in providing quality sexual education to individuals with special needs. Scale study of Çorbacı-Serin, Girli, and Yıldırım-Doğru (2012) on the topic enables to determine the attitudes of teachers serving in the field of special education towards sexual education with valid and reliable results. On the other hand, in a study about the in-service training needs of teachers in the field of sexual education, revealed that teachers approached the education positively, but they needed in-service training on the related topic because they didn't have method knowledge etc. On the other hand, the fact that the opinions in the study do not change according to whether or not to receive in-service training raises questions about whether the trainings offered are for real needs (Kocatürk, 2002). It is expected that curricula prepared with the correct determination of the needs will bring success (Karasu, Aykut and Yılmaz, 2014). Therefore, in this study, the aim is to contribute to the field of sexual education for individuals with special needs by analysing the in-service training needs of special education teachers regarding sexual education and by making special education teachers competent in this field through in-service training to be provided subsequently. Due to the scarcity of teachers trained in the special education teaching undergraduate program, most of the education personnel working in special education are graduates of different departments, and even some education personnel have not received undergraduate education. Considering these situations, this subject is worth researching, with the thought of informing the teachers about the existing information sources on the subject, enriching the content for the needs, or providing in-service training on the needed issues, preventing the development of the teachers in a sensitive subject such as sexual education to their own preferences. For this reason, the aim of the study is to determine the in-service training needs of special education teachers regarding sexual education. In line with this aim, a needs analysis was carried out with the special education teachers included in the study group.

## METHOD

### 2.1. Research model

This study was carried out with the Delphi technique, which aims for the participants to reach a consensus and includes both qualitative and quantitative methods. The Delphi technique is a needs analysis technique that brings together experts on a subject and enables them to obtain consensus on the researched case (Karacaoğlu, 2009). Although Delphi was first developed to make predictions related to military issues, it later started to be used in many different fields, including education (Arslan and Ergul, 2021). While group pressure is minimised in the technique, positive interaction processes, such as revision and inspiration, are created by presenting questionnaires, which are the result of common opinions, to all panel members (Şahin, 2001).

### 2.2. Study group

Due to the Delphi technique used in the study, the study group was consulted more than once. In the literature, there is no consensus on the determination of the number of participants for the Delphi technique (Korkmaz and Erden, 2013). For instance, Okoli and Pawlowski (2004) state that 10-18 experts are recommended in the literature. Rowe and Wright (1999) stated in their study that the group size ranged from 4 to 98. This study was carried out with 31 volunteer special education teachers, of whom 22 were women and 9 were men. The age ranges of the teachers ranged from 23 to 49. In terms of qualifications, 28 of them had bachelor's degrees and 3 of them had associate degrees. While the number of teachers who had taken courses on sexual education prior to service was 18, the number of teachers who had received in-service training on sexual education was 5. The teachers included in the study work as special education teachers in disability groups such as autism, mental disability, physical disability, language and speech difficulties, hearing impairment, attention deficit and hyperactivity disorder, visual impairment and chronic illness.

### 2.3. Data Collection

During the process of the research conducted to determine the special education teachers' in-service training needs regarding sexual education, Delphi questionnaires were created. In this context, the Delphi study consisted of a total of 4 rounds, namely Round 1, Round 2, Round 3 and Round 4.

**Table 1:** Delphi Data Collection Calendar

<b>WORK SCHEDULE -2020</b>	
Round 1	<b>October</b> Data was collected.
	<b>November</b> On the first week of study, pool of items was created. 2 experts helped with content analysis. Also a language expert analyzed the study for language and expression.
Round 2	<b>November</b> On the second week data was collected.
	On the third week data analysis was made.
Round 3	<b>November</b> The last week of data collection, data was collected.
	<b>December</b> On the first week, data was analyzed.

	<b>December</b>
	On the second week data was collected.
Round 4	On the third week data was analyzed.
	In the last week all data were reviewed.

**Round 1:** The experts on the Delphi panel were asked the question, “What do you think may be the needs of special education teachers related to sexual education?” and they were asked to list their needs in the form of items. The responses coming from a total of 31 people (100%) were converted into a 46-item questionnaire. The item pool created from the obtained responses was organised according to the similarity of the content and subject area, and the views of three different experts, who examined the responses in terms of content and language, were obtained. Based on the expert opinions, the questionnaire was reduced to 39 items. The Delphi questionnaire to be used in Round 2 was created, with interval rating for scoring purposes corresponding to 1: Strongly disagree, 2: Disagree, 3: Slightly disagree, 4: Neutral, 5: Slightly agree, 6: Agree, and 7: Strongly agree.

**Round 2:** In this round of the research, the experts on the Delphi panel were asked to rate the 39-item needs list created in Round 1, by taking into account the degree of importance from 1 to 7. All of the 31 experts who had provided responses in the first round also provided feedback in this round. The mean scores of all the items in the list were determined.

