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## **Assessment of Knowledge Attitude and Practices of Parents towards Imparting Sexual Health Education for Their Intellectually Challenged Children**

**Venkat Lakshmi H., Ph.D. & Navya S.**

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### **Abstract**

Preliminary study was conducted to assess the knowledge, attitude and practices of parents towards imparting sexual health education to their intellectually challenged children. A self structured tool was developed by the investigator to assess the parent's knowledge, attitude and practices towards imparting sexual health education to their intellectually challenged children. Purposive sampling procedure was used to select the schools catering to the educational needs of the intellectually challenged children attending special schools in Bangalore city. A total of 20 sample 10 fathers and 10 mothers of intellectually challenged children aged between 09-17 years was selected for the pilot study. They were further subdivided into experimental group and control group [Experimental group comprising of 5 fathers and 5 mothers and Control group comprising of 5 fathers and 5 mothers].

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The intervention program was given to the respondents of experimental group. Descriptive statistical analysis has been carried out in the present study. Pre-assessment data revealed that respondents of both control and experimental group do not differ in their knowledge, attitude and practices on imparting sexual health education to their intellectually challenged children. The Post-assessment data revealed that respondents of experimental group who received intervention program had better knowledge, attitude and practices towards imparting sexual health education when compared to control group. The study highlights that an awareness on sexual health education to the parents through intervention program in the upbringing of their intellectually challenged children right from early years of life will enable them to encourage their children to develop an 'self identity'.

## **Introduction**

“Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18” (AAIDD, 2011).

Development plays a significant role in children's life. Unlike any other normal children, intellectually challenged children also grow in developing the physical, cognitive, emotional, motor and social aspects but at a slower pace. Physical development is one of main aspects of development. According to Siddiqi (1999) intellectually challenged children have same physical development as any other normal children. Changes in physical development are more observed during the period of adolescent for both normal and challenged children.

An adolescent year is not just marked by growth in height and weight, but also brings about a host of other physical, physiological and psychological changes. A prominent change is seen with the onset of puberty, in both males and females which marks the beginning of sexual maturation in adolescents. While for girls, her first menstruation is the sign of puberty, for boys it is the appearance of the first few whiskers. The average age for sexual maturation is 12.5 years

for boys and 10.5 years for girls. Intellectually challenged children are also sexual persons like other normal children (Elias ER, 2006).

At the age of puberty, intellectually challenged children may also demonstrate the same curiosity as normal children, but their abilities to distinguish between right and wrong, to protect themselves against sexual violation and to control themselves are much weaker than ordinary children (Sari, 2005). Intellectually challenged children are more vulnerable to sexual abuse than normal children (Sobsey, 1994).

Therefore the education on sexual health education plays a pivotal role in intellectually challenged children's life. One of the major responsibilities of every parent is to make an attempt to keep their children safe and protected. Therefore there is a need for parents of intellectually challenged children to educate their children on 'sexuality' which in turn helps their child to develop an identity, enable them to ascertain their rights and protect themselves from sexual abuse.

Intellectually challenged children need not only academic, social and emotional development but also sexual development because the sexuality consists of complex a developmental behavior which is related to not only biological matters but also physical, social and emotional matters. Safety skills, appropriate sexual behaviours, 'good' and 'bad' touch and utilitarian tasks that will help the child to be more independent (Sari, 2005). Through the help of educational modules like role play, television show, visual aids, interactive sessions and activities during the early years of life will enable them to develop sense of 'self awareness'.

### **Aim**

The study aims to assess parents' knowledge, attitude and practices towards imparting sexual health education to their intellectually challenged children.

## **Methodology**

The methodology used for the present study was pretest, posttest method with an intervention program. The intervention program was planned to develop knowledge, attitude and practices of parents' towards imparting sexual health education to intellectually challenged children. The study was conducted under the following phases.

### **Phase I - Selection of Sample**

Special schools catering to the educational needs of intellectually challenged children in Bangalore city was identified. The Heads of the institution/Principals of special schools were approached with letter of permission for conducting the study.

Purposive sampling procedure was used to select the schools catering to the educational needs of the intellectually challenged children attending special school in Bangalore city. A total of 20 samples, 10 fathers and 10 mothers of intellectually challenged children aged between 09-17 years were selected for the pilot study. They were further subdivided into experimental group and control group [Experimental group comprising of 5 fathers and 5 mothers and Control group comprising of 5 fathers and 5 mothers].

