行政院國家科學委員會專題研究計畫 期中進度報告

發展與評估智障者性健康方案(第 1 年)

計 畫 類 別 ：個別型
計 畫 編 號 ：NSC 101-2410-H-010-003-SS3
執 行 期 間 ：101 年 08 月 01 日至 102 年 07 月 31 日
執 行 單 位 ：國立陽明大學衛生福利研究所

計 畫 主 持 人：周月清
共 同 主 持 人：盧孳艷、蒲正筠、林純真

公 開 資 訊 ：期中報告不提供公開查詢

中 華 民 國 102 年 05 月 30 日

中 文 摘 要 ： 本研究結合社工社福、護理、公衛、特教、民間機構及實務工作者，針對智障者、父母及服務工作者發展三套介入方案，以介入研究典範(intervention research paradigm；Thomas & Rothman, 1994； Reid, 1987； Richman, 2010)三年期三階段進行—方案發展、方案初次評估 (pilot test)、主要評估(main-field test)與推廣使用。此「性健康」含性行為、懷孕、生育、結紮、節育、性侵害、性病、HIV/AIDS 預防及健康管理等。

此第一年分別就三者收集資料，含訪談、分析過去研究發現與文件、相關政策法案、解放學研究運用，發展 generalizations, practice guidelines 等與智障者性健康相關之三套介入方案；第一年亦進行初次方案評估前測及執行此新介入方案，以準實驗設計前後測兩組團體量性及訪談智障者、父母及工作者質性方法等從事初次方案評估 (’ pilot test’) 。

完成工作：
(一) 為發展新方案，先完成前調查研究(2012)資料分析、深入訪談與焦點團體訪談（智障者、家長、工作者）、國內外文獻及政策法案資料、運用解放學觀點（邀請智障青年與家長參與成為研究團隊成員）與分析整合。
(二)於 2013 年四月 25-28 四天針對南部某日托中心 46 位智障者、 9 位父母、 38 位工作者分別以小團體完成介入；介入前及第一次介入後測量（四月 27-30）也已經完成，評估工具為性態度量表（ASQ-ID）、性知識量表（ASK Tool）、智障者生活品質量表(POS)量表；針對智青部分一對一親自訪問智青。比較組亦邀請南部另兩個日托中心 於五月 20-24 日 22 位智障者、21 位父母、27 位工作者參與受訪，使用相同評估工具完成第一次測量。
（三）介入後，深度訪談兩名參與工作團隊兩名智青及一名母親（五月九日和五月十七日）；
初步分析實驗組量化資料發現：(1)針對智青，前後測有顯著差異得為性知識，性態度和生活品質介入後分數有增加，但未達顯著；(2)針對父母，介入後性態度分數有顯著增加；(3)針對工作人員，介入後性態度分數有增加，但未達顯著差異。

未來的兩個月 （2013 年七、八兩個月）工作：繼續 coding 及分析比較組和實驗組前測，是否有顯著差異；針對本介入方案得修正，赴台南某日托中心深度訪談有參與介入之智

青、父母及工作者；分析訪談所有質性資料。

中文關鍵詞：　智障、性健康、介入研究、方案發展、方案評估

英 文 摘 要 ：

英文關鍵詞：

發展與評估智障者性健康方案（第一年）

(Developing and evaluating intervention programs for promoting sexual health in adults with intellectual disabilities –I）

執行單位：國立陽明大學 衛生福利研究所
計畫編號：NSC 101-2410-H-010 -003 -SS3(2012/08/01~2015/07/31)
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本計畫除繳交成果報告外，另含下列出國報告，共 1 份：

□移地研究心得報告

□出席國際學術會議心得報告 [1]

□國際合作研究計畫國外研究報告

處理方式：除列管計畫及下列情形者外，得立即公開查詢

□涉及專利或其他智慧財產權，□一年□二年後可公開查詢

中 華 民 國 102 年 05 月 28 日

[1]擬於 2013 年五月 30-31 出席北歐障礙研究(NNDR)國際會議，尚未執行（執行中）。

發展與評估智障者性健康方案（第一年）

一、 中文摘要

關鍵詞：智障、性健康、介入研究、方案發展、方案評估

本研究結合社工社福、護理、公衛、特教、民間機構及實務工作者，針對智障者、父母及服務工作者發展三套介入方案，以介入研究典範(intervention research paradigm; Thomas & Rothman, 1994; Reid, 1987; Richman, 2010)三年期三階段進行—方案發展、方案初次評估 (pilot test)、主要評估(main-field test)與推廣使用。此「性健康」含性行為、懷孕、生育、結紮、節育、性侵害、性病、HIV/AIDS 預防及健康管理等。

此第一年分別就三者收集資料，含訪談、分析過去研究發現與文件、相關政策法案、解放學研究運用，發展 generalizations, practice guidelines 等與智障者性健康相關之三套介入方案；第一年亦進行初次方案評估前測及執行此新介入方案，以準實驗設計前後測兩組團體量性及訪談智障者、父母及工作者質性方法等從事初次方案評估（“pilot test”）。

完成工作：

(一) 為發展新方案，先完成前調查研究(2012)資料分析、深入訪談與焦點團體訪談（智障者、家長、工作者）、國內外文獻及政策法案資料、運用解放學觀點（邀請智障青年與家長參與成為研究團隊成員）與分析整合。

(二)於 2013 年四月 25-28 四天針對南部某日托中心 46 位智障者、 9 位父母、 38 位工作者分別以小團體完成介入；介入前及第一次介入後測量（四月 27-30）也已經完成，評估工具為性態度量表（ASQ-ID）、性知識量表（ASK Tool）、智障者生活品質量表(POS)量表；針對智青部分一對一親自訪問智青。比較組亦邀請南部另兩個日托中心於五月 20-24 日 22 位智障者、21 位父母、27 位工作者參與受訪，使用相同評估工具完成第一次測量。

（三）介入後，深度訪談兩名參與工作團隊兩名智青及一名母親（五月九日和五月十七日）；

初步分析實驗組量化資料發現：(1)針對智青，前後測有顯著差異得為性知識，性態度和生活品質介入後分數有增加，但未達顯著；(2)針對父母，介入後性態度分數有顯著增加； (3)針對工作人員，介入後性態度分數有增加，但未達顯著差異。

未來的兩個月 （2013 年七、八兩個月）工作：繼續 coding 及分析比較組和實驗組前測，是否有顯著差異；針對本介入方案得修正，赴台南某日托中心深度訪談有參與介入之智青、父母及工作者；分析訪談所有質性資料。

二、 英文摘要

Developing and evaluating intervention programs for promoting sexual health in adults with intellectual disabilities (1st year)

Abstract

Key words: intellectual disability, sexual health, intervention research, pilot test, main-field test

In order to promote sexual health care in persons with ID, the intervention programs for adults with ID, their parents and service workers are developed, implemented, evaluated and disseminated, according to **intervention research paradigm (**Thomas & Rothman, 1994; Reid, 1987; Richman, 2010). This three–year study are conducted into following stages: **program innovation, implementation, pilot test, main-field test and dissemination** through an interdisciplinary collaboration including social welfare/social work, nursing, public health, special educators and senior practitioners.

The first year study aims to innovate, implement and evaluate three intervention programs related to sexual health in people with ID for these three groups of people (i.e., adults with ID, parents and service workers) respectively, as the “pilot test”, and a non-equivalent pre/post test groups design is used.

Currently first year study, in order to build the new interventions, the generalizations and practice guidelines were developed based on the findings of the survey study (Chou et al., 2012), practice wisdom/focus groups (conducted for adults with ID, parents and service workers), both western and Taiwanese literature review, related international and local policies/laws and methodology (e.g., Emancipatory Research and Inclusion Research). The participants of experimental group were recruited from a day care center in Tainan area and three intervention programs were provided with small group to **46 adults with ID, 9 parents and 38 service workers for four days in series, from April 25 to 28 in 2013.** Before and

after the intervention, three standardized questionnaire packages including social demographic data, knowledge and attitudes towards sexuality for adults with ID (i.e., the ASK Tool and the ASQ-ID) and quality of life (POS) were used to measure the effectiveness of the three interventions for three groups of people respectively. In order to modify the intervention for the following year study, the main-field test, in-depth interview and focus groups were conducted to collect data related to the intervention among the participants (service workers and adults with ID) and intervention team workers (i.e., PI, Co-PI and RA of this study). The participants of the comparative group were recruited from two day care centers in Tainan areas (22 adults with ID; 21 parents; 27service workers) and the interviews were conducted with the same questionnaire packages for three groups of people between May 20 and 24 in 2013.

The results, based on the comparison between pre- and post-test within the experimental group, show that: (1) there is a significant increased in the scores of Sexual knowledge among adults with ID; (2) there is a significant increased in the scores of sexual attitudes among parents; (3) there is no significant differences in the scores of sexual attitudes and POS among adults with ID; and (4) there is no significant differences in the scores of sexual attitudes among service workers.

Introduction

This study will utilize an **Intervention Research (IR) paradigm** particularly suited for conducting research in an environment which is different from much basic research (Rothman, 1984; Thomas, 1984; Richman, 2010). The particular advantage of IR is to innovate intervention in particular settings/service users and it allows to construct, test **(pilot-test and main field test)** an**d modify (and re-modify)** or the intervention program; thus to develop a service model rather than the generation of knowledge (Fraser et al., 2009; Thomas & Rothman, 1994; Reid, 1987).

Aims of the study

The primary concern of this study is to develop the intervention programs to promote sexual health care and well being in people with ID and as well as to evaluate (including outcome and process evaluation) whether these intervention programs are effective and efficient. The participants also need to include parents and service workers who are around and working with adults with ID. Thus the intervention programs are provided to three groups of people, they are, adults with ID (including men and women with ID), parents and service workers; the intervention components are the issues related to adults with ID's sexual health, knowledge and rights concerns.

This threeyears study includes two times of tests (**pilot test first** and then **main field test**) and modifications twice. Based on the proposal (NSC 101-2410-H-010 -003 –SS3), the aims of **this first study** are as follows.

Aims of 1st year: intervention innovation, pre-test of Pilot Test and intervention implementation

a. to collect field practice (data will be based on the interviews from people with ID, parents and service workers including senior practitioners) and integrate the literature reviews (including current findings conducted by Chou & Lu, 2011-2012, NSC100-2314-B-010-062);
b. to innovate three intervention programs related to sexual health and well-being in people with ID and one for people with ID, one for the parents and another one for the service workers;
c. to carry on pre- test before the intervention; and
d. to implement the innovative intervention programs for three groups. \

Literature Review

(skip here for this mid-term report) (此第一年期中暫略)

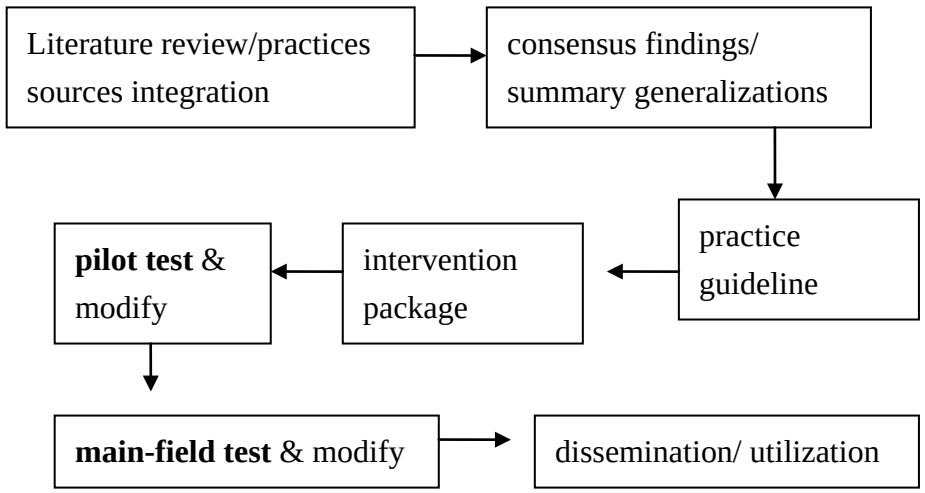
Methods

1. Intervention Research Paradigm

Based on Rooney (1989), the process of IR includes following stage: (1) start with problem in need of solution rather than theory or hypothesis: (2) develop knowledge retrieval strategy; (3) synthesize into summary generalizations and practice guidelines; (4) transform into an intervention package; (5) conduct pilot test and main filed test; and (6) disseminate and utilization.

The method of sampling is the kind of the "developmental relevance" (Thomas, 1985), development is carried out with a sample of cases that are utilized in trial use and developmental testing. The definition of developmental relevance means that the samples are related to the design and to the objects of the intervention. Sampling for IR involves selecting cases that provide opportunities for the initial design, redesign or replicated use of interventions that fall within the domain of design established in the developmental efforts (Thomas, 1985). The process of IR can be summarized as Figure 1 (Rothman, 1980).

