

# How does Sex Education Affect Young Adults with Cerebral Palsy by Giving Parents for Stopping Sexual Impulsive Behaviors?

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## Abstract

We tried to figure out how manage to stop sexual impulsive behaviors among youth with cerebral palsy (CP). The findings of the study pointed out that parents' relationship is very important aspects if based on close relationship and discussing very sexual behavior's step face to face. Some of them are not being capable of understanding with verbal communication but they are able to follow the parents' gesture for approving or refusing on sexual behaviors. After creating the good relationship with parents, they are getting the message which is obeyed by them. Engaged in various sexual behaviors were shaping with their sexual esteem. All sexual behaviors are able to be educated by parents, if they give time and clear information on sexual needs without impatient. We recommend parents to support the communication with CP on sexual needs without putting any border. If you feel comfortable to speak out and act on this issue, they will stop unwilling impulsive sexual behaviors without warning. We got a consent form for doing the study into the school with CP students from the ethical community of Family, Social Security and Working Ministry. Research on involving just human participants therefore we got the informed consent voluntary from every participant.

**Keywords:** Cerebral palsy; Sexual impulsive behaviors; Sex education; Young adults

## Introduction

Family relationship is very important aspects for building the right sexual intimacy for youth with CP. In some youth with CP, the factors and their influence are rooted in the psychophysical condition of the human body. The aim to this study was to answer the question about how parent's relationship affects CP for stopping sexual impulsive behaviors. The study had been done with 13 young people with CP (ten male, three female, age between 15 and 21 years old) regardless to the intellectual capacity and impairment on gross motor function. We use a structured interview and questionnaires to assess subject characteristics

such as age and type of cerebral palsy [1-4], gross motor function capacity [5,6], mental capacity and level of cognitive ability [7,8]. The research tool used was the Cerebral Palsy Individual's Sexual Behavior Questionnaire developed by authors.

Cerebral Palsy (CP) is a group of chronic disorders characterized by posture and movement problems are accompanied by disturbance in perception, cognition, communication and behaviour. Its etiology is attributed top on-progressive disturbances that occur in the developing brain of foetus or infant. CP is the most common cause of physical disability in childhood with a prevalence of 1.5-2.5 cases per 1000 lives birth [9].

Sexual development is a multidimensional process, intimately linked to the basic human needs of being liked and accepted, receiving affection, feeling valued and attractive, and sharing thoughts and feelings. It is not shaped only by anatomic and physiologic functions, but it also relates to sexual knowledge, beliefs, attitudes, and values.

Adolescence is a transition period from childhood and adulthood. It is marked by interrelated changes in the body, the mind and social relationships. Functioning and behaviour become more complex. The body develops in size, reproductive capacity, and becomes more sexually defined.

The development of sexuality is also important for adolescents with CP. We know that during the adolescence period is split up for three different parts. In the early phase (11-13 years) adolescents are concerned with physical (pubescent) development such as sex characteristics and changes in outward appearance. In the middle stage (14-16 years) contact with peers becomes the top of their list. At the same time the parents' relationship goes down without any reason. Among peer groups, there is a lot to learn and share when it comes to dating and sexual experience. Social isolation may be existed among them. In the final stage of adolescence development (17-19 years) building long term intimate relationships become

central and questions about fertility and genetics, related to their physical disability, become prominent [2].

As medical management has changed at adolescents and young adults who suffer from CP, so has, too, there been a trend away from policies of isolation toward community integration. The present studies were undertaken to identify patterns of peer and parents relationship with adolescents with CP on treatment [10].

According to the Wiegerink's study, although almost all adolescents and young adults with CP had friends and participated in various social activities, one-third functioned below their age level socially. They did not develop age-adequate activities with peers, such as going out with friends [10]. We noticed that there is the same problem in our study group. To have any disability in adolescents and young adults with CP is the reason of dismissal from the group. So the parent's relationship will be a great chance for overcoming the problems. Which relationship is the best for adolescents and young adults with CP. The answer is a good relationship based on open minded communication. Giving education for impulsive sexual behaviours by parents is very useful to stop unwilling attitudes.

We try to find the answer of this question that impulsive sexual behaviors will be stopped with having good communication and relationship by parents and beside these hypothesis, impulsive sexual behaviours of young people with CP is being educated by parents regardless their mental capacity.

