

發展與評估智障者性健康方案（第二年）

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

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發展與評估智障者性健康方案（第二年）

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; Rothman, 2014)、解放學研究(emancipatory research) (邀請智障者青年參與規劃及擔任介入時之講師)，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。

第一年分別就三者（青年、家長、工作者）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；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”）。

今年為第二年，目的在針對第一年評估之後，收集量性與質性資料，修正介入方案，依據修正後新的介入方案擴大樣本進行 main field test。研究參與者增加使用居住服務者（社區居住）的智障者、父母、工作者。今年參與之介入實驗組者有三：一為持續針對第一年者（使用日間服務者）青年繼續進行第二次介入及評估（家長及工作者未參與），二為針對第一年為比較組者介入與評估，三為邀請社區居住住民、家長及工作者。

完成工作：

- (一) 分析第一年收集之量化與質性資料，修正第一年之介入方案。
- (二) 邀請參與實驗組及比較組的參與者，增加使用日間方案之實驗組，增加使用社區居住之實驗組與比較組。
- (三) 於 2014 年三、四月共分別進行南、中部服務單位（南部兩個日間服務單位、中部一個社區居住服務單位）三梯次介入，針對三組參與者（青年、家長、工作者）。第二年實驗組青年共 63 名，家長 15 名，工作者 45 名，完成前測與後測。
- (四) 第二年比較組為南部一個日托中心及中部兩個社區居住單位。比較組青年共 24 名，家長 2 名，工作者 24 名，於 2014 年三至五月完成前測。
- (五) 使用相同評估工具測量：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；針對青年部分一對一親自訪問。
- (六) 為再次修正方案，介入後進行深入訪談與焦點團體訪談（智障者、家長、工作者），完成訪問 9 名青年、3 名家長，3 名工作者，以及一場工作人員

(6人) 對青年上介入課程後的回饋。

結果：初步分析實驗組量化資料發現：

(1) 針對智青：

(a) 針對介入兩年各一次之青年 (2 interventions, once a year)：共測量五次，性知識第一年介入後馬上測量(T2)比第一年和第二年前測 (T1, T4) 顯著高，生活品質第二年都比第一年顯著高。

(b) 第二年介入一次青年：介入後性知識和性態度都顯著 (T1 vs T2)，生活品質沒有顯著改變。

(2) 針對父母，介入後在性態度整體分數、性權利、性行為顯著提升，但在為人父母、自我控制沒有顯著增加。

(3) 針對工作人員，介入後在性態度整體分數、性權利、性行為、自我控制顯著提升，但在為人父母沒有顯著增加。

未來的兩個月 (2014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，繼續深度訪談有參與介入之參與者；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 (2nd 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; Rothman, 2014). 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.

Continuing 1st year study that the pilot test had been completed at one day center in Tainan area, currently second year study aims to evaluate and revise the interventions conducted in the 1st year, and to conduct the main-field test based on the revised intervention. Three intervention packages for the adults, parents and workers were revised based on the quantitative and qualitative (in-depth interview and focus groups were conducted among the service workers, parents and adults with ID) data analyses conducted in 1st and 2nd years.

The participants of experimental group of the 2nd year were recruited from two day centers in Tainan area and one service setting providing small scale residential program in Taichung area. One of the two day care centers had been involved in the comparative group in our first year study; this year the adults with ID, parents and service workers of this day center were invited in the experimental group and received the intervention. In total, 63 adults with ID, 15 parents and 45 service workers took part in the experimental groups; we provided the interventions for the adults, parents and the service workers at these three service settings respectively between March and April in 2014. We used the same standardized questionnaires as the ones used in first year and before and after the intervention, the participants completed the pre-and post tests respectively (T1 and T2). The participants of the comparative group were recruited from on day center in Tainan area and two service centers providing small scale residential program in Taichung. All together, 24 adults with ID, 2 parents, 24 service workers were recruited in the comparative groups; and the interviews for pre-test were conducted with the same questionnaire packages for three groups of people between March and May in 2014. In order to modify the intervention again, in-depth interview and focus groups were conducted to collect data related to the intervention among the participants (service workers, parents and adults with ID) in the experimental group including three service units.

The results, first, showed that the post- test of sexual knowledge in first year (T2) was significant higher than the pretests in first and second year (T1 and T4) among the adults with

ID who had been involved in our first and second year intervention. The overall scores of POS in the second year among these adults were significantly higher than in first year. Second, based on the comparison between pre- and post-test within the experimental group in the current year, show that: (1) there is a significant increased in the scores of **Sexual knowledge and attitudes** (ASK scale) among adults with ID, but not POS (QoL); (2) there is a significant increased in the scores of sexual attitudes among parents in the overall ASQ scale and also the domains of *sexual rights, non-reproductive sexual behavior*, but not *parenting* and *self control*; and (3) there is significant differences in the scores of sexual attitudes among service workers in the overall ASQ scale and also the three domains except *parenting*.

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**) and **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 three years study includes two times of tests (pilot test first and then main field test) and modifications twice. Based on our proposal (NSC 101-2410-H-010 -003 –SS3) the second year study was to carry post-test evaluation of the pilot test focused on whether the intervention programs are applicable for the adults with ID, parents and service workers in order to modify the intervention. Additionally, the pre-test of “main-field test” and the modified intervention (after Pilot Test) were carried on in the second year.

Continuing the first year study, the aims of this current 2nd year study are as follows.

Aims of 2st year: Post-test of Pilot Test, intervention modification, pre-test of Main-field Test and modified intervention implementation

- a. to evaluate the innovative intervention programs (post -test), two post tests for experimental group and one post test for comparative group (4 months after);
- b. to modify the intervention programs;
- c. to carry on pre- test before the modified intervention (2nd one) (pre-test) with bigger samples; and
- d. to implement the modified intervention.

Literature Review

(skip here for this mid-term report) (此第二年期中暫略)

Methods and Measures

1. *Intervention Research Paradigm*

According to the process of IR, two main goals of this current study are: (1) to revise the intervention based on the pilot test; and (2) to implement the main-field test with extended participants (Roony, 1989; Rothman, 1980; Thomas, 1985) (also see the Figure 1 in our first year report). The main concern of main-field test is to evaluate the outcome of the intervention whether it is effective for the related targets and practitioners (the person carries the intervention) and whether it needs to re-modify. The research questions of the main field test (Rooney, 1989) are: (1) Can the intervention is effective for the users? Does it work? (2) What needs further development?

The tasks are such as:

- (1) post-test of “Pilot test”: outcome/process evaluation (both quantitative & qualitative);
- (2) modifying intervention based on the evaluations;
- (3) pre-test of “main-field test” with extended participants; and
- (4) “main-field test” carrying on: implemented with extended participants.

2. Post-test evaluation of Pilot test and main-field test

2.1. *Quantitative evaluation in the Pilot test*

In order to answer whether the intervention is effective for the participants, the adults with ID, parents and service workers, first, the research design is as follows.

Figure 1: non-equivalent control group design (Rubin & Babbie, 2008)

O1	X	O2	(Experimental Group)
O3		O4	(Comparative group)

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

In our study, we conduct the post-test (T2) in the experimental group right away, and then another follow-up test (T3) conducted after four months. Among the participants of the comparative groups, only one post-test was conducted as the same time of the follow-up test conducted for the participants in the experimental group. The figure of the tests between the two groups is as follows.

Figure 2: The tests conducted in the *pilot-test* in 1st year

T1	X	T2	T3 (Experimental Group)
T1		T3	(Comparative group)

Second, research questions of the outcome 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 revised intervention package innovated in the second year, as the same as 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 2014).

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

As same as the pre-test, as described as above, the same participants and same instruments were used to carry on the post-test evaluation as quantitative data for the Pilot test.

Instruments for quantitative data. As mentioned as in the first year report, **the adults with ID's attitudes and knowledge** were 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 was 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 was measured by the Attitudes to Sexuality Questionnaire—Individuals with an Intellectual Disability (ASQ-ID) (Cuskelly & Gilmore, 2007).

2.2. Qualitative approach for evaluation in the Pilot test

Meanwhile the **semi-structure questionnaires** and **focus group** were conducted to collect qualitative data from the experimental group in order to modify the intervention in the main-field test. The evaluations for three packages (i.e., for adults with ID, the parents and service workers) were carried on individually.

The research questions of the qualitative design are such as:

1. whether the intervention package is suitable for the target groups (adults with ID, parents and service workers)?
2. whether the intervention package is suitable to use by the trainers/practitioners?
3. what do the parts need to be modified?
4. whether the instruments in the quantitative and qualitative evaluation are suitable to use?

2.3. Data analysis for pre-test and post-test in Pilot test and Main-field Test (year 1 and year 2)

The data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 20.0 for Windows. Descriptive analysis was used to characterize the participants' basic information including their characteristic data and dependent variables. At pre-test, before the intervention, between the groups (experimental group and comparative group), frequency data was compared using cross table and independent group t-test to measure if a difference is found among the participants' basic characteristics from two groups. With regard to intervention effectiveness, both within group and cross group analyses were conducted. Within each experimental and comparative group, the Friedman's repeated measures and/or Wilcoxon Matched Pairs Signed-rank Tests (Non-Parametric Repeated Measures Comparisons) was conducted to measure if a main effect of the intervention is found for the participants. Following, the Mann Whitney U-test was used to determine whether the participants' dependent variables are significantly different by the group (experimental vs. comparative group) in the both pre- and post- tests. Moreover, for the outcome comparisons of the two groups in the post-test (i.e., after the intervention), the scores of pre-test of both groups was adjusted with covariance analysis if having a significant difference between the two groups for the pre-test (i.e., before the intervention). An alpha level of 0.05 is used in all analyses.

3. Modification after pilot test

First of all, both results of the quantitative and qualitative were analyzed. Based on the findings from the pilot test, three intervention packages were modified (see the appendix).

4. Pre-test for Main-field test and the new modified intervention (after Pilot Test) carried on

4.1. Main field test

The pre-test of main-field test only use quantitative to collect data before the modified intervention implemented.

4.1.1. Research design for Quantitative evaluation

As same as the pilot test, as mentioned as above, the quantitative approach focuses on the outcome evaluation of the intervention. Due to the concern of feasibility and research ethics (voluntarily involved), randomization for the experimental design was not considered. A **non-equivalent groups design** (as shown in Figure 4 for pilot test) was used as well, although the participants were recruited from the more diverse settings (as described as following).

The **Research questions, dependent variables, instruments used and data analysis** of the quantitative evaluation in main field test was as the same as the pilot test; however, the independent variable is the new modified intervention after the pilot test.

As mentioned as above and as the one carried on in the pilot test, the research design for the tests between the two groups is as following Figure 3. Besides, the adults with ID in experimental group in the first year also continued to be involved in the experimental group in the second year. So the research design for this group of adults were as Figure 4.

Figure 3: The tests conducted in the *main-field test* in the 2nd year

T1	X	T2	T3 (Experimental Group)
T1			T3 (Comparative group)

Figure 4: The tests conducted among the adults with ID in the experimental group for 2 years

T1	X1	T2	T3 ...	T4	X2	T5	(Experimental Group)
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4.1.2. Settings and participants of Main-field test

Adults with ID, their parents and service workers were recruited from the users who used small scale residential services (named “community living”) and day center or day care center.

4.1.2.1. Participants of experimental group

First, the participants from the experimental group and one comparative group who were involved in the pilot test (first year) were invited to be the participants of the main-field test.

Second, the extended participants were recruited from the users of “community living” and their parents and service workers. “Community Living” is a new residential scheme and launched in 2004; and it requires 6 residents or less living in a unit located in the community. Based on the latest data from the Taiwan Community Living Consortium in 2013, around 456 residents with ID live in 91 Community Living, managed by the NGO in 15 local authorities. The experimental and comparative groups for three interventions (for men and women with ID, the parents and the service workers) were extended recruited from the Community Living

units in northern and southern part of Taiwan.

In total, 63 adults with ID, 15 parents, 45 service workers participated in the experimental group.

4.1.2.2. Participants of comparative group

The recruitment of the participants in the comparative group were from three sites.

First the participants were from the same ones who were involved in the comparative group in the pilot test; they were 7 adults with ID and 13 service workers, none of parents involved again. Second, from the same area of the participants in the experimental group, we invited the users of 2 units where also providing small scale of residential service/community living including the users' parents and service workers in our main-field study as the participants of the comparative group. There were 17 adults with ID, 2 parents, and 11 service workers involved from these two residential units. All together, 24 adults with ID, 2 parents, 24 service workers were recruited in the comparative groups.

4.2. The new modified intervention implemented

After the pilot –test, evaluation and modification, the intervention was implemented to the adults with ID, parents and the service workers respectively at the three settings where the participants recruited respectively between March and April 2014.