**Round 3:** In this round of the research, the participants in Delphi were presented with the mean score of each item calculated according to the previous ratings they had given to the items and the responses given by the group in Round 2, and they were asked to score them again.

In this round, too, all of the 31 Delphi participants provided feedback.

**Round 4:** In the last round of the research, the scoring information given in Round 3 and the information of the Round 3 item mean scores were presented, and the participants were asked to score the needs items for the last time.

While Delphi Round I was completed online in one month; the tours II., III. and IV were carried out online and face-to-face in the form of one week of practice and one week of analysis. In a period of about three months, the application steps of the Delphi research were completed.

## 2.4. Data Analysis

Based on the fact that the research is a Delphi study, two separate analyses were made to reach the conclusion that would complete the work. The first analysis is aimed at stability, while the other analysis is aimed at consensus (Korkmaz and Erden, 2013).

### 2.4.1 Stability

In order to determine stability, the normality assumptions in Rounds 2, 3 and 4 were examined. The Shapiro-Wilk values of each item in Rounds 2, 3 and 4 were examined as to whether they were above 0.05, and it was decided whether they met the normality assumption. As a result of the Shapiro-Wilk test, it was determined that normal distribution was not observed. Therefore, the Wilcoxon signed-ranks test was applied. A significance value of .05 was set in the Shapiro-Wilk and Wilcoxon signed-ranks tests.

### 2.4.2. Consensus

An attempt was made to achieve a consensus by calculating median, mode, standard deviation, variance, range, minimum and maximum values, interquartile range and percentage values of 5-7, 4 and 1-3point score intervals for each item. In the literature, there are different views regarding the criteria for achieving consensus. Some of these views are presented in Table 2 below.

**Table 2:** Views on Achieving Consensus in the Literature

Source	Suggested View
Korkmaz and Erden (2013)	Mean $\geq 3.5$ , median $\geq 4$ , and ratio of panellists who answer as “agree” and “strongly agree” to total panellists $\geq 3/4$
Zeliff and Heldenbrand (1993, cited in Şahin, 2001)	Items with an interquartile range (IQR) of less than 1.2 will be considered as items achieving consensus
Şahin (2010)’s “First Approach” “7-point Likert type”	Median $\geq 5$ and interquartile range (IQR) $\leq 1.5$
Şahin (2010)’s “Second Approach” “7-point Likert type”	Median $\geq 5$ , interquartile range (IQR) $\leq 2.5$ and 5-7 values $\geq 70\%$
Rockwell, Furgason and Marx (2000)	Utilising mean values
English and Keran (1976, cited in Gracht, 2012)	Use of coefficient of variation (CV): value should be between 0 and 0.5

In this study, an attempt was made to develop a hybrid understanding by adopting more than one approach, rather than a single approach, to determine the consensus. An improved version of the viewpoint of English and Keran, (1976, cited in Gracht, 2012), the viewpoint of Zeliff and Heldenbrand (1993, cited in Şahin, 2001), the two different viewpoints of Şahin (2010), and the viewpoint of Rockwell, Furgason and Marx (2000) were adopted as the reference criteria. The approach of Rockwell, Furgason and Marx (2000) is revised in this study by considering mean and range. The study was carried out with a 7-point Likert scale. In the case of a normal distribution on a 7-point Likert scale, the mean of the distribution is expected to be 3.5. In such a distribution, the maximum score of 7 (approximately 99.7% of the distribution) is reached by adding three standard deviations to the mean, in which case, the standard deviation is calculated as 1.167 ( $\approx 3.5/3$ ). In this case, the mean plus one standard deviation is taken as the cut-off point. However, since the mean was affected by extreme values, the range was also taken into account, and a range of  $\leq 2$  was adopted. Therefore, the items with consensus in the five different methods were accepted as hybrid consensus and evaluated as the most important needs.

## FINDINGS

In this study, the Delphi technique was applied to determine special education teachers' in-service training needs regarding sexual education. The results, which underwent a hybrid approach consisting of four rounds including the preparation of the question pool, and included different views in the literature, are divided into two tables for ease of reading and are presented in Table 3 and Table 4.

The examination of Table 3 shows that the general mean of all items is 6.41 and the standard deviation value is 1.37. It can be thought that the standard deviation is a little high when compared to the items, but this should be evaluated together with the fact that the mean is also quite high. When analysed on the basis of items, the five items with the highest mean are items I21 (6.9), I18 (6.87), I19 (6.87), I20 (6.87) and I22 (6.84), while the five items with the lowest mean are items I13 (5.97), I28 (5.87), I4 (5.77), I7 (4.94) and I27 (4.16). The standard deviation and range values of the items with the highest mean are generally low, while the situation is generally the opposite for items with the lowest mean. A high mean value indicates that the need is higher in those areas. When the subject areas of the items with a high mean value are examined, it is seen that there are needs for teaching protection skills in individuals with special needs, such as teaching people with disabilities to refuse, teaching them ways to protect themselves from harassment, teaching them to distinguish between good and bad touching, teaching them self-protection skills in case of possible abuse, and teaching them the paths to be followed by the individual in case of possible abuse, while it was determined that the subject areas of the items with low mean values are cooperation with institutions and organisations for sexual education, STDs and means of protection, material development, gender discrimination and marriage for individuals with special needs.