### **Phase III – Development of Tool**

A self structured tool was developed by the investigator to assess the parent's knowledge, attitude and practices towards imparting sexual health education to their intellectually challenged children. Part A - consisted of demographic details and part B - consisted of items related to Knowledge (A), Attitude (A), and Practices (P).

An intervention module was developed systematically both in English and local language (Kannada) by incorporating various techniques to improve and enhance the knowledge, attitude

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and practices of parents' towards imparting sexual health education for the intellectually challenged children. Education was imparted through the use of various audio visual techniques.

### **Phase III - Administration of Tool**

A personal rapport was established with parents both fathers and mothers in order to elicit accurate information and create a comfort zone. Pre test was conducted to both experimental and control group to assess the existing knowledge of the parents towards sexual health education.

The intervention program was given to the parents of experimental group for 3 hours of duration on every Saturdays of the week for a period of nine weeks. The parents were introduced to the module developed for the intervention program through lecture method, quiz, role play, puppet show, visual aids, interactive sessions, group discussion and group activities. Resource persons were also invited to conduct sessions for the parents. A feedback of the intervention program was also obtained from the parents at the end of the session. Post test was conducted to both control group and experimental group to assess their knowledge, attitude and practices after the intervention program was been implemented.

### **Phase IV - Statistical analysis**

Descriptive statistical analysis was used to analyze the data on the objective formulated.

## **RESULTS AND DISCUSSIONS**

### **Basis Profile of the Respondents**

The data revealed that 60% of the respondents of control group have challenged children who are in the age group of 17 and above and 40% of the respondents of experimental group have challenged children in the age group of 14 – 16. Only 30% of the respondents' children of experimental group are in the age group of 11 to 13 and 8 to 10 respectively. With respect to the

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gender of the child, 60% and 40 % of the respondents of experimental and control group have male children. 60% and 40 % of respondents of control and experimental group have female children.

Majority of the respondents of control group have the ordinal position of their child as first and second born. Where as 30% and 20% of respondents of both experimental and control group have only one child. With reference to number of children 100% and 70% of the respondents of both control and experimental group have one to two children.

80% of mothers of both experimental and control group are in the age bracket of 30 to 40. In comparison to 70% and 60% of fathers who are in the age bracket of 41 to 50. Only 10 % of fathers of experimental group are in the age bracket of 61 to 70. 50% of fathers and mothers of experimental and control group work in a government sector. When compare to 90% of the mothers of experimental and 70 % of the fathers of control group work in a private sector.

70% of the respondents of both control group and experimental group live in a nuclear family system. Where as 30% and 20% of the respondents of control and experimental group live in joint family.

60% and 20% of the respondents of control and experimental group have an income ranging between Rs.1000/- to Rs.5000/-. Where as 30% and 10% of the respondents of experimental and control group have an income ranging between Rs.10, 001/- to Rs.15000/-. Only 20% of the respondents of experimental group have an income of above 30,000/- per month.

100% of the respondents of both control and experimental group belong to Hindu religion.

**TABLE 1: History of disability in the family of the respondents**

History of Disability in the Family	Control Group		Experimental Group	
	NN	%	NN	%
Yes	6	60	0	0
No	4	40	10	100

Table 1 depicts the history of disability in the family of the respondents. 100% and 40% of the respondents of both control group and experimental group have no history of disability in their family. Whereas 60% of respondents of control group have expressed that there is a history of disability in their family.

**TABLE 2: History of other children in the family with other disabilities**

Children with other disabilities in the family	Control Group		Experimental Group	
	NN	%	NN	%
Yes	2	20	0	0
No	8	80	10	100

Table 2 depicts the history of children with other disabilities, other than intellectual disability in the family of the respondents. 100% and 80% of the respondents of experimental and control group have express that there is no history of children with other disabilities within the family. Whereas 20% of the respondents of control group have expressed that there is a history intellectual disability with in the family.

**TABLE 3: Knowledge of the respondents towards imparting Sexual Health Education**

Knowledge	Control Group	Experimental Group	P value
Pre-assessment	44.90±11.29	45.00±11.12	0.984
Post-assessment	45.00±11.12	81.10±3.76	<0.001**

\*\* - Highly Significant

Knowledge on imparting sexual health education refers to the physical, physiological and psychological changes. The data in table 3 depicts the knowledge of respondents in imparting sexual health education to their challenged children.