Table 1: Research purposes, methods and participants in Year 2

Year of study	Aims of the study	Research methods and process	Participants
Year 2 08/2013- 07/2014	<p>Post-test of Pilot test—</p> <ol style="list-style-type: none"> 1. intervention evaluation/after intervention—“pilot test”; 2. Intervention modified based on the pilot-test 3. pre-test for the main-field test 4. the new and modified intervention implemented with extended participants 	<p>I. Outcome evaluation/post test of the pilot test and main-field test-</p> <ol style="list-style-type: none"> 1. Independent variable—intervention programs for adults with ID, parents and service workers 2. Dependent variables <ol style="list-style-type: none"> a. P1: for adults with ID--attitudes to sexuality, knowledge related to sexual health; quality of life b. P2 and P3: parents and service workers—attitudes to sexuality. <p>II. Process evaluation- Semi-structured interview and focus group</p>	<p>Outcome evaluation of pilot test—follow up test (T3) Exp vs Com</p> <p>P1— 34 vs 22adults with ID P2— 7 vs 16 parents P3— 28 vs 16 service workers</p> <p>The participants are the same as the pre-test in 1st year.</p> <p>Process evaluation— P1, P2 &P3 from the experimental group</p> <p>Pre-test of the main-field test- Exp vs Com</p> <p>P1-63 vs 24 P2-15 vs 2 P3-45 vs 24</p> <p>recruited from day service centers and Community Living as experimental and comparative group</p>

Results

1. Process evaluation --the intervention revised

Based on the quantitative and qualitative data analysis, the intervention conducted in the first year was revised. The outcome evaluation was based on the quantitative data and the process evaluation was according to qualitative data that was collected from the in-depth interview with 8 adults, one parent, 5 service workers and also two focus groups conducted among the service workers (the analyzed and summary notes as Appendix 1). In addition, the discussions between the research team members (including three researchers, research assistants, two the adults with ID and one mother) were also recorded, analyzed and used as the evaluation data. The main goals of the process evaluation in the pilot test are to answer

following questions: (1) Can the intervention be carried out? (2) What needs further development? (3) What should be dropped or maintained?

The primary parts of the revisions were summarized as the following table and the ppt used as the second year intervention for the three groups (adults with ID, parents and workers) as in Appendix 2 and 3.

Table 2: What the extent needs to further development, maintained or dropped of the three intervention packages

Maintained	Further development	dropped
For men/women with ID		
教材：陽具、陰莖道具、保險套 紙張用畫的	動畫、聲音效果、影片、外國電影 (what is making love, kiss, masturbation) 用周杰倫顯現喉結	
教學方法：一再重複 the adult with ID involved as one of the instructors 用圖畫介紹自己	一對一問或練習操作、生活化、多操作 多鼓勵其表達看法 男女可以一起上（有時一起上、有十分開上）	
教學過程：	注意安靜的參與者 based on the level of ID and separate to different group	
課程內容： 印象深刻：男女交配 男孩變成男人、女孩變女人、睪丸、 在自己房間自慰 男聲色狼在窗戶偷看、喉結、教具、	Men: 男性性器官、女性月經、性病、性方面法律知識、懷孕、（認為不需要教女性生殖器） Women: 月經、懷孕、生小孩、AIDS、學習保護自己、兩性交往、萬一懷孕怎麼辦、（口交、性交不想看、看男性性器官不舒服、練習帶保險套不舒服、）	
Our concern: 1. whether separate to different group based on level of ID? 2. Whether we invite different adult with ID to be involved as the instructor Movie also be shown		
For parents		
教材：對 the session, 愛情 DIY 電影印象深刻 -	結紮違背倫理 從家長經驗討論 電影故事發生在中產家庭，或是青年能力比較	電影和現實有距離 有家長事後租電影看

	高，家長會比較，覺得經驗不同。	
Concerns: 對家長識字有困難，電影可能不容易看字幕。討論議題，家長背景不同很難一起討論。		
Service workers		
教材：電影 –two are all ok	短劇 看一半就討論、討論完繼續看	電影太長
教學方法：	要有一個架構	討論題目太拘謹、雷同 討論議題太發散
教學過程：		一天太長 一天太短

2. Outcome evaluation

2.1. Socio-demographic Data of participants in the experimental group

First, the characteristics of the participants (three groups--adults with ID, parents and service workers) who have been involved in the first and second year study in the experimental group had been described in our first year study (see our first year report). The socio-demographic data of new participants (three groups) in the experimental group in the second year was shown as Table 3. Only those adults with ID and parents who could be able to answer the questions in the interviews were analyzed in the study.

As shown in Table 3, all participants (n=30) were adults with a primary diagnosis of ID². Their mean ages were 31.4 (SD=6.7, range 21-43 years); there were 12 (40.0%) males and 18(60.0%) females. Overall, the majority of them (80.0%) were labeled as having mild or moderate ID.

Ten parents participated in intervention were aged between 53-75; 7 mothers and 3 fathers; the average year of education received were 12.1 (SD=3.1). The majority of these parents had Dau/fock religion or Buddhism religion (80.0%) and married (60.0%) and majority (50.0%) of the parents replied their family income less than 1000 Euros a month.

Forty five service workers' mean ages were 38.4 (SD=11.8; range =22-62) and 82.2% of them were female; and mean years of education received were 15.4 (SD=1.9); majority (68.9%) identified themselves Dau/fock religion in religion belief. Less than half of them

²Such 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).

(33.3%) were married; and their average years of experiences in working with people with ID were 8.0 (SD=7.4, range= 0-24).

Table 3: Socio-demographic Data of Adults, parents and workers in the experimental group(DL/MA)

Characteristics		1.adults with ID (n=30 ³)	2.parents (n=10)	3.workers (n=45)
Mean age (all groups)	Mean (SD)	31.37(6.70)	61.10(5.90)	38.42(11.79)
	Range	21-43	53-75	22-62
Sex N (%) (All groups)	Men	12(40.0)	3(30.0)	8(17.8)
	women	18(60.0)	7(70.0)	37(82.2)
Level of disability N(%) (ID only)	Mild	8(26.7)		
	Moderate	16(53.3)		
	Severe	5(16.7)		
	Profound	1(3.3)		
Education-years (all groups)	Mean(SD)		12.10(3.07)	15.36(1.94)
	Range		6-19	7-18
Religion	Dao/fock		4(40.0)	22(48.9)
	Buddhism		4(40.0)	9(20.0)
	Christian		0(0.0)	8(17.8)
	none		2(20.0)	6(13.3)
Marital status(%) (with partner)	married/co-hab		6(60.0)	15(33.3)
	Single/divorce/widow		4(40.0)	30(66.7)
Family income (only for parents) NT\$	<40000		5(50.0)	
	40001-70000		2(20.0)	
	≥ 70001		3(30.0)	
Working experiences (years) with ID	Mean(SD)			7.95(7.42)
	Range			0-24

2.2. Socio-demographic Data of participants in the comparative group

As shown in Table 4, all participants (n=24) were adults with a primary diagnosis of ID. Their mean ages were 29.3 (SD=6.4, range 20-43 years); there were 10 (41.7%) males and 14(58.3%) females. Overall, the majority of them (87.5%) were labeled as having mild or moderate ID.

Two parents participated involved were aged 37 and 59; the average year of education

³ 31 adults with ID were involved in the intervention but only 30 of them were involved in the interviews in the pre-and post test.

received were 14.5 (SD=0.7). One is Buddhist and one is Christian, two were all married and one of them whose family income was less than 1000 Euros a month.

Twenty four service workers' mean ages were 42.9 (SD=10.0; range =25-63) and 83.3% of them were female; and mean years of education received were 15.2 (SD=3.4); majority (50.0%) identified themselves Dao/fock religion in religion belief. More than half of them (62.5%) were married; and their average years of experiences in working with people with ID were 8.1 (SD=8.1, range= 0-27).

Table 4: Socio-demographic data of adults, parents and workers in the comparative group (ZF/LD/SWI)

Characteristics		1.adults with ID (n=24 ⁴)	2.parents (n=2)	3.workers (n=24)
Mean age (all groups)	Mean(SD)	29.29(6.37)	48.00(15.56)	42.88(10.00)
	Range	20-43	37-59	25-63
Sex N (%) (All groups)	Men	10(41.7)	2(100.0)	4(16.7)
	women	14(58.3)	0(0.0)	20(83.3)
Level of disability N(%) (ID only)	Mild	9(37.5)		
	Moderate	12(50.0)		
	Severe	3(12.5)		
	Profound	0(0.0)		
Education-years (all groups)	Mean(SD)		14.50(.70)	15.23(3.42)
	Range		14-15	2-20
Religion	Dao/fock		0(0.0)	6(25.0)
	Buddhism		1(50.0)	6(25.0)
	Christian		1(50.0)	5 (20.8)
	none		0(0.0)	7(29.2)
Marital status(%) (with partner)	married/co-hab		2(100.0)	15(62.5)
	Single/divorce/widow		0(0.0)	9(37.5)
Family income (only for parents) NT\$	<40000		1(50.0)	
	40001-70000		0(0.0)	
	≥70001		1(50.0)	
Working experiences (years) with ID	Mean(SD)			8.12(8.08)
	Range			0-27

⁴ 31 adults with ID were involved in the intervention but only 30 of them were involved in the interviews in the pre-and post test.

2.3. Outcomes comparison within the experimental group in adults with ID

First, the adults with ID involved in first and second year as the participants of experimental group completed five interviews between April 2013 to current (April 2014) (T1 to T5) and the results show as Table 5 based on the analyses of Friedman’s repeated measures and Wilcoxon Matched Pairs Signed-Rank –Test. The results reveal that there were statistically significant changes in adults’ sexual knowledge between T2 and T1 ($p<0.01$) and T2 and T4 ($p<0.05$). The overall scores of POS show significant higher in second year than in the first year ($p<0.01$, $p<0.001$).

Second, based on the analyses of the **Wilcoxon matched pairs signed-rank test** for the pre-and post- tests within the experimental group among the adults with ID involved in the intervention in the second year, as shown in Table 6, we found that there were statistically significant changes in adults’ sexual knowledge ($p<0.01$) and sexual attitudes ($p<0.01$). However, the scores for overall POS did not show significant differences between two tests. It suggests that the intervention in our second year was effective in the adults’ sexual knowledge and attitudes.

Table 5: Mean effect on the outcomes for the five interviews (T1 to T5) within the group among adults with ID receiving interventions in year 1 and year 2 in the experimental group (LW day center)

	M(SD)					Z ^a (p-Value)	Post hoc test ^b
Adults with ID	T1 Pretest (n=36)	T2 (post-test) (n=36)	T3 (Follow-up) (n=34 ^c)	T4 Pretest (n=33)	T5 post-test (n=33)		
ASK knowledge	26.50 (5.90)	29.52 (5.87)	28.57 (6.66)	28.12 (7.90)	28.58 (8.47)	12.85* (.01)	T2>T1** T2>T4*
ASK attitudes	58.15 (2.70)	56.90 (2.96)	55.97 (3.88)	56.03 (3.15)	57.55 (3.46)	9.95* (.04)	T1>T3* T1>T4* T4>T3*
POS Self-report							
Individual development	14.48 (1.79)	14.55 (2.11)	14.03 (1.96)	14.55 (1.70)	14.55 (2.14)	3.68 (.45)	
Self-determinat ion	13.27 (2.75)	14.35 (2.83)	13.20 (2.50)	14.76 (1.82)	14.48 (1.58)	5.02 (.29)	

relationship	13.55 (2.59)	13.75 (2.17)	12.69 (2.63)	14.24 (1.94)	14.33 (1.45)	10.42* (.03)	T1>T3* T5>T1* T4>T3** T5>T3**
Social inclusion	11.48 (2.28)	11.53 (2.10)	9.43 (2.33)	11.82 (1.49)	11.36 (1.69)	22.42*** (.000)	T1>T3** T2>T3* T4>T3*** T5>T3***
rights	12.88 (2.90)	12.65 (2.70)	12.97 (2.06)	14.03 (2.47)	14.45 (1.56)	12.56* (.01)	T4>T1** T5>T1** T4>T2* T5>T2** T4>T3** T5>T3**
Emotional well-being	14.52 (2.43)	14.25 (1.97)	13.56 (1.81)	14.94 (1.32)	14.94 (1.62)	5.49 (.24)	
Physical well-being	14.18 (2.40)	14.50 (1.82)	14.97 (1.53)	14.55 (2.57)	15.18 (2.16)	10.37* (.04)	T5>T1*
Material well-being	12.45 (2.83)	12.23 (2.34)	12.47 (2.21)	15.06 (1.80)	14.88 (2.10)	35.47*** (.000)	T4>T1*** T5>T1*** T4>T2*** T5>T2** T4>T3*** T5>T3***
POS overall (Self-report)	106.82 (10.19)	106.82 (10.39)	104.24 (9.91)	113.94 (8.10)	114.18 (6.99)	21.90*** (.000)	T4>T1*** T5>T1*** T4>T2** T5>T2** T4>T3*** T5>T3***
POS overall (direct observation) T2空白	102.15 (12.31)		106.61 (15.05)				

^aBased on Friedman's repeated measures.

^bBased on Wilcoxon matched pairs signed-rank test.

^cTwo participants drop out (not use the service any more).