Figure 1: the process of Intervention Research



The current first year study aims to synthesize **Knowledge and design the new intervention programs** and also carry on the pilot test. The tasks are such as:

1. integrating empirical studies, related documents;
2. in-depth interview/focus group related to the intervention developed;
3. practice guidelines generalization/ intervention innovation for adults with ID, parents & service workers;
4. pre-test of Pilot Test before the intervention (quantitative); and

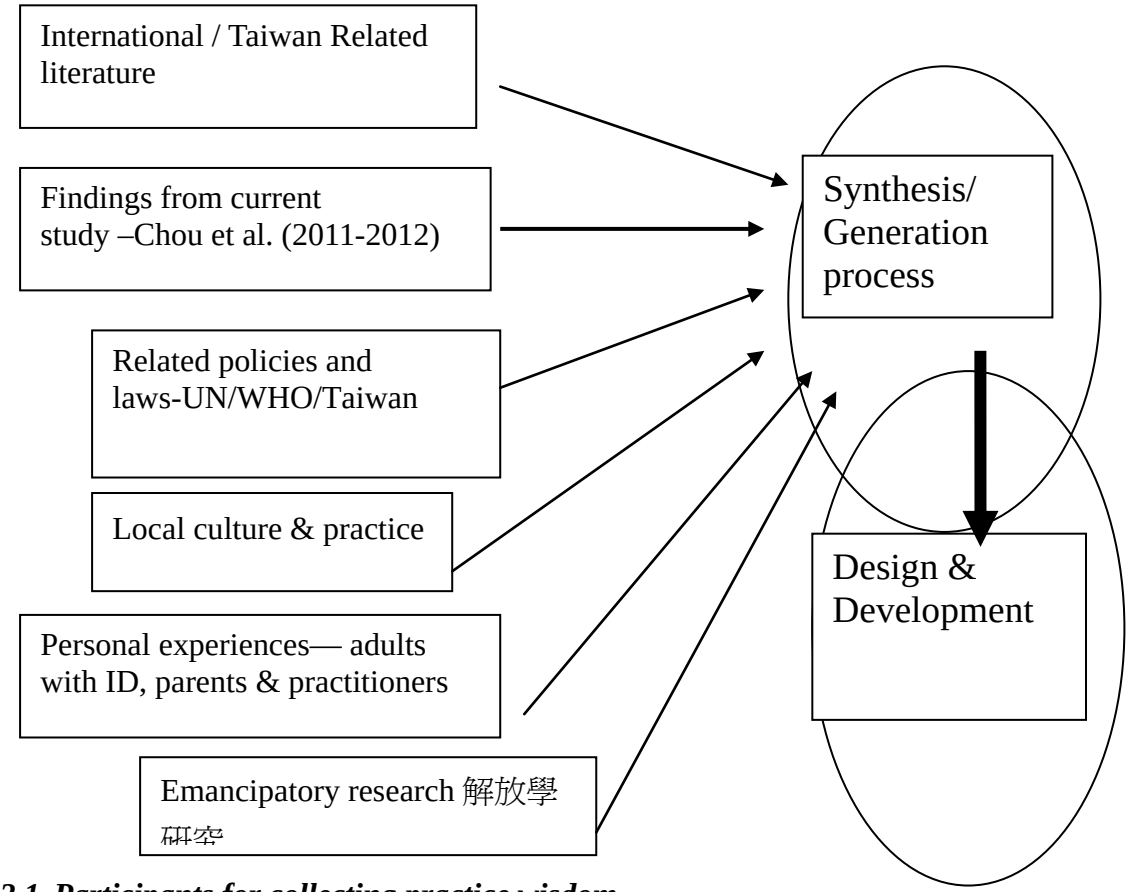
5. intervention implemented.

2. knowledge synthesis

***3.1.*Sources for intervention design:**

First of all, sources of knowledge include related documents, international and Taiwan literature review (including the findings from Chou et al's study, 2011-2012), related international documents (UN/WHO), sexual health related education packages, and Taiwan policies and laws, local culture and practices, and emancipatory research (as shown in Figure 2). The practices and specific concerns about the intervention design were collected through the interviews with people with ID, the parents and service workers. The individual interviews and focus groups were used to collect data. All these knowledge and practices were synthesized and integrated.

Figure 2: Knowledge and Practice Synthesis and Intervention Development



3.1. Participants for collecting practice wisdom

There were 11 adults with ID (6 men and 5 women), four parents (one father and 3 mothers), six senior practitioners from two NGOs (家長團體、心路) invited and participated in our in-depth interview and focus groups to collect their practice wisdom related to the intervention design.

3. Intervention development

Based on the knowledge and practice syntheses including Emancipatory Research, the consistent findings, practice guidelines and intervention programs for people with ID, the parents and the service workers related to sexual health and rights issues to people with ID were generalized and innovated respectively (see Appendix in Chinese, in page 28).

4. Pilot test

The purpose of **Pilot Test** is to test whether this innovative intervention has provided as successful program for helping the targets (e.g., adults with ID, the parents and service workers in this study) to achieve the goal. The results of this pilot test would then be analyzed to develop adequate modification for a main field test (Rothman, 1980). The research questions of the pilot test (Rooney, 1989) are: (1) Can the intervention be carried out? (2) what needs further development? (3) what should be dropped or maintained?

In this study, the effectiveness of the intervention in Pilot Test is also concerned. Thus, both quantitative (as the outcome evaluation) and qualitative (as both outcome and process evaluation) are used in the evaluations of the Pilot Test.

4.1. Research design for Quantitative evaluation

The quantitative approach aims to evaluate the effectiveness of three interventions among three groups of people (adults with ID, parents and service workers) and a **non-equivalent groups design** (as shown in Figure 3) is used. **The independent variable** is the intervention which is innovated by current study; **the dependent variables** include the knowledge of sexuality (among adults with ID), attitudes toward sexuality related to people with ID (among adults with ID, parents and service workers), and quality of life (among adults with ID).

Figure 3: non-equivalent control group design (Rubin & Babbie, 2008)

O_1 X O_2 (Experimental Group)

O_3 O_4 (Comparative group)

Note: X: intervention; O1 and O3: pre-test; O2 and O4: post-test.

Research questions of the quantitative evaluations: (1) are adults with ID's attitudes to sexual health, sexual knowledge and quality of life improved after receiving the intervention? (2) is there a significant difference of the scores of the adults with ID's attitudes to sexual health, sexual knowledge and quality of life between the two groups, the adults who receive the intervention and the adults who do not? (3) is there a significant improvement in the scores of the attitudes to sexual health related to people with ID among parents after

receiving the intervention while comparing with the scores before the intervention received? (4) is there a significant difference of scores of the attitudes to sexual health related to people with ID among the parents from the two groups, the experimental and comparative groups? (5) is there a significant improvement in the scores of the attitudes to sexual health related to people with ID among service workers after receiving the intervention while comparing with the scores before the intervention received? (6) is there a significant difference of scores of the attitudes to sexual health related to people with ID among service workers from the two groups, the experimental and comparative groups?

Dependent variables. The intervention package innovated in the current first year aims to promote positive attitudes to sexual health in people with ID among adults with ID, the parents and the service workers. Two more dependent variables, that are adults with ID's sexual knowledge and quality of life, were and are evaluated as well as the outcomes of the intervention among adults with ID. The outcome evaluation has been evaluated after the intervention right away and another following evaluation will be conducted after 3 months of the intervention (August of 2013).

Three different groups of participants (i.e., the adults with ID, the parents and the service workers) were and will be evaluated individually.

Independent variable (intervention) --The intervention package. The independent variable is the intervention package which was innovated by the current study, as the appendix. Three intervention packages are for adults with ID, for the parents and for the service workers respectively (see the more detail below).

4.2.Participants and settings of the experimental group and comparative group

The pilot test is for testing and modifying the intervention instead of generlization. In the experimental group, the participants who are adults with ID, parents and service workers recruited from a daycare centres, in Tainan area, which was involved voluntarily and is managed by a NGO. There were 46 adults with ID (30 men and 16 women), 9 parents and 38 service workers involved in the intervention. The characteristics of the participants are as shown in Table 1.

The participants of the comparative group were recruited from two daycare centers which are located in Tainan area and managed by another two NGOs.

4.3. Instruments for quantitative data

The adults with ID's attitudes to sexual health will be measured by the Attitudes to Sexuality Questionnaire—Individuals with an Intellectual Disability (ASQ-ID) (Cuskelly &

Gilmore, 2007). The adults with ID's sexual knowledge will be measured by the Assessment of Sexual Knowledge Tool (ASK Tool) (Centre for Developmental Disability Health Victoria, 2011). The adults with ID's quality of life will be measured by the Personal Outcomes Scale (POS): A Scale to Assess an Individual's Quality of Life -Chinese version (Chang, 2010).

Both parents and service workers' attitudes to sexual health will be measured by the Attitudes to Sexuality Questionnaire—Individuals with an Intellectual Disability (ASQ-ID) (Cuskelly & Gilmore, 2007).

The Attitudes to Sexuality Questionnaire—Individuals with an Intellectual Disability (ASQ-ID) was developed by Cuskelly and Gilmore (2007) and Cuskelly and Bryde (2004) and is based on the four indicators: sexual rights (13 items), parenting (7 items), non-reproductive sexual behaviour (5 items), self-control (3 items); this makes up a total of 28 items that are answered by the participant using a 6-point Likert Scale (1=disagree very much, 6=agree very much). The higher scores indicate more positive or accepting attitudes. The reliability has been reported previously by Cuskelly and Gilmore (2007) with Cronbach's alpha coefficients that range from 0.67 to 0.93 for the four domains. The ASQ-ID was developed initially in English and was translated into Chinese by the PI of this study and two bilingual practitioners; in addition, it was back translated to allow full comparison of the Chinese and the English original version. The use of this ASQ-ID scale has been agreed by the Authour, Dr. M. Cuskelly.

The **Assessment of Sexual Knowledge Tool (**ASK Tool[2]) is a new test that aims to assess the sexual knowledge and attitudes of people with ID. There are four components to this assessment tool: Knowledge, Attitudes, Quick Knowledge Quiz and A Problematic Socio-Sexual Behaviours Checklist. The ASK has been designed so that each part can be used independently or in conjunction with another. In this study the Quick Knowledge Quiz (20 items) is utilized and the attitudes with 40 items (Centre for Developmental Disability Health Victoria, 2011). The ASK has been tested with test-retest and inter-rater reliability and indicated they are stable measures, consistent overtime and between examiners, by the authours (Galea et al., 2004, p.28).

The Personal Outcomes Scale (POS) is a scale to assess an individual's quality of life among people with ID. It has a Chinese version (Chang, 2010) and it can be purchased from the Taiwan Community Living Consortium[3]. The POS was developed by van Loon et al. (2008) and made up of 48 items that represents eight domains: personal development, self-determination, interpersonal relations, social inclusion, rights, emotional, physical, and

[2] The purchase price of the ASK costs $420 Australian dollars per copy (Centre for Developmental Disability Health Victoria, 2010).
[3] A copy of the POS costs NT$20.

material well-beings. Each domain has six indicators related to people with ID's QoL (Schalock et al., 2005; Chou et al., 2007). The POS is measured by two ways: (1) self report--based on the individual interviewee's own self report; and (2) direct observation--the observation from the persons who know the individual interviewee at least for three months such as the interviewee's parents, relatives or staff working with the individual interviewee. For example, the question is asked based on interviewee's self report: "Can you eat and get up from bed, use toilet and dress up by your own?"; the questions is observed by the person who know the interviewee: "Do you think the individual can carry on his/her daily life activities, such as eat, get up from bed, use toilet, and dress up?" A 3-point Likert Scale is used to scale the response dimensions for both sets of questions: (a) self report: in general I can do it individually (3), I need some help (2), I can not do it individually (1); and (b) observation: in general he/she can do it individually (3), somehow help needed (2), can not do it individually (1) (van Loon et al., 2008). A higher score indicates a better QOL for both "self report" and "observation". The POS has been used by 778 adults with ID in Taiwan and its internal consistent reliability was .87 in the "self report" and 0.85 for the "observation" (Chou et al., 2012).

Procedures

Pretest and post test

For the experimental group, the trained interviewers (the research assistant and a student graduated from social welfare background) conducted face-to-**face interview** with the adults with ID before and after the intervention at the service units. Each interview took 1-2 hours depending on the adult's communication with the interviewers.

The questionnaires for the parents and service workers were distributed, self-administrated and completed by the parents and service workers before and after the intervention. Three participated parents in the experimental group were interviewed by the research assistant of this study because they had difficulty to read.

For the comparative group, the trained interviewers conducted face-to-**face interview** with the adults with ID at the service units. The interview data about adults with ID's parents and service workers' data were collected when the interviewers conduct the interview with adults with ID at the settings. For example, the appointed staff at the service unit helped to distribute the questionnaires to the parents and staff of the service units who voluntarily participated in the study. Once the parents and service workers completed the self-administrated questionnaires, they submitted the questionnaires to the PI's office.

