



Attitude of Parents of Mild and Moderate Intellectually Challenged Children towards Imparting Sexual Health Education

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Abstract

Attitude plays a significant role in influencing the parents of ICC, towards imparting sexual health education, as it is considered as a social taboo. Further the negative influence in the attitude of the parents is due to the fact that intellectually challenged children are asexual in nature. Awareness in the form of intervention programme can bring about a paradigm shift in the attitude of the parents of mild and moderate intellectually challenged children. Hence an attempt has been made in the present study to assess the attitude of the parents of mild and moderate intellectually challenged children towards imparting sexual health education. A purposive sampling technique was used to select the sample. Self structured tool formulated by the investigator was used to collect the data from the parents. A total of 600 sample, 300 fathers and 300 mothers of intellectually challenged children aged between 09-17 years were selected for the present study. They were further subdivided into experimental group and control group [Experimental group comprising of 150 fathers and 150 mothers and Control group comprising of 150 fathers and 150 mothers]. One hundred and fifty nine parents were identified for the intervention programme from experimental group. A total of 75 fathers (45 of them with mild ICC and 30 fathers of moderate ICC), a total of 84 mothers (48 mothers of mild ICC and 36 with moderate ICC). Descriptive statistical analysis has been carried out for the present study. Pre-assessment data revealed that parents of both control and experimental group have negative attitude towards imparting sexual health education to their mild and moderate intellectually challenged children. The Post-assessment data revealed that parents of experimental group who received comprehensive intervention program had developed positive attitude towards imparting sexual health education when compared to control group. The study highlights the fact that since parents are the primary educators of their intellectually challenged children they must be prepared to educate their children on Sexual health education. Further there is a need to educate the parents on the pivotal role of sexual health education, so as to develop a positive attitude towards imparting sexual health education, to protect their children from becoming victim of sexual abuse and to support their intellectually challenged children to develop a social identity.

Keywords: Sexual health education (SHE), attitude, intellectually challenged children (ICC).

Introduction

Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. It deals with the anatomy, physiology, roles, identity, and personality; with individual thoughts, feelings, behaviors, and relationships. It addresses ethical, spiritual, moral concerns, and group and cultural variations¹.

The sexual rights and needs of individuals with intellectual disabilities (ID) have received increased attention in the past several decades and their importance has been highlighted in a number of international policy documents². The reality is that sexuality remains a highly sensitive and frequently neglected issue for the intellectually challenged children. The intellectually challenged children too have genuine need for accurate information about sexuality, as well as the need to accept sexuality as a part of his/her identity. But the type and degree of disability that a child has, however, may influence the way in which the information should be presented. The

information therefore should be imparted through the parents of ICC in simple, precise and step-by step manner, since they are considered as the primary teachers of their children. Thus, tailoring the pace and presentation of information to the needs of each intellectually challenged child is very important.

The role that parents play in their child's social-sexual development is a unique and crucial one. But for many reasons, some personal and some societal, parents often find sexuality a difficult subject to approach. Many parents are uncomfortable, regardless of whether their child has a disability or not, regardless of their own culture, educational background, religious affiliation, attitude, beliefs, or life experiences. The role that parents play in providing sex education to their child with intellectual disabilities is even more significant, owing to their offspring's continued dependence on them for support as they negotiate adult status.

Unfortunately, both parents and society in general have a common myth towards children with disabilities. They think

that children and adolescents with disabilities are unsocial, they suppress their sexual needs because of their disability, are not vulnerable to sexual abuse and they do not require sexuality education. The fact is that the sexuality of a person is not dependent upon age, race, or intellectual ability. Intellectually challenged children have same physical development as any other non-disabled children. Changes in physical development are more observed during the period of adolescent for both normal and challenged children³. Further, intellectually challenged children are also sexual beings like other non disabled children⁴. They also grow and become adolescents with physically maturing bodies and a host of emerging social and sexual feelings and needs.