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

Table 6: The pre-test and post-test of the ASK and POS among the adults with ID in the experimental group in 2nd year (DL day center · M CL) (Note: T2: post test conducted after the intervention right away)

	M(SD)		
Adults with ID	T1: Pretest (n=30)=1	T2: Post test (n=30)=2	Z ^a
ASK knowledge	31.10(7.81)	34.93(6.36)	-3.12**(.002) 2>1
ASK attitudes	56.80(3.76)	58.80(3.02)	-2.71**(.007) 2>1
POS overall (self report)	113.37(8.74)	114.63(7.67)	-1.06(.289)

^a Wilcoxon matched pairs signed-rank test

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

2.4. Outcomes comparison within the experimental group in parents

As shown in Table 7, the scores of sexual attitudes of the overall the ASQ and the domains of *sexual rights* and *non-reproductive sexual behavior* were significantly increased ($p < 0.05$) after the intervention among the parents. However the domains of *parenting* and *self-control* did not show significant differences between two tests. Generally, the impact of the intervention was positive for these parents.

Table 7: The pretest and post-test of the ASQ among **parents** in the experimental group (D day center, M CL, L day center)

	M(SD)		
	T1: Pretest (n=15)=1	T2: Post test (n=15)=2	Z ^a
Factor 1 Sexual rights	49.27(6.22)	54.73(7.81)	-2.16*(.03) 2>1
Factor 2 Parenting	18.87(5.42)	20.13(6.03)	-1.33(.18)
Factor 3 Non-reproductive sexual behavior	21.07(4.95)	24.33(2.64)	-2.57*(.01) 2>1
Factor 4 Self-control	9.33(3.02)	10.60(3.22)	-1.12(.26)
ASQ overall	98.53(13.32)	109.80(12.08)	-2.48*(.01) 2>1

2. 5. Outcomes comparison within the experimental group in service workers

Different from the intervention results in the first year, the intervention in the second year showed positive changes in sexual attitudes of three domains of ASQ and overall ASQ among the service workers, except the domain of *parenting* (Table 8). The results suggest that the revised intervention, unlike the one conducted in the first year, was probably effective for the service workers in changing their sexual attitudes.

Table 8: The pretest and post test of the ASQ among **workers** in the experimental group (D day center and M CL)

	M(SD)		
	T1: Pretest (n=45)=1	T2: Post test (n=45)=2	Z ^a
Factor 1 Sexual rights	56.14(5.48)	57.73(6.73)	-2.54*(.01) 2>1
Factor 2 Parenting	30.36(6.29)	30.47(6.36)	-.75(.45)
Factor 3 Non-reproductive sexual behavior	25.63(3.04)	26.64(3.00)	-2.48*(.01) 2>1
Factor 4 Self-control	12.90(2.72)	14.05(3.08)	-2.55*(.01) 2>1
ASQ overall	124.82(11.89)	129.02(15.77)	-2.92**(.004) 2>1

^a Wilcoxon matched pairs signed-rank test

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

2.6. Outcome comparison between the experimental and comparative groups in adults with ID (post test not completed)

Table 9 Comparison of the pre-test and post test of the ASK and POS between two groups (DL/MA vs ZF/LD/SWI) (Note: T3 will be conducted in August 2014)

	M(SD)		
	Exp (n=30)	Comp (n=24)	Z ^a
T1			

ASK knowledge	31.10(7.81)	29.42(8.30)	-.84(.40)
ASK attitudes	56.80(3.76)	56.13(4.05)	-.62(.54)
POS overall	113.37(8.74)	114.25(9.16)	-.85(.40)
T3			
ASK knowledge			
ASK attitudes			
POS overall			

^a Mann–Whitney *U* test

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

2.7. Outcome comparison between the experimental and comparative groups in parents (not completed)

Table 10: Comparison of the pretest and post test in ASQ between the **parents in two groups** (LW/DL/MA vs ZF/LD/SWI) (Note: T3 will be conducted in August 2014)

	M(SD)		
	Exp (n=15)	Comp (n= 2)	<i>Z</i> ^a
T1			
Factor 1 Sexual rights	49.27(6.22)	45.00(1.41)	-1.20(.23)
Factor 2 Parenting	18.87(5.42)	15.50(3.54)	-1.20(.23)
Factor 3 Non-reproductive sexual behavior	21.07(4.95)	18.50(4.95)	-.90(.37)
Factor 4 Self-control	9.33(3.02)	10.00(1.41)	-.38(.71)
ASQ overall	98.53(13.32)	89.00(1.41)	-.82(.41)
T3			
Factor 1 Sexual rights			
Factor 2 Parenting			
Factor 3 Non-reproductive sexual behavior			
Factor 4 Self-control			

ASQ overall			
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^a Mann–Whitney *U* test

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

2.8. Outcomes comparison between the experimental and comparative groups in service workers(not completed)

Table 11: Comparison of the pretest and post test in ASQ between the **workers in two groups**(DL/MA vs ZF/LD/SWI) (Note: T3 will be conducted in August 2014)

	M(SD)		
	Exp (n=45)	Comp (n=24)	<i>Z</i> ^a
T1			
Factor 1 Sexual rights	56.14(5.48)	54.92(6.10)	-.83(.41)
Factor 2 Parenting	30.36(6.29)	25.75(6.60)	-2.53*(.01)
Factor 3 Non-reproductive sexual behavior	25.63(3.04)	23.83(3.71)	-2.10*(.04)
Factor 4 Self-control	12.90(2.72)	13.71(2.61)	-1.36(.17)
ASQ overall	124.82(11.89)	118.21(14.49)	-1.75(.08)
T3			
Factor 1 Sexual rights			
Factor 2 Parenting			
Factor 3 Non-reproductive sexual behavior			
Factor 4 Self-control			
ASQ overall			

^a Mann–Whitney *U* test

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

References (skipped)

第二年期研究計畫進度執行自評

Chart 2: Year 2 (08/2013-07/2014) –Post-test of Pilot Test, Intervention modification & pre-test of Main Field Test

Month/tasks	01 aug	02 sep	03 oct	04 nov	05 dec	06 jan	07 feb	08 mr	09 ap	10 may mid-term report submission	11 jn	12 jl	自評 Self evaluation
1. literature review	—————											done	
2. Post-tetest of Pilot Test—outcome evaluation (after intervention) (P1, P2, P3)		—————											done
3. Process evaluation/qualitative data collected from adults w/ID, parents, service workers (Focus group used)	—————												done
4. Data analysis--quantitative (outcome evaluation)			—————										done
5. Data analysis—qualitative (process evaluation)						—————							done
6. Modified the intervention programs for P1, P2 & P3						—————							done
7. Instruments identification after Pilot test							—————						done

二、目前研究進度是否與預期目標一致

依據計畫書，第二年研究計畫進度如上表甘梯圖所述，重點工作有五：(1) post test of comparative group and follow-up test of experimental group; (2) revised the intervention program based on the findings of the evaluation in 1st year; (3) pretest of the comparative and experimental groups; (4) implementing the new/revised intervention with extended participants; (5) first post test for the participants in the experimental group.

截至繳交報告五月下旬，目前研究進度與預期目標一致。

另外有兩個增加部分：

第一，針對實驗組部分，我們增加一個 post test，亦即在介入之後馬上進行後測，在四個月之後，又進行追蹤後測，此追蹤後測與比較組之後測同一時間進行 (August)。

第二，第一年有進行實驗組者，我們繼續進行第二次介入（僅針對青年），第一年其中一組比較組，我們邀請其成為實驗組。

三、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 1000 字為限）

1. 學術價值:這三年的研究案是以介入研究典範強調三個部分:需求評估、方案發展及方案評估，三個步驟同時進行，所以可以累積國內以實務為基礎的研究、知識，對國內實務工作者、社會工作碩士及博士論文可以提供一個參考範本。同時我們也應用參與性研究、解放學(emancipatory research)研究典範，邀請智能障礙者青年與研究者站在平等的位置，一起規劃及執行，所以對國內發展及重視解放學研究，在學術上有創新的意涵，同時本研究結果也會到國際會議去發表，也展現介入研究、解放學研究與國際接軌的實踐。

2. 技術創新:這是一套針對智能障礙者、家長與工作人員發展之性健康權利介入方案，方案名稱:促進智能障礙者青年性健康權利的介入方案(初稿、代第三年繼續修正)。第一年針對使用日間服務之青年、家長、工作人員初步試測，已經於 2013 年完成，以及第二年擴大測量到使用社區居住之青年、家長、工作者，於今年五月完成，正在修正中，未來之第三年會繼續針對日間服務及社區居住的青年、家長、工作人員持續追蹤，評估長期性影響，再次修正後定稿，第三年最後，會以成果會發表方式公開，以推廣使用。

3. 社會影響:(1)呼籲社會對智能障礙青年性健康議題的重視，以及爭取障礙青年性權利在我們的社會的平等位置。(2)邀請智能障礙者參與我們的規劃及執行，與研究

者站在同等位置，我們也提供同等的講師薪資，提升障礙青年在台灣社會能夠平等的被重視。

Appendix 1: 1st year 逐字稿分析摘要

逐字稿分析(智障青年者)

Adult 1	<ol style="list-style-type: none"> 1. 有圖片、實體東西操作(陰莖模型)、影像會比較有印象。 2. 蘆葦上網用周杰倫當範例(例如喉結)，印象是否會落在周杰倫身上? 3. 需要上課的地方:男性性器官(胸部、陰莖、自慰)、女性月經、性病、性方面的法律、懷孕。 4. 男女有時候可以一起上(何時一起?何時分開?)，但認為大家蠻保守的。 5. 想要交女朋友，但覺得男女交往要隨緣，可以先交往再談結婚，希望有一個伴。 6. 母親沒有想要談婚姻，也沒有跟維孝談論過。 7. 最關心交朋友、交往，但又容易受媽媽、姐姐的影響。
Adult 2	<ol style="list-style-type: none"> 1. 想交女朋友，但媽媽不支持。 2. 對帶保險套、男生的小鳥、男女交配圖、在自己房間自慰、小男孩變成男人/老人、一開始用圖畫紙介紹自己很有印象。 3. 上這個課是很開心的。 媽媽不會想幫他找伴、也不讓他交女朋友、結婚。
Adult 3	<ol style="list-style-type: none"> 1. 覺得上課很開心 2. 他們老師要結婚也很開心 3. 覺得男生是色狼(圖片 18-偷窺女生換衣服) 4. 哥哥不給她結婚，但想交朋友。會遵守哥哥的意思。 5. 可以接受陰莖、保險套、陰毛。 6. 對圖片 13(男女性交)、圖片 6(小女孩變女人) 喜歡家逸，但必須要問男方的家人。
Adult 4	<ol style="list-style-type: none"> 1. 看圖片會害羞。 2. 印象最深刻是睪丸。 3. 最想上的課是懷孕、生小孩，但又很怕懷孕、害怕 AIDS。 4. 對性關係、性生活好像被灌輸負面的東西。 5. 喜歡上這個課(性教育)，想交男朋友，有喜歡的人，但是是秘密，有人有介紹，但年紀太大。
Adult 5	<ol style="list-style-type: none"> 1. 教保險套印象很深刻讓她很害羞，但因為是假的，所以還好 2. 認為要學習保護自己、學習交往、相處、兩性教育、萬一懷孕怎麼辦、懷孕要先讓男生知道，萬一男生不處理，要讓老師知道 3. 媽媽沒有反對男女交往(看緣分)，但要學會保護自己、爸爸不准會生氣，以前有交男友，現在沒有，上完課之後會想交男友，看別人結婚很開心。
Adult 6	<ol style="list-style-type: none"> 1. 蠻喜歡上這堂課，喜歡男女性器官，對喉結印象特別深刻。 2. 想要上性交、性病、 3. 認為看 A 片會被同學笑 4. 想要結婚，認為要努力賺錢 5. 沒有人可以討論這方面的事情 6. 有用過保險套 7. 對有教具印象深刻 不需要教女生的隱私(例如生殖器、胸部)

Adult 7	<ol style="list-style-type: none"> 1. 不喜歡上，覺得怪怪的。 2. 不想看圖片 14(口交)、圖片 13(性交)，很難看，圖片 17(懷孕)還可以接受 3. 男女應該要分開上 4. 家人知道跟文暉的關係，有互送卡片、出去旅遊 5. 媽媽以前反對交男朋友，現在媽媽沒有反對(老師有打電話通知) 6. 她要表現很好，要改變自己，不能隨便生氣 7. 看到男性器官覺得不舒服 最喜歡上男女交往，無法接受戴保險套
Adult 8	<ol style="list-style-type: none"> 1. 操作戴保險套覺得不舒服、怪怪的，覺得沒有結婚不應該碰這個。 2. 喜歡上月經。 3. 有偷偷交男友，媽媽知道會生氣，沒跟老師講，怕老師會跟媽媽講。 4. 男友會抽菸、喝酒、毒品。

小結

智青的家人有的會談，有的不會談，但大部分的家人都不會談，他們有認識異性，也都很想交往，但都要經過家人的同意。在台灣性教育的部分，雖然現在很多機構都有在教，但大部分都停留在身體器官的認識，今天蘆葦讓我們去教自慰，並且允許他們去自慰，他們現在尺度已經很寬，我們今天必須要克服家長，當老師發現學生私底下有交往的時候，老師也都會去報告家長，事實上工作人員還是會看家長的態度，基本上讓家長、工作人員來上課是很重要的，但要改變他們的態度並不是那麼快、也不是那麼容易，因為背負著他們自己的背景跟價值觀。