**Table 3:** Results of Delphi Analysis

Item	Mean	Median	Mode	SD	Variance	Range	Min.	Max.	Percentages			Interquartile Range
									25	50	75	
I1	6.48	7	7	.72	.53	3	4	7	6	7	7	1
I2	6.58	7	7	.62	.39	2	5	7	6	7	7	1
I3	6.10	7	7	1.25	1.56	5	2	7	5	7	7	2
I4	5.77	6	6	1.26	1.58	5	2	7	5	6	7	2
I5	6.42	7	7	.85	.72	3	4	7	6	7	7	1
I6	6.45	7	7	1.09	1.19	5	2	7	6	7	7	1
I7	4.94	6	7	2.02	4.06	6	1	7	3	6	7	4
I8	6.29	6	7	.82	.68	3	4	7	6	6	7	1
I9	6.32	6	7	.70	.49	2	5	7	6	6	7	1
I10	6.68	7	7	.65	.43	3	4	7	6	7	7	1
I11	6.74	7	7	.44	.20	1	6	7	6	7	7	1
I12	6.65	7	7	.75	.57	3	4	7	7	7	7	0
I13	5.97	6	7	1.05	1.10	3	4	7	5	6	7	2
I14	6.32	6	6	.60	.36	2	5	7	6	6	7	1
I15	6.61	7	7	.67	.45	2	5	7	6	7	7	1
I16	6.65	7	7	.71	.50	3	4	7	6	7	7	1
I17	6.81	7	7	.40	.16	1	6	7	7	7	7	0
I18	6.87	7	7	.34	.12	1	6	7	7	7	7	0
I19	6.87	7	7	.43	.18	2	5	7	7	7	7	0
I20	6.87	7	7	.34	.12	1	6	7	7	7	7	0
I21	6.90	7	7	.30	.09	1	6	7	7	7	7	0
I22	6.84	7	7	.45	.21	2	5	7	7	7	7	0
I23	6.55	7	7	.57	.32	2	5	7	6	7	7	1
I24	6.68	7	7	.60	.36	2	5	7	6	7	7	1
I25	6.39	7	7	.72	.51	2	5	7	6	7	7	1

I26	6.35	6	7	.75	.57	3	4	7	6	6	7	1
I27	4.16	4	4	2.03	4.14	6	1	7	3	4	6	3
I28	5.87	6	6	1.15	1.32	5	2	7	5	6	7	2
I29	6.74	7	7	.63	.40	3	4	7	7	7	7	0
I30	6.65	7	7	.80	.64	3	4	7	7	7	7	0
I31	6.71	7	7	.69	.48	3	4	7	7	7	7	0
I32	6.58	7	7	.92	.85	3	4	7	7	7	7	0
I33	6.71	7	7	.64	.41	3	4	7	7	7	7	0
I34	6.39	7	7	.84	.71	3	4	7	6	7	7	1
I35	6.45	7	7	.68	.46	2	5	7	6	7	7	1
I36	6.74	7	7	.51	.27	2	5	7	7	7	7	0
I37	6.52	7	7	.72	.53	3	4	7	6	7	7	1
I38	6.48	7	7	.77	.59	3	4	7	6	7	7	1
I39	6.19	6	6	.87	.76	3	4	7	6	6	7	1

**Table 4:** Interpretation of Results of Delphi Analysis

<b>Item</b>	<b>0&lt;CV&lt;.5 English and Keran (1976, cited in Gracht, 2012)</b>	<b>IQR &lt;1.2 Zeliff &amp; Heldenbrand (1993, cited in Şahin, 2001)</b>	<b>If median ≥5 and IQR ≤1.5 (Şahin, 2010)</b>	<b>If median ≥5, IQR ≤2.5 and frequency of 5-7 ≥70% (Şahin, 2010)</b>	<b>Item 1</b>
I1	Consensus	Consensus	Consensus	Consensus	
I2	Consensus	Consensus	Consensus	Consensus	
I3	Consensus			Consensus	
I4	Consensus			Consensus	
I5	Consensus	Consensus	Consensus	Consensus	
I6	Consensus	Consensus	Consensus	Consensus	
I7	Consensus				
I8	Consensus	Consensus	Consensus	Consensus	
I9	Consensus	Consensus	Consensus	Consensus	Conse
I10	Consensus	Consensus	Consensus	Consensus	
I11	Consensus	Consensus	Consensus	Consensus	Conse
I12	Consensus	Consensus	Consensus	Consensus	
I13	Consensus			Consensus	
I14	Consensus	Consensus	Consensus	Consensus	Conse
I15	Consensus	Consensus	Consensus	Consensus	Conse
I16	Consensus	Consensus	Consensus	Consensus	
I17	Consensus	Consensus	Consensus	Consensus	Conse
I18	Consensus	Consensus	Consensus	Consensus	Conse
I19	Consensus	Consensus	Consensus	Consensus	Conse
I20	Consensus	Consensus	Consensus	Consensus	Conse
I21	Consensus	Consensus	Consensus	Consensus	Conse
I22	Consensus	Consensus	Consensus	Consensus	Conse