As intellectually challenged children grows older, they too need to interact with people in different situations where direct supervision by parents is not possible. Unfortunately, many intellectually challenged children are socially isolated and as such may have a great difficulty in networking, to share their feelings, opinions, ideas with others. A number of factors may contribute to they becoming socially isolated and one such factor is the attitude of the parents. Parent's attitude is influential in shaping views on sexual health education for their intellectually challenged children. Whilst it is important to explore parental attitudes towards sexuality of their offspring with intellectual disabilities, it is perhaps more important to obtain information on their social and sexual behaviors. Unfortunately, such information is largely unavailable, perhaps mainly because of lack of communication between parents and their ICC about sexual health which is difficult and emotive.

But majority of the parents face the topic with anxiety and uncertainty. The parents of ICC fail to understand the fact that their children can become an easy target of sexual abuse and vulnerable to sexual exploitation. On the other hand many parents try to prevent their children becoming victims of sexual abuse by shielding from the outside world. This may limit their contact with strangers, but it will not protect them from exploitation by family, friends, or caregivers. In most cases, the abuser is someone the individual with disability knows⁵.

Therefore, perhaps the most critical concern from a developmental perspective of their young ICC is to teach them to make distinctions between a good and bad touch, appropriate and inappropriate social behaviour. Teaching them about such aspects becomes more imperative for parents to address the issue on sexual health education in order to help their ICC develop a social identity. Further it is important for the parents to understand that all children follow a developmental pattern, some at a slower and perhaps less intense rate, but eventually all grow up. Therefore sexuality education cannot be achieved in a series of lectures that take place when children are approaching or experiencing puberty but it is a life-long process which should begin during early years of life. The earlier parents start talking with their children about sexuality, the better it is, because that will only increase chance of continuing the

conversation about sexual health with them throughout their growing up years, all the way through puberty and adolescence⁶.

Hence an attempt has been made in the present study to assess the attitude of the parents of mild and moderate intellectually challenged children to wards imparting sexual health education to their challenged children.

Methodology

Objective: The study aimed to assess attitude of parents of mild and moderate intellectually challenged children towards imparting sexual health education.

Methodology: The present study comprised of the pretest-posttest method with an intervention program. The intervention program was planned to develop positive attitude among the parents towards imparting sexual health education to mild and moderate intellectually challenged children.

Sampling: Purposive sampling procedure was used to identify samples. Further the special schools catering to the educational needs of the intellectually challenged children in Bangalore city, were identified for the study. A total of 600 sample, 300 fathers and 300 mothers of intellectually challenged children aged between 09-17 years were selected for the present study. Further they were subdivided into experimental group and control group [Experimental group comprising of 150 fathers and 150 mothers and Control group comprising of 150 fathers and 150 mothers]. One hundred and fifty nine parents were identified for the intervention programme from experimental group. A total of 75 fathers (45 of them with mild ICC and 30 fathers of moderate ICC), a total of 84 mothers (48 mothers of mild ICC and 36 with moderate ICC).

Tool Used: A rating scale developed and standardized by the investigator was used to assess attitude of parents of mild and moderate intellectually challenged children towards imparting sexual health education. The tool consisted of 19 items related to the attitude on sexual health education for the parents of intellectually challenged children viz, sexual health education a misleading and controversial topic, information on sexual desires and feelings of intellectually challenged children, interpersonal relationship, importance of social behaviour, social interaction, need for protection against physical, sexual abuse and emotional abuse, right to sexual health education, imparting sexual health education is a challenging task, imparting sexual health education is a social taboo, interaction of intellectually challenged children with strangers and authoritative individual, and finally the trust between parents and their intellectually challenged children in imparting sexual health education.

The items were rated on 5 point scale that ranged from strongly disagree (1), disagree (2), uncertain (3), agree (4) and strongly agree (5), respectively.

Method of data collection: Pre - test was conducted to both experimental and control group to assess the existing attitude of the parents towards sexual health education. Prior permission was obtained from the principals and the parents of the ICC. They were informed about the purpose of the study. The investigator developed a personal rapport with the parents of both mild and moderate intellectually challenged children in order to elicit accurate information and create a comfort zone.

