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The complexities of delivering a home-school based comprehensive sexuality curriculum to visually impaired learners

Abstract

Following the ongoing study to develop a Comprehensive Sexuality Education (CSE) curriculum for visually impaired learners in South Africa, teachers reported hesitance from parents/guardians to inform their visually impaired children about sex. As such, this study sought to explore parents/guardians' involvement in their children's psychosexual education. Five parents/guardians were engaged in a focus-group discussion. Data were analysed thematically, while home-school partnership theory underpinned this study. Parents felt confident that they had prepared their children with enough psychosexual education to make healthy sexual choices, and therefore blamed teachers, security guards, and hostel caretakers for their children's early sexual debut. However, no blame or accountability was assigned to the learners for their own sexual behaviour and decision-making. Interrogating the complexities within these socio-educational spaces suggested that there was confusion in the roles and responsibilities assumed for the capacitation of visually impaired learners with CSE. More importantly, the problem was not that parents were worried that these learners were not having safe sex, but that they should not be having sex at all now or in the future. The study suggests that a supportive, non-judgemental, and collaborative home-school partnership is necessary to recognise and guide the sexual agency of visually impaired learners.

Keywords: *comprehensive sexuality education; curriculum; guardians; home-school partnership; parents; visually impaired learners*



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1. Introduction and background

Despite the limits due to their visual impairment, visually impaired children also discover psychosexual education through various socio-educational spaces as their sighted peers do (Louw, 2019; Miglioizzi & Witmer, 2014; Reynolds, 2019). That is, what they may not learn incidentally through sight, might be realised through enhanced hearing and grasp of tactile information (Kapperman & Kelly, 2013; Kelly & Kapperman, 2019; Krupa & Esmail, 2010). Amongst the primary areas of developing psychosexual education are

the home and schooling environment (Chirawu *et al.*, 2014; De Reus *et al.*, 2015; Rohleder *et al.*, 2009), although television, radio, and social media are also common sites of information (Louw, 2017; Migliozi, 2020; Ubisi, 2020a). Parents, siblings, extended family, and community members may expose visually impaired children to socially acceptable attitudes, values, and behaviours, which might influence their sexual decision-making (Kelly *et al.*, 2002; Kelly & Kapperman, 2012; Wild *et al.*, 2014). For instance, visually impaired children may acquire beliefs from older siblings that unprotected sex is permissible when having it with a single sexual partner. At school, visually impaired children may learn from their peers, teachers, and hostel caretakers how to respond to the challenges presented by the changes in their psychosexual development (Chirawu *et al.*, 2014; Louw, 2017; Wild, Kelly & Kapperman, 2019). For example, some peers may hold the view that abstinence prevents one from exploring the range of sexual knowledge needed before marriage, and therefore promoting pre-marital sex. However, due to this overlapping network of influence, the assumption of responsibility in preparing visually impaired children with adequate psychosexual education, specifically between the home and schooling environment, might be confused or neglected amongst the relevant role-players (De Reus *et al.*, 2015; Louw *et al.*, 2014; Rohleder *et al.*, 2009).

2. Literature review

Because visually impaired children spend at least nine months of the year housed in school hostel accommodation (Kelly *et al.*, 2002), parents¹ might assume that some psychosexual education is provided by teachers and hostel caretakers. However, as the primary caregivers, parents might be expected to play a major role in shielding their children against realities such as peer pressure, early sexual debut, and teenage pregnancy (De Reus *et al.*, 2015; Louw *et al.*, 2014; Rohleder *et al.*, 2009). Kelly *et al.*'s (2002) findings following a study consisting of 22 South African visually impaired children aged 12–17 years, for example, reported that for both male and female visually impaired children, sexual activity was more prevalent during school holidays as well as periods outside of the schooling environment. For this reason, it is crucial to explore the level of involvement by parents of visually impaired children in their children's psychosexual education.