All the participants involved in this study, including the interview and intervention, in both experimental and comparative groups, were invited in advance by telephone first and following a written informed consent form which was signed by both the PI and the participants; and for the adults with ID were also signed by their legal guardians. The current

first year study had been approved by the Research Ethical Board of the National Taiwan University (approve number: 201207HS007).

Intervention (for detail see **the Appendix—Intervention Hand book in Chinese)**

Based on the generalizations and practice guidelines (synthesized from the literature review, previous study, international and local polices and laws, findings from the focus groups, emancipator research and etc.), an intervention handbook was developed, as the Appendix.

The interventions for the adults with ID, parents and service workers in the experimental group were all conducted in the XX Daycare Center in Tainan, from April 25 to 28, four days, 2013 (see Table 1).

The facilitators (team members of the intervention) included the PI, two Co-PIs, two adults with ID and a mother of adult with ID. One full-time and two part-time research assistants carried on the interviews (pre-and post-tests) and all processes of the interventions.

The intervention for adults with ID.

The aims of the intervention provided for adults with ID are such as to promote their knowledge in sexuality and positive attitudes to sexuality including awareness of sexual rights as general people.

The process of the intervention can be summarized into three stages: pre-test, intervention, and post-test. A questionnaire package (as described as above) was conducted before and after intervention, the pre- test and post-test.

Eight parts (i.e., masturbation, relationships, sexual behavior, safe sex practice/ sexually transmitted infections/pregnancy, protective behaviours, legal issues—rights and illegal behavior, sexual health-screening tests and sexual health plan) and lasted for 5 hours of the intervention (pre- and post-test excluded) were designed and delivered in the morning and afternoon to the adults with ID. In total, 46 adults were involved and separated into three groups (two males and one females) for two days (as shown in following Table 1).

The facilitators in each group were one PI or Co-PI and one adult with ID.

The intervention for parents and service workers.

The intervention provided for parents and service workers aims to promote these parents and service workers' positive attitudes towards sexuality for their child or users with ID and to aware their child or users with ID's sexual rights, as equal as general people.

Before and after the intervention, a questionnaire package (as described as above) was conducted before and after intervention, the pre- test and post-test.

Parents. The recruitment for the **parents** was through the appointed staff of the daycare center and only nine parents participated and they only could stay in the morning (from

9:00am-12:00pm). Some of the parents came late and one sibling came late and left early; this sibling was not included as the participants of this study. The parents were also separated into two groups for the intervention. Group 1 had two fathers, two mothers, one mother with ID coming with one of the father, one sister came with her husband and small child; and Group 2 had five mothers. The facilitators of each group were such as, Group 1: the PI and male adult with ID; Group 2: two Co-PIs, female adult with ID and the mother. The part of the two movies (the Sessions and the Other Sister) was shown to the parents respectively and then the questions and discussion were provided. The adult with ID and the mother also shared their feedback to the participated parents.

Service workers. The intervention for the workers was designed as the staff's in-service training requested by the daycare center; 38 service workers participated the intervention including the pre-and post-tests. Before their participation, the written informed consent form was distributed to the participants whether they were willing to be involved in the study. All these 38 participants were separated into two groups; the PI, mother, and the female with ID were the facilitator for one group and one Co-PI and the male with ID were the facilitator for another group. The intervention included 6 hours in the morning and in the afternoon within a day. In the morning, the movie, the Sessions, was delivered and then the questions and discussions were following. In the afternoon, as the same as in the morning, another movie, the Other Sister, and different questions for discussions were continued.

Table 1: The intervention: participants and number of participants, date/length and facilitators

Participants	Date /2013 Of intervention	Length-session of intervention	# of participants	facilitators
Men with ID-G1	April 25	8 sessions-5 hours (9:00-12:00; 13:30-3:30) Masturbation, Relations, Sexual Beh, Safe Sex practice, protection, legal issue, women health exam., sexual health plan	17	Chou, Zen (Chen, Fan, Yang, Su and Su)
Men with ID-G2	April 26		13	Chou, Zen (Deng, Liang)
Women with ID G3			16	Lin, Fen
Staff G1	April 27	Two sessions: 6. 5 hours (9:00-12:00; 1:00-4:30) The Sessions-1.5 hr; Discussion	18	Chou, Fen and Zen's mother
Staff G2			20	Lu, Zen

		The Other Sister-2 hr; Discussion Pre-and post-test included		
Parents G1	April 28	Two sessions: 2.5 hours (9:50-10:50; 11:00-12:30) Pre-and post-test included	6 (2 fathers, 3 mothers, one sister) (the sister came late and left early, one mother—w/ ID)	Chou, Zen
Parents G2		Two sessions: 3 hours(9:30-12:50)	6 (all mothers, Chen included)	Lu, Lin, Fen, Chen

Note: Chou: PI; Lu and Lin: Co-PI; Fen=woman with ID; Zen=man with ID; Chen=Zen's mother

Results

Sociodemographic Data of participants in the experimental group

Only those adults with ID who could be able to answer the questions in the interviewed were analyzed in this study. Ten out of 46 adults were involved in the intervention but not in the interview for both pre-and post test.

As shown in Table 2, all participants (n=36) were adults with a primary diagnosis of ID[4]. Their mean ages were 27.1 (SD=6.5, range 19-41 years); there were 25 (65.4%) males and 11(30.6%) females. Overall, the majority of them (61.1%) were labeled as having mild or moderate ID.

Twelve parents participated in intervention were aged between 36-65; 10 females (9

[4]Such a diagnosis is made by a medical doctor based on the individual's IQ score and social adaptation skills. Then a certificate of disability is issued by the local authority and given to the individual. The certificate defines the person with disabilities according to one of four different severity levels (mild, moderate, severe and profound).

mothers, 1 sister) and 2 fathers; the average year of education received were 10.82 (SD=4.12). The majority of these parents had Dau/fock religion or Buddhism religion (83.3%) and married (83.3%) and majority (66.7%) of the parents replied their family income less than 1000 Euros a month.

Thirty eight service workers' mean ages were 33.8 (SD=6.4; range =25-51) and 89.5% of them were female; and mean years of education received were 15.8 (SD=1.1); majority (505) identified themselves Dau/fock religion in religion belief. Almost half of them (44.7%) were married; and their average years of experiences in working with people with ID were 7.1 (SD=4.26, range= 0-18).

Table 2

Sociodemographic Data of Adults, parents and workers in the experimental group

Characteristics		1.adults with ID (n=36[5])	2.parents (n=12[6])	3.workers (n=38)
Mean age (all groups)	Mean(SD)	27.06(6.49)	54.56(8.02)	33.83(6.38)
	Range	19-41	36-65	25-51
Sex N (%) (All groups)	Men	25(69.4)	2(16.7)	4(10.5)
	women	11(30.6)	10(83.3)	34(89.5)
Level of disability N(%) (ID only)	Mild	7(19.4)		
	Moderate	15(41.7)		
	Severe	12(33.3)		
	Profound	2(5.6)		
Education-years (all groups)	Mean(SD)		10.82(4.12)	15.79(1.09)
	Range		1-16	12-19
Religion	Dao/fock		5(41.7)	19(50.0)
	Buddhism		5(41.7)	3(7.9)

[5] 46 adults with ID were involved in the intervention but only 36 of them were involved in the interviews in the pre-and post test.

[6] One sibling and one mother left before the intervention completed; thus they were not involved in the post-test.

	Christian		1(8.3)	4(10.5)
	none		1(8.3)	12(31.6)
Marital status(%) (with partner)	married/co-hab		10(83.3)	17(44.7)
	Single/divorce/widow		2(16.7)	21(55.3)
Family income (only for parents) NT$	<40000		8(66.7)	
	40001-70000		3(25.0)	
	≧70001		1(8.3)	
Working experiences (years) with ID	Mean(SD)			7.05(4.26)
	Range			0-18

Outcomes comparison within the group in adults with ID

Based on the analyses of the **Wilcoxon matched pairs signed-rank test** for the pre-and post- tests within the experimental group, as shown in Table 3, we found that there were statistically significant changes in adults' sexual knowledge (p<0.05). In contrast, the scores for sexual attitudes and POS did not show significant differences between two tests. It suggests that the intervention was effective in the adults' sexual knowledge but not in their sexual attitudes and quality of life.

Table 3: The pre-test and post-test of the ASK and POS among the adults with ID in the experimental group

	M(SD)		
Adults with ID	Pretest (n=36)=1	Post test (n=36)=2	Z^a
ASK knowledge	11.38(3.61)	12.84(3.51)	-2.57 * 2>1
ASK attitudes	56.22(3.84)	57.56(10.53)	-.21
POS overall	106.42(10.53)	107.26(11.23)	-.54

[a] **Wilcoxon matched pairs signed-rank test**

* $p < .05$. ** $p < .01$.

Outcomes comparison within the group in parents

As shown in Table 4, the scores of sexual attitudes of the overall the ASQ and the domain of sexual rights were significantly increased (p<0.05) after the intervention among the parents. Generally, the impact of the intervention was positive for these parents.

Table 4: The pretest and post test of the ASQ among **parents** in the experimental group

	M(SD)		
	Pretest (n=12)=1	Post test (n=12)=2	Z^a
Factor 1 **Sexual rights**	**48.17(4.84)**	**52.80(6.16)**	**-2.40* 2>1**
Factor 2 **Parenting**	**22.00(7.63)**	**25.78(6.61)**	**-1.12**
Factor 3 **Non-reproductive sexual behavior**	**23.09(5.34)**	**25.00(3.71)**	**-1.36**
Factor 4 **Self-control**	**10.83(2.95)**	**10.50(2.59)**	**-.14**
ASQ overall	**104.91(10.65)**	**116.38(14.33)**	**-2.04* 2>1**

[a] **Wilcoxon matched pairs signed-rank test**

* $p<.05$. ** $p<.01$.

Outcomes comparison within the group in service workers

Surprisingly the intervention did not cause any positive changes in sexual attitudes of the four domains of the ASQ and overall ASQ among the service workers although the intervention had lasted for 6 hours.

Table 5: The pretest and post test of the ASQ among **workers** in the experimental group

	M(SD)		
	Pretest (n=38)=1	Post test (n=38)=2	Z^a
Factor 1 **Sexual rights**	**57.26(4.96)**	**57.36(5.23)**	**-.144**
Factor 2 **Parenting**	**27.35(8.32)**	**29.29(8.52)**	**-1.80**
Factor 3 **Non-reproductive sexual behavior**	**27.50(2.77)**	**27.78(2.88)**	**-1.58**
Factor 4 **Self-control**	**11.24(3.10)**	**12.08(3.76)**	**-1.86**
ASQ overall	**123.30(14.87)**	**126.97(16.10)**	**-1.62**

[a] Wilcoxon matched pairs signed-rank test

* $p<.05$. ** $p<.01$.

Outcomes comparison between the groups in adults with ID (not completed)

Table 6

Comparison of the pre-test of the ASK and POS between two groups

		M(SD)		
		Exp (n=36)	Comp (n=22)	Z^a
ASK knowledge				
ASK attitudes				
POS overall				

[a] **Mann–Whitney *U* test**

[*] $p < .05$. [**] $p < .01$.

Outcomes comparison between the groups in parents(not completed)

Table7: Comparison of the pretest in ASQ between the **parents in two groups**

	M(SD)		
	Exp (n=12)	Comp (n= 21)	Z^a
Factor 1 **Sexual rights**	**48.17(4.84)**		
Factor 2 **Parenting**	**22.00(7.63)**		
Factor 3 **Non-reproductive sexual behavior**	**23.09(5.34)**		
Factor 4 **Self-control**	**10.83(2.95)**		
ASQ overall	**104.91(10.65)**		

[a] **Mann–Whitney *U* test**

[*] $p < .05$. [**] $p < .01$.

Outcomes comparison between the groups in service workers(not completed)

Table8: Comparison of the pretest in ASQ between the **workers in two groups**

	M(SD)		
	Exp (n=38)	Comp (n= 27)	Z^a
Factor 1 **Sexual rights**	**57.26(4.96)**		
Factor 2 **Parenting**	**27.35(8.32)**		
Factor 3 **Non-reproductive sexual behavior**	**27.50(2.77)**		
Factor 4 **Self-control**	**11.24(3.10)**		
ASQ overall	**123.30(14.87)**		

[a] **Mann–Whitney *U* test**

[*] $p < .05$. [**] $p < .01$.