I23	Consensus	Consensus	Consensus	Consensus	Conse
I24	Consensus	Consensus	Consensus	Consensus	Conse
I25	Consensus	Consensus	Consensus	Consensus	Conse
I26	Consensus	Consensus	Consensus	Consensus	
I27	Consensus				
I28	Consensus			Consensus	
I29	Consensus	Consensus	Consensus	Consensus	
I30	Consensus	Consensus	Consensus	Consensus	
I31	Consensus	Consensus	Consensus	Consensus	
I32	Consensus	Consensus	Consensus	Consensus	
I33	Consensus	Consensus	Consensus	Consensus	
I34	Consensus	Consensus	Consensus	Consensus	
I35	Consensus	Consensus	Consensus	Consensus	Conse
I36	Consensus	Consensus	Consensus	Consensus	Conse
I37	Consensus	Consensus	Consensus	Consensus	
I38	Consensus	Consensus	Consensus	Consensus	
I39	Consensus	Consensus	Consensus	Consensus	

In this study, different consensus approaches in the literature were calculated one by one, and the final consensus was on items that were accepted by all approaches. As a result of this analysis, 15 items were determined within the framework of the hybrid consensus. The classification of these items by considering the literature is presented in Table 5.

**Table 5:** Items that Provide Consensus According to Their Domains

Item no.	Items	Domain
I11	Methods and techniques for informing the family about sexual education	Family participation
I14	Peer relationships in sexual education provided to individuals with special needs	Peer relationships
I9	Perception training related to gender in individuals with special needs	Perception training (affective domain)
I35	Control of sexual behaviours in individuals with special needs	Behaviour control
I23	Teaching communication skills with the opposite sex in individuals with special needs	Correct relationship with the opposite sex
I24	Control of sexual impulse in individuals with special needs	Impulse control
I17	Teaching individuals with special needs ways to protect themselves from abuse	Protection skills
I18	Teaching individuals with special needs ways to protect themselves from harassment	Protection skills
I19	Teaching individuals with special needs the distinction between good and bad touching	Protection skills
I20	Teaching individuals with special needs self-protection skills in case of possible abuse	Protection skills
I21	Teaching individuals with special needs about rejection	Protection skills
I22	Teaching individuals with special needs the paths to be followed in case of possible abuse	Protection skills
I15	Genital hygiene skills in individuals with special needs	Self-care skills
I36	Puberty and preparation for this change (sanitary pad use, etc.) in individuals with special needs	Self-care skills
I25	Developing a behaviour modification programme for sexual behaviour problems	Treatment of problem behaviour

When the domains related to the items in the table are examined, it can be seen that training needs related to protection skills are the most common domain, followed by training needs related to self-care skills. It was determined that the other items that met all the criteria determined with a hybrid approach are related to family participation, peer relationships, perception training (affective domain), behaviour control, correct relationship with the opposite sex, impulse control and treatment of problem behaviour.