Intervention programme: was conducted for the parents of experimental group for duration of seven weeks. The duration of the intervention programme was 3 hours in each session. Concepts such as cognitive impairments of ICC, developmental aspects of ICC, sexuality of ICC, human anatomy, reproductive system, reproductive health, reproductive rights of ICC, responsibilities of parents, and other aspects of interpersonal, social and sexual behaviour, role of sexual health education was covered at the time of intervention programme. The intervention programme was followed by group discussion and group activities. The parents were introduced to the concepts through various techniques such as lecture method, video clippings, role play, puppet show and visual aids. Further the parents were rewarded with incentives whenever they volunteered to share their views and were sportive in their interaction. A feedback of the intervention program was also obtained from the parents at the end of the session.

Post -test was conducted to the parents of both control group and experimental group to assess their change in attitude after the implementation of the intervention program. Descriptive statistical analysis was used to analyze the data on the objective formulated.

Results and Discussion

It is clear from above table-1 and figure-1 that at the time of pre test parents of both control group and experimental group had a negative attitude towards imparting sexual health education. At the time of post test change in the attitude of the parents of experimental group was observed towards imparting sexual health education with the mean value being 80.76 (SD-2.96), 81

(SD-3.97) and the P value being at ($P < 0.001^{**}$) strongly significant in the case of fathers of mild and moderate ICC and 80.85(SD-6.69) and 80.47 (SD-7.44), in the case of mothers of mild and moderate ICC. This could be attributed to the concepts covered at the time of the intervention programme. Concepts such as human anatomy, sexuality of intellectually challenged children, reproductive health, social relationship, interpersonal relationships, reproductive rights of intellectually challenged children, responsibilities of parents, and other aspects of sexual behaviour has helped the parents to develop positive attitude towards imparting sexual health education. The results of the present study is supported by the findings of study carried out by Davis et al.,⁷ who also found in their study that majority of Chinese parents had positive attitude toward sexuality and sexuality education. Most Chinese parents agreed that parents should be the first teachers about sexuality education. Further the study conducted by McKay⁸ on parents attitude towards imparting sexual health education, also suggested that nearly 90% of parents strongly agreed to impart sexuality education to their children.

Further no change in the attitude of the parents was observed among the parents of intellectually challenged children of the control group. Study by Tsutsumi et al.,⁹ highlight that the parents and teachers have difficulty in discussing concepts related to sexuality with mentally retarded children because of their lack of information about sexuality education. Thus the consequences of not providing sexuality education to intellectually challenged children results in self – doubt, fear and embarrassment, unacceptable socio- sexual behaviors, social ridicule, unplanned pregnancy and STDs¹⁰. On the other hand parents are also confused, anxious and have ambivalent attitude, further they also claim that they have limited knowledge on sexuality and feeling of inadequacy in providing information to their children¹¹. Thus it can be concluded that the comprehensive sexual education programme will enable the parents to handle the subject with ease and confidence based on the age appropriateness, gender of the child, degree of disability, span of attention of the child and based on the situations.

Table-1
Parents' attitude towards sexual health education

Attitude	Experimental Group				Control Group			
	Pre-Test (Number=159)	Post-Test (Number=159)	t value	P value	Pre-Test (Number=159)	Post-Test (Number=159)	t value	P value
Father-mild	37.71±12.98	80.76±2.96	22.202	<0.001**	37.73±13.32	37.47±13.16	0.367	0.716
Father-moderate	37.85±12.79	81±3.97	18.505	<0.001**	38.11±13.25	36.39±13.46	0.534	0.597
Mother- mild	38.3±12.9	80.85±6.69	20.758	<0.001**	37.84±13.27	38.59±13.28	0.472	0.639
Mother- moderate	37.77±13.07	80.47±7.44	16.365	<0.001**	38±13.24	37.28±13.55	0.273	0.786