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第一年期研究計畫進度執行自評

Chart 1: Year 1 (08/2012-07/2013) – Knowledge/practice syntheses, intervention development, pre-test of Pilot Test & intervention implementation

Month/ tasks (from Aug 2012-July 2013)	**01** Aug	**02** Sep	**03** Oct	**04** **Nov**	**05** **Dec**	**06** **Jan**	**07** **Feb**	**08** **Mr**	**09** **Ap.**	**10 May Submisssion Mid-term Report (current one)**	**11** **Jun**	**12** **Jul**	**自評 Self evaluation**
1. IRB—research ethic review	━	━	━	━									**done**
2. Literature review		━	━	━	━	━	━	━	━	━	━		**done**
3. Findings from Chou & Lu's study (2011-2012)			━	━	━								**done Done (as Appendix)**
4. Knowledge/practice synthesis and integrated			━	━	━	━							
3. Practice wisdom collected—adults with ID					━	━							

4. Practice wisdom collected—the parents													
5. Practice wisdom collected—the service workers													
6. Practice guidelines developed													
7. Intervention innovated													
8. Focus group about the innovated intervention													
9. Practitioners training													**The PI and 2 co-PIs**
3. Contact the participants													**Done (as described in "Method")**
4. Instruments identified													
5.Pretest/before intervention(P1, P2, P3) (quantitative)													
5-1. P1--adults w/ID													
5-2. P2--parents													

5-3. P3--service workers									—	—			
11. Intervention implemented for P1, P2 & P3									—	—			**Done in April 25-28,2013**
10. The 1st year report									—	—			**Going on—current report and continue**

Note: P1=adults with ID, P2= parents, P3=service workers.

We already competed the 1st post-test for the experimental group on April 27-30, 2013.

The pretest for the comparative group was completed on May 20-24, 2013.

二、目前研究進度是否與預期目標一致

依據計畫書，第一年研究計畫進度如上表甘梯圖所述，重點在收集相關中文文獻、去年調查研究發現、訪談智障者本人、父母、工作者，發展一套介入方案，執行介入方案及進行前測。茲介入方案手冊已經發展如附加檔案（含介入得 ppt），實驗組與比較組之前測也完成，實驗組同時也超前完成第一次得後側。實驗組參與者基本資料前後測資料以初步分析完成，如報告之 Results 分析。

因此，截至繳交報告五月底，**目前研究進度是否與預期目標一致。**

Appendix

服務使用者參與之性健康介入方案：智青、家長、工作者操作手冊

2013 年四月

工作團隊：國立陽明大學衛生福利研究所 周月清 教授

國立陽明大學臨床暨社區護理研究所 盧孳艷 教授

台北市立體育學院師資培育中心　林純真　助理教授

心路基金會的男女智青 2 名

心路基金會家長 1 名

時間：2013 年 4 月 26-28 日

地點：台南 XX 啟智中心

壹、摘要

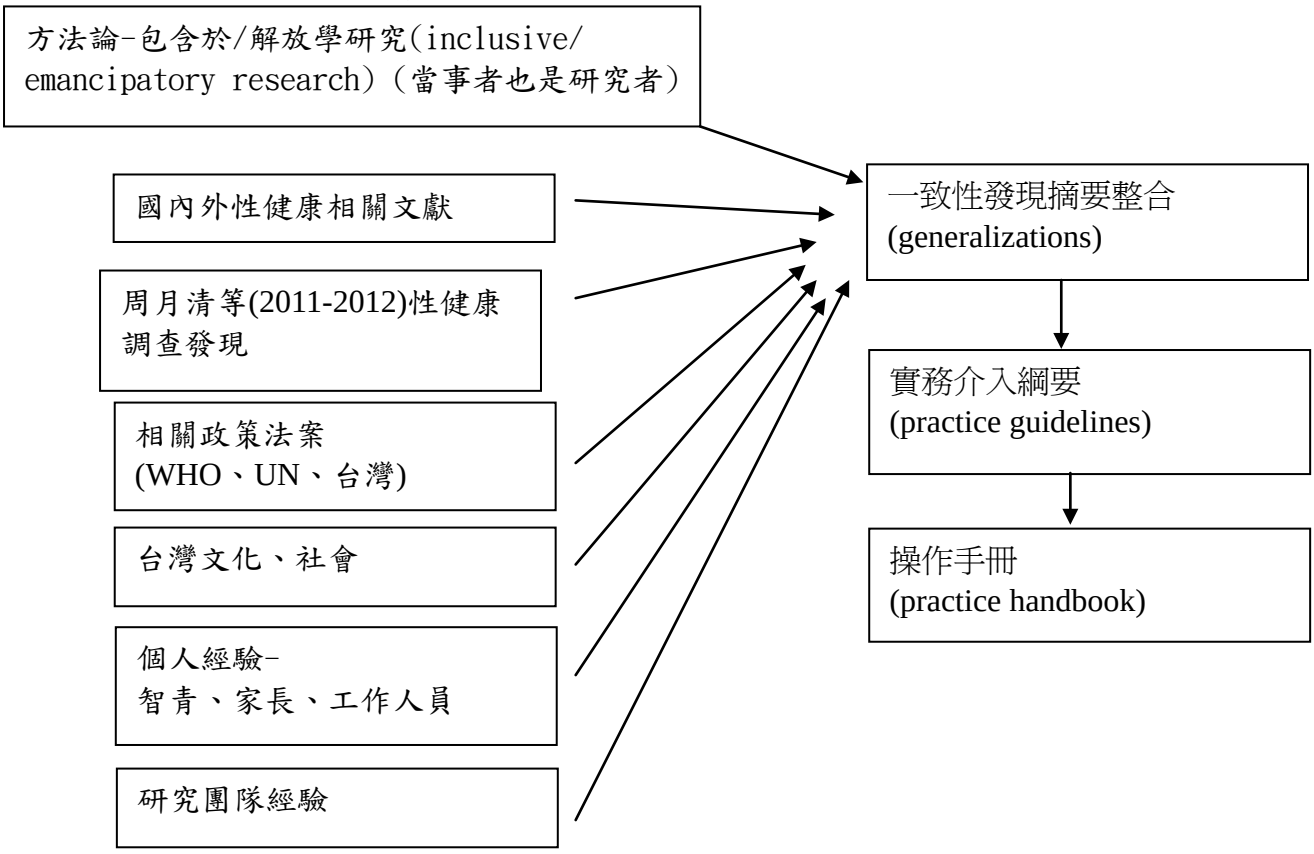
本性健康介入方案的發展與提供目的在促進智青性健康照護與福祉。近程目標在促使參與此介入方案之智青其在性健康知識與態度有所增進，以及其生活品質也因此提升;中長程目標乃藉由此次介入,此介入方案經由結果與過程評估後之修正，此方案可以推廣到台灣其他與智障者相關服務單位使用，因此使台灣之智青在性健康議題上受到社會各界重視，及以正面態度面對，智障者之性健康及其生活品質得以促進。

此次之介入為初次測量(pilot test)，目的在檢視此方案是否有效達到預期效果；另也在檢視此方案是否需要修正,含括哪些內容須修正、是否好用、是否可行等等。

本性健康介入方案含智青版、家長版及工作人員版。介入方案乃以「介入研究」(intervention research)典範，針對此時、此地(文化)之服務使用者或當事人而發展，資料來源含相關國內外文獻，周月清等(2011-2012)智障者性健康調查，根據國際法案政策規定(WHO、UN),智青、家長與工作人員的訪談個人資料(實務經驗分享)等，同時也運用符合包含於/解放學方法(inclusive/emancipatory research)，邀請智青、家長參與本介入方案的發展及執行，視為研究團隊之一員（詳見圖一）。

這套服務(自變項)介入之前與之後，會以同一份問卷施測(基本資料除外)，作為方案介入後之效果評估，針對智青之問卷含評估性健康知識、態度、生活品質，在介入後是否有所提升;針對家長及工作人員則測量介入後其性健康態度是否有改變。同時也收集智青、家長、工作人員對此介入方案的看法，作為過程評估之資料，以修正此介入方案。

圖一：介入方案發展資料來源



貳、一致性發現(consensus findings)與整合摘要(generalization)

一、性健康文獻

(一) 性健康意涵

依據 WHO(2004)性健康內涵含：性傳染、HIV 傳染、經由生育傳染、非期待受孕和不安全墮胎、生育、性福祉(如性滿足、愉悅及非功能性的性)、免於與性別及性有關的暴力、心理健康、因生理與心理障礙或疾病相關的性健康、女性生殖有關的被毀損(如非疾病因素的結紮與子宮摘除)，因此性及生育健康照護服務對每個人是需要的，含括接受性相關之資訊，性教育；身體完整被尊重；有權利選擇性伴侶；有權利自決是否要有性活動及性關係；有權利自決是否要有婚姻生活及生育子女；有權利追求滿足、安全、愉悅的性生活(WHO，2004)。

國外學者 Robinson 等人(2002)，針對人類性健康(health human sexuality)提出十大內涵：

1.性的交談
2.文化及性認同
3.性解剖學及功能
4.性健康照護及安全的性行為
5.性健康的挑戰
6.身體形象
7.自慰和幻想
8.正向的性活動
9.親密及關係
10.心靈的。

WHO(2002)指出智障者和一般公民一樣，有同等權利接近性健康資訊、接受性健康教育及使用性健康服務。性健康含與性相關之生理、心理、情緒及社會福祉，以免於疾病、失功能及被扭曲；性及性關係當被尊重，以正向態度和方法面對；性及性關係的經驗是愉悅的、安全的；免於被壓迫、被歧視及暴力相向；所有人之性健康當被維護、被尊重、被保護、被實踐，被視為一種權利(WHO，2002)。

Eastgate(2008)指出智障者性健康議題應含括:自慰、性虐待、性侵犯，在被同意下之性活動、避孕、經由性關係而傳染之疾病、月經處理及結紮、懷孕及生育等。澳洲學者專家(Butler et al.,2003)針對智障者性健康，提出十五個面向，做為檢視智障者性知識、性態度及介入服務之指標：身體、公開和私密部位的位置、青春期、月經、停經、自慰、關係、保護行為、性、安全性行為、避孕、懷孕和生小孩、性健康-檢測、性病、關於性行為的法律問題。

Thompson(1997)指出對智障者安全性行為應含括認同、知識、動機、自尊、生活技巧、保險套使用、潤滑劑、肯定、有效性的評估及 HIV 的相關知識等。Cambridge & Mellan(2000)針對智障者的性教育提出以下的綱要:

1. 了解性關係，有和沒有的差別。
2. 性權利與性的義務/責任。
3. 徵求同意，如何以語言、技巧溝通決定是否要發生性關係。

4. 和性伴侶的互惠、交換、愛及感受，尤其是有口交或肛交時。
5. 了解性活動的健康、社會及法律結果，尤其是有高 HIV 感染危險性行為或是懷孕可能時。
6. 當自己有性活動或與他人有性關係時的隱私、守密、適當的地點，含有使用色情時。
7. 文化是否允許在公共場合的性活動或同性戀以及相關的法律知識。
8. 社會及家長對智障者性關係與懷孕的看法。
9. 技巧、安全性技巧、保險套使用、適當的裸露。
10. 同性戀、HIV 感染的危險、安全性，如何有效使用保險套等。
11. 與性行為有關的性認同、社會信念、正面自我形象發展。
12. 支持其和性伴侶或他人在一個安全的空間自我表達對性的看法、分享。

智障者的性教育多年以來是被忽略的、被扭曲的、被容忍的，包括性教育的資源被視為最不優先(Cambridge & Mellan, 2000)，女性智障者的經驗及觀點尤其是(McCarthy, 1998)。以醫療模式觀點視智障者的性行為為社會問題，如所謂的“挑戰性性行為”(challenge sex behaviour)，包括與同性的性行為也被視為不適當、危險的性行為(Cambridge & Mellan, 2000)。

眾所皆知，智障者在我們的社會其性需求是被忽略的，其性健康議題缺乏衛生政策與單位之關注，其自慰、生育、婚姻生活及為人父母之角色，往往是不被支持：女性智障遭受性侵犯、性強暴也比一般婦女高，其也因為缺乏相關避孕、安全性行為知識，而更容易得到因為性活動而傳染疾病、墮胎，及不被告知或未經其同意被結紮，甚或子宮被摘除，而這些亦被稱為「性健康」(Doyle, 2008；Galea et al., 2004；McCabe & Schreck, 1992；Szollos & McCabe, 1995；Sequeira & Hollino, 2003；McCabe et al., 1994)。

(二)性健康國內與國際法案基礎

2006 年聯合國身心障礙公約(CRPD，2006)指出，身心障礙者擁有完整的生理、心理的權利，且當被尊重，有結婚、離婚及平等或為子女監護的權利；有生育及使用避孕權利等。

2004 年蒙特婁智障者宣言也指出智障者擁有平等、反歧視及自決的權利；和其他人一樣對其生活有選擇權，即使其有做決定及溝通的困難去做選擇，但其有權利在他人支持與協助下，智障者和所有人一樣，和一般人一樣，落實其生活與心理健康權益，完全參與社會生活(周月清，2008)。

智障者性健康議題含括多元面向及多元教育，觸及健康、社會、文化、性別、性、生理及心理健康、心靈和人權，需要國家政策及服務的介入。

台灣 2011 年新修正之身心障礙者權益保障法，第 1 條及第 16 條分別指出「為維護身心障礙者之權益，保障其平等參與社會、政治、經濟、文化等之機會，促進其自立及發展，特制定本法」、「身心障礙者之人格及合法權益，應受尊重及保障」。