學生們上完課之後，更可以用語言表達出來想要交朋友，但談結婚也都不敢去談，因為他們有被教導要談結婚前要先交往，必須要自我保護、不能亂來，有可能會有家暴。當智障者有需求的話，但我們用壓抑或禁止的方式，變成他私底下去交朋友，如果家鳳個案是屬實的話(男友喝酒、抽菸、吸毒)，但有一天她懷孕了，就會用自己的方式去處理。

性生活/性安全應該要放入 ISP(個人服務計畫)裡，對他們來講是蠻重要的一環，現在台灣還停留在很傳統的吃得飽、安全就好，其實他們有期待、有希望，所以如果不去談，他們就只會放著。

逐字稿分析(智青講師)

講師一

1. 擔任講師覺得自己有改變、比較敢發言、對自己有信心。
2. 領到鐘點費覺得很高興，不會覺得多，但錢不是最重要的，下一次有機會的話會再參加，很想再學習。
3. 給自己打的 90 分。
4. 要改進的地方是話可以再講慢一點。
5. 很喜歡大家可以一起分享，覺得他們很棒(智青)，也喜歡家長，但上工作人員的就有點無聊。
6. 覺得媽媽也有一起來上課，媽媽有改變，也變得比較放心。
7. 覺得媽媽在跟家長分享的時候，認為媽媽講得很好，很感動。

8. 自己蠻有成就感的，也想跟別人分享。認為真的是上了一堂寶貴的一課。
9. 建議工作人員的介入課程，在道具方面不用貼那麼多紙。

講師二

1. 去了蘆葦當講師之後，針對女生的部分更懂了。
2. 有跟 Amy、敬庭、在咖啡廳工作的同學、男友分享。
3. 他沒有跟其他人分享，因為覺得其他人程度不一樣，怕會亂開玩笑。
4. 從蘆葦回來後，覺得可以試試看結婚(以前男友有求婚，都拒絕)，想兩個人出去生活，有跟男友說結婚要有規劃，要跟主管報備，看主管的意見如何。
5. 想跟男友一起想去外面工作，因為以前都一直在被保護。
6. 自己有朋友在外面做壽司，雖然工作很累，但每天都很快樂。
7. 要去結紮，怕生出來的小孩會不正常。
8. 男友曾說要發生性關係，她都拒絕。畢竟是團體生活，所以要遵守規定，不能有婚前性行為，要照規矩來。
9. 覺得沒有講師費也都不會很介意，覺得大家都是平等的，都是朋友，沒什麼差別。
10. 最喜歡看-愛情 DIY(第一次看覺得脫光光有嚇到，第二次看就很正常)。

逐字稿分析(家長)

CL 爸爸

1. 有租影片回來看，覺得因為障礙類別不一樣，所以覺得跟事實有落差。
2. 也有要讓鍾湮交女朋友，但要看對方的意願(對方都會說以後再講)。
3. 基本上不會和小孩談這方面的問題。因為程度不一樣，也不是單方面的問題，要看對方。淳仁很好，可以混一口飯吃，自己的孩子就不行。
4. 比較關心鍾湮自己飯碗都拿不穩，對方應該也想要交有鐵飯碗的，所以覺得時機很重要。
5. 認為結紮是違反社會倫理的，覺得結婚是為了傳宗接代、要生小孩。

CZ 媽媽

1. 很肯定淳仁來當講師
2. 覺得這個課對淳仁來說很有感覺，淳仁有點挫折感，因為一直很想跟心路分享，但沒有機會，目前機構都只關心就業。
3. 以前跟淳仁談性，淳仁都不敢談，現在都可以談，也可以談保險套。
4. 媽媽認為影片自己覺得電影跟現實是有距離的，現實還是蠻複雜的，性伴侶其實不是那麼簡單，碰到感情的東西都是很複雜的。這也不是一加一等於二的問題，還有責任的問題，如果懷孕的話，站在男生的立場，還是要去負責。

5. 媽媽也蠻挑的，要挑跟淳仁差不多，可以配得上的，要談得來，有想要讓淳仁有女朋友，但覺得配對很難。
6. 對於結婚，也想要讓淳仁有自主權，但自己又會不放心，擔心社會適應、對方女生懷孕，男生要負責的問題。
7. 本來沒有拿手冊，但因為要當兵，所以去拿手冊。
8. 爸爸比較保守，比較不談，但基本上蠻支持的，有跟爸爸討論過，自慰是最安全的。
9. 對影片印象很深刻-愛情 DIY
10. 建議上課的順序，應該要先介入老師的課程，有時候老師會過度緊張，會打給家長學生在學校發生的事情，所以老師跟家長之間要去溝通，立場一致，可以放在 ISP 裡，包含智障者的意見。

Service worker as the legal guardian

1. 蕙芬回來很開心，很興奮跟大家分享，覺得她自己學到很多。
2. 肯定蕙芬來上課後的改變，但 Amy、敬庭有很大的擔心，怕這個觀念會影響到其他人，因為是團體生活，會帶來負面影響，擔心會影響到其他智障者。
3. 認為性行為應該在結婚以後。
4. 認為蕙芬有個固定的男友，想步入婚姻，也支持，但是要有資源。

First year --逐字稿分析(工作人員)

YL 老師

For 學生

1. 保險套操作、圖片蠻真實，可以用影片、動畫、聲音效果會更好。
2. 上完課後學生比較不害羞、敢講。
3. 建議對一個一個問學生，比較能知道他們在這方面的想法。
4. 認為需要分障礙程度。
5. 蘆葦的作法:如果有偷偷喜歡，也會幫忙湊合。
6. 一般家長的態度比較保守，鼓勵家長來上課蠻重要的，因為平常沒有針對家長來上課。家長一般會認為我的小孩沒有這種需求，會說我的孩子很乖，不需要上課。
7. 如果要上性教育的課會跟家長講，家長也會蠻同意，因為小孩也會有自慰的問題。

For 工作人員

1. 一天時間上下來不算長。
2. 兩部影片都不錯，但電影太長，會壓縮討論時間，如果是短劇，可以馬上討論就比較好。
3. 討論的題目雷同、太拘謹。
4. 有結婚過的老師就比較敢講，但沒有結婚要去談論插入、做愛，就比較不敢講。
5. 目前也都沒有幫老師上過性教育的課程

ZC 老師

For 學生

1. 教具很好，有陰道模型、保險套可以實際操作。
2. 雖然蘆葦有教，但我們講得比較深入。
3. 一天來說太短，應該更生活化、更多實作，學生較欠缺交往的技巧/觀念，如果可以透過實作會更好。
4. 上完課後，學生會有些改變，有位學生立刻轉移對象，到處喊人家老公，問題應該是上的時間太短，不夠完整，導致學生會錯意。
5. 有我們來教跟由他們來教效果不一樣，比較會聽我們的。
6. 有位聽障學生聽完之後有說想要交男友、想要結婚。
7. 蘆葦對於學生交男女朋友是正向支持的，但知道家長的底線在哪裡，所以有的會不敢跟家長講。
8. 基本上家長會支持上性教育的課，但不要那麼深。
9. 找智青及家長來上可以打破他們原先的觀念，還不錯。

For 工作人員

1. 一天來說時間太長。

SL 老師

For 學生

1. 把性教育用來實際操作，印象很深刻，希望可以更多實作，可以加強印象，影片也可以多一點，建議可以加入外國影片有教人自慰、做愛。
2. 覺得智青也可以看影片，因為每個人都平等的。
3. 對低功能的學生來說，要更多實作，認為應該要分程度，內容可以再做調整。高功能的學生可以多鼓勵他們多表達他們的看法。
4. 學生上完課最大的改變是可以公開去討論，也比較不會扭捏，害羞的地方減少。

For 工作人員

1. 討論主題太發散。
2. 兩部電影都蠻好的，但應該看到一半就可以討論，討論完再繼續看，效果會較好。

SY 老師

For 學生

1. 給服務對象有操作性的東西，生殖器、保險套很不錯。
2. 這次下去蘆葦上課，可以讓蘆葦檢視對學生的觀念，可以有更深入的衛教。講師的引導都不錯，會先從朋友的關係講起。
3. 中心的角色也是從做朋友開始，重視對彼此的互動。但家長的部分就要更進一步去溝通。
4. 由智青來當講師，也是對智障者一個充權，是一個正向的引導。

For 工作人員

1. 不覺得看影片的成效很大，應該要更有架構的上課，影響會比較大。
2. 一天太短，要有一系列的東西。
3. 問卷對對象來說不適合，例如對家長來說，問卷題目太深、太難。
4. 對自己的心境上有很大的突破，面對服務對象會更尊敬他們，會用更開放的程度去跟他們溝通。
5. 覺得跟老師上知識的東西比較重要，比較可以改變老師的想法，看電影比較改變不了。
6. 對蘆葦老師來講，對兩性交往還是有些衝擊，是蠻特別的經驗。

7. 現在要努力的是如何對家長有更密切的溝通

YS worker

1. 還看不到學生的改變，好像有變得更嚴重。有個學生講性方面的話的次數變多，造成老師和同學的負擔。
2. 每個人狀況不同，要分程度(個別化教學)，比較聽不懂的人就會比較孤單。
3. 找智青跟家長來上課還不錯。

For 工作人員

1. 一天的時間還可以。

Appendix 2: Intervention manual (see first year report)

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(第二年修正版—針對第一次介入)

2014 年三-四月

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

時間：2014 年 3-4 月

地點：台南 XX 中心、台中社區居住

說明：第二年第一次介入修改重點

- (一) 依據第一次介入，收集青年、家長及工作者意見，介入方案修正如下之附件。為與性教育區隔，針對青年部分強調 empower and rights of sexual health，不提對不對，可不可以，性器官、健康檢查、保護及法律議題不是本介入之重點。
- (二) 針對家長，因為只有半天時間，加上做問卷，能使用時間只有兩個小時，縮短兩部影片時間，討論從家長自己子女經驗開始。
- (三) 針對工作者部分，共有六小時，重點放在小組討論並拉長小組討論時間，討論議題減少重複，強調自身經驗深度分享，非廣度；小組成員五位左右且不同背景。

第二年第二次介入修改重點

- (一) 青年部分：有一對結婚青年來分享，重點放在自己的性健康計畫，如何學習發展親密關係。
- (二) 家長部分：結婚青年來分享，影片有關一部國外結婚及一部國內青年結婚的故事。

第二年第一次
智青介入用 PPT

性健康介入方案：智青版

教案(瑪利亞社會福利基金會)
(9:00-12:00pm; 13:00-16:00pm共六小時)

2014/4/12

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
台北市立大學師資培育中心林純真 助理教授

1. 介入重點與方向：**empower + sexual rights**
2. 有底線是介入重點

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、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：

4

第一單元：自慰權益篇

- 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為
- (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(需要嗎?太複雜!時間也不夠!)

5

過程

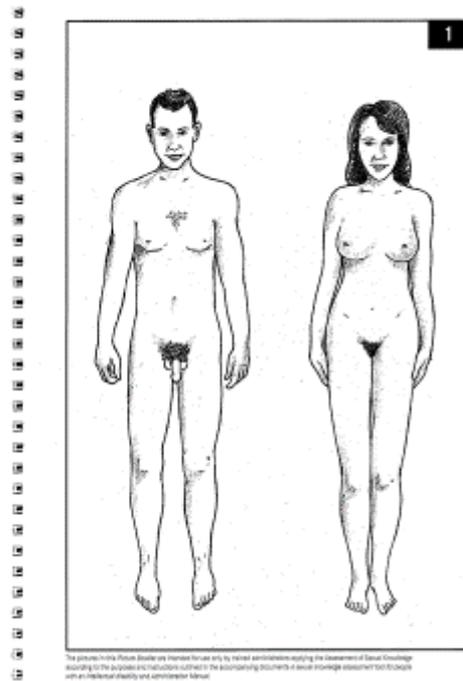
- 1.先區辨性別、認識身體各部位、所謂隱私部位
 - 教材：圖1. 2. 3. 5. 6
- 2. 區辨公共場所與私人空間4
- 3. 認識「自慰」及「自慰」的權益
 - 教材:圖7.8

6

Q&A--圖1、2、3

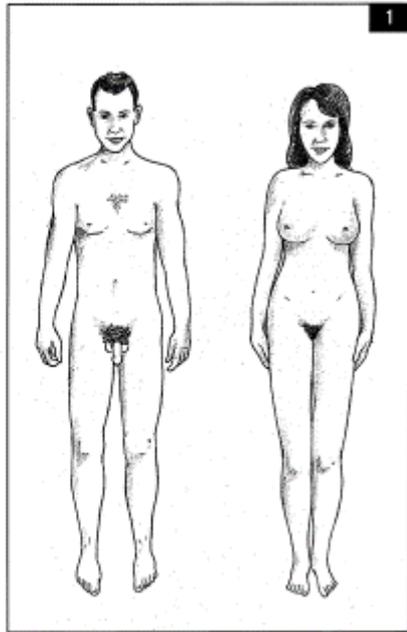
- 哪一位是男生、女生？
- 你是男生、女生？
- 身體各部位：頭、手、腳、眼睛、鼻子
- 對男性而言，身體隱私部位是指？
 - 陰莖、睪丸、胸線、陰毛、下體、肛門、其他...
- 對女性而言，身體隱私部位是指？
 - 陰道、胸部、乳房、陰毛、下體、肛門、其他...

