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## **Sex education: Sensitization amongst the parents of persons with intellectual and developmental disabilities in the city of Nagpur**

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### **Abstract**

Parents of children with special needs are less sensitized with regard to sex education, specifically in rural areas, they have no idea about the upbringing of their children with or without disabilities. With regard to sex education, parents feel shy to discuss the issue among themselves, it's still a big taboo in rural society, resulting in a lack of sexuality-related knowledge amongst the adolescent group with intellectual disabilities or any other disabilities. On today's date, it is of utmost importance to empower the adolescent group with disabilities with sexuality-related education, to make them lead a dignified life. People with disabilities are very prone to sexuality-related abuse in their daily life. This study aimed to study the awareness level amongst the parents of persons with intellectual disabilities regarding sexuality-related issues. The subjects of this study were parents of persons with intellectual disabilities who were studying at the Day care center for students with Intellectual disabilities in Nagpur (Sample size = 50). A cross-sectional research design with a purposive sampling method was used in this study. The scale developed by Lakshmi and Navya (2014) on Sexual Health Awareness Education for Parents of Children with Intellectual Disabilities was used. We found significant differences with respect to the knowledge they had regarding sexuality-related issues among the parents of persons with intellectual disabilities. Significant gender-related differences in sexual health education awareness (knowledge, attitudes, practices) were found among parents of people with intellectual disabilities. There was no significant difference in awareness of sexual health education by family type. Parents living in rural areas are less responsive to knowledge and practice than those living in urban areas. However, parents living in urban areas scored higher in the attitudinal dimensions than those living in rural areas.

**Keywords:** Sensitization, intellectual disability, parents, sexual health education

### **Introduction**

The legislations and acts both globally and nationally emphasize the right of persons with disabilities to express their views on all matters affecting their life, persons with disabilities have been given equal opportunities to exercise their rights in every aspect of life including the right to have appropriate education with regard to the sexuality-related issues for both women and children with disabilities. It is important to know whether parents are aware of sexual health education for children with intellectual disabilities. Parents always expect good and healthy children and never expect a disabled child. However, facing such situations adversely affects their attitudes in the form of misery, suspicion, guilt, denial, stigma, etc., which can lead to a state of distrust and doubt about their character and abilities. Parents can play an important role in educating children about sexual health education. Parental education can have a significant impact on further helping children acquire appropriate knowledge, understanding, and skills related to sexuality and maintaining quality reproductive health.

The transition from childhood to adolescence as a sexual being is a major challenge for parents of children with intellectual disabilities. The reason for this is the stigma associated with sexual feelings and desires within the community is different. However, mothers play a more important role in providing sex education than fathers. There is a lack of sufficient knowledge about effective methods and tools for teaching sex education. People with intellectual disabilities, like everyone else, have the right to receive sex education that equips them with sufficient knowledge, understanding, skills, practice, and the ability to make choices and decisions.

People used to be reluctant to talk about sex education, and the situation worsens for people with disabilities in comparison to people without disabilities. However, while society is now open to accepting people with disabilities, without individualized guidance, people with disabilities have limited opportunities to participate in meaningful relationships and are at risk of sexual abuse. People have tried to control the sexuality of people with disabilities to control reproduction and abuse. Everyone is born with a gender identity, regardless of ability or disability. Gender identity consists of knowing one's sexuality and living it appropriately. The role of parents in sexual health education must be guaranteed. Parents should be actively involved in all plans that affect children with intellectual disabilities. Schools and teachers should involve parents at all stages of development. Strengthening sex education is expected to minimize the risk of negative consequences of sexual activity. Those who are empowered or trained in sexuality or sex education may enhance the value of their heterosexual relationships and help them make decisions related to their sexual needs. Studies have found different barriers to sexuality for people with intellectual and developmental disabilities. These barriers have been found to be causative factors in how individuals perceive their sexuality, their knowledge of sex and sexuality, their quality of life, and their consequent outcomes in meaningful adult life. increase. The study also reports that many experts believe that young people need to be provided with sexual health education as early and comprehensively as possible, but from a traditional as well as a contemporary educational perspective the topic of Sex education is not included in the curriculum. Only parents can initiate sexual health education at an early age. Given the role of parents in sexual health education, the researchers intended to conduct a sensitization program for the parents of persons with intellectual disabilities with the objective to change their attitude, knowledge, and perception towards the sexuality-related issues affecting their life to lead a quality life.

**Aims and objectives**

To sensitize the parents of individuals with intellectual disabilities about sex-related issues with reference to gender, locality, and family type.

**Methods and Materials**

**Participants**

Participants for the present study were the parents (n = 50) of individuals with intellectual (irrespective of severity) disability studying at Nandanvan Special School, Nagpur, India. Following were the inclusion criteria-willingness to participate followed by written consent, parents having children with intellectual disabilities (IQ < 70).

**Design of the study**

Cross-sectional study with purposive sampling technique.