（四）Generalization

1. 除了相關性智知識外，性是一種權利議題，性的意涵含括當事者自決、滿足、安全、愉悅；不是被壓抑、被禁止、被扭曲、被忽略、被強迫的。
2. 性健康意指，性和身體可以交談、含括文化及認同，要以正面態度去看性關係、性

活動，含生理、心理以及靈性層面。
3. 智障者和一般人相同，有權利追求及被尊重、被支持椎求性需求滿足。
4. 智障者如何自決、安全、愉悅的滿足其性生活是健康議題；因此提供其相關資訊、教育及協助，應被視為和其他服務(特教、就業、居住)同等重要。
5. 智障者性健康權是有國際法及國內法案保障，不應該被忽略。

（五）Practice guidelines
1. 性健康介入方案探討之面向包括：權利的、正面的、公開的、選擇的、安全的、不被傳染、不被脅迫、愉快的、和一般人相同的、認同、和文化的關係。

二、方法論—包含於及解放學研究 (Inclusive and Emancipatory Research)

智障者包含於的研究(inclusive learning disability Research)，指在研究過程中智障者是積極參與者，而非被動的被研究者；精神在“使用者的參與”(user involvement)(Walmsley, 2004)；本研究旨在發展與評估方案，智障者及其家長、工作者也應該參與其中。

Inclusive Research 具備解放學及社會模式觀點的精神(Oliver, 1996)；解放學強調在研究過程中障礙者有權力及自主的角色，而非只扮演被動的被研究者(Objects of Research)，而且非旦只是”參與”而已；Walmsley (2001)的”包含於研究”則定義為兩個面向，即解放學加上參與研究(participatory research)，解放學研究強調不只參與，而是轉為控制者角色，也因此在參與及解放(自我控制)過程中，智障者社會角色價值被提升，及其權力也自我提升(empowered)(Walmsley, 2001)；研究者的角色是從專家(expert)到障礙者的附從者(servant)，其研究的技術並不重要(Walmsley, 2001)；研究者是要向障礙者學習(Zarb, 1992)；研究為的是要提升障礙者的權益、可被視為自我倡議的活動、甚或當參與出版(Walmsley, 2001)。

而 Williams 和 Nind(1999)指出研究者和障礙者可以組成研究小組一起做研究(Researching together)，這也符合研究倫理得考量(Stalker, 1998)；Shakespeare(1996)指出障礙研究要讓參與者有機會控制研究過程，包括語言的使用，重視其”經驗”與”真實”，研究與運動結合。

在 Williams 和 Nind (1999)特別強調女性智障者在「正常化」思維下，往往比男性障礙者更容易被忽略，尤其是在性的議題上或性教育；因為性教育往往建立在正常化的思維，強調女性的被動角色，”不被接受”、”不適當”的性關係。McCarthy 和 Thompson(1994)指出，女性和男性智障者的性教育應有所不同，如女性較重視安全的性，男性可能是強調性的權力。因此針對障礙者的性議題或性教育，不是要去告訴他們什麼是“正常”，而是鼓勵他們如何做他們自己(Corbett, 1994)，他們是性議題得主體，而非“other” (Shakespeare, 1994)。

Atkinson 和 Walmsley(1999)使用自傳式的研究法(autobiographical approach)從事智障者的研究，以改變智障者研究中研究者和被研究者的權力關係，以突破障礙者在生活中以及研究中，其真正的聲音事實上是不被看見的(lost voices)。

（一）Generalizations
1. 智障者是本研究的主體，是控制者角色。

2. 方案發展及執行要有智障者參與，並且有其意見參與。
3. 研究團隊成員和智障者的權力關係是平等的，甚或智障者的角色權力是高於研究團隊。
4. 女性智障者的聲音尤其要被重視。
5. 研究過程和結果是為了提升智障者的權力且高於本研究的學術意義。

（二）Practice guideline

1. 和智障者、家長組成研究團隊。
2. 兩名男性智障者、兩名女性智障者、兩名家長參與在介入方案中。
3. 針對男性智障者的介入，有兩名男性智障者和研究團隊共同擔任講師；針對女性智障者的介入，有兩名女性智障者和研究團隊共用擔任講師；針對家長、工作人員由兩名家長、男女各一位智障者和研究團隊擔任講師。
4. 在介入方案發展過程中，找智障者及家長共同參與發展。
5. 在介入方案執行之前，找智障者及家長共同提供意見如何執行介入方案。
6. 方案介入的最後要討論，為了提升智障者性健康後續行動應當如何。

三、2012 年調查研究發現

根據 2012 年以問卷 ASQ-ID(Cuskelly & Gilmore, 2007)訪問智障者資料分析（一）

結果：

1. 智障者

(1) 在性態度上最高的分數大部分集中在「性的權利」，依序為：為智障者(男性、女性)「提供性教育是有價值的，以保護他們免於被性剝削」、「為女性和男性智障者提供有關避孕的建議是必要的」、「自慰應被視為一種性行為表現，並在智障者性教育中被教導」。

(2)在性態度最低的分數也是出現在「性的權利」及「性行為」，依序為「符合法定年齡的男性智能障礙者也可以有同性戀」、「住宿單位可以男女合住」、「性行為是照護男女性智障者是最需要的問題」。

2. 家長

(1) 就家長的部分，最被肯定的議題主要是在「性行為」上，次為「性權利」，依序為「女性智障者的避孕」、「在家男性智障者自慰，隱私的確保」、「女性智障者自慰也應被教育」、「女性智障者提供性教育以保護免被性剝削」、「男性智障者自慰在性教育中被教導」。

(2) 家長性教育最低的部分為「性權利」及「智障者親職」，依序為「智障者住宿男女合住」、「婚姻是男性與女性智障者的人生規劃，當被鼓勵」、「女性智能障礙者可以有自己的小孩」、「男性智能障礙者不應結紮」等。

3. 工作人員

1.工作人員在性態度的支持上，大都集中在「性行為」，另為「性權利」，依序為：「提供智障者的避孕」、「在家男性與女性智障者提供自慰隱私的確保」、「男性、女性智障者自慰在性教育中被教導」。

2.工作人員在性態度上不支持的含「性權利」及「親職」，依序為「住宿服務，男女可合住」、「女性智障者不必結紮」、「男性智障者婚姻不會帶來社會問題」、「男性與女性智障者應可以有孩子」。

（二）Generalization

表一：智障者、家長、工作人員性態度比較

	支持	不支持
智障者	性權利-性教育免被剝削，避孕建議	性權利-男女同住
	性行為-自慰	性行為是照護主要議題
		性行為-同性戀
家長	性權利-避孕建議、性教育免被剝削	性權利-男女同住 婚姻規劃
	性行為-自慰教育、自慰隱私性	親職-結紮不需要、女性智障者有自己的孩子
工作人員	性權利-避孕建議	性權利-男女同住、男性智障者婚姻不會有社會問題
	性行為-自慰隱私確保 自慰性教育	親職-結紮對女性是必須的；智障者可以有自己的小孩

1. 智障者、家長和工作人員三者都支持「提供智障者完整的避孕建議」，以及「自慰」的性行為在性教育中被教導。
2. 智障者和家長也都支持「智障者性教育很重要，以免被性剝削」。
3. 家長和工作人員也都支持「智障者在家自慰隱私要被確保」。
4. 三者皆不支持住宿服務時男女可同住。
5. 智障者不支持性行為是照護主要議題，也不支持同性戀關係。
6. 家長和工作人員都不支持智障者可以有自己的小孩(尤其是家長針對女性智障者。)
7. 家長不支持智障者婚姻規劃，並認為應該要結紮。
8. 工作人員認為智障者婚姻會給社會帶來問題，但不認為女性智障者必須結紮。

（三）practice guideline

1. 針對智障者介入，從智障者觀點為「避孕」、「自慰」、「自我保護」，其次為「男女同住」及「同性戀」的討論。
2. 從家長觀點，介入為智障者是否可以「自慰」、「男女同住」、「智障者生育權」、「婚姻規劃」、「結紮」的議題討論。
3. 從工作人員觀點，智障者是否可以「自慰」、「男女同住」、「生育權」、「智障者婚姻是否會帶來社會問題」、「結紮」等。

四、國內文獻

（一）Generalization

1. 國內早期文獻視智障者「性」是問題(黃璉華，1993)。國內文獻對智障者以「性問題」來探討(周俊良、李新民、陳宗田，2006)，認為男性智障者常發生問題有性暴露、自慰；女性是性混亂、月經處理、懷孕及自慰(周俊良、李新民、陳宗田，2006)。
2. 家長可以同意智障者結婚，但不同意生育子女(陳瑩真、張美華，2011)。
3. 同意智障者子女結婚，主要是基於未來智障者有人照顧(陳瑩真、張美華，2011；王怡婷，2001)。
4. 智障者婚姻議題有國內相關研究。
5. 家長支持男性智障者可以結婚、生育以傳宗接代，但女性智障者，家長則無(劉淑玉、林鎮坤，2004)。
6. 家長多數認為智障者子女沒有性需求、沒有能力條件生育小孩、結婚、擔心被性侵害或性侵犯他人(朱元祥、林燕柳，2011；林燕柳，2010)。

7. 家長對智障者子女性態度負向居多，與智障者子女有性溝通困難，因態度不舒服、焦慮，或擔心引起智障者子女性興趣、或沒有能力教導(朱元祥、林燕柳，2011；林燕柳，2010)。
8. 針對家長性教育課程可以含「性的迷思」(無性、生殖、婚姻、生育、養育、性攻擊)、「性態度」、「溝通技巧」，並以小團體方式進行(朱元祥、林燕柳，2011)。
9. 發展性教育介入模式有必要性(朱元祥、林燕柳，2011)。
10. 除家長外，老師對性議題敏感、焦慮、溝通時不自在、不合適(林燕柳，2010)。
11. 教師的性別及教育程度、婚姻會影響其對智障者性態度(周俊良、李新民、陳宗田，2006；陳宗田、林燕柳，2006)。
12. 國內與智障者性相關文獻都是針對家長或工作人員蒐集資料，缺乏智障者本人的聲音及看法。

（二）practice guidelines 之一

1. 對家長在智障者子女性健康態度的介入是需要的，如對智障者性權利的議題-是否可以結婚、性態度、生育養育子女的權利。
2. 家長對其智障者子女是男、女不同期待的討論。
3. 家長是否支持對智障者子女結婚、生育、養育子女，介入時要去碰觸其支持與否的背後動機。
4. 對家長的介入以小團體的方式。
5. 對家長及工作人員「態度不自在」的介入及以正向態度及「權利」來看智障者性議題。
6. 提供機會給智障者發表自己的看法。

（三）practice guideline 之二

1. 男女性智障者介入依不同需求分開進行。
2. 介入的內容：

針對智障者含兩個部分：知識和態度，如知識含避孕、安全性行為、自我保護、性病、性侵犯、態度為自慰、親密關係、生小孩。

針對工作人員、家長只要態度即可，如智障者是否可以生小孩、自慰。

3. 介入的方法：有智青學員當講師，含與工作人員及家長對話。

五、焦點團體

（一）智障者 focus group (6 位男性、5 位女性)

1.女性智障者想學：法律、保護行為、安全性行為、避孕、性病。

2.男性智障者想學：青春期、安全性行為、生小孩、法律、親密關係、自慰(打手槍)、懷孕、性病；想交女友，但交不到，認為很難；不會和父母談交友、性的事情；會害羞談性、自慰；會去網咖看 A 片。

3.認為工作人員、父母、社會大眾多認識智障者，智障者可以生小孩、不一定會遺傳；父母也要來上課。

4.沒有婚姻權與生育權，至少也可以給「自慰」權。

Practice guidelines:

1.女性智障者介入含：法律、保護行為、安全性行為、避孕、性病。

2.男性智障者介入含：青春期、安全性行為、生小孩、法律、親密關係、自慰(打手槍)。

3.工作人員、父母介入含：智障者可以生小孩、不一定會遺傳。

（二）工作人員 focus group(7 位)

1.對智障者的介入主要的是關係(不知道男女關係)、安全性行為、性、懷孕、避孕、生小孩。

2.目前沒有被介入的是自慰、性病、性健康檢測。

3.工作人員關心的是「家長擔心的是出了問題誰負責」。

4.「家長很矛盾，希望他們知道，又怕他們知道之後，開啟他們性需求」。

5.目前有做的是教「安全的約會」，還未到性行為、性交、自慰。

6. 「身體」已經講很多了。

7. 「問這個(自慰)幹什麼」?