However, much like other children with disabilities, the psychosexual education of visually impaired children has largely been ignored at home and within other socio-educational spaces such as libraries, churches, and health as well as the schooling environments (Chappell, 2014; 2016, 2019; Hanass-Hancock *et al.*, 2013; Ubisi, 2021a). Because they are believed to be pure (De Reus *et al.*, 2015; Hanass-Hancock, 2009; Louw *et al.*, 2014), not sexually active (Chirawu *et al.*, 2014; Kelly *et al.*, 2002; Ubisi, 2021b), and not to be corrupted because of their 'innocence' (Groce, 2005; Hanass-Hancock *et al.*, 2013; Louw, 2017), visually impaired children are often neglected in the planning and delivery of psychosexual education such as HIV education and CSE (Louw, 2019; Migliozi, 2020; Wild *et al.*, 2019). HIV education and CSE are broader curriculums which aim to provide informed values, beliefs, attitudes, and skills around complex subjects such as safe sexual practices, consent, desire, pleasure and power, as well as communication in relationships among others across one's psychosexual development (UNESCO, 2018). It is important to remember that in South Africa, according to Sections 15 and 16 of the Criminal Law Sexual Offences and Related Matters Amendment

¹ Parents in this study refer to a host of caregivers, including biological or adoptive parents, legal guardians, grandparents, orphanage caretakers, or any carer that is responsible for the child's welfare in a primary household context.

Act of 2007 (RSA, 2007), children from the ages of 12² and above can consent to sexual intercourse with a partner who is two years older than they are. CSE hopes that adolescents would delay sexual debut, and if they cannot, then they may practise it safely while also building and maintaining healthy relationships (Kelly *et al.*, 2002; Kelly & Kapperman, 2012; Wild *et al.*, 2014). If this is communicated clearly, it might quell the resistance from parents and other social circles (Chappell, 2014; 2016; 2019; Hanass-Hancock *et al.*, 2013; Rohleder *et al.*, 2009). With that said, though, there remains conflict and tension between who should provide this psychosexual education (Louw *et al.*, 2014; Rohleder *et al.*, 2009; Ubisi, 2020b).

Another consideration might be that parents of visually impaired children still see their children as non-sexual beings (Chappell, 2014; 2016; 2019; Kelly *et al.*, 2002; Ubisi, 2020a, 2023). Like previous studies which explored the challenges of recognising that children with disabilities need adequate psychosexual education (see Chirawu *et al.*, 2014; Hanass-Hancock, 2009; Rohleder *et al.*, 2009), visually impaired children have been socially constructed as non-sexual beings, because their identities are mostly captured in their disability (Kelly *et al.*, 2002; Kelly & Kapperman, 2012; Wild *et al.*, 2014). Their disability is translated into sexual inability (Louw *et al.*, 2014; Ubisi, 2020a, 2023; Wild *et al.*, 2019). They are infantilised and constructed through a lens of pity and shame (Groce, 2005; Hanass-Hancock *et al.*, 2013; Louw, 2017). Their disability strips them of other human elements, which is the experience of desire and pleasure (Chappell, 2014; 2016; 2019; Kelly *et al.*, 2002; Ubisi, 2021a). Society is obsessed with them navigating the world safely but neglect their emotional and psychosexual development (Kelly & Kapperman, 2019; Krupa & Esmail, 2010; Ubisi, 2021a). As such, visually impaired children are seen as 'disabled/unable' in their sexual agency (De Reus *et al.*, 2015; Louw, 2019; Migliozi & Witmer, 2014). Literature suggests that a home-school partnership would be a strategic approach in delivering HIV education and CSE in a safe, trusting, supportive, non-judgmental, and collaborative manner (Hanass-Hancock *et al.*, 2013; Kelly & Kapperman, 2019; Ubisi, 2020a).