7



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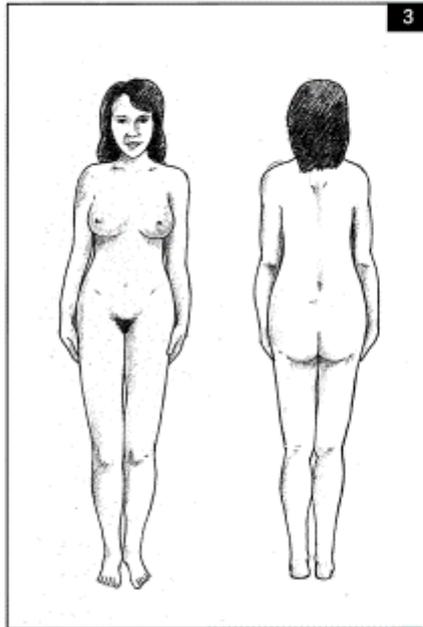
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The pictures in this Picture Booklet are intended for use only by trained administrators applying the Assessment of Sexual Knowledge according to the purpose and instructions indicated in the accompanying documents. A sexual knowledge assessment can be done only with an individual stability and administration manual.

8

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The pictures in this Picture Booklet are intended for use only by trained administrators applying the Assessment of Sexual Knowledge according to the purpose and instructions indicated in the accompanying documents. A sexual knowledge assessment can be done only with an individual stability and administration manual.

10



第二單元：發展親密關係權益篇

- 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.看圖片9-什麼關係這樣?

男女朋友，或....

4.看圖片11-他們是什麼關係?

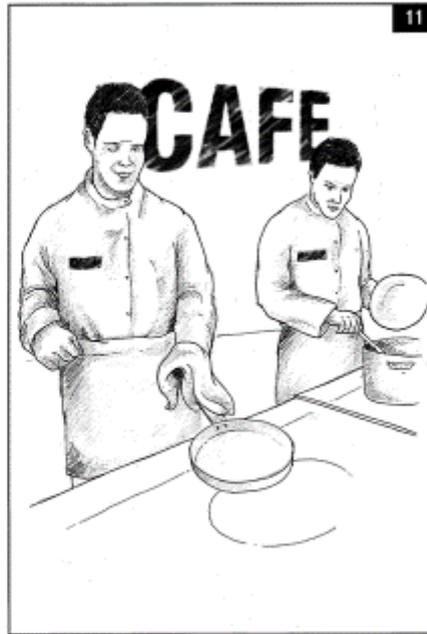
5.假如他們是同學或職場的同事，他們一起做什麼?

工作、吃飯、其他社會活動

17



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The content of this Public Domain work is provided for use only by Federal administration agencies for the assessment of Visual Knowledge according to the purposes and instructions outlined in the accompanying documents of annual knowledge assessment tool for people with an intellectual disability and Administration Manual.

6.看圖12-指男性和女性(是否分辨)

7.圖12，有一位老人，分辨年紀不同嗎?

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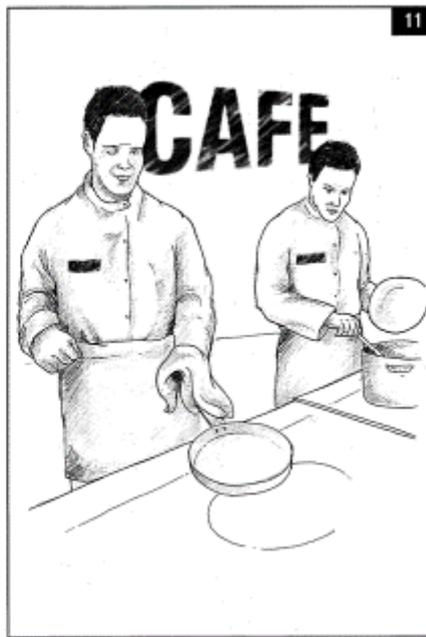


The drawings in this Picture Booklet are intended for use only by trained administrators applying the Assessment of Sexual Knowledge according to the guidelines and instructions outlined in the accompanying documents. A sexual knowledge assessment tool for people with an intellectual disability and Administration Manual.

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Illustration of a man and a woman in a sexual position. This drawing is intended for use only by trained administrators applying the Assessment of Sexual Knowledge according to the guidelines and instructions outlined in the accompanying documents. A sexual knowledge assessment tool for people with an intellectual disability and Administration Manual.



This document and related devices are intended for use only by Federal Administration supporting the Department of Social Knowledge according to the purposes and instructions outlined in the accompanying documents of social knowledge assessment tool for people with an Intellectual Disability and Administration Manual.

第三單元：性行為權益篇

- 目的
- 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）
- 什麼情況跟誰性交？
- 為和誰有這些性行為？
- 性行為最好在什麼地方可以？
- 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）

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)

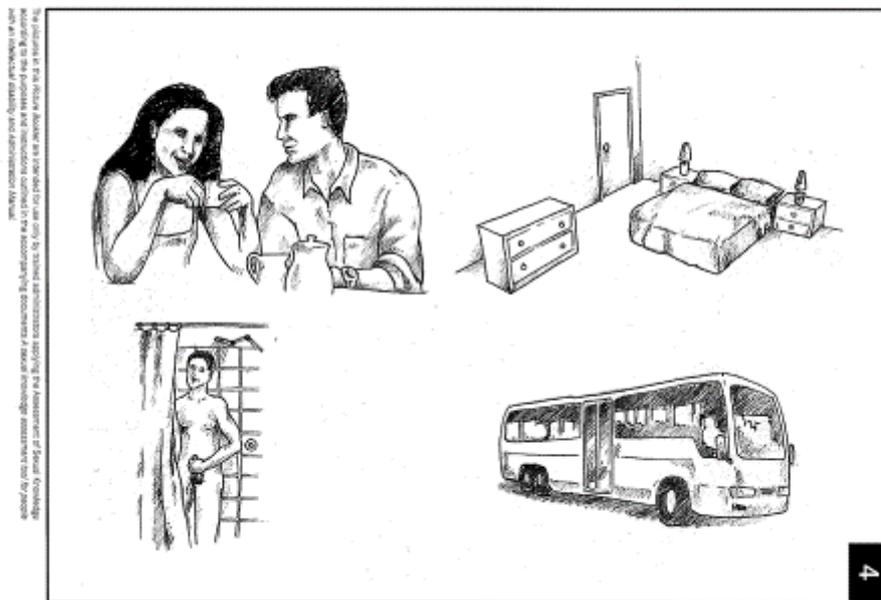
洗澡

性交

自慰

其他...

29



2.圖5.6-兒童和成人區別?

男孩變成男人，會變聲、喉結、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」?

5.什麼是青春期？在幾歲？男女生在青春
期，有哪些不同的改變？

31

2.圖5.6-兒童和成人區別?

男孩變成男人，會變聲、喉結、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」?

5.什麼是青春期？在幾歲？男女生在青春
期，有哪些不同的改變？

31

- 6.我「夢遺」是否正常?
- 7.誰會有「夢遺」?
- 8.«夢遺»是因為生病嗎?
- 9.«勃起»? (圖片7)
- 10.月經是什麼?誰會有月經?什麼時候有?多久來一次?月經來了如何處理?
(衛生棉、棉條)
- 月經是乾淨的還是不潔的?
- 月經和生小孩的關係?
- 什麼是陰莖?什麼是陰道?(可參考模型)

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10.圖10、13-他們在做什麼?

11.圖13-他們在做什麼?

性?

愛?

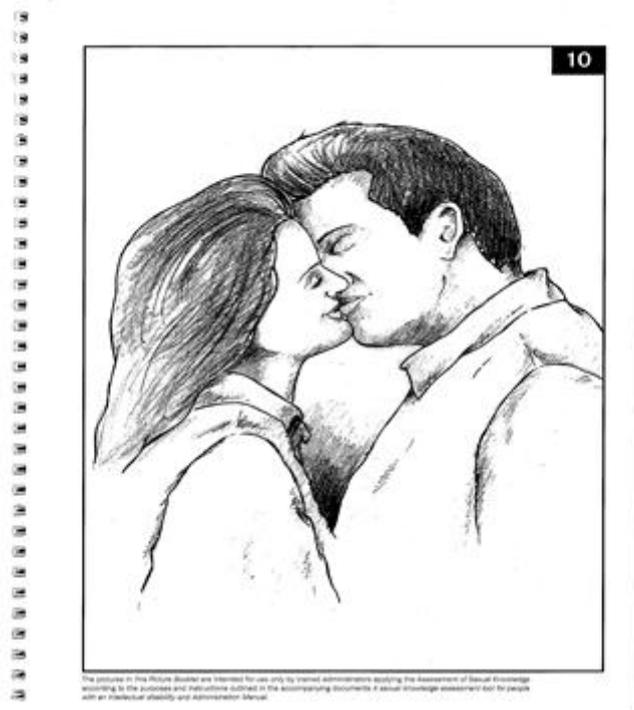
性交?

• 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在哪裡會有這個行為?(請看圖4)

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文化

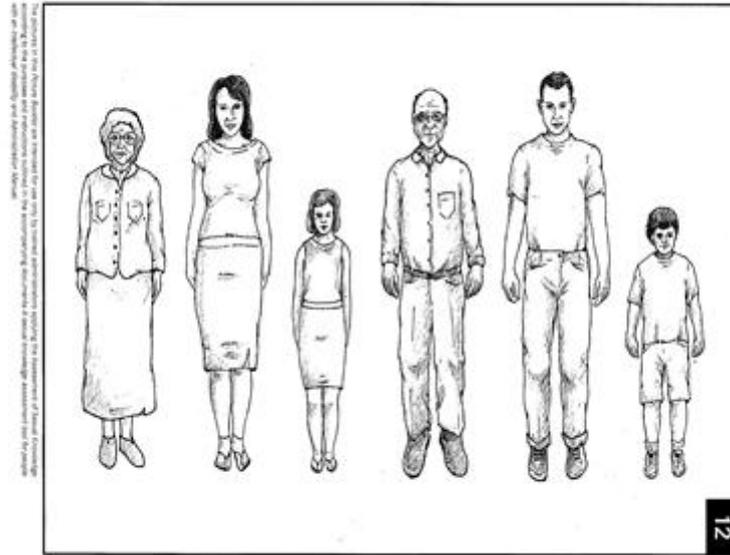
1. 在兩情相願下，如果是男女朋友很熟的關係（沒有結婚），會有性關係嗎？

40

不可以有的性行為

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. 可以因為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？

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- 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.小孩怎麼生出來?
- 3.什麼是懷孕? (女性卵子和男性精子在一起會生出小孩?) (補充圖片P26)
- 4.您懷孕可以嗎? 您懷孕了怎麼辦?
- 5.親親(圖10)、擁抱(補充圖片P25)會生小孩嗎?
- 6.什麼是墮胎?
7. 你想要當爸爸嗎?
你想要當媽媽嗎?

生小孩



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The pictures in this Figure Booklet are intended for use only by trained administrators applying the Assessment of Sexual Knowledge according to the purposes and instructions outlined in the accompanying documents. A sexual knowledge assessment tool for people with an Intellectual Disability and Administration Manual.

擁抱



第四單元：安全性行為篇

- 目的
- (1)瞭解什麼是安全性行為：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？

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安全性行為

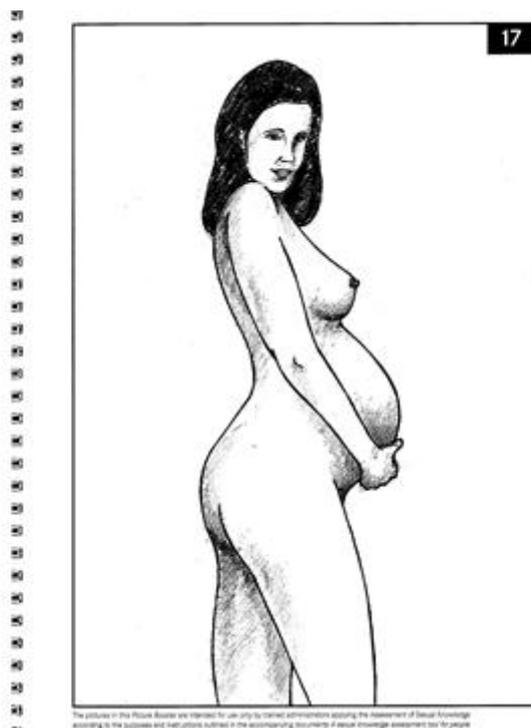
- 什麼是安全性行為？
 - 安全性行為是指防範(如用保險套)，使細菌不會在你及伴侶間因性行為而傳遞或預防感染。
- 為什麼需要安全性行為的知識？
 - 為了預防感染性病、預防懷孕

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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. 如果只要有性行為，但不要生小孩，要怎麼做？
 - 用保險套、避孕藥

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保險套

1. 什麼是保險套? (圖16)
2. 保險套的用處是什麼?
安全性行為
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?