8. 「上這個課要挑選服務對象嗎?」、「如果他本身沒有自慰需求，我們教他?...」、 「談這個要看對象」、「家長不知所措」、「我們跟國外文化不一樣....」、「我們只教自慰，還要教更多東西，頻率、程度、衛生...，家長能接受嗎?」、「我們要先漸進式的...」。

9.教「自慰」家長可能不支持(萬一教了之後，他自慰了好麻煩)。

10.教智障者自慰男女要分開，以及視智障者的認知程度。

11.性知識要徵求父母同意。

12.性知識家長自己不願意教，希望「老師」教。

13.「重度」者不知道性是什麼，輕度可教自慰、安全性行為、避孕、性病、法律議題。

（三）家長 focus group(4 位--三位母親一位父親)

1. 方式：可以找智青和家長一起對話，智青提出他們想要的。
2. 爸爸和媽媽是否分開-可能會不同情況。
3. 一單元兩個小時。
4. 小團體-五位家長五位智青。
5. 鼓勵爸爸參與。
6. 談「自慰」對家長可能需要。
7. 「性健康」、「性健康權」是很有意義。
8. 找家長當助教。
9. 家長先一單元，智青一單元，一起一單元。
10. 是否跟智青談「性健康權」依智青的認知程度。
11. 「性健康權」以前沒聽過，第一個想到性慾、性交、結婚、生育。
12. 爸爸都不介入，即便是男性智青的自慰，爸爸不介入。
13. 對女性智障者依序為「保護行為」、「安全性行為」、「性」、「避孕」。
14. 對家長得介入不要用教條式的。

參、實務介入綱要 (Practice Guidelines)

共同部分：

1. 性健康介入方案探討面向包括：**權利的、正面的、公開的、選擇的**、安全的、不被傳染、不被脅迫、愉快的、和一般人相同的、認同、和文化的關係。
2. 和智障者、家長組成研究團隊--兩名男性智障者、兩名女性智障者、兩名家長參與在介入方案中。
3. 在介入方案發展過程中，找智障者及家長共同參與發展；針對如何執行介入方案，在介入方案執行之前徵求智障者及家長意見。
4. 為了提升智障者性健康，方案介入的最後要討論後續行動得規劃。
5. 提供機會給智障者發表自己的看法。

智青

1. 對智障者介入原則：鼓勵其自在、正面、愉悅談性；「健康」的性是權利、是自然的。
2. 針對男性智障者的介入，有兩名男性智障者和研究團隊共同擔任講師；針對女性智障者的介入，有兩名女性智障者和研究團隊共用擔任講師。
3. 針對智障者介入的內容含兩個部分：知識和態度。(1)知識含：懷孕、避孕、生小孩、安全性行為、自我保護、性病、性侵犯；(2)態度為：自慰、親密關係、生小孩。
4. 男女性智障者介入依不同需求分開進行，共同課程：性行為、性交、自慰。
5. 女性智障者介入含：法律、保護行為、安全性行為、避孕、性病、自慰。
6. 男性智障者介入含：青春期、安全性行為、生小孩、法律、親密關係、自慰(打手槍)。

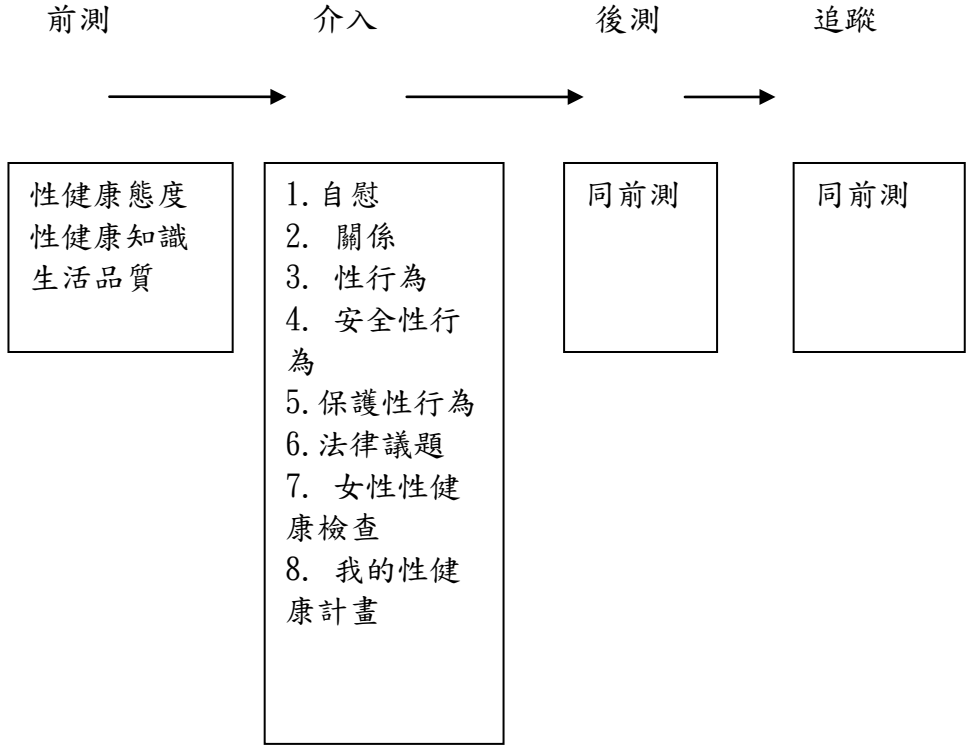
家長、工作者

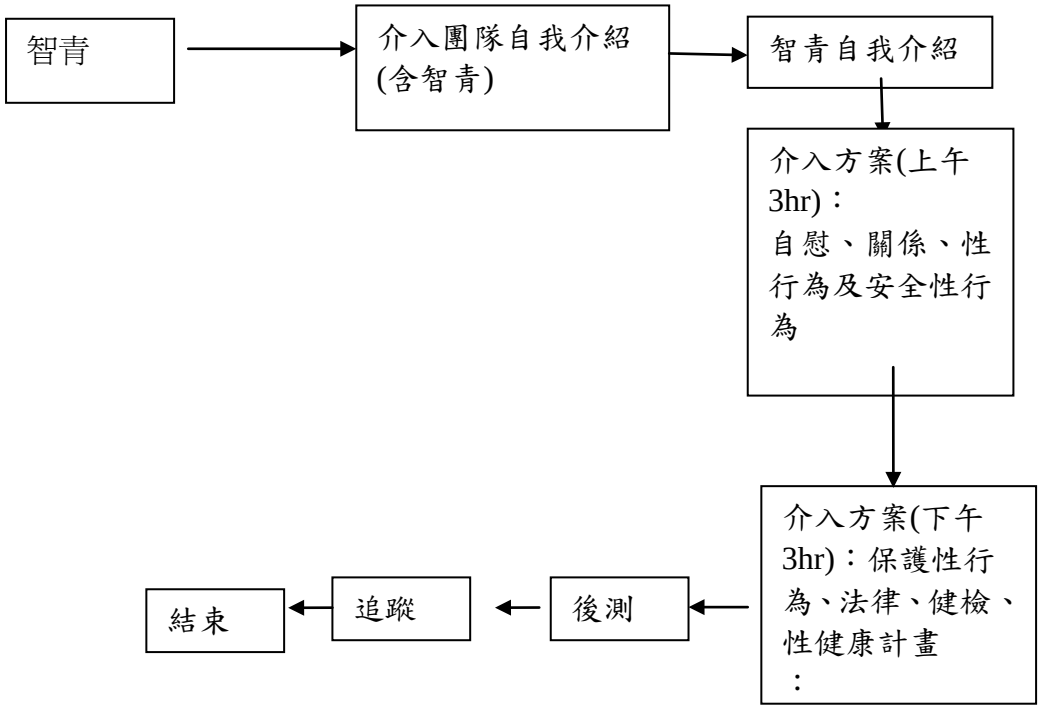
1. 針對家長、工作人員由兩名家長、男女各一位智障者和研究團隊擔任講師--有智青學員當講師，含與工作人員及家長對話。
2. 對家長的介入以小團體的方式。
3. 針對工作人員、家長介入的內容只要態度即可，如智障者是否可以生小孩、自慰。
4. 對家長及工作人員「態度不自在」的介入及以正向態度及「權利」來看智障者性議題。
5. 家長介入為：智障者是否可以「自慰」、「男女同住」、「智障者生育權」、「婚姻規劃」、「結紮」、不同性別(男、女) 智障者子女不同期待、性需求和就業未來照顧需求比是不重要得等議題討論。
6. 工作人員介入為：智障者是否可以「自慰」、「男女同住」、「生育權」、「智障者婚姻是否會帶來社會問題」、「結紮」、認知程度需求不同等議題討論。

四、介入流程與內容

(一)智青

1. 介入流程 (智青版) (共六小時)





2.內容

共含八個單元，含括知識與態度兩個面向，男女分開，共六小時。

一、介入內容：

1. 自慰
2. 關係
3. 性行為
4. 安全性行為
5. 保護性行為
6. 法律議題
7. 女性性健康檢查
8. 我的性健康計畫

表一：智青介入內容

議題	討論內容	教材
自慰	什麼是「自慰」? 安全/有尊嚴的「自慰」有哪幾種作法?(避免拉到”自慰技能”面) 最好在哪裡「自慰」?(→只有在哪裡才可以「自慰」?) 自慰準備的衛生： 自慰前準備的事項：隱密、安全的隱私空間 自慰時為什麼要注意的安全：清潔、適度 自慰後準備的事項：清潔、整理 男性和女性自慰有不同嗎?(要討論出什麼結果呢？)	圖片

	自慰是一種權利嗎? 我有自慰的權利嗎?	
關係	人與人關係 vs 親密關係? 什麼是「親密」關係?（可以保持很久、彼此有相互的感覺、有感情、心裡和精神上會覺得滿足的關係） 親密關係一定要是男和男，女和女嗎?	圖片
	發展親密關係是我的權利嗎？	
性行為及安全性行為(含性病)	什麼叫做「性行為」？「發生性關係」?「性交」?（性行為：依據認識程度--牽手、擁抱、親吻、愛撫、性交） 什麼情況可以跟誰性交? 可以和誰有這些性行為？ 最好在哪裡可以? 性交學習內涵：尊重、徵求同意、成年、具備持久/相互/表達情感/精神上滿足的關係） 性交準備的衛生： 性交前準備的事項：保險套 性交時為什麼要注意的安全：預防感染性病、HIV、預防懷孕 什麼是懷孕、避孕？ 如何避孕？ 如何會懷孕、生小孩？	保險套實際操作、男女陰莖模型、圖片
	有「性關係」和沒有的差別? 「性」是基本的需求嗎? 有性需求是丟臉嗎? 男性和女性「性交」之後，有不同結果嗎? 性交時的尊重、負責、注意衛生和安全為什麼重要？	
保護性行為	什麼是性侵犯他人、被性侵犯、被性強暴、性強暴他人? 如何說「不」？什麼情況下要說「不」？ 如何保護自己不被性侵犯、性強暴？	圖片
	性行為、親密關係、性關係是雙方同意、覺得渴望去做的？ 不在您的同意下，有人對你有以下舉動，要告訴老師，不會丟臉或受到懲罰 ：你有權利說「不」。	
法律議題	如何不去性侵犯他人？ 性侵犯、性強暴是違法行為？會得到的制裁是？ 當有人對你有性侵犯、性強暴時要告訴誰？要留下什麼證據？	
女性性健康檢查	乳房檢查 子宮頸抹片檢查	圖片

性健康計畫	今後我要如何面對我的自慰、發展親密關係、性行為及安全性行為(含性病) 、保護性行為？	自我練習

性健康介入方案：智青版

教案

2013/4/26

工作團隊：國立陽明大學衛生福利研究所 周月清 教授
國立陽明大學臨床暨社區護理研究所 盧孳艷 教授
台北市立體育學院師資培育中心 林純真 助理教授
心路社會福利基金會 仁、仁媽媽
中壢啓智技藝訓練中心 芬

1

工作團隊自我介紹

- 目的：相互認識、暖身 (一名「老師」、一名智青)
- 過程：講師自我介紹、參與成員自我介紹
- 教材：用B4紙及畫圖筆

2

一、講師一自我介紹

- 我的姓名：
- 我的性別：
- 我的年齡：
- 我住在：
- 我的工作：
- 我的興趣/嗜好：

3

二、講師二自我介紹

- 我的姓名：
- 我的性別：
- 我的年齡：
- 我住在：
- 我的工作：
- 我的興趣/嗜好：

4

三、參與成員自我介紹

- 我的姓名：
- 我的性別：
- 我的年齡：
- 我住在：
- 我的工作：
- 我的興趣/嗜好：

5

第一單元：自慰篇

- 目的：
- (1)認識什麼是自慰，男女的自慰有何差別
- (2)了解自慰是安全性行爲
- (3)討論文化如何對待「自慰」
- (4)討論我的父母和老師對「自慰」看法
- (5)我要如何面對自己及他人「自慰」
- (6)如果我要「自慰」，應該要怎樣準備

6

過程

- 1.先區辨性別、認識身體各部位、所謂隱私部位
  - 教材：圖1. 2. 3. 4. 5. 6
- 2. 區辨公共場所與私人空間
- 3. 認識「自慰」及「自慰」是可以被接受得嗎?