## DISCUSSION AND RESULTS

In this study, an attempt has been made to perform a needs analysis for in-service training of special education teachers regarding sexual education. While there are many methods for determining training needs, one of these methods is the Delphi technique. In this study, too, an attempt has been made to determine the in-service training needs of special education teachers regarding sexual education based on the Delphi technique. During the study, handicaps related to the topic such as sexuality being often ashamed of and people refraining from making comments or discussing the problems related to the topic were taken into consideration. The fact that the specialists are in different places from each other minimized the group pressure and enabled us to discover the in-service training needs of special education teachers for sexual education in terms of social consensus with the advantage of comfortable expression of opinions. As a result of the analysis, it was determined that the in-service training needs of special education teachers related to sexual education were mostly related to the domain of protection skills. In their study discussing the design of a sexual education programme for students with special education needs, Konuk-Er, Girgün-Büyükbayraktar and Kesici (2016) stated that the subject of sexual abuse should be included in the program content, while Yıldız and Cavkaytar (2020) listed the independent living needs of young people with cognitive disabilities, and concluded that one of the most frequently mentioned needs was the prevention of neglect and abuse. In his study, Ulusavaş (1990) included the expression "the right to protective education" and stated that children and young people are exposed to sexual exploitation thus it would be appropriate to provide sexual education to children and young people in order to prevent this. Emphasizing the late realization of the importance of sexual education in the prevention of sexual abuse, Güzelyurt (2020) states that how to present this education is a separate topic of discussion. In his study, he stated that picture books for children are used for this subject, but these picture books are insufficient in terms of quantity and quality. In another study, mothers, fathers and educators emphasize the necessity of a programmed sexual education in order for mentally disabled adolescents to protect themselves from possible abuse (Mermer, 2010). It is thought that teaching the means of protection from abuse and the paths to be followed in the case of possible abuse is very important for individuals with special needs due to their limited reasoning skills, which affects the need for training in this field for teachers. In their study conducted with teachers working in private education institutions, Toydemir and Efiltili (2019) obtained a similar result by determining that teachers were not insensitive to the issue of child neglect and abuse, but that their knowledge on this subject was inadequate and training was needed. Moreover, in another study, Erol (2007) also determined that preschool teachers needed support regarding child abuse, and it was recommended that in-service training programmes related to this should be provided. In particular, while the screening of children at risk and vulnerable families is emphasised during the early detection of abuse, considering the points such as the fact that individuals with special needs are in the risk group, that disabled students can be included in inclusive education, and that there are many preschool teachers working in the field of special education, it is thought that it is important to meet the need for in-service training in this subject for teachers who are to provide special education. Another study on sexual abuse and sexual education in individuals with autism spectrum disorder, the participating teachers stated that they witnessed many sexual behaviors such as inappropriate kissing, hugging and masturbation in their students and they indicated that the risk of sexual abuse was high in individuals with ASD, and despite the sexual education was necessary they lacked sufficient equipment in this regard thus they need experts and in-service training support (Kanadlı, 2020). There are studies conducted in different countries that have similar results to the results of these studies conducted in Turkey. In Foley's (1995) study, sexual abuse is stated among the topics that teachers have a small amount of knowledge on. It is also stated that they had deficiencies in this regard both before and during the service. In a more recent study by Strnadová, Loblinzk and Danker (2022), it was stated that teachers expressed their shortcomings on this issue. This result is consistent with the findings of the Delphi study.

In-service training needs related to protection skills were followed by needs related to self-care skills. This result corresponds with the results of Uzun's (2015) study examining the problems experienced by teachers and families in the sexual education processes of mentally disabled female students. In that study, it was reported that families had difficulties in teaching subjects such as genital hygiene during adolescence, and necessary self-care skills during menstruation. Considering that the first resources for families to consult in the education of their children are usually their teachers, teachers' in-service training needs may arise in the field of self-care skills related to sexual education. Moreover, this result of the research also supports the study conducted by Yıldız (2020). While skills related to sexual education are similarly listed in the aforementioned study, it is seen that subsequent to safety skills including skills such as protection from harassment and abuse, avoidance of strangers, and awareness of private parts, the self-care domain including skills such as genital hygiene and menstrual care is included. It is stated that disabled women will enter the menstruation period albeit delayed compared to women with normal development, and that education on this issue should be provided to the individuals with special needs by their parents, teachers or other people who take responsibility for the education of the disabled individual, otherwise they may have to perform the process by themselves (Richman, Ponticas, Page and Epps, 1986, cited in Ersoy, 2005) Kuloğlu-Aksaz and Firat (1992) also expressed the importance of the educator's experience and knowledge in terms of planning the education program according to students' characteristics, and choosing and applying the appropriate method and technique in the teaching of awareness and self-care skills related to the menstrual period that should be possessed by disabled adolescent individuals. Due to reasons such as the inability to examine much content in activities carried out in limited periods in teacher education, special education teachers may feel the need for comprehensive training aimed at self-care skills, which are regarded as indispensable in sexual education.

In the needs analysis performed with the Delphi technique, it was concluded that the other in-service training needs of special education teachers related to sexual education were "family participation", "peer relationships", "perception training" (affective field), "behaviour control", "correct relationship with the opposite sex", "impulse control", and "treatment of problem behaviour". In the field of special education, it is thought that special education teachers' expression of their in-service training needs related to ensuring family participation are affected by matters such as the importance of cooperation in sexual education, the need for the family, which is a stakeholder in education, to be aware of the process, and the fact that unless the education provided at school is supported at home, including the acquisition phase, there may be problems in teaching skills. The positive effect of family participation in education has been expressed in the literature (Friedman, 2022; Gökteş, 2015; Strnadová, Danker & Carter, 2022; Turnbull, Van Wersch & Van Schaik, 2008), while in a study conducted in the field of special education on the sexual education of students with mental disabilities, it was emphasised that the family is as responsible as the teachers in this education process (Yektaoğlu-Tomgüshehan, 2018). For this reason, it is thought that special education teachers should possess the skills to ensure family participation in sexual education.