**Tool**

For the present study, a rating scale on awareness (knowledge, attitude, and practice) of sexual education for parents of intellectually challenged children was used. This tool is developed by Lakshmi and Navya (2014) and published by National Psychological Corporation, Agra, India. It is a self-administered scale and there are 71 items (knowledge-1–20 [n = 20], attitude-21–39 [n = 19], and

practice-40–71 [n = 32]) in the tool. The responses are to be given on a five-point rating scale as “Strongly Agree, Agree, Uncertain, Disagree, and Strongly Disagree.” There is no negative scoring on the statements. The tool was tested for reliability using a test-retest method which suggests 0.9500, 0.8425, 0.8412, and 0.8775 for knowledge, attitude, practice, and overall awareness, respectively.

**The procedure of the Study**

The tool was administered at the convenience of the sample, and written informed consent was obtained from the participants. The participants were made clear about the aims and objectives of the present study. It was also made clear to the participants that their identity will be kept confidential and the collected data will be used only for the purpose of the study. Instructions were written on the tool and the same was given verbally by the researchers to the participants and enough time was provided for them to complete the tool. Researchers were available throughout the process to look for their queries regarding understanding the item while filling up the tool. The tool was administered to parents of individuals with intellectual disabilities. Each participant received the tool and completed it. The study was approved by the research committee of the institute. The data collected were analyzed using Statistical Package for the Social Sciences (SPSS) (Released 2008. SPSS for Windows, Version 17.0. Chicago: SPSS Inc.).

**Results**

Table 1 depicts the comparison of the Means of fathers (male) and mothers (female) obtained by the selected sample. On “knowledge,” the obtained mean for males was 39.58, and standard deviation (SD) 4.76 whereas for females, the Mean was 43.53 and SD as 5.44. The calculated “t” value 1.93 was significant at ( $p < 0.01$ ) level of significance. On “attitude,” the obtained Mean for males was 37.12 and SD 4.71 whereas for females, the Mean was 40.23 and SD as 4.38. The calculated “t” value 2.59 was significant at ( $p < 0.01$ ) level of significance. On “practice,” the obtained Mean for male was 64.25 and SD 8.16, whereas for female, the mean was 67.45 and SD as 6.58. The calculated “t” value 1.06 was significant at ( $p < 0.05$ ) level of significance. The calculated t-value of knowledge, attitude, and practice were  $t = 1.93$  ( $p < 0.01$ ),  $t = 2.59$  ( $p < 0.01$ ), and  $t = 1.06$  ( $p < 0.05$ ), respectively.

**Table 1:** Comparison of means of awareness on sexual health education among parents with respect to gender

Domain	Gender	n	Mean	SD (Standard Deviation)	t	Significance level
Knowledge	Male	23	39.58	4.76	1.93	0.000
	Female	27	43.53	5.44		
Attitude	Male	23	37.12	4.71	2.59	0.001
	Female	27	40.23	4.38		
Practice	Male	23	64.25	8.16	1.06	0.035
	Female	27	67.45	6.58		

Table 2 depicts the comparison of the Means of type of family (joint and nuclear) obtained from the selected sample. On “knowledge,” the obtained mean of the joint family was 43.12, and SD as 5.69, whereas for the nuclear family, the mean was 41.13 and SD 5.37. The calculated “t” value 0.66 ( $p > 0.05$ ) was not significant. On “attitude,” the obtained mean for the joint family was 39.23, and SD as

4.86, whereas for the nuclear family, the mean was 38.47 and SD 4.81. The calculated “t” value 0.28 ( $p>0.05$ ) was not significant. On “practice,” the obtained mean for joint family was 66.2, and SD as 9.58 whereas for the nuclear family, the mean was 65.67 and SD 7.25. The calculated “t” value 0.12 ( $p>0.05$ ) was not significant. The calculated t-value of knowledge, attitude, and practice were  $t = 0.66$ , ( $p>0.05$ ),  $t = 0.28$  ( $p>0.05$ ), and  $t = 0.12$ , ( $p>0.05$ ), respectively.

**Table 2:** Comparison of means of awareness on sexual health education among parents with respect to family type (Joint & Nuclear)

Domain	Family Type	n	Mean	SD (Standard Deviation)	t	Significance level
Knowledge	Joint	8	43.12	5.69	0.66	0.184 (NS)
	Nuclear	42	41.13	5.37		
Attitude	Joint	8	39.23	4.86	0.28	0.573 (NS)
	Nuclear	42	38.47	4.81		
Practice	Joint	8	66.2	9.58	0.12	0.807 (NS)
	Nuclear	42	65.67	7.25		

NS – Nonsignificant; SD – Standard deviation

Table 3 depicts the comparison of means of locality (rural and urban) obtained by the selected sample. On “knowledge,” the obtained mean of rural was 43.77, and SD as 6.88 whereas for urban, the mean was 41.09 and SD 5.14. The calculated “t” value 0.83 ( $p<0.05$ ) was found to be significant. On “attitude,” the obtained mean for rural was 37.27, and SD as 4.16, whereas for urban, the mean was 38.78 and SD 4.88. The calculated “t” value 1.73 ( $p>0.05$ ) was not significant. On “practice,” the obtained mean for rural was 59.31 and SD as 7.98 whereas for urban, the mean was 66.72 and SD 7.09. The calculated “t” value 1.73 ( $p<0.01$ ) was found to be significant. The calculated t-value of knowledge, attitude and practice were  $t = 0.83$  ( $p<0.05$ ),  $t = 0.53$ , ( $p>0.05$ ), and  $t = 1.73$  ( $p<0.01$ ), respectively.