3. Theoretical framework: Home-school partnership theory

A home-school approach, also known as the whole-school based approach (Brömdal *et al.*, 2021), is based on the principles of collaboration, shared responsibilities, commitment, participation, and respect for one another's differences (Brooking, 2007; Hargraves, 2019; Sheridan & Moorman, 2016). The focus in a home-school partnership is how learning can be facilitated both at home and school environments through active participation by teachers, parents, and learners in and out of the classroom environment (Galindo & Sheldon, 2012; Harris & Goodall, 2008; Muller & Saulwick, 2006). For this study, a home-school partnership does not see the role-players in the school and home environment as the only actors who could influence the behaviour and decision-making of visually impaired children. Rather, other stakeholders in broader social contexts where learners can learn about HIV education and CSE topics, such as from peers, hostel caretakers, and school nurses are part of the broader influence. The approach recognises that schools can help identify each learner's unique differences by welcoming all families, while assisting families to recognise how they can use their own backgrounds to provide new learning opportunities to their children at home (Anderson & Minke, 2007; Reynolds *et al.*, 2015; Sheridan & Moorman, 2015). Families and the school collaborate to create creative and constructive connections based on what is learned at school and the home environment to boost positive educational and social outcomes (Brooking, 2007; Hargraves, 2019; Sheridan & Moorman, 2016).

2 In South Africa, children who are 12 years old are typically in Grade 5.

To situate this approach in HIV education and CSE, parents and teachers of visually impaired children would see themselves as allies instead of opponents working on a common objective, which is to ensure that visually impaired children are provided with knowledge and skills to make healthier sexual decisions (Brömdal *et al.*, 2021; Kelly & Kapperman, 2019; Ubisi, 2020a). To make this partnership effective, both parents, teachers, and hostel caretakers would need to meet regularly, agree and design a curriculum and resources to utilise, as well as recognise how knowledge can be transferred across contexts. As Hargraves (2019: para 2) puts it, “In effective partnerships, families and schools recognise their shared interest in and responsibility for children and collaborate to create shared goals, share information, and enhance opportunities for children’s learning.” More importantly, it should be noted that a home-school partnership also acknowledges that the learner has equal responsibility and accountability for their learning and personal development (Galindo & Sheldon, 2012; Harris & Goodall, 2008; Muller & Saulwick, 2006). As visually impaired children find themselves in various socio-educational spaces to learn about HIV education and CSE, they can take advantage of the knowledge and resources within these spaces to learn more about which areas in HIV education and CSE could shape their own psychosexual development positively.

4. Problem statement

Parental involvement in HIV education and CSE is seen as crucial and beneficial to help young people to acquire positive constructions of amongst others safe sexual practices, consent, gender, and sexuality identity, etc. (Kelly & Kapperman, 2019; Krupa & Esmail, 2010; Wild *et al.*, 2014). Parents are in the unique position to create a warm and accepting environment to allow honest, unbiased, and respectful dialogue to take place between them and their children regarding their growing psychosexual development (Louw 2017; Migliozi 2020; Wild *et al.* 2019). However, most parents of visually impaired children only see their children during term breaks and other school holidays, which is approximately three months of the year (Kelly *et al.*, 2002). This implies that parents of visually impaired children may assume or expect that hostel caretakers as *in loco parentis* will or should be the providers of HIV education and CSE. On the other hand, teachers of visually impaired children often report feeling reluctant, uncomfortable, and anxious about delivering HIV education and CSE, because parents may not permit their children being introduced to certain subjects such as anal sex, homosexuality, or masturbation being taught in the classroom (Chirawu *et al.*, 2014; De Reus *et al.*, 2015; Ubisi, 2020b). As the old African saying suggests, “When the two elephants fight, it is the grass that suffers”, as young people are denied the necessary education to empower themselves to make healthier sexual choices.

5. Methodology and research design

This study is part of a broader funded project aimed towards developing a CSE curriculum for South African visually impaired children. The study aims to achieve its objectives by asking teachers, hostel caretakers, and parents of visually impaired children, as well as adults with visual impairment what knowledge, skills, and resources are required to contribute to this curriculum. The following deliverables were earmarked as part of the broader study’s objectives: (1) Carry out empirical research with teachers, hostel caretakers, and parents of visually impaired children as well as adults with visual impairment to create a CSE manual for visually impaired children while conducting postgraduate research supervision with the data; (2) Develop short learning programmes for teachers, parents, hostel caretakers, as

well as other specialists interested in the sexuality of visually impaired children; (3) Develop open education resources for the afore-mentioned; and lastly (4) Deliver publications in peer-reviewed journals. A grant of 188 830 South African Rands (10 404 53 US Dollars) was awarded to the author from 2021 to 2023 to achieve these deliverables.