The issue of peer relationships is noted as one of the issues that need to be studied for individuals with special needs who have difficulties in social life (Avcıoğlu, 2012). Furthermore, it is stated in the literature that according to their degree of disability, adolescents with mental disabilities may engage in behaviours with the opposite sex such as sexual contact, kissing, and hugging because they cannot distinguish between context, time, and condition of sexually-related behaviours. Again, it is underlined in the same source that these individuals are more sensitive in terms of sexuality, and that therefore, they are seen as more at risk in terms of being abused and that the relevant training should be given (Öncü, Aktaş, Köksoy-Vayısoğlu & Karakuş, 2019). On the other hand topics such as these are the least discussed in researches (Schaafsma, Kok, Stoffelen & Curfs, 2017). From this point of view, it can be interpreted that the correct teaching of the opposite sex relationship can be a powerful shield against abuse. For these reasons, it can be

argued that special education teachers wish to receive training on skills related to the field of social development in sexual education.

Finally, it is known that the existence of problem behaviours negatively affects the individual in many areas of life (Erbaş, 2002). It is considered that special education teachers should be adequately equipped on issues such as developing and implementing a behaviour change programme on how to treat problems related to the control of sexual impulses and behaviours and their transformation into problem behaviours, and that it would be appropriate to carry out in-service training related to special education teachers' deficiencies in these subjects. In a study examining the subject of sexual development and education for 0-36 months children, it is noted that the content of the program includes topics such as confidence, independence and curiosity, self-expression skills and self-awareness, in addition with that the program can be stretched in line considering students' needs (Deniz and Yıldız Altan, 2019). In another study, it is revealed that a sexual health education programme called "IMB Model" included the components of knowledge, motivation and behavioral skills that provided effective results in the field of medicine (Vural and Zencir, 2010), while in another source, it is mentioned that the social story method gave effective results in teaching protection skills in individuals with autism (Süzer, 2015). Kutlu and Çok (2002) aimed to develop a knowledge test for the evaluation of sexual education programs. However, a limited number of individuals have been reached with these studies, and in most of them the disability dimension wasn't included. Güçlü and Özerk (2020) examined the sexual health education processes in formal education institutions in Turkey between 2000-2018 and the results revealed that the majority of the studies were shaped by descriptive method, generally university students were selected as samples, and it was shaped after determining the attitudes and behaviors on sexual health then measuring the effect of the relevant education and it has been determined that there are limited studies on parent and teacher training. On the other hand, the importance of sexual education in individuals with disabilities was emphasized by current studies in the literature (Kurt and Kürtüncü, 2021), and it was seen that there were some studies that referred to sexuality or different points of sexual education by using the delphi method. While it was revealed that these studies were mostly about reproductive health system and protection methods (Mnguni & Abrie, 2012; Ahmed, Ahmad, Brand and Zeeb, 2020), it was also determined that the issue of coping with bullying that could lead to sexual abuse was discussed (Quayle and Cariola, 2019). However, it was revealed that there weren't enough studies determining the in-service training needs of special education teachers for sexual education using the delphi method. Therefore, it is thought that the Delphi study carried out with special education teachers will contribute to the literature.

## CONCLUSION

The results of the conducted study are summarised below and suggestions related to these results are made. It was determined that the in-service training needs of special education teachers regarding sexual education were mostly related to the protection skills domain. Needs related to protection skills were followed by needs regarding self-care skills. It was concluded that the other in-service training needs of special education teachers regarding sexual education that met all the criteria with a hybrid approach were family participation, peer relationships, perception training (affective domain), behaviour control, correct relationship with the opposite sex, impulse control and treatment of problem behaviour.

This study is limited to the Delphi approach, which is one of the needs identification approaches. In the future, a study can be designed in which different approaches are used together. In addition, due to the fact that the Delphi technique consists of more than one stage, a high number of participating experts could not be achieved. A study can be planned in which the number of participants is increased. The topics listed above can be discussed in in-service training programmes for special education teachers to be developed in the future. Based on the subject

headings, systematic sexual education programmes can be designed for individuals with special needs.

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## GENİŞLETİLMİŞ ÖZET

### Giriş

Normal gelişim gösteren bireylerde bile cinsel eğitim konusu oldukça hassas iken bu duruma bir de engellilik boyutu eklenince süreç daha karmaşık hale gelebilmektedir. Alanyazın çocuk istismarı ve suistimalinde mağdurların sevgi ihtiyacı, arkadaşlık ihtiyacı, kendine yetememe gibi hassas noktalarından yararlanıldığını göstermektedir (İnci, 2010). Bahsedilen hassasiyet durumlarının birçoğunun engelli bireylerde geçerli olduğunu düşünürsek istismar boyutunda korkutucu bir tablo karşımıza çıkmaktadır (Gönener, 2010). Tutar-Güven ve İşler

(2015) yetersizlikten etkilenmiş bireylerde cinselliğin kontrol edilmeyen, bağımlılık boyutunda ya da cinsel ilişkiye düşkün olarak tabir edilmesinin cinsel eğitimin sunulmamasından kaynaklı olduğu bu nedenle cinsel eğitimin yetersizlikten etkilenmiş bireyler de dahil tüm bireyler için gerekli olduğunu savunmaktadır. Yıldız'ın (2020) yapmış olduğu derleme çalışmada da engelli bireylerin öz bakım becerilerinden başlayıp kendi cinsel hayatlarını idame ettirmeye varan birçok beceri için kapsamlı, nitelikli cinsel eğitim ihtiyacının altı çizilmektedir.