7

Q&A--圖1、2、3

- 哪一位是男生、女生？
- 你是男生、女生？
- 身體各部位：頭、手、腳、眼睛、鼻子
- 對男性而言，身體隱私部位是指?
  - 陰莖、睪丸、胸線、陰毛、下體、肛門、其他…
- 對女性而言，身體隱私部位是指?
  - 陰道、胸部、乳房、陰毛、下體、肛門、其他…

8

Q&A-

- 圖4-公共的地方是指
  公車上、咖啡廳
- 什麼事情可以去公共的地方?
  譬如….
- 圖4-指出私密的地方?
  – 房內、洗澡間、廁所

9

Q&A

- 1. 請看以下的照片 (圖7. 8)
  – 男的在做什麼？女的在做什麼？
- 2.「自慰」是安全性行爲?
- 3.「自慰」有什麼風險?
- 4.「你」可以自慰嗎?
- 5.「他」可以自慰嗎?
- 6. 老師可以自慰嗎?
- 7. 任何人都可以「自慰」嗎?

10

Q&A

- 8.「我」可以自慰嗎?
- 9.「自慰」要注意什麼?
  - 到我的房間
  - 找隱私得地方

11

第二單元：關係篇

- 目的：
- (1)認識與區辨：人與人關係 vs 親密關係
- (2)討論親密關係一定要是男和男，女和女嗎
- (3)討論發展親密關係是我的權利嗎

12

過程

- 人與人關係 vs 親密關係「知識」
- 人與人關係 vs 親密關係「態度」

13

Q and A --知識

1.看圖片9-他們是什麼關係?

2.什麼情況下，你可以和朋友有以下的行爲

說話

去看電影

一起吃飯

或其他的社交活動

14

3.看圖片9-什麼關係可以這樣?

男女朋友，或….

4.看圖片11-他們是什麼關係?

5.假如他們是同學或職場的同事，他們可以一起做什麼?

工作、吃飯、其他社會活動

15

6.看圖12-指男性和女性(是否可以分辨)

7.圖12，有一位老人，可以分辨年紀不同嗎?

16

- 什麼是親密關係？
- 圖10、13需要什麼關係才可以做？
- 增加照片

17

態度

1.我可以有這種朋友嗎（圖片9、11）

2.我可以有男朋友嗎?

我可以有女朋友嗎?

男朋友指什麼？

女朋友指什麼？

3.我可以結婚嗎?

18

第三單元：性行爲篇

- 目的
- 什麼叫做「性行爲」？「發生性關係」?「性交」?（性行爲：依據認識程度--牽手、擁抱、親吻、愛撫、性交）
- 什麼情況可以跟誰性交?
- 可以和誰有這些性行爲？
- 性行爲最好在哪裡可以?
- 性交學習內涵：尊重、徵求同意、成年、具備持久/相互/表達情感/精神上滿足的關係）

19

Q and A--知識

1.什麼狀況時，要到私密的地方?

脫光衣服(請看圖4)

洗澡

性交

自慰

其他…

20

2.圖5.6-兒童和成人區別?

男孩變成男人，會變聲、對女性/男性有興趣、夢遺…

女孩變成女人，胸部變大、月經

3.那個白色的從男人和陰莖跑出來的是什麼?

4.什麼是「夢遺」?

21

- 7.我「夢遺」是否正常?
- 8.誰會有「夢遺」?
- 9.「夢遺」是因爲生病嗎?

22

10.圖10、13-他們在做什麼?

11.圖13-他們在做什麼?

性?

愛?

性交?

- 性交是什麼？
  - 性交一般指男性陰莖和女性陰道接觸，同時也可以經由各種方法(如交談、觸摸)，而覺得愉悅。

12.圖13在哪裡可以有這個行爲?(請看圖4)

23

Q and A

1.如果在你的房間看雜誌上裸體女人/男人可以嗎?

2.兩個人第一次約會，就可以相互親吻嗎?

3.兩個人第一次約會，就可以上床嗎?

4.如果是男女朋友很熟的關係，可以親吻嗎?

5.如果是男女朋友很熟的關係，可以相互有親密觸摸嗎?

6. 是不是要相愛的兩個人才可以有性關係?

24

文化

1. 在兩情相願下，如果是男女朋友很熟的關係（沒有結婚），可以有性關係嗎?

25

不可以有的性行爲

1. 你的父親可以和你有性關係嗎?
2. 你的母親可以和你有性關係嗎?
3. 可以和陌生人有性關係嗎?
4. 可以因爲錢或吃的東西而發生性關係嗎?
5. 指圖片12

   老的男性可以和年小的女性性交/結婚嗎?

   老的女性可以和年小的男性性交/結婚嗎?

26

態度

1.可以有同性戀嗎?男人愛男人可以嗎?女人愛女人可以嗎?

2. 您懷孕可以嗎?

3.你要當爸爸嗎?可以嗎?

你要當媽媽嗎?可以嗎?

27

第四單元：安全性行爲篇

- 目的
- (1)瞭解什麼是安全性行爲: 預防感染性病、愛滋、預防懷孕
- (2)瞭解什麼是懷孕、避孕；如何會懷孕、生小孩？
- (3)瞭解性交前準備的事項：
- (4)瞭解什麼是保險套
- (5)瞭解如何避孕、預防感染性病、愛滋？

28

安全性行爲

- 什麼是安全性行爲？
  - 安全性行爲是指防範(如用保險套)，使細菌不會在你及伴侶間因性行爲而傳遞或預防感染。
- 爲什麼需要有安全性行爲的知識?

  -爲了預防感染性病、預防懷孕

29

避孕及受孕

1.圖17-這位女性?懷孕了

2.她如何會懷孕?

3. .她懷孕多久，小孩會生出來

   40週/9個月

   一個小孩如何生出來?從陰道

4. 如果只要有性行爲，但不要生小孩，要怎麼做?

   -用保險套、避孕藥

30

保險套

1.什麼是保險套?（圖16)
2.保險套的用處是什麼?
安全性行爲
避孕
3.保險套怎麼使用?
4.去哪裡買保險套?
5.誰可以買保險套?
6.練習使用保險套?

31

如何使用保險套（陰莖道具及保險套）

- 手不碰經液
- 不要弄破
  - 確定有效日期
  - 手不要碰保險套
  - 正反面要確定（用嘴吹）
  - 首敲住儲經囊
  - 勃起才套

避孕藥

7.什麼是避孕藥?
8.避孕藥做什麼?
9.哪裡可以買避孕藥?
10.誰可以買避孕藥?

33

性病(含愛滋)

1.什麼是性病？
2.什麼情況會得到性病?因爲沒有保護的性行爲
2.假如有人得了性病，要怎樣處理?
3.如何預防性病感染?
-用保險套
4.感染性病有什麼情況/徵兆?
-不明液體、尿尿時會痛、癢、下體聞起來不好
(和不熟悉的人做愛不用保險套會得到性病)

34

第五單元：保護行爲篇

- 目的：

1.認識什麼是「被性侵害」、「性侵害他人」、「被強暴」、「強暴他人」

2.如何保護自己不被性侵犯、性強暴？

3. 如何不去性侵犯他人？

35

1. 什麼是”性侵害”?

在沒有被同意下，觸摸你的隱私部位、性器官（圖1、2)

2.成人觸摸小孩的性器官可以嗎?

3.哥哥/姐姐可以觸摸你的性器官嗎?

4.爸爸/媽媽可以觸摸你的性器官嗎?

5.假如沒有在你的同意下，有人對你觸摸你身體隱私部位，你可以告訴誰?

老師、爸爸媽媽、朋友、警察….

6.你可以摸別人的性器官嗎?

36

1. 什麼是”強暴”?（圖片）
   -在沒有被同意下去強迫和人發生
2.假如兩個人同意要有性行爲，這是”強暴”嗎?

37

Q and A

1.假如有一個男人你不認識的人，要給你搭便車，可以嗎?
2.誰可以去碰/摸你隱私的部位?
   如果有你的許可。
3.隱私的地方是指什麼?
   胸部、下體(配合圖1、2)

38

1. 性行爲、親密關係、性關係是雙方同意、覺得渴望去做的，對不對？
2. 假如有一位你認識的男性，要你去碰他的隱私的地方，你會嗎?
3. 假如有一位你不認識的女性，要你去碰她的隱私的地方，你會嗎?
4. 你有沒有權利說「不」？
5. 不在您的同意下，有人對你有以下舉動，告訴老師，會丟臉或受到懲罰嗎？

39

1. 在沒有徵求同意下，你可以觸摸別人嗎？（圖1、2)

40

第六單元：法律議題篇

1.如果你在公共場所脫光衣服，警察是否會找上你嗎?

2.什麼是徵求”同意”?

3.假如某位老師和你性交，警察會不會找他?

4.假如你的父親和你性交，警察會不會找他?

5.假如你的母親和你性交，警察會不會找他?

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6.假如你和16歲以下的男孩或女孩性交，警察會不會找上你?

7.假如你對陌生人或在公共場所暴露你身體隱私部分，警察會來找你嗎?

8.圖18-從窗戶看，這是違法嗎?

42

第七單元：女性性健康檢查篇

1.什麼是胸部乳房檢查?爲什麼?給誰做?

2. 誰需要做乳房檢查?

相關圖片

(45歲以上才做乳房攝影)

43

1. 什麼是子宮頸抹片檢查?給誰檢查?爲什麼要檢查?

   相關圖片

2.誰需要做抹片檢查?

-女性/有性生活女性

3.去那裡做抹片檢查?

4. 多久做一次抹片檢查?

-每二年(35歲以上才做)

44

第八單元：我的性健康計畫

- 今後我要如何面對我的自慰?
- 今後我要如何發展親密關係?結交男朋友、女朋友？
- 今後我要如何保護自己不會被性侵害、強暴？
- 今後我要如何不要去性侵害別人?
- 今後我希望我能有性行爲嗎？
- 今後我要如何注意安全性行爲(含性病)？