To enhance our understanding of the needs of youth with CP we need a more comprehensive picture of the various aspects of their social and sexual functioning. The first aim of study is therefore to describe the social, intimate and sexual relationship of adolescents and young adults with CP in our group. Secondly, parents' relationship and their sexual education how affect to stop unwilling sexual behaviours among young group with CP.

## Material and Methods

Thirteen participants were recruited from the Gökkuşığı School which three of fourth students have normal healthy; the others mostly suffer from CP disabilities. In total, 13 adolescents and young adults with CP (10 males, 3 females) and normal intelligence participated four males, two females; the others have different level of intellectual disability (ID). We evaluated all participants for cognitive capacity as moderate to severe ID (IQ below 50), mild ID (IQ 50-70), the others have borderline intellectual functioning (IQ 80-89), we accepted as normal IQ level above 90. Youth with CP participants examined for motor function problems. Gross motor functioning was classified with the Gross Motor Functioning Classification (GMFCS), a 5-level classification system for assessing of gross motor limitations. Manual ability was classified with the Manual Ability Classification System (MACS), a system designed to classify how children with CP use their hands when handling objects during daily activities. We accepted all participants to the study regardless their cognitive disabilities.

Using a self-developed questionnaire, participants and their parents were extensively asked about experiences such as masturbation and the sexual milestones like French kissing, cuddling nude, caressing under clothes, touching to the breast, watching TV for porno, seeking sexual stimulation (seeking out erotic images, sexual fantasies), experiencing sexual arousal, having an orgasm. For CP related experienced and problems with sex we used questions from the survey "Who gives the rehabilitation also include sex during youth period?" and "How can we stop the youth with CP for their impulsive sexual behaviours? We modified the self-developed questionnaire by using the International Classification of Functioning, Disability and Health (ICF) form as a framework. Outcome related to the social relationship, intimate relationships and sexuality. We distinguished four groups of associated factors; peer group activities, dating experience, romantic relationship and sexual development and experience.

### Statistical analysis

The results for male and female are shown separately and tested with Fisher's exact test because of having sample size into the study. But we did not find any statistically result due to having very few number women participants (just only three women participants in the study). Actually, answers about the sexual response cycle were dichotomized as yes (very often, often, regularly, sometimes) and no (almost never, never). Responses to perceived problems were dichotomized as yes (a lot, quite, a bit, not a little/not a lot, little effect on sex) and no (no effect on sex). However we have very limited number participants for study therefore we accepted the answers as yes or no. We tried to do quantitative work on our study face to face by youth with CP and their parents. For the statistics, we made use mean (SD) for numeric and frequency (percentage) for categorical variables. Not all the participants had experience with all the sexual issues discussed. So some of them did not explain their feelings and attitudes related to impulsive sexual behaviors. We tried to figure out their approach by discussing with their parents. This led to a variance in the number of participants per questions. We focused on every participant for getting the history of their impulsive sexual behaviors.

## Results

The age of participants was between 15 and 21 years. The mean age of the participants was 17 years and 6 months. We evaluated all participants based on gross motor functioning, sexual functioning and psychosocial problems.

**Gross motor functioning**

Two of them have a relatively high level of gross motor functioning. Four of them have walking problems two of them using walker, the others have wheelchair. Four of them have manual ability, six of them have spasticity and difficulty spreading legs, four of them have balance problems, five of them have stiffness of joints and muscles, three of them have limb disturbance (one hemiplegia, one diplegia, two quadriplegia) They have good audibility but five of them have speaking problems, two of them have seeing problem. Nine participants have the different level cognitive problems (Below IQ 50 two male, IQ 50-70 one male, IQ 71-90 four male and two female, above IQ 90 three male and one female). Three of young people with CP were twin. One of twin was both CP disabilities. One of them had spina bifida so had neurologic bladder problem due to using the tool for collecting urine. One of twin with CP had gastrostomia for feeding. One of them had a severity gross motor limitation who loved travelling by car. He insisted them to go out for driving without stopping. For this reason his parents took him to anywhere by car. Otherwise he lost his temper, started to shout without stopping.