The pre-assessment data clearly indicates that there is not much significant difference in the P value ( $P = 0.984$ ) of the respondents in imparting sexual health education. The post assessment data reveals that the respondents of experimental group have a good knowledge on sexual health education and the need to impart the same. This could be attributed to the influence of intervention program which has enhanced their level of knowledge on the importance and need of sexual health education to be imparted to their challenged child. Further, it can be concluded that the intervention module developed for the program was found to be highly relevant.

The findings of the present study is also supported and highlighted by the research work carried out by Wenli Liu and Carolyn Edwards (2003), McKay (1996), Hockenberry-Eaton et al (1996) that there is a need to remove a misconception among parents regarding sexuality education and make them to feel comfortable while imparting sexual health education to their challenged children. Further, it is also highlighted that parents must be encouraged to participate in the intervention program as it helps them to get complete knowledge on sexual health education.

**Table 4: Attitude of the respondents towards imparting Sexual Health Education**

Attitude	Control Group	Experimental Group	P value
Pre-assessment	37.30±13.47	37.30±13.47	1.000
Post-assessment	37.30±13.47	80.40±4.01	<0.001**

\*\* - Highly Significant

Table 4 reveals the attitude of respondents towards imparting sexual health education for their intellectually challenged children. This includes the attitude of the parents towards the “sexual health education” and its role in training children against sexual abuse, teaching their children appropriate sexual behaviours, to facilitate social interactions, how to interact with the strangers



and also its role in maintaining good relationship between parents and the intellectually challenged children.

Pre-assessment data indicates that the respondents of both control group and experimental group have negative attitude towards imparting sexual health education. This could be due to the misconception the parents have towards sexuality education and also the societal stigma attached that imparting sexual health education is a social taboo. Post-assessment data reveals that there is a highly significant difference in the P value ( $<0.001^{**}$ ) of the respondents of experimental group. Thus it can be concluded that strategies used at the time of intervention program has influenced the parents to develop positive attitude towards imparting sexuality education. The findings are in line with the findings of the study conducted by Tsutsumi et al. (2009), Kempton (2001) and Van Dyke (1995) that there is a need to remove social stigma towards sexuality education. Further, to also educate the parents on the sexual development and desires of their challenged children and need for imparting the same.

**TABLE 5: Practices of the respondents towards imparting Sexual Health Education**

Practices	Control Group	Experimental Group	P value
Pre-assessment	58.60±25.42	58.60±25.42	1.000
Post-assessment	58.60±25.42	132.80±7.63	$<0.001^{**}$

**\*\* - Highly Significant**

Table 5 depicts the practices of respondents towards imparting sexual health education for their intellectually challenged children. Sexual health practices includes maintaining personal hygiene, training child about healthy sexual habits, ways of protecting themselves against lures and perpetrators, how to distinguish between good touch, bad touch, training children on daily living activities, use of colloquial words, implementing audio visual aids in imparting sexual health education, finally role of parents in imparting sexuality education to their challenged children in effective ways.

Pre-assessment data indicates that the respondents of both control and experimental group are similar in their practice on imparting sexual health education. This could be attributed to the lack of knowledge of respondents on different methods of imparting sexuality education. Post-assessment data reveals that intervention program has positive influence on practices of respondents towards imparting sexual health education to their challenged children with the P value being highly significant at ( $< 0.001^{**}$ ). The findings of the present study attributed to the fact that the modules like role play, television show, visual aids, group discussion and activities introduced to the respondents at the time of intervention program was found to be very effective and has enhanced their practical knowledge of imparting sexuality education. This is also supported by the research work carried out by Liu et al. (1997), King and Lorusso (1997) and Cheung, (1996) that parents should be encouraged to know the different ways of teaching sexual health education to their children in their daily life. Further parents also have to know how to handle the questions asked by their children.

## **Conclusion**

Parents and family members at home should provide a safe and secure environment for the development of the abilities and interests of the intellectually challenged child. Parents should not feel awkward and should help their child to socialize with family members, relatives and friends. These children also need more love and affection like the normal children. They might not be able to express their needs, So it is up to parents to provide what they want and give them all the love and strength that they require to help them develop to their full potential. The present study highlighted that an intervention program on sexual health education had a positive influence on knowledge, attitude and practices of respondents towards imparting sexuality education to their intellectually challenged children. Intervention program has helped to create awareness on importance of sexuality education, rights of the challenged children, protection of children against sexual abuse and sexually transmitted diseases.

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