**Table 3:** Comparison of means of awareness on sexual health education among parents with respect to locality

Domain	Locality	n	Mean	SD (Standard Deviation)	t	Significance level
Knowledge	Rural	7	43.77	6.88	0.83	0.098
	Urban	43	41.09	5.14		
Attitude	Rural	7	37.27	4.16	0.53	0.292(NS)
	Urban	43	38.78	4.88		
Practice	Rural	7	59.31	7.98	1.73	0.001
	Urban	43	66.72	7.09		

NS – Nonsignificant; SD – Standard deviation

**Discussion**

As a result of the sensitization program, a significant difference is observed with respect to the gender in the dimension of knowledge about sex education (knowledge, attitude, and practice) among the parents of individuals with intellectual disability. The results highlight that mothers are more knowledgeable than fathers in all the domains of sex education i.e. knowledge, attitude, and practice. This may be because mothers may have a larger role in imparting sex education to their children with intellectual disabilities. The other possibility of having reported such results may be because mothers are the primary caregivers having close relationships who look after all the needs of their child with an intellectual disability. The findings of a study suggest that mothers, particularly those with sons, agreed that sex

education is important. A critical review of the related literature highlights that parents are willing to have a dialogue with their children about sex education provided they are given appropriate support in terms of motivation, knowledge, and skills to lead the discussion. Another critical analysis of sex education for people with autism spectrum disorders highlights that people with disabilities must have the right to sex education regardless of their cognitive functioning.

No significant difference with respect to family type on awareness about sex education (knowledge, attitude, and practice) among the parents of individuals with intellectual disabilities was found. However, there is a difference in the Mean in all the domains (knowledge, attitude, and practice) with respect to family type. The results suggest that the joint family is more aware of the sexual health education of individuals with intellectual disabilities than the nuclear family. This may be because the person with an intellectual disability living in a joint family has wider scope to interact with many other family members. This interaction enables the family members to have detailed information about persons with ID in contrast it is lacking or sometimes missing in the nuclear family.

A significant difference with respect to the locality on knowledge and practice of sexual health education was found. However, no significant difference was seen in the attitude domain of sexual health education. The study results indicate that locality plays an important role in the dimension of knowledge related to sex issues.

It is also observed that parents in rural areas responded more favorably to knowledge and practice than parents in metropolitan areas. A significant conclusion from the current study is that parents who live in rural areas scored higher on knowledge and behaviors related to sexual health education than parents who live in metropolitan areas. This research challenges and refutes the widely held belief that residents of metropolitan areas are more alert. Such a result must be attributable to technological development, which has drastically altered all spheres of existence, including rural residents. However, parents who reside in urban areas outperformed parents who reside in rural areas in terms of attitude.

Parents have favorable attitudes about sex education for their children with intellectual disabilities as they believe it would ensure their safety against any sexual abuse. Parents want their children to be educated about sex education by the teachers whereas school is in the view that basic sex education must be imparted by the family. Furthermore, it adds that the education of parents cannot be a single factor that influences the attitude of parents but that there are several other factors like socioeconomic status, locality of residence and family structure, etc., which needs to be taken into account. Sex education needs to be taught within the formal education system; however, the role of informal sex education cannot be ignored as this has also been found equally beneficial.

With adequate education and training, parents can be equipped to impart informal sex education which can be a cost-effective affair also. The sex education program should focus on sex-oriented developmental aspects like knowledge about bodies, their rights, and how to interact in society with individuals with a disability. Several studies reported raised the need for adequate knowledge, attitude, and practice among parents to deal effectively with the sexuality issues



of adolescents with intellectual disabilities. This creates a ground for developing suitable tools for assessment and intervention programs for the effective management of individuals with intellectual disabilities.

The findings of the study suggest an equal opportunity to have sex education for students with intellectual disabilities needs to be ensured in public schools, it is also evident that in maximum educational institutions, students with intellectual disabilities are not imparted sex education. It is believed that, in the contemporary trend towards disability rehabilitation, special educators are in faith in having a positive impact on sex education for students with intellectual disabilities. The majority of the parents of the children at the primary level do not support the concept of sex education. The content of sex education should be introduced in sequential order to the students as per their developmental levels.

Based on the findings of this study, it is recommended that awareness of the parents is mandatory for improvement, and by imparting training on sex education, they can provide the right information to their child. The responsibility of imparting sex education should be on parents as well as family members. Considering the appropriate perspective of sexuality among persons with disabilities has become an integral part of education. This will help persons with disabilities to have a proper understanding of sexuality and realize their potential better.

### Limitations

The study was limited to less number of samples and restricted to