**Sexual functioning**

All men and women participants sought out erotic approach of the opposite sex or fantasized about them. In our study we have three women. One of them desired touching to the other’s breast. She always wants to breastfeed to the toy babies. The other had a daughter who was married with a guy. Our participant insisted him to kiss her instead of her daughter. The last one asked to her parents to hire a darling with giving money. All of them were 15 years. Two of men wanted to kiss the three and four years girls without getting permission. One of them wanted to kiss his mother from her lip. Her mother explained him that it is not good behavior. He stopped his approach like that. There were two other men wanted to kiss the opposite sex from their lips. We

did not get any information for doing masturbation among girls but eight of ninth male was doing masturbation and four of them were doing the masturbation regularly with helping their parents (giving an empty room, taking shower, rubbing their penis, rolling to the ground etc). But their masturbation period was less often compared with able-bodied mates. Their age was between 15 and 22 years. There of their fell in love for a while. One of them wanted to go the school for seeking his girlfriend who did not feel anything against him. Three of male youth with CP had cuddling with the girls. Six youth with CP (four male and two girls) had caressing to the opposite sex (two of them with their parents). All our participants did not have any sexual relationship with anyone.

**Psychosocial problems**

One of all female participants was taking medicine for ADHD (Attention deficit hyperactivity disorder). The other was speaking without stopping and had articulation problems. Two of their parents were divorced which affected them negatively. One young man was speaking very loudly. Only two of them were pointed out that they had lacked self-confidence. We figure out that ten of them were very sensitive parents for educating them so they were able to stop risky behaviors without doing wrong approach. Their parents spent much more time to explain why they have to stop these impulsive behaviours. After giving information which sexual behaviors will be accepted from the community, all of them try to obey the rules whatever their parents said. We reported all respondents had received sex education from their parents. Who gave this information, young with CP feels them close to them. Sex education was a bridge between them. Sexual impulsive behaviours had been solved with creating good communication, giving them free space to do some erotic activities. We gave the gross motor functioning, sexual functioning and psychosocial problems as characteristics of study population on **Table 1**.

**Discussion**

The study was undertaken to investigate how is stopped the

**Table 1** Characteristics of study population (n=13)

Gender	N	%
Male	10	77%
Female	3	23%
Age, mean (sd) in years	17.6	
<b>GMFCS</b>		
None problems on GMFCS	4 (2M+2F)	%15.4+%15.4
Children perform gross motor skills as running and jumping but speed, balance and coordination are limited	4 (3M+1F)	%23.1+%7.7
Children may walk with physical Assistance, a-hand held mobility device	2M	15.40%
Children use wheeled mobility	2M	15.40%
Children are transported in a manual wheelchair or use powered mobility	1M	7.70%
Children are limited in their ability to maintain antigravity head and trunk postures and control leg and arm movement	2M	15.40%
<b>Type of CP</b>		

Spastic	6 M	46.20%
Manual disability	4 M	30.80%
Stiffness of joints and muscles	5 (4M+1F)	%30.8+%7.7
<b>CP Limb disturbance</b>		
Hemiplegia	1M	7.70%
Diplegia	1M	7.70%
Quadriplegia	2M	7.70%
Speaking problem	5 (4M+1F)	%30.8+%7.7
Seeing problem	2M	15.40%
<b>Sexual Arousal Behaviors</b>		
Unusual sexual desire	2F	15.40%
Touching to the breast	2(1M+1M)	%7.7+%7.7
French kissing	5M	38.50%
Cuddling nude	3	23.10%
Caressing under Clothes	6 (4M+2F)	%30.8+%15.4
Masturbation	8 M	61.60%
Dating	3 M	23.10%
<b>Cognitive level</b>		
Below IQ 50	2M	15.40%
IQ 50-70	1M	7.70%
IQ 71-90	6(4M+2F)	%30.8+%15.4
Above IQ 90	4(3M+1F)	%23.1+%7.7