如何使用保險套（陰莖道具及保險套）

• 使用保險套

- 手不碰精液
 - 不要弄破
 - 1.看有效日期
 - 2.輕擠保險套靠邊
 - 3.撕開外部包裝袋
 - 4.推出保險套
 - 5.用嘴吹，並確定正反面
 - 6.輕掐住儲精囊
 - 7.套在勃起的陰莖上
- (遊樂器捲起來可以當保險套嗎?)

參考正確戴保險套的影片。

取出保險套

- 1.握住陰莖根部
- 2.外推保險套
- 3.拉長保險套
- 4.把使用過的保險套打結
- 5.丟入垃圾筒

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?

性病(含愛滋)

- 1.什麼是性病？性病有哪幾種？（疱疹、愛滋病、非特異性尿道炎、衣原體感染、菜花、淋病、B型肝炎、梅毒、性病、淋病、其他大家知道的性病、口語化名詞）
- 2.什麼情況會得到性病？因為沒有保護的性行為
- 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)

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第五單元：保護行為篇

- 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？

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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？

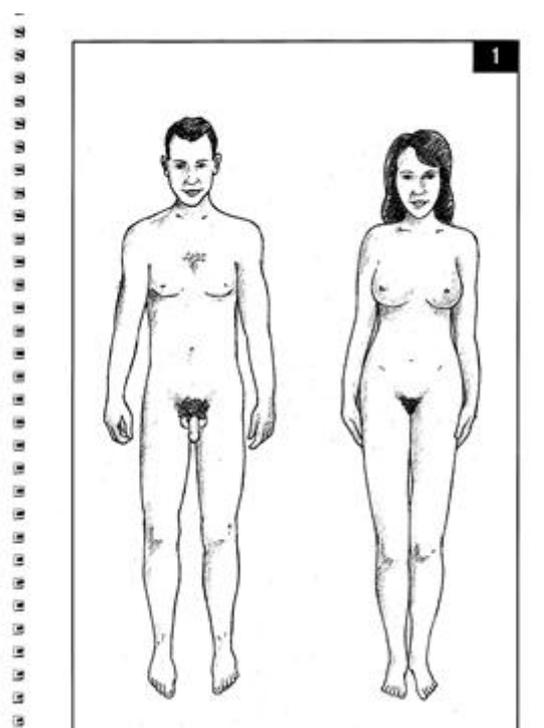
4. 爸爸/媽媽可以觸摸你的性器官嗎？

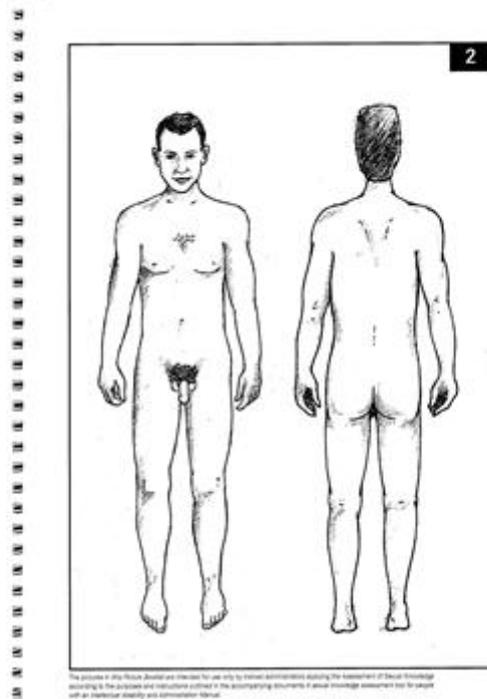
5. 假如沒有在你的同意下，有人對你觸摸你身體
隱私部位，你可以告訴誰？

老師、爸爸媽媽、朋友、警察....

6. 你可以摸別人的性器官嗎？

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1. 什麼是“強暴”？（補充圖片 P27）
-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為，這是“強暴”嗎？

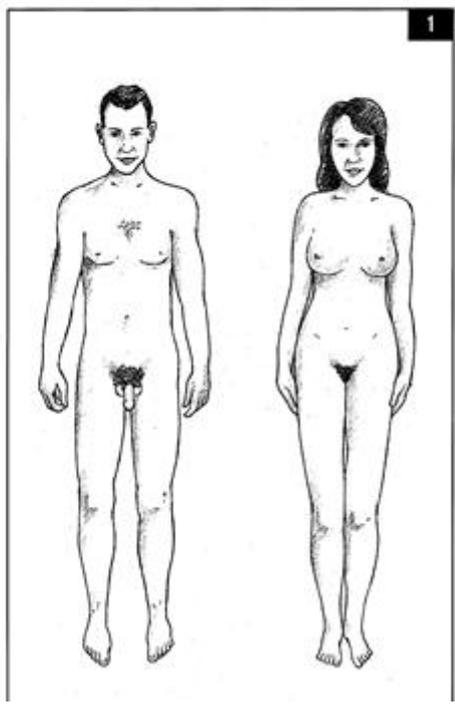
被強暴



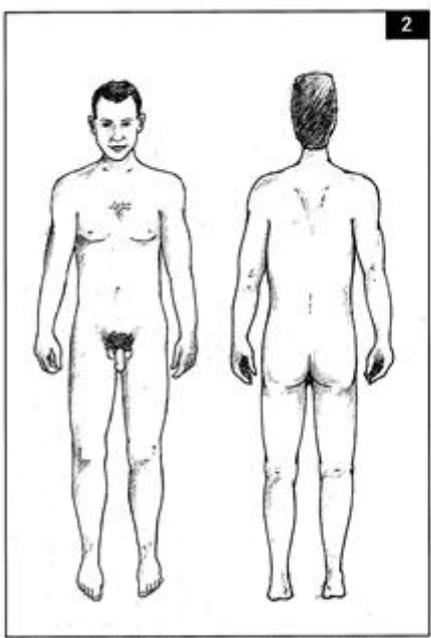
Q and A

- 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)

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The figures in this section are intended for use only by trained administrators applying the Assessment of Sexual Knowledge according to the schedule and individual content of the accompanying documents. A sexual knowledge assessment test for subject with an intellectual disability was administered. Manual.

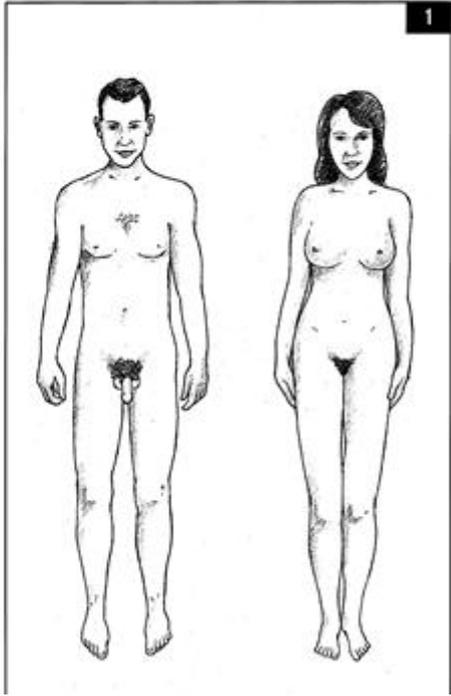
1. 性行為、親密關係、性關係是雙方同意、覺得渴望去做的，對不對？
2. 假如有一位你認識的男性，要你去碰他的隱私的地方，你會嗎？
3. 假如有一位你不認識的女性，要你去碰她的隱私的地方，你會嗎？
4. 你有沒有權利說「不」？
5. 不在您的同意下，有人對你有以下舉動，告訴老師，會丟臉或受到懲罰嗎？

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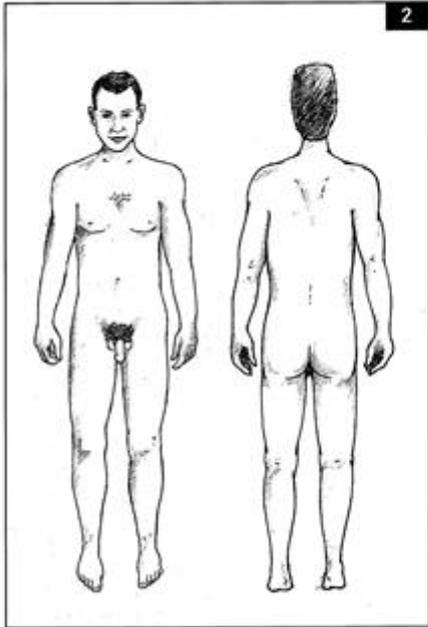
1. 在沒有徵求同意下，你可以觸摸別人嗎？
(圖1、2)

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The figures in this section are intended for use only by trained administrators applying the Assessment of Sexual Knowledge according to the schedule and individual content of the accompanying documents. A sexual knowledge assessment test for subject with an intellectual disability was administered. Manual.

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？

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總複習

- 用性健康問卷（知識與態度）
- （連結問卷）

總複習

- 用性健康問卷（知識與態度）
- （連結問卷）

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珍重再見

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性健康介入方案：家長版

教案(瑪利亞社會福利基金會) (9:00-13:30pm)

2014/4/11

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

臺北市立大學師資培育中心 林純真 助理教授

1

工作團隊自我介紹

- 目的：相互認識、暖身
- 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
- 參與成員



3

- 愛情DIY



4

討論議題-我自身經驗分享

- 您觀察過您發展障礙子女有自慰行為嗎？渴望愛情嗎？想結婚嗎？想當父母嗎？
 - 您的看法？

5

討論議題-我自身經驗分享

- 您曾經和您的家人、子女（發展障礙）、老師、其他家長、朋友，討論發展障礙子女的性議題嗎？
 - 有，您的經驗如何？
 - 沒有，為什麼？

6

討論議題-性健康權益看法與分享

- 您認為智障者也有渴望愛情、親密關係、性關係、婚姻生活的權利嗎？
 - 為什麼？

7

討論議題-挑戰與支持

- 您認為智障者自慰、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？
 - 為什麼？
 - 我們擔心甚麼？
 - 我們的擔心是真的為他/她好，還是為我自己？

8

討論議題-挑戰與支持

—當我發現我發展障礙子女有自慰、親密關係、婚姻生活及生育需求，我要怎麼面對是好？

- 支持？為什麼？
- 反對？為什麼？

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珍重再見

10

性健康介入方案：工作人員版

教案(瑪利亞社會福利基金會) (9:00-17:00pm)
2014/4/11

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

臺北市立大學師資培育中心林純真 助理教授

1

工作團隊自我介紹

- 目的：相互認識、暖身
- 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

流程

- 欣賞影片一 (9:30-12:00pm)
 - 小組討論：分組、推選一位小組長；小組帶開討論
 - 回大團體相互分享 + 小組報告
- 欣賞影片二 (1:00pm-4:30pm)
 - 小組討論：分組、推選一位小組長；小組帶開討論
 - 回大團體相互分享 + 小組報告
- 結語
- 珍重再見

4

影片欣賞

• 性福療程

- 進行分組及討論
 - 隨機（背景越不同、彼此越不認識越好）
 - 五至六人一組



5

分組討論議題-1

- 這部電影對您最深刻的部分？為什麼？
- 這部電影有挑戰到您原來對性的觀點嗎？哪一些？為什麼？
- 您可以很自在和同事、朋友、家人、及瑪麗亞的服務使用者公開討論性的議題嗎？您有此經驗嗎？您可以分享嗎？

6

- 各組將討論結果分享
-各組推代表分享
- 三位講師的回饋與分享

7

- 愛情DIY
- 分組討論



8

分組討論議題-2

- 這部電影對您最深刻的部分？為什麼？
- 對於智障者有自慰行為、親密關係、組織家庭、生育，你的看法是什麼？
- 無論是性別、需支持密度（障礙程度），您認為智障者也有渴望愛情、親密關係、性關係、婚姻生活的權利嗎？
 - 為什麼？

9

分組討論議題-3

- 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？
 - 我們擔心甚麼？我們的擔心是真的為他/她好，還是為我自己？為社會？
- 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？我們可以做甚麼以克服困難？

10

大團體討論

- 各組將討論結果分享
-各組推代表分享
- 三位講師的回饋與分享

11

珍重再見

12

第二年性健康介入方案： 智青版

教案(蘆葦啟智中心)

(9:30-11:30pm; 13:30-15:00pm共3.5小時)

2014/4/25

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
台北市立大學師資培育中心林純真 助理教授

1. 介入重點與方向：empower + sexual rights：[自慰、發展親密關係](#)
2. 有底線是介入重點

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、兩位講師自我介紹

- 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、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：

4

第一單元：自慰權益篇

- 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為
- (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(需要嗎?太複雜!時間也不夠!) (簡單復習即可)

3

過程

- 1.先區辨性別、認識身體各部位、所謂隱私部位
 - 教材：圖1.2.3.5.6
- 2. 區變性別、年齡
 - 教材：圖12
- 3.認識青春期特徵
 - 教材：圖5.6
- 3區辨公共場所與私人空間
- 4. 認識「自慰」及「自慰」的權益
 - 教材:圖7.8