Engelli bireylere nitelikli cinsel eğitimin sunulmasında ise özel eğitim öğretmenlerinin cinsel eğitime yönelik hizmet içi eğitim ihtiyaçlarının belirleyici olabileceği düşünülmektedir. İhtiyaçların doğru tespiti ile yapılan eğitim programlarının başarıyı getirmesi beklenmektedir (Karasu, Aykut ve Yılmaz, 2014). Bu nedenle araştırmada özel eğitim öğretmenlerinin cinsel eğitime yönelik hizmet içi eğitim ihtiyaçlarının analizinin yapılması ve akabinde sunulacak hizmet içi eğitimler yoluyla özel eğitim öğretmenlerinin bu alanda yeterli hale getirilmesi ile özel gereksinimli bireylerde cinsel eğitim alanında katkı sağlaması hedeflenmiş, “Özel eğitim öğretmenlerinin cinsel eğitime yönelik hizmet içi eğitim ihtiyaçları nelerdir?” sorusuna cevap aranmıştır.

### **Yöntem**

Araştırma, katılımcıların fikir birliğine ulaşmayı amaçlayan, hem nitel hem de nicel yöntemleri içinde barındıran Delphi tekniği ile gerçekleştirilmiştir. Delphi tekniği, konuya ilişkin uzmanların bir araya getirilerek araştırılan duruma ilişkin uzlaşmaya varılmış görüşler elde etmeyi sağlayan ihtiyaç analizi tekniğidir (Karacaoğlu, 2009). Bu çalışma 22 kadın, 9 erkek olmak üzere 31 gönüllü özel eğitim öğretmeni ile gerçekleştirilmiştir. Öğretmenlerin yaş aralıkları 23 ila 49 arasında değişmektedir. 28'i lisans, 3'ü ise ön lisans mezunu öğretmenlerdir. Bu öğretmenlerden hizmet öncesinde cinsel eğitim ile ilgili ders alan öğretmen sayısı 18 iken cinsel eğitim ile ilgili hizmet içinde eğitim alan öğretmen sayısı ise 5'tir. Araştırmada yer alan öğretmenler otizm, zihin engeli, bedensel engel, dil ve konuşma güçlüğü, işitme engeli, dikkat eksikliği ve hiperaktivite bozukluğu, görme engeli ve süregen hastalık gibi engel gruplarında özel eğitim öğretmeni olarak görev yapmaktadır. Özel eğitim öğretmenlerinin cinsel eğitime yönelik hizmet içi eğitim ihtiyaçlarının belirlenmesine dönük yapılan bu araştırmada süreç içerisinde Delphi anketleri oluşturulmuştur. Bu bağlamda Delphi araştırması; 1.Tur, 2.Tur, 3.Tur ve 4.Tur olmak üzere toplam 4 turdan oluşmaktadır.

1.Tur: Delphi panelinde yer alan uzmanlara “Özel eğitim öğretmenlerinin cinsel eğitime yönelik ihtiyaçları sizce neler olabilir?” sorusu yöneltilmiş ve ihtiyaçlarının maddeler halinde listelenmesi istenmiştir. Toplam 31 kişiden (%100) gelen cevaplar ile 46 maddelik ankete çevrilmiştir. Elde edilen cevaplardan oluşturulan madde havuzu içerik ve konu alanı yakınlıklarına göre düzenlenmiş ve üç farklı uzman tarafından içerik ve dil açısından incelenerek görüşleri alınmıştır. Uzman görüşlerine istinaden anket 39 maddeye düşürülmüştür. 2. Tur'da kullanılmak üzere 1: Kesinlikle katılmıyorum, 2: Katılmıyorum, 3: Biraz katılmıyorum, 4: Tarafsızım, 5: Biraz katılıyorum, 6: Katılıyorum ve 7: Kesinlikle katılıyorum'a karşılık gelecek aralıklı dereceleme ile puanlama amaçlı 2. Tur Delphi Anketi oluşturulmuştur.

2.Tur: Araştırmanın bu turunda Delphi panelinde yer alan uzmanlardan 1. Tur'da oluşturulmuş 39 maddelik ihtiyaç listesine 1 ila 7 arasında önem derecesini göz önüne alarak puanlama yapması istenmiştir. İlk turda cevap sağlayan 31 uzman, bu turda da eksiksiz olarak dönüş sağlamıştır. Listede yer alan maddelerin hepsinin ortalaması belirlenmiştir.