** Strongly Significant

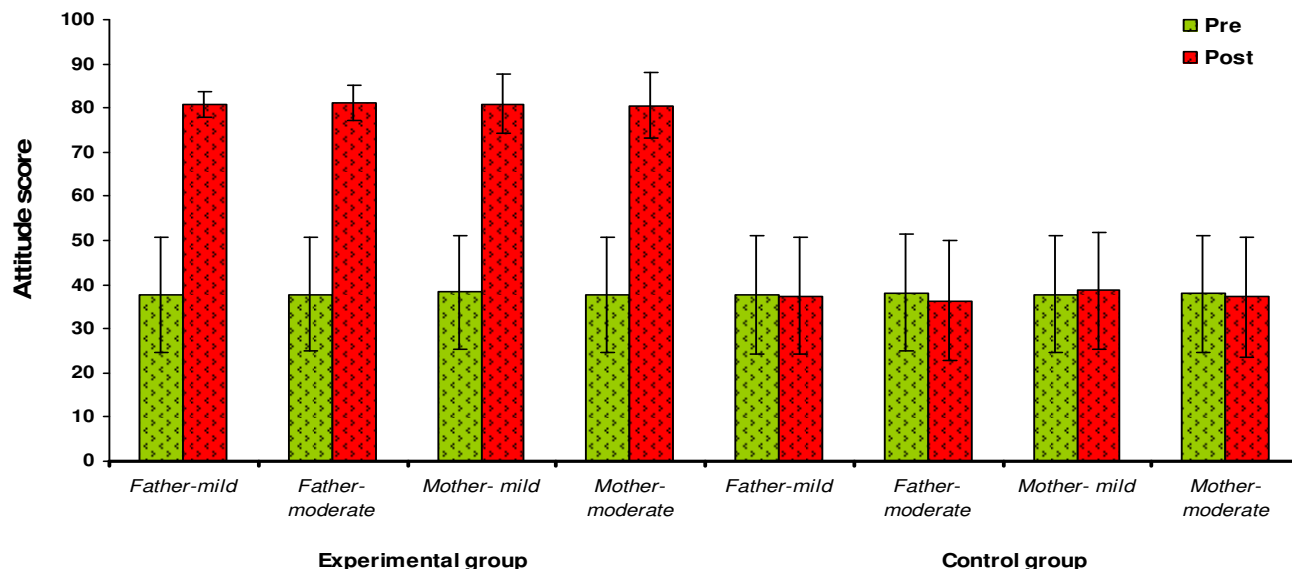


Figure-1

Parents attitude towards imparting sexual health education for mild and moderate intellectually challenged children

Table-2

Pre-Post outcome scores of parents of experimental group and control group on their attitude about sexual health education

Attitude	Experimental Group	Control Group	t value	P value
Pre-test score	37.91±12.87	37.88±13.21	0.010	0.978
Post –test score	80.77±5.56	37.59±13.25	37.868	<0.001**
Outcome(pre-post)	42.19±13.61	-0.35±18.48	23.36	<0.001**

** Strongly Significant

Table-2 depicts the mean scores of pre, post and out come (pre-post) assessment on the attitude of parents of both experimental group and control group.

The pre-test mean scores of the parents of experimental group is 37.91 (SD-12.87) in comparison to the parents of control group 37.88 (SD-13.21) the P value being (P=0.978) non-significant. Whereas in the post-test the experimental group have shown a tremendous improvement with mean scores being 80.77 (SD-5.56) when compared to the control group who has shown no change in their attitude aspects with the mean score being 37.59 (SD-13.25), which is found to be statistically strongly significant.

The finding of the present study is in line with the study carried out by Sari¹² on the parents' attitude towards sexual health education of their intellectually challenged children. The study concluded that after attending special classes on sexuality education parents developed positive attitude towards imparting sexuality education to their intellectually challenged children. The perceived negative attitude may stem from others opinion about their child's sexuality, and also from the belief that other parents, particularly of typically developing adolescents, do not understand the unique challenges of raising a child with a disability¹³. Thus professionals can play a useful role in organizing workshops where parents can informally network.

Further parents must become aware and comfortable with sexuality education in order to help their challenged children to discover their own identity and sexuality¹⁴.

Conclusion

Thus intervention plays a crucial role in bringing about a change in the attitude of the parents towards imparting sexual health education to their intellectually challenged children. Parents, also gain valuable support from talking with other parents, providing mutual assistance, reassurance and practical advice¹⁵, by clarifying their doubts and bring about change in their attitude towards imparting sexual health education as it is required not only for protecting their child/children from sexual exploitation and abuse but also to help their intellectually challenged children to establish a social identity.

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