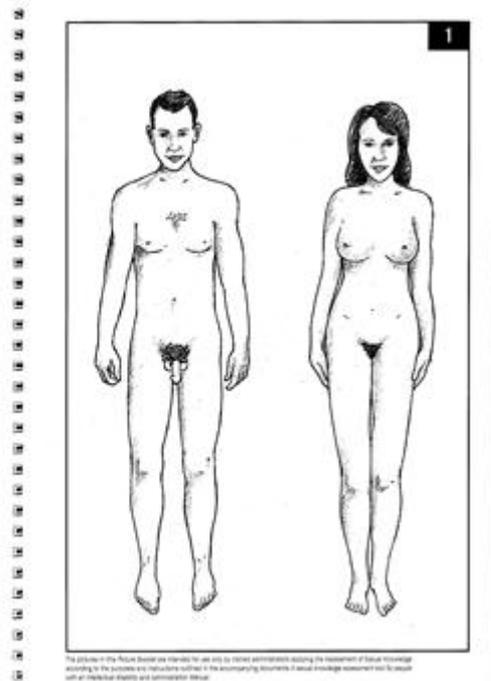
6

認識男生和女生

Q&A--圖1、2、3

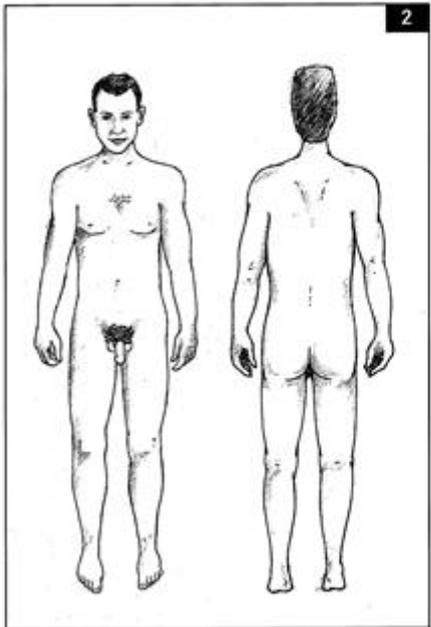
- 哪一位是男生、女生？
- 你是男生、女生？
- 身體各部位：頭、手、腳、眼睛、鼻子
- 對男性而言，身體隱私部位是指？
 - 陰莖、睪丸、胸線、陰毛、下體、肛門、其他...
- 對女性而言，身體隱私部位是指？
 - 陰道、胸部、乳房、陰毛、下體、肛門、其他...

7



8

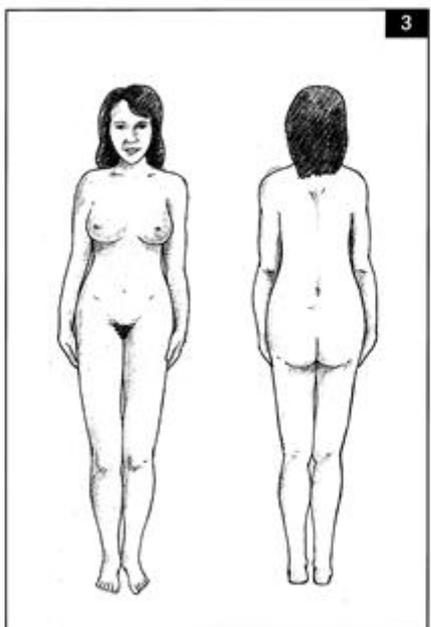
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



The pictures in this Police Bulletin are intended for use only by trained administrators applying the techniques of Sexual Knowledge according to the guidelines and instructions outlined in the accompanying documents. A sexual knowledge assessment tool for use only with an individual already under administrative control.

9

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



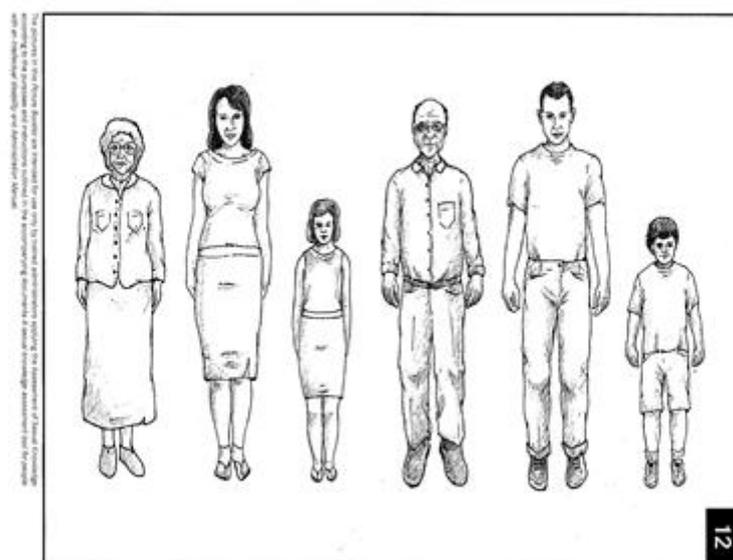
The pictures in this Police Bulletin are intended for use only by trained administrators applying the techniques of Sexual Knowledge according to the guidelines and instructions outlined in the accompanying documents. A sexual knowledge assessment tool for use only with an individual already under administrative control.

10

性別與年齡： 男性與女性區辨、年齡不同區辨

- 1.看圖12-指男性和女性(是否分辨)
- 2.圖12，有一位老人，分辨年紀不同嗎?

11



青春期特徵

1.圖5.6-兒童和成人區別?

男孩變成男人，會變聲、喉結、對女性/男性有興趣、夢遺...

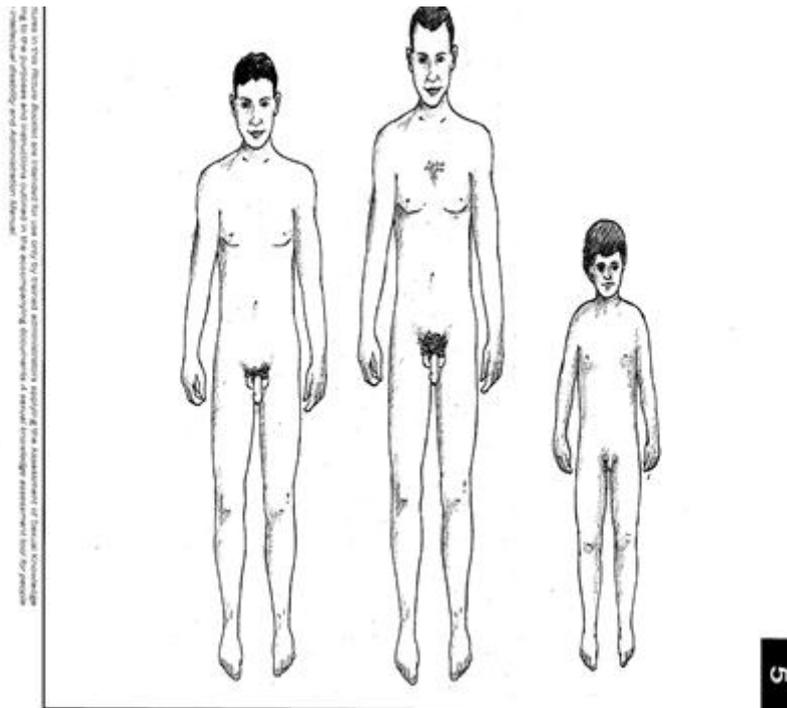
女孩變成女人，胸部變大、月經

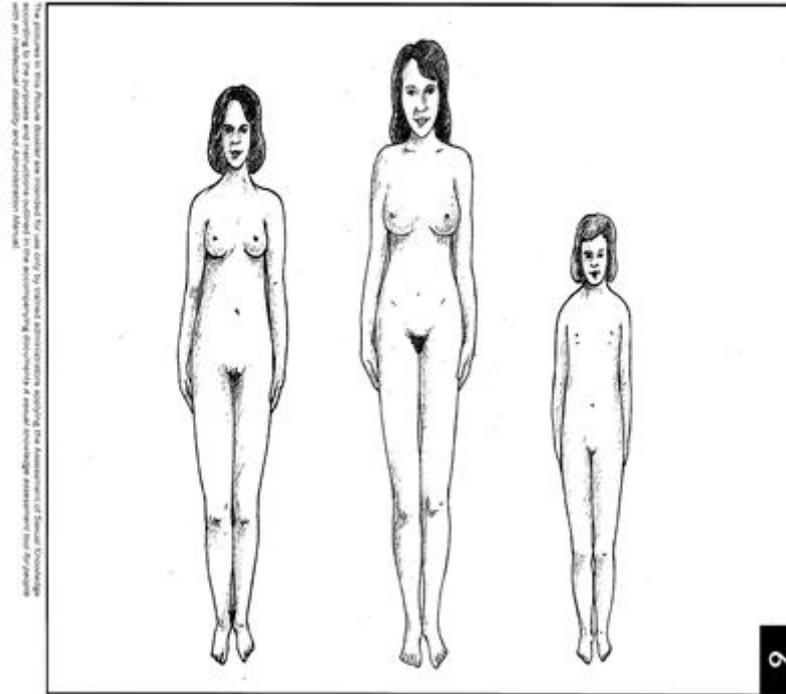
2.那個白色的從男人和陰莖跑出來的是什麼?

3.什麼是「夢遺」?

4.什麼是青春期？在幾歲？男女生在青春期，有哪些不同的改變？

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喉結（周杰倫）



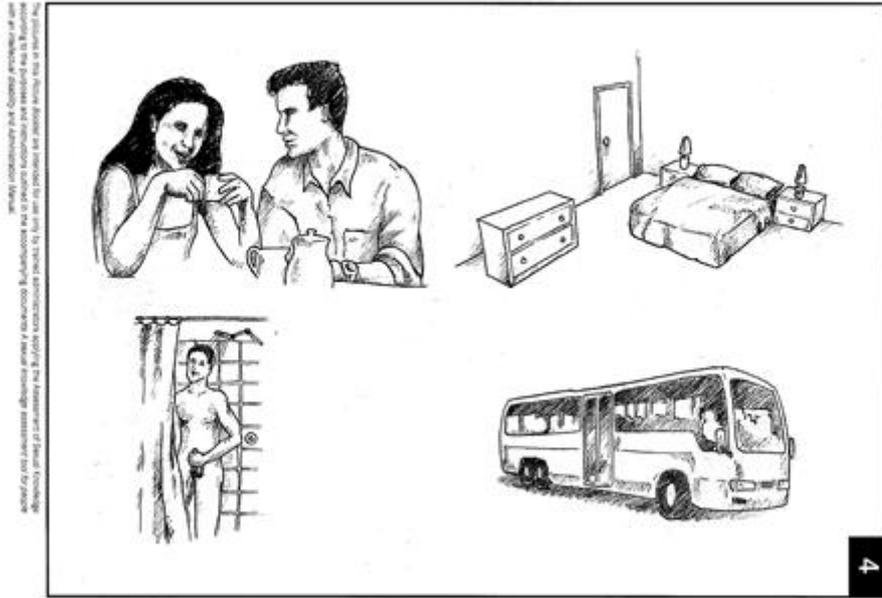
- 6.我「夢遺」是否正常?
- 7.誰會有「夢遺」?
- 8.«夢遺»是因為生病嗎?
- 9.«勃起»? (圖片7)
- 10.月經是什麼?誰會有月經?什麼時候有?多久來一次?月經來了如何處理?
(衛生棉、棉條)
- 月經是乾淨的還是不潔的?
- 月經和生小孩的關係?
- 什麼是陰莖?什麼是陰道?(可參考模型)

17

公共場所與私密地方區辨 Q&A-

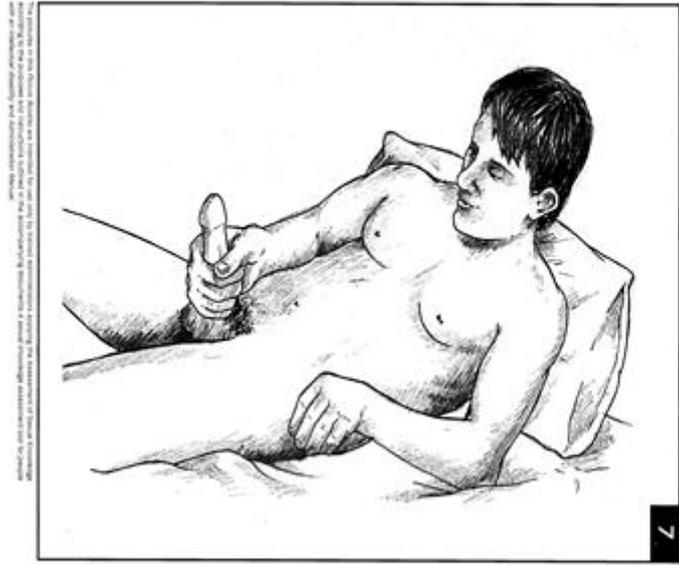
- 圖4-公共的地方是指
公車上、咖啡廳
- 甚麼事情在公共的地方做?
譬如....
- 圖4-指出私密的地方?
- 房內、洗澡間、廁所

18



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」是安全性行為？
- 3. 「自慰」有什麼風險？
- 4. 「自慰」要注意什麼？
 - 到我的房間
 - 找隱私的地方



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第二單元：發展親密關係權益篇

- 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

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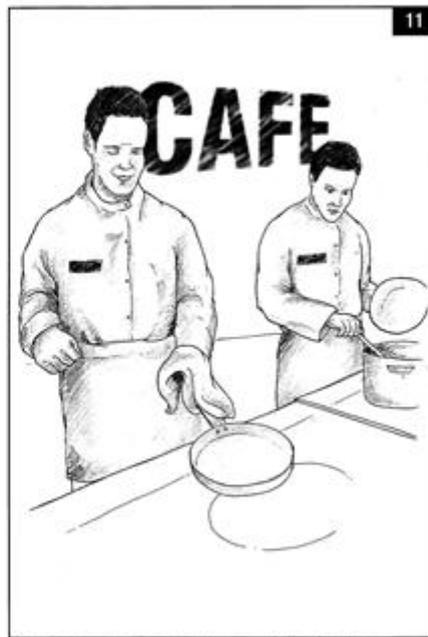
- 3.看圖片9-什麼關係這樣?
男女朋友，或....
- 4.看圖片11-他們是什麼關係?
- 5.假如他們是同學或職場的同事，他們一起做什麼?
工作、吃飯、其他社會活動

24

PRIMARY ACCOUNTING AND BUSINESS ACCOUNTING IN THE
 UNIVERSITY AND UNIVERSITY AFFILIATED INSTITUTIONS. BUSINESSES AND ACCOUNTING IN THE
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- 什麼是親密關係？
- 圖10、13
- 牽手
- 擁抱
- 親吻
- 愛撫
- 性交

27

手牽手



28

擁抱



29

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The pictures in this Picture Booklet are intended for use only by trained administrators applying the Assessment of Sexual Knowledge according to the guidelines and instructions outlined in the accompanying documents. It is not a knowledge assessment tool for people with an intellectual disability and Administrator Manual.