The Province's Head of the Department of Education was approached and granted permission for the study to take place. Parents were recruited with the help of the school principal and administrator from a school for the blind in the KwaZulu-Natal (KZN) Province in South Africa. The administrator referred participants to me after I explained the purpose of the study and why parents were a suitable study population. Parents were contacted by the school administrator regarding the purpose and research processes which would be involved in the carrying of the study. However, it became difficult to recruit parents into the study, given work, time, financial, and distance constraints. Parents of visually impaired children are distributed across the country and only pick up their children from the hostel during term breaks. The parents who agreed to participate in the study were therefore conveniently sampled based on their availability. After arriving for the interview, which took place in the school's Skills Room, the parents who did agree to participate in the study were read the informed consent forms, including their voluntariness and freedom to decline participating in the study at any time of the interview. In total, three mothers, a grandmother taking on the role of a legal guardian, and one father agreed to be part of the focus-group interview (see Table 1).

Table 1: Parents³ and children's characteristics

	Relationship to child	Sex of child	Age of child	Grade of child	Type of visual impairment
Evelyne	Mother	Male	21	10	Born blind
Prudence	Mother	Male	17	10	Born blind
Stephen	Father	Male	10	4	Partially sighted (completely blind in one eye, gradually losing vision in the other eye)
Judy	Mother	Male	10	4	Born blind
Antoinette	Grandmother	Female	16	16	Born blind

A qualitative, explorative, multiple-case-study design approach informed the study's data generation and analysis methods. Parents were invited to the school and all COVID-19 regulations set by the school were observed. The focus-group interview took place in the school's Skills Room and lasted for two and a half hours. I as the principal investigator and grant holder for the project facilitated the interview using a semi-structured interview guide. The guide was partly developed from my previous interviews with teachers of visually impaired children, a familiarisation visit with the principal, and through extensive consultation with local and international literature around the topic.

The focus-group interview was audio recorded for accurate filing and later transcribed into written scripts. Based on the University of South Africa's policy on Data Management, the raw and transcribed data are kept in a password-protected computer, in Google Drive file. The data will only be accessed by myself and research associates, to be destroyed after a period of 10 years. Data were further analysed and interpreted via Braun and Clarke's (2006) outlined steps of conducting a thematic analysis: (1) familiarise oneself with the data through immersion; (2) generate initial codes; (3) search for preliminary themes; (4) review preliminary

³ Pseudonyms were given to parents.

themes; (5) organise and label themes based on the research questions, previous literature, as well as the theoretical framework; and finally (6) write up a report based on the findings.

6. Ethical considerations

Ethical clearance (022/04/13/90352025/02/AM) was granted from the University of South Africa's Research and Ethics Committee with its recommended procedures for no harm, informed consent, voluntary participation with no consequences for declining participation at any time, privacy, as well as confidentiality. Since the study took place in a focus-group context, participants were told that anonymity could not be guaranteed. I opted to use pseudonyms to safeguard the identity of the participants. The current study presents qualitative findings co-generated with five parents of visually impaired children at a school for the blind in the KZN Province in South Africa. Participants were only given financial remuneration to cover their transport costs to travel to and from the school.

7. Findings

The purpose of this study was to explore the parental involvement of parents/guardians of visually impaired children's psychosexual education. Below are the emergent themes which were uncovered from the analysis and interpretation of the data: (1) Parents' conversations with their children; (2) Parents' attribution of blame for their children's early sexual debut; and (3) Parents' and other contexts' role in children's growing psychosexual development.

7.1 Parents' conversations with their children

Parents maintained that they already had conversations with their children about their growing psychosexual development.