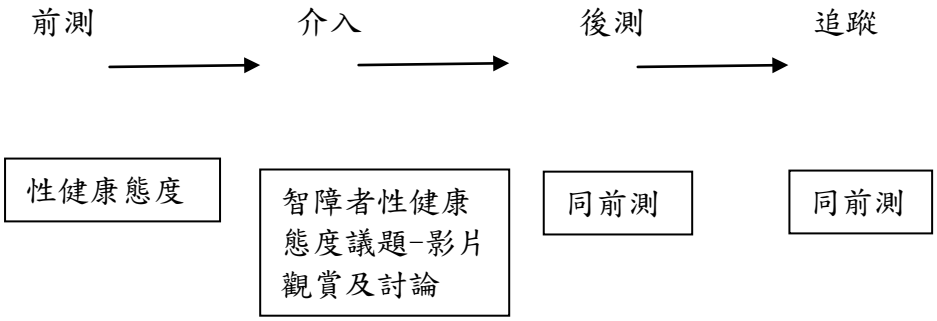
45

珍重再見

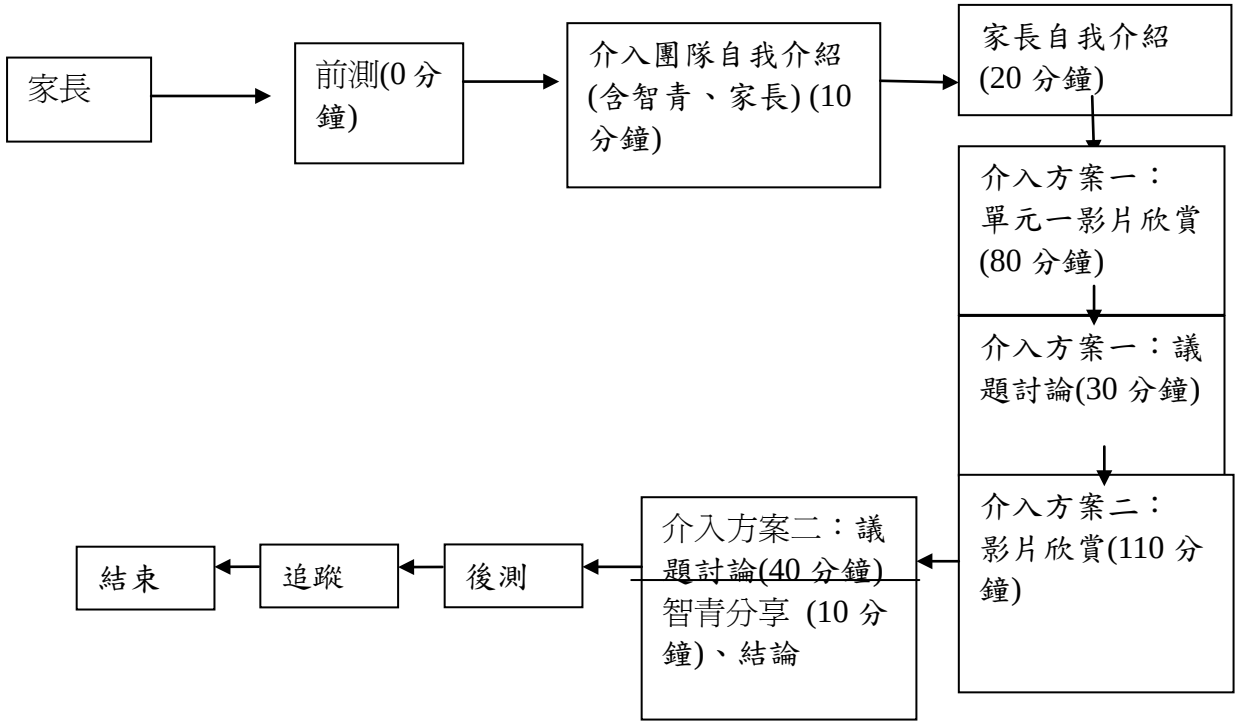
46

(二)家長與工作人員

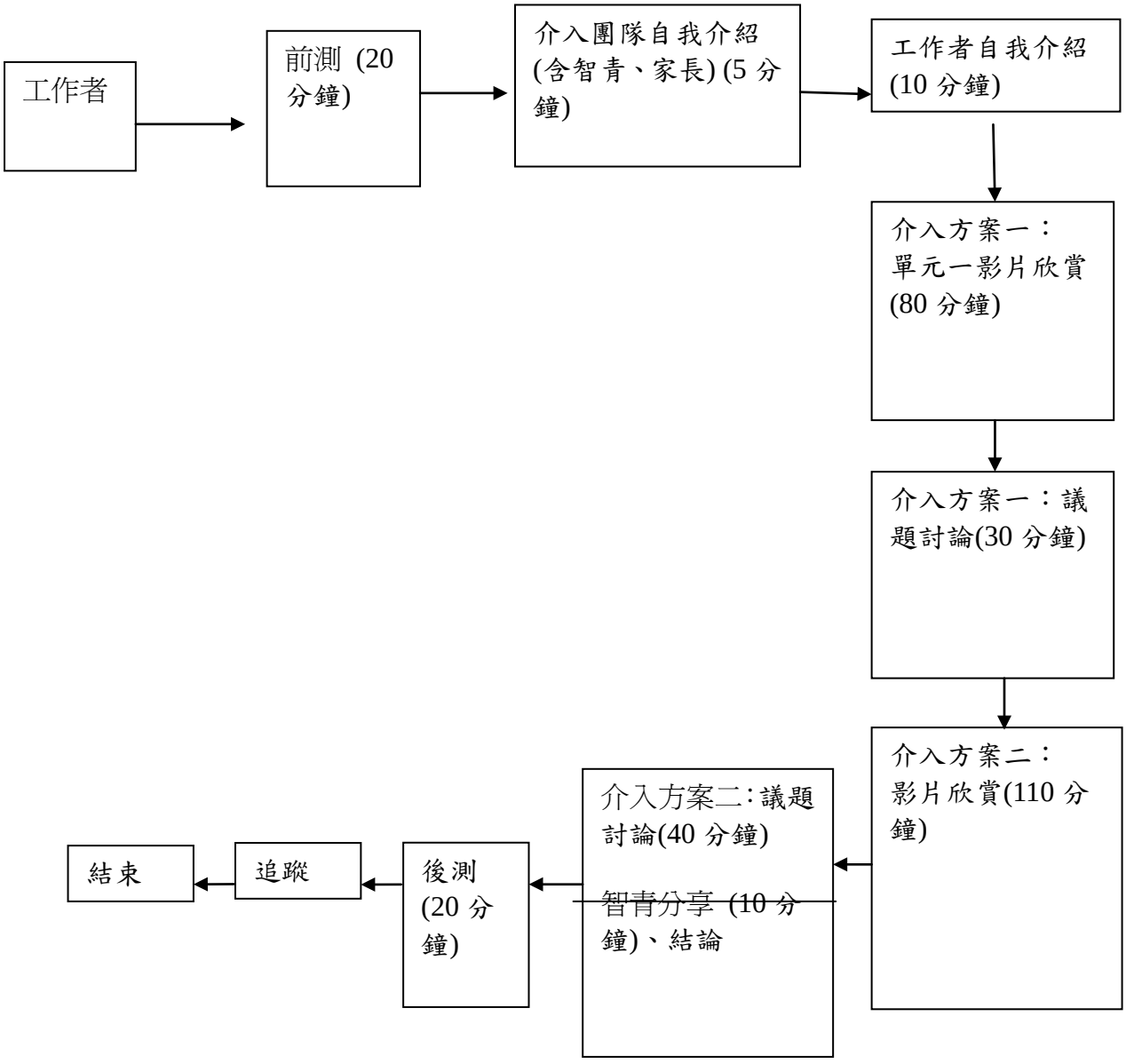
1.介入流程(家長及工作人員版)



1-1 家長介入流程



1-2 工作者介入流程


工作者
前測 (20 分鐘)
介入團隊自我介紹 (含智青、家長) (5 分鐘)
工作者自我介紹 (10 分鐘)
介入方案一：單元一影片欣賞 (80 分鐘)
介入方案一：議題討論(30 分鐘)
介入方案二：影片欣賞(110 分鐘)
介入方案二：議題討論(40 分鐘)
智青分享 (10 分鐘)、結論
後測 (20 分鐘)
追蹤
結束

2.內容

表二：家長、工作者介入內容

內容/時間	介入議題	教材
前測 20 分		
	自我介紹	
第一單元 兩小時	1、 性可以公開討論嗎？ 2、 當談到性時我會不自在嗎？ 3、 性是基本需求嗎？是否每個人有性的權利？對智障者呢？ 4、 智障者有親密關係的權利嗎？ 5、 男性與女性智障者性需求會不同嗎？	影片：the Sessions 幸福療程（70 分鐘）
第二單元 三小時	1、 追求愛情、婚姻生活是否是基本權利？是否人人平等？ 2、 智障者有權利有自慰行為？ 3、 智障者渴望愛情、親密關係、性關係、婚姻生活應該被尊重嗎？ 4、 智障者有親密關係、婚姻生活及生育的權利嗎？ 5、 智障者自慰、親密關係、婚姻生活及生育，會帶來麻煩嗎？會帶來社會問題嗎？ 6、 對男性與女性智障者親密關係、婚姻生活及生育有不同看法嗎？ 7、 我們擔心甚麼？我们的擔心是真的為他/她好，還是為我自己？ 8、 要滿足智障者自慰、有親密關係、婚姻生活及生育的需求，困難是甚麼？我们可以做甚麼以克服困難？ 9、 家長、工作人員、智障者的性態度不同，怎麼辦？ 10、 今後我要如何面對智障子女（學生）性健康議題？	影片：the other sister 愛情 DIY（110 分鐘）

性健康介入方案：工作人員版

教案
2013/4/27

工作團隊：國立陽明大學衛生福利研究所 周月清 教授
國立陽明大學臨床暨社區護理研究所 盧孳艷 教授
台北市立體育學院師資培育中心 林純真 助理教授
心路社會福利基金會 仁、仁媽媽
中壢啓智技藝訓練中心 芬

1
1

工作團隊自我介紹

- 目的：相互認識、暖身 (一名「老師」、一名家長、一名智青)
- 過程：講師自我介紹、參與成員自我介紹

2

自我介紹

- 講師一
- 講師二
- 講師三
- 參與成員

3

綱要

- 欣賞影片一
- 小組討論
- 大團體討論
- 午餐休息

- 欣賞影片二
- 小組討論
- 大團體討論

4

影片欣賞一

- 性福療程

- 進行分組
  - 隨機（背景越不同、彼此越不認識越好）
  - 四人一組

5

分組討論（海報紙）

- 您認爲性可以公開討論嗎？爲什麼？
- 當談到性時您會不自在嗎？爲什麼？
- 您認爲性是基本需求嗎？您認爲是否每個人有性的權利？對智障者呢？爲什麼？
- 您認爲智障者是否也有性的權利?爲什麼？

- 您認爲男性與女性智障者性需求會不同嗎？爲什麼？

6

大團體討論及講師分享

- 各組將討論結果貼在牆壁上分享
- 共同發現
- 不同發現

- 三位講師的回饋與分享

7

- 休息與用餐

8

影片欣賞二

- 愛情DIY

9

分組討論（三人一組）（海報紙）

- 追求愛情、婚姻生活是否是基本權利？是否人人平等？
- 智障者有渴望愛情、親密關係、性關係、婚姻生活的權利嗎？
- 智障者自慰、親密關係、婚姻生活及生育，會帶來麻煩嗎？會帶來社會問題嗎？
- 對男性智障者與女性智障者親密關係、婚姻生活及生育有不同看法嗎？

10

大團體討論

- 各組將討論結果貼在牆壁上分享
- 共同發現
- 不同發現

- 三位講師的回饋與分享

11

分組討論（三人一組）（海報紙）

- 我們擔心甚麼？我们的擔心是真的爲他/她好，還是爲我自己？
- 要滿足智障者自慰、有親密關係、婚姻生活及生育的需求，困難是甚麼？我们可以做甚麼以克服困難？
- 家長、工作人員、智障者三方面態度不同，怎麼辦？
- 今後我要如何面對智障學生性健康議題？

12

大團體討論

- 各組將討論結果貼在牆壁上分享
- 共同發現
- 不同發現

- 三位講師的回饋與分享

13

- 珍重再見

14

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國科會補助計畫衍生研發成果推廣資料表

日期:2013/05/29

國科會補助計畫	計畫名稱: 發展與評估智障者性健康方案
	計畫主持人: 周月清
	計畫編號: 101-2410-H-010-003-SS3　　學門領域: 社會工作

無研發成果推廣資料

101 年度專題研究計畫研究成果彙整表

計畫主持人：周月清	計畫編號：101-2410-H-010-003-SS3
計畫名稱：發展與評估智障者性健康方案	

成果項目			量化			單位	備註（質化說明：如數個計畫共同成果、成果列為該期刊之封面故事...等）
			實際已達成數（被接受或已發表）	預期總達成數(含實際已達成數)	本計畫實際貢獻百分比		
國內	論文著作	期刊論文	0	0	100%	篇	
		研究報告/技術報告	0	0	100%		
		研討會論文	0	0	100%		
		專書	0	0	100%		
	專利	申請中件數	0	0	100%	件	
		已獲得件數	0	0	100%		
	技術移轉	件數	0	0	100%	件	
		權利金	0	0	100%	千元	
	參與計畫人力（本國籍）	碩士生	0	0	100%	人次	
		博士生	0	0	100%		
		博士後研究員	0	0	100%		
		專任助理	0	0	100%		
國外	論文著作	期刊論文	0	0	100%	篇	
		研究報告/技術報告	0	0	100%		
		研討會論文	0	0	100%		
		專書	0	0	100%	章/本	
	專利	申請中件數	0	0	100%	件	
		已獲得件數	0	0	100%		
	技術移轉	件數	0	0	100%	件	
		權利金	0	0	100%	千元	
	參與計畫人力（外國籍）	碩士生	0	0	100%	人次	
		博士生	0	0	100%		
		博士後研究員	0	0	100%		
		專任助理	0	0	100%		

其他成果 (無法以量化表達之成果如辦理學術活動、獲得獎項、重要國際合作、研究成果國際影響力及其他協助產業技術發展之具體效益事項等，請以文字敘述填列。)	由於性健康介入方案為三年計畫，第一年是進行初次方案評估前測及執行此新介入方案，以準實驗設計前後測兩組團體量性及訪談智障者、父母及工作者質性方法等從事初次方案評估（’pilot test’），已完成初步對實驗組量化的分析，結果發現：(1)針對智青，前後測有顯著差異得為性知識，性態度和生活品質介入後分數有增加，但未達顯著；(2)針對父母，介入後性態度分數有顯著增加；(3)針對工作人員，介入後性態度分數有增加，但未達顯著差異。 。

	成果項目	量化	名稱或內容性質簡述
科教處計畫加填項目	測驗工具(含質性與量性)	0	
	課程/模組	0	
	電腦及網路系統或工具	0	
	教材	0	
	舉辦之活動/競賽	0	
	研討會/工作坊	0	
	電子報、網站	0	
	計畫成果推廣之參與（閱聽）人數	0	

國科會補助專題研究計畫成果報告自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

■達成目標

□未達成目標（請說明，以 100 字為限）

□實驗失敗

□因故實驗中斷

□其他原因

說明：

2. 研究成果在學術期刊發表或申請專利等情形：

論文：□已發表 □未發表之文稿 □撰寫中 ■無

專利：□已獲得 □申請中 ■無

技轉：□已技轉 □洽談中 ■無

其他：(以 100 字為限)

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）(以 500 字為限)

性健康(sexual health)在 WHO 白皮書中提到，每個人都有性健康的權利，對智障者來說更是如此，目前性健康的議題在國內未被述及，包含政策/社會照護服務及政策面，因此目前研究針對發展性健康的介入方案對智障者來說是一個里程碑。現在對智障者性健康的研究，都是以性教育的議題為居多，目前的研究對智障者性健康的議題、介入方案的研究，及研究、政策和相關實務工作者的學習都有很大的貢獻。