impulsive sexual behaviors among CP young people related to regardless of their cognitive and physical disabilities. Actually at the end of study, we found differences between male and female with CP on sexual impulsive behaviours that male have more sexual fantasies and think more about sex, whereas female are sensitive to a broader range of sexual stimuli. Almost all of them had orgasms only two of them did not give this information to their parents. We did not point out the frequency experienced with orgasm compared to normal age mates. If there was any difference on frequency among them, it was related to gross motor function deficiency. Because nine of men with CP was functioning on GMFCS many participants reported physical obstacles in having relationship with the opposite sex. The reported physical problems were diverse. It is notable that women with CP significantly more than men with CP reported to experience problems with sexual stimuli. They did not give any masturbation acting history by their parents. They have menstrual issues with regular cycles, but no problems with their parents giving knowledge them. In the studies reported, parents also need to be educated regarding these issues about their children to realize importance of the same [11]. Patterns of response to sexual desire and sexual arousal differ between male and female. Men more easily permit sexual arousal and experience positive emotions. We did not find any reason between male and female related to these differences. May be parents approach to them on sexual behaviors will affect their respond everyone.

Developing a positive relationship with their parents, learning to

deal with their own physical limitations, and daring to discuss with partner made them very responsive to act on sexual behaviours. It is clear that many young people with CP need support with their problems with sex. This involves help with physical aspects such as spasticity and restricted manual ability, on the one hand. On the other hand, it is also involves psychosocial support for acceptance of their physical and sexual self-image [6].

According to Blum et al. many adolescents with cerebral palsy had a very close relationship with their parents; this made it difficult to market the natural shift away from parent centered to peer-centered relationships [10]. We noticed that the same problem was existed in our study group.

We pointed out that some of them had very aggressive attitude due to not explain their need. An organism does not necessarily indicate a dysfunction; the difficulties had to be experienced as a problem. We noticed that the close person for CP young people were their parents. If the parents would be very helpful for their impulsive sexual behaviours, they were listening whatever they warned. Therefore we recommended creating a good relationship between youth with CP and their parents. If their parents give a hand for issue, they will take care of their words.

Adolescent with CP find it difficult to develop intimate relationships and they have less sexual knowledge than their able-bodied age mates. They perceive various barriers, but seem to have a positive self-perception [12]. In our group with CP, one young people was rolling on the carpet for masturbation in front of people, his parents provide a spare place for him to

take a shower and lying on bed without forbidden into his room alone. He stopped rolling on carpet for masturbation. After this event, he had a very positive approach to his parents on his relationship. Forbidden always creates borders with young people with CP, but open minded communication gives opportunity to understand what's going on their impulsive sexual behaviours and stop their unwilling sexual behaviours related to obey their parents warns.

There were not any sexual active adolescents and young adults in our study group. We observed that young people with a lower educational level began dating later than more highly educated young adults. This difference might have been caused by the inclusion of participants with IQs of 70 to over 90. Most adolescents and young adults had increasing experiences with romantic relationships during the transition to adulthood. We reached to have same outcome with Weigerink's study [12]. And we agree that it appears difficult for adolescents and young adults with CP to establish steady relationship, even if they have had prior romantic relationship due to having pressure of community. It was reported that corrected for demographic and physical characteristics, those who went out regularly with friends were four times more likely to have romantic relationships [4]. Because the community does not give any help to solve the problems on relationship, they are very upset due to having the disable people situation. We are able to say "No Sorry, Give a Chance on relationship, Please encourage them to do by themself".

Buytendijk has proposed that their different modes of feeling pleasant or unpleasant signify access or obstruction the intentional objects of their consciousness from this perspective feeling sad, depressed, happy, joyful, hopeful, hopeless, angry etc. can be directly related to how close their expectations, hope and desires come to being met [13,14]. This approach is very important for parents to have a good relationship with adolescents and young adults with CP. We know that we did this study with very limited young people with CP, but we followed them for a while about their relationship with their parents and sexual attitudes related to control themselves and getting helps from parents.

## Conclusion

A large number of young people with CP experiences both physical and emotional problems with sex. Rehabilitation starts with need to take the initiative during their regular contact to discuss potential problems with sex. Parents are the best people to discuss and encourage them to speak out their impulsive sexual behaviors. Stop, do not do again and forbidden and all of these words like warning rules are useless without emerging a good relationship with young with CP regardless their mental and physical capacity. If we want to reach to the young with CP for stopping impulsive sexual behaviours, we will try to give them information, helpful and being patient to teach some behaviours for stopping impulsive attitudes. Good communication is the best way to persuade them for their impulsive sexual behaviors.

## Acknowledgements, Conflicts of Interest

The authors have no financial relationship to disclose.

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