7.1.1 Basics of hygiene and body privacy

Parents were confident that their children could take care of themselves, including maintaining personal hygiene and body safety. Prudence, for example, stated that she taught her blind son, now age 17, how to bathe and dress himself before he leaves the house:

He is able to bathe himself because we wash in a washbasin. He knows what to do. He first closes the door, ensures that the door is closed, pours water in the dish, and bathes. He will then put on his underwear and dress up. When he wakes up in the morning, before he touches anything, he washes his hands and face.

Similarly, Evelyne taught her blind son, now age 21, to clean himself and report anybody who might touch him inappropriately:

When he was growing up, I taught him how to wash himself. He is okay in that department. At the age 6 or 7, one of our neighbours loved him. He would keep him busy. But I taught him that he should not allow people to touch his private parts or any other part of his body where he would feel uncomfortable.

7.1.2 Puberty, dating, and independence

Parents reported that they had open discussions with their children about puberty and the changes which accompany this stage of development. This included making the right choices when it came to dating. For instance, Prudence recalled providing education to her son after seeing the changes brought by puberty as well as how to approach dating:

I was seeing changes in my child. I also asked him if he saw any changes in his life. He then told me that sometimes it happens (possibly referring to a wet dream). I then told him that you are now moving from this stage to that stage. You are going to start having feelings for women ... I told him that things will start happening to your body, things that you do not know and all that. He understands and I also allow him to ask me any questions. He can ask me anything so that we can discuss these things.

Evelyne felt that she had prepared her son enough to be independent, such that he did not need to be reminded when to take his antiretroviral medication – a diagnosis he received at four months old:

When Generations (a local telenovela) starts, he knows already that it is 8 pm. He would stand up and take his treatment. He takes his treatment at 8 pm. You do not need to remind him to take his treatment.

7.2 Parents' attribution of blame for their children's early sexual debut

Since they felt confident that they had talked to their children about their bodily and psychosexual changes – and especially as their children live in the school's hostel accommodation for the majority of the year. Parents felt that they were not to blame for their children's early sexual debut.

7.2.1 Lack of monitoring by school authorities

Parents believed that teachers, security personnel, and the school's management system should be blamed for the reported incidents of teenage pregnancy at the school:

Prudence: I used to work on government projects and would sometimes leave home at 12pm and walk to the school. I would arrive and because I am tired, take a nap under the trees. I would rest there until 2pm and collect <mentions son's name>. I went to the toilet, and I found something I did not expect. I went and told the security guard that these children are having sex ... He responded by saying that his duty is to check cars that are coming in and out. Unfortunately, the girl was found to be pregnant already ... This (unprotected sexual intercourse) has clearly been happening until pregnancy.

Stephen: What you are saying is very wrong. They (school authorities) are the ones responsible for the learners. How does this happen here at the school?

Prudence: They blame us! They say we are the ones who do not teach our children. This was not the first one. A lot of kids get pregnant here ... They must monitor the children because they can't monitor themselves.

Interview continues...

Antoinette: The school management needs to have rules in place and there must be consequences. Management should reprimand a learner who fails to follow the rules of the school. That does not happen here.

Interview continues...

Judy: Where do the learners at the school get the time to have sex leading to pregnancy? When are they being looked after? They sleep in two separate places, yet the girls become pregnant. They should only meet at class.

Evelyne: ... Our children would not be getting pregnant if there was enough security.

7.2.2 Unqualified hostel caretakers

Prudence further maintained that the hostel caretakers did not have the required professional qualifications as well as personal experience to care for visually impaired children,

I just think the problem is that the people looking after our children are not trained to care for disabled children. They just hire anyone who does not understand the condition of our children. We are here! They should employ us because we understand these children.

7.3 Parents' and other broader contextual factors' roles

However, after probing if any of their behaviour at home affected their children's sexual conduct, some parents acknowledged that their own actions, such as engaging in sexual activity in front of the child, could contribute to some learners replicating the same behaviours they learnt at home.