3.Tur: Araştırmanın bu turunda katılımcılara maddelere verdikleri önceki puanlamalar ve grubun 2. Tur'da verdiği cevaplara göre hesaplanan her maddenin puanlama ortalaması sunulmuştur ve tekrar puanlamaları istenmiştir. Bu turda da 31 Delphi katılımcısı eksiksiz olarak dönüş sağlamıştır.

4.Tur: Araştırmanın son turunda 3. Tur'da verdikleri puanlama bilgisi ve 3. Tur puanlama madde ortalamalarının bilgileri sunulurak katılımcılardan son kez ihtiyaç maddelerini puanlamaları istenmiştir.

Araştırmanın Delphi çalışması olmasına istinaden işi sona erdirecek kanıya varmak için iki ayrı analiz yapılmıştır. İlk analiz sabitlik (stability), diğer analiz ise fikir birliği (consensus)'ne yöneliktir (Korkmaz ve Erden, 2013).

Sabitliği tespit edebilmek amacıyla 2., 3. ve 4. Turlardaki normallik varsayımlarına bakılmıştır. 2., 3. ve 4. turlardaki her maddenin Shapiro-Wilk değerlerinin 0.05 değerinin üzerinde olup olmadığı incelenerek normallik varsayımını karşılayıp karşılamadığına karar verilmiştir. Shapiro-Wilk testi sonucunda normal dağılım gözlenmediği belirlenmiştir. Bundan dolayı Wilcoxon İşaretili Sıralar testi uygulanmıştır. Shapiro-Wilk ile Wilcoxon İşaretili Sıralar testinde .05 anlamlılık değeri olarak belirlenmiştir. Ayrıca her maddenin medyan, mod, standart sapma, varyans, aralık, en düşük ve en yüksek değerleri, çeyrekler arası genişliği ve 5-7, 4 ve 1-3 puan/puan aralıklarının yüzde değerleri hesaplanarak fikir birliği sağlanmaya çalışılmıştır.

### **Sonuçlar**

Araştırma sonucunda özel eğitim öğretmenlerinin cinsel eğitime yönelik hizmet içi eğitim ihtiyaçlarının en fazla korunma becerileri alanına dönük olduğu saptanmıştır. Korunma becerilerini öz bakım becerilerine yönelik ihtiyaçlar izlemektedir. Özel eğitim öğretmenlerinin hibrit yaklaşımla tüm kriterleri karşılayan diğer cinsel eğitime yönelik hizmet içi eğitim ihtiyaçlarının aile katılımı, akran ilişkileri, algı eğitimi (duyuşsal alan), davranış kontrolü, doğru karşı cins ilişkisi, dürtü kontrolü ve problem davranış sağaltımına yönelik olduğu sonucuna ulaşılmıştır.

### **Tartışma ve Öneriler**

Araştırma sonuçları neticesinde öğretmenlerin cinsel eğitim konusunda duyarsız olmadıkları fakat yetersiz olduklarını düşündükleri ve desteğe ihtiyaç duyduklarını dile getirmeleri üzerine; muhakeme becerilerindeki yetersizlikler nedeniyle açık hedef haline gelebilen özel gereksinimli bireylerin ihmal ve istismardan korunma becerilerinin kazandırılması, özel eğitimin ilkelerinden olan “aile katılımı”nın pozitif etkisinin dikkate alınarak eğitimin paydaşlarından biri olan aile ile işbirliğinin sağlanması, problem davranışların varlığının yaşamın birçok alanında bireyi olumsuz etkileyebileceğinden cinsel dürtü ve davranışların kontrolündeki sorunlarda ve problem davranışlara dönüşmesinde sağaltımın sağlanması ardından uygun davranışın yerleştirilmesi ve ergenlik döneminde cinsel bölge temizliği ile menstürasyon dönemine ilişkin öz bakım becerilerini gerçekleştirmede ailelerin danışacakları ilk kaynağın öğretmenleri olması sebebi ile özel eğitim öğretmenlerinin bu alanlarda hizmet içi eğitime ihtiyaç duydukları yorumu yapılabilir. Ayrıca doğru bir şekilde karşı cins ile ilişkinin öğretilmesinin istismardan korunmaya yönelik güçlü bir kalkan niteliği taşıyabileceği düşünülmektedir. Literatürde araştırma sonuçlarını destekleyerek özel gereksinimli bireylerde cinsel eğitimin tercihe bırakılacak bir durum değil, desteklenmesi gereken bir gelişim alanı olduğunu ileri sürmektedir.

İleride katılımcı sayılarının arttırıldığı, farklı yaklaşımların bir arada kullanıldığı çalışmalar gerçekleştirilebilir. Özel eğitim öğretmenlerine yönelik geliştirilecek hizmet içi eğitim programlarında yukarıda sıralanan ihtiyaç maddelerine yönelik konu başlıkları ele alınabilir. Özel gereksinimli bireyler için bu konu başlıklarını temele alan sistematik cinsel eğitim programları tasarlanabilir.