無



31

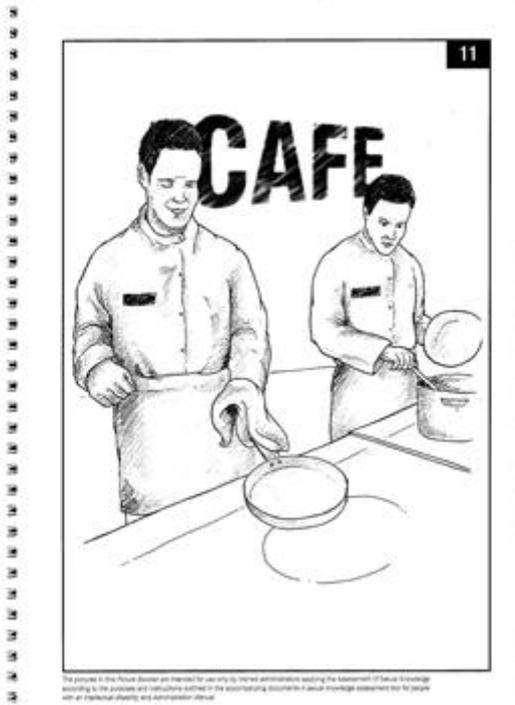


態度 (main parts of 2nd year)

1. 我有這種朋友嗎 (圖片9、11)

33





第三單元：親密行為權益篇

1. 男朋友指什麼？女朋友指什麼？

2. 我有男朋友嗎？

- 如何結交男朋友？

3. 我有女朋友嗎？

- 如何結交女朋友？

4. 我想要結婚，如何準備？

1.圖7, 8, 10, 13-他們在做什麼?

性?

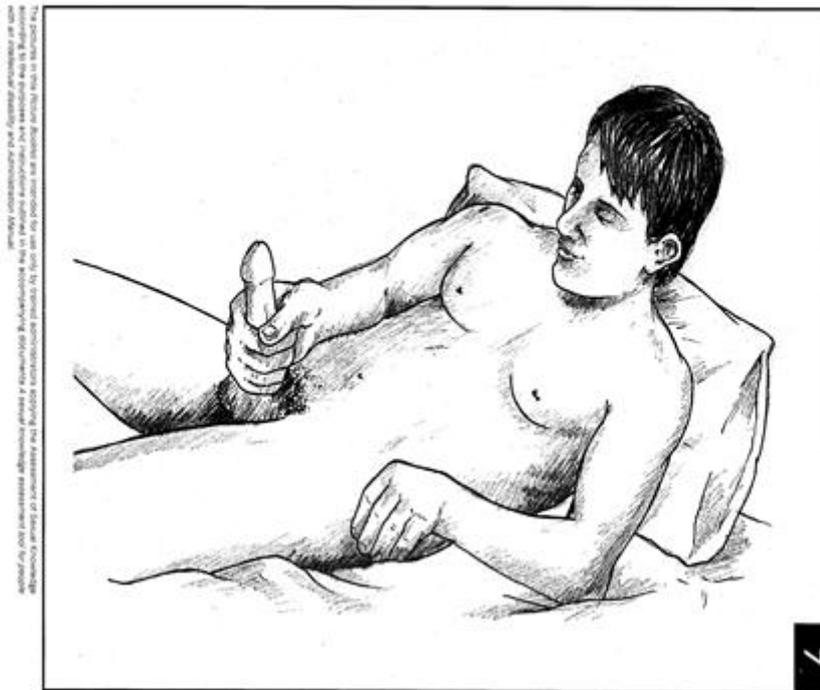
愛?

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。

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性行為相關知識

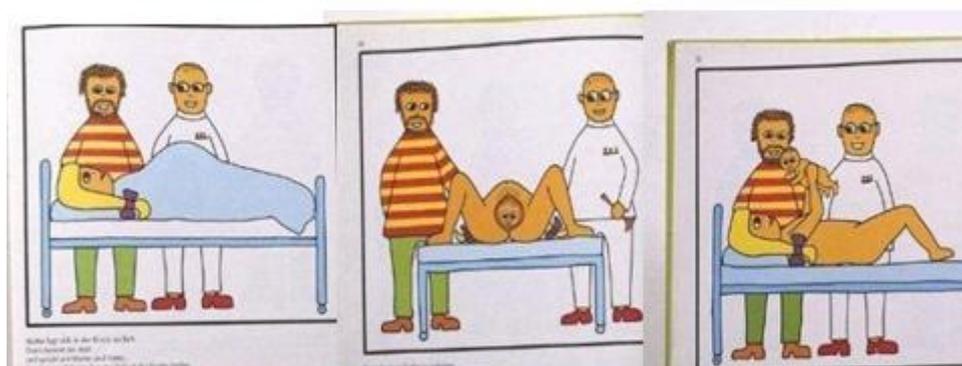
1. 可以有同性戀嗎? 男人愛男人可以嗎? 女人愛女人可以嗎?
2. 小孩怎麼生出來?
3. 什麼是懷孕? (女性卵子和男性精子在一起會生出小孩?) (補充圖片 P26)
4. 您懷孕可以嗎? 您懷孕了怎麼辦?
5. 親親(圖10)、擁抱(補充圖片 P25)會生小孩嗎

43

男同志、女同志接吻



生小孩



生小孩



第四單元：安全性行為篇

- 目的
- (1)瞭解什麼是安全性行為：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？

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安全性行為

- 什麼是安全性行為？
 - 安全性行為是指防範(如用保險套)，使細菌不會在你及伴侶間因性行為而傳遞或預防感染。
- 為什麼需要有安全性行為的知識？
 - 為了預防感染性病、預防懷孕

48

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. 如果只要有性行為，但不要生小孩，要怎麼做?
-用保險套、避孕藥

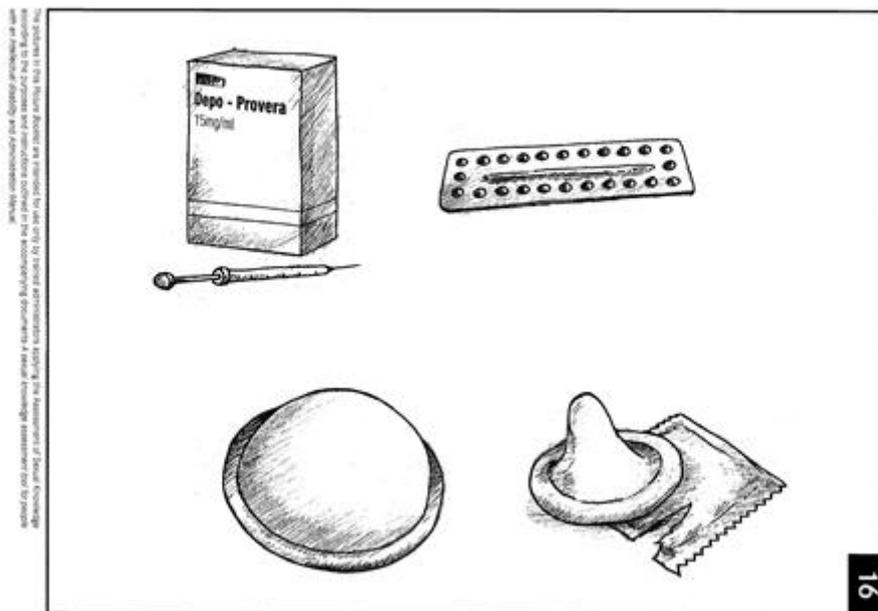
49



保險套

1. 什麼是保險套? (圖16)
2. 保險套的用處是什麼?
 安全性行為
 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?

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如何使用保險套（陰莖道具及保險套）

- **小心取用**：從包裝邊緣輕輕撕開，避免用指甲直接刮取，以免破損。
- **全程使用**：陰莖已勃起時套上，先將保險套前端貯囊的空氣排出，並於保險套前端預留空隙，以貯存射精後的精液。
- **套裝確實**：將保險套直接套在陰莖上，並往根部展開。
- **決不重複使用**
- **善後處理**：將使用過的保險套連同衛生紙包裹好後，直接丟入垃圾筒中
(塑膠袋捲起來可以當保險套嗎?)

如何使用保險套（陰莖道具及保險套）

- **使用保險套**
 - 手不碰精液
 - 不要弄破
 - 1.看有效日期
 - 2.輕擠保險套靠邊
 - 3.撕開外部包裝袋
 - 4.推出保險套
 - 5.用嘴吹，並確定正反面
 - 6.輕掐住儲精囊
 - 7.套在勃起的陰莖上
(塑膠袋捲起來可以當保險套嗎?)
 - **取出保險套**
 - 1.握住陰莖根部
 - 2.外推保險套
 - 3.拉長保險套
 - 4.把使用過的保險套打結
 - 5.丟入垃圾筒
- *參考正確戴保險套的影片。*

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？性病有哪幾種？（疱疹、愛滋病、非特異性尿道炎、衣原體感染、菜花、淋病、B型肝炎、梅毒、性病、淋病、其他大家知道的性病、口語化名詞）
2. 什麼情況會得到性病？因為沒有保護的性行為
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)

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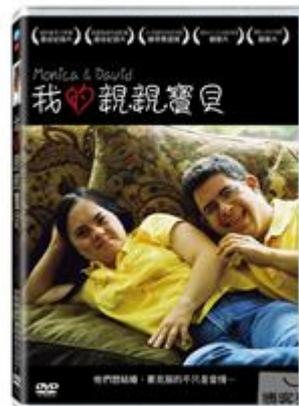
總複習

- 用性健康問卷（知識與態度）
- （連結問卷）

37

影片欣賞

- 我的親親寶貝
- 我♥親親寶貝



68

台灣的案例

• 立達「愛的故事」

69

第八單元：我的性健康計畫 (圖片及畫筆)

- 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?

70

珍重再見



71

性健康介入方案：家長版

教案(蘆葦啟智中心) (13:00-17:00pm)

2014/4/26

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

臺北市立大學師資培育中心 林純真 助理教授

1

工作團隊自我介紹

- 目的：相互認識、暖身
- 過程：講師自我介紹、
參與成員自我介紹

2

自我介紹

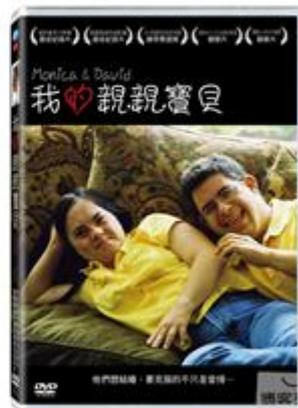
- 講師一
- 講師二
- 參與成員



3

影片欣賞

- 我的親親寶貝
- 我❤️親親寶貝



4

討論

- 這部影片，您印象最深刻的是什麼？
- 為什麼？

3

講師的回應

- 青年的回應

6

台灣的案例

- 立達「愛的故事」

7

講師的回應

- 青年對這個「愛的故事」
的分享

8

討論

- 您對這個愛的故事看法如何？

9

討論議題-我自身經驗分享

- 您觀察過您發展障礙子女：
 - 渴望愛情嗎？
 - 想結婚嗎？
 - 想當父母嗎？
- 您的看法？支持？反對？擔心？
怎麼面對？

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珍重再見



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