7.3.1 Space and lack of privacy

The unviability of space (e.g. some parents had to share a one-room house with no separate rooms or bathroom) created privacy problem for both parents and the growing teenager, as Evelyne pointed out:

We don't have bathrooms. So, we are in the bedroom when he bathes. We ensure that his underwear is nearby so that he can put it on after bathing.

7.3.2 Parental disregard

Some parents spoke about other parents who do not care because of the belief that because their children cannot see, they felt free to engage in sexual relations in front of the child, as Prudence puts it:

Parents also we are not the same. There are parents who have too much love ... Maybe a family is having dinner and you start kissing each other in front of the child – you do not respect the child. So, the children copy from the parents and assume there is nothing wrong. They just do it in public. They think it is the right thing to do. Mom and Dad are doing it ... The child explains I once heard mom and dad doing it – I thought it was the right thing to do. It happens a lot.

8. Discussion

The aim of this study was to explore what level of involvement parents of visually impaired learners played in their children's psychosexual education. Based on the results, parents of visually impaired learners reported providing their children with messages about hygiene, body privacy, safety, changes in puberty, dating, as well as developing their children's independent identity. However, given that visually impaired learners spend approximately nine months of the year housed in school hostels for visually impaired learners, parents blamed the teachers, security guards, hostel caretakers, as well as the school leadership for their children's early sexual debut. Below, I discuss the implications of these findings, namely around blame and responsibility shifting, the responsibility of visually impaired learners, as well as the opportunities for a CSE curriculum based on a home-school partnership.

The roles and responsibilities for providing visually impaired learners with appropriate psychosexual education was clearly confused amongst the relevant role-players in the visually impaired learners' home and school contexts. One reason for this misalignment was that

each role-player's stake was not explicitly stated. Because parents believed that their children were safe and monitored in a high-surveillance and professionally capacitated schooling environment, they blamed the schooling staff for their children's early sexual debut. Parents maintained that they were having conversations about sex with their children. However, it was not clear how deeply these conversations went. In fact, evidence by Kelly *et al.* (2002: 36) suggests that visually impaired learners feel more comfortable in the schooling environment where they are socially accepted by those who share a similar predicament as them:

It is good here (school). At home, my mother says I must not go out of the house, I get very lonely, and I miss my friends. I miss school. Similarly, at home I do not have permission to go out and play. My mother says I must stay at home, that they will hurt me outside. Sometimes I am alone, because my [sighted] brothers and sisters, they are allowed to go and play. [Female learner]

Based on this confined climate, perhaps visually impaired learners feel uncomfortable in initiating dialogue with their parents around sexual debut, constructions of gender, sexuality, and dynamics of relationships (De Reus *et al.*, 2015; Louw *et al.*, 2014; Rohleder & Swartz, 2009). At the same time, because of the extended period spent at the school's hostel accommodation (9 months of the year), parents might feel that they do not have time to facilitate conversations around safe sexual practices. Then again, it is not constructive for parents to assume that by leaving their children in the custody of the school and hostel, that they do not have a role to play in their children's psychosexual education.

At the same time, there appears to be a tendency by parents to asexualise their visually children instead of acknowledging that their children are sexual beings (Chappell, 2014; 2016; 2019; Kelly *et al.*, 2002; Ubisi, 2020a). As the parental disregard in this study shows, there appears to be a conflation that because these children cannot see, that they cannot experience unintended/non-contact sexual abuse. This parental disregard has also been noted in previous studies involving teachers of visually impaired learners who report that parental involvement is largely lacking in their children's psychosexual education (Chirawu *et al.*, 2014; Hanass-Hancock, 2009; Rohleder *et al.*, 2009). For this reason, visually impaired learners are seen as disabled in their sexual agency (De Reus *et al.*, 2015; Louw, 2019; Migliozi & Witmer, 2014). This is much clearer when we closely look at one of the parent's statements indicating that,

They (school authorities) have to monitor the children because they can't monitor themselves.

Here it is insinuated that they are not supposed to sneak around the school and hostel premises to see one another. This is despite the fact teenagers are mostly driven by their urges during puberty. But more importantly, the underlying message here is that visually impaired learners should not be having sex in the future or at all. As noted earlier in South Africa, Sections 15 and 16 of the Criminal Law Sexual Offences and Related Matters Amendment Act of 2007 (RSA, 2007), stipulates that a child from age 12⁴ and above can consent to sexual intercourse with a sexual partner who is 2 years their senior. Yet, none of the parents attributed any responsibility to their children for their own sexual behaviour and decision-making. One wonders if this would be the case if it were a sighted or neurotypical learner.

4 In South Africa, children who are 12 years old are typically in Grade 5.

From the evidence above, it is recommended that a CSE programme grounded in a home-school partnership characterised by strategic dialogue and intervention amongst the various role-players in visually impaired learners' lives is needed to enact change. Firstly, the teacher and parents should encourage visually impaired learners to delay sex, and if they cannot, have the right to consensual sex without judgement or discrimination (Sections 15 and 16 of the Criminal Law Sexual Offences and Related Matters Amendment Act (RSA, 2007), especially if it is within the appropriate age of consent. Parents, teachers, and other role-players in the child's life should start seeing them as sexual beings (Chirawu *et al.*, 2014; Hanass-Hancock, 2009; Rohleder *et al.*, 2009). More broadly, as society, we need to transform our thinking by changing our lens of seeing visually impaired learners as sexually incapable, innocent, and unable to make their own sexual decision-making after the age of maturity (De Reus *et al.*, 2015; Hanass-Hancock, 2009; Louw, 2019). Instead, visually impaired learners should be equipped to be safe and responsible (Louw, 2017; Migliozi, 2020; Ubisi, 2020a) because the impact of this lens prevents them from developing agency for their own behaviour and sexual decision-making (Kelly *et al.*, 2002; Kelly & Kapperman, 2012; Wild *et al.*, 2014). CSE, in principle, is intended to equip them to be safe and responsible for their own sexual decision making (Louw, 2019; Migliozi, 2020; Wild *et al.*, 2019).

CSE also carries the potential to inculcate agency and empowerment for visually impaired learners to make healthy sexual choices (Chappell, 2014; 2016; 2019; Hanass-Hancock *et al.*, 2013; Rohleder *et al.*, 2009). However, as Chappell (2019) states, agency and empowerment should not be the only focus; instead, the sexual rights, health, services, participation, visibility, and education of all children with disabilities should be promoted. Perhaps then we cannot blame parents entirely if visually impaired learners have been adequately equipped. However, currently, as it stands, we do not have enough knowledge, skills, and resources to teach CSE in an accessible and meaningful to youth with disabilities including visually impaired learners (Louw, 2019; Migliozi, 2020; Ubisi, 2021a). Future research is needed to provide parents, teachers, hostel caretakers and visually impaired learners with enough home-school based communication and intervention to empower visually impaired learners to make healthier sexual choices. One such study is the work idea of introducing anatomically correct models in the CSE lessons of visually impaired learners (Ubisi, 2023).

9. Conclusion

This study sought to uncover level of parental involvement parents/guardians of visually impaired children invested in their children's psychosexual education. However, upon talking to parents of visually impaired children, it became clear that the presumption of role and responsibilities was not clear. Parents believed that they were providing their children with adequate psychosexual education, and therefore blamed the school staff for visually impaired children's sexual misconduct. The complications within these socio-educational spaces were interrogated to recommend opportunities for a compressive sexuality education programme based on a home-school partnership. The important contribution of this study is in the theory of the home-school partnership especially regarding the insights gained on how parents of visually impaired children view their involvement in their children's psychosexual development as opposed to the school's role. These environments offer unique and very

essential opportunities for equipping the learner with the knowledge on how to navigate the psychosexual 'space' and negotiate themselves effectively in intimate relationships. A limitation of this study was that the parents of visually impaired children interviewed in this study came from one school for the blind and were mainly from a rural setting. Parents were hard to find because of time, work, financial and geographical constraints. A future recommendation is that more parents from diverse backgrounds should be recruited to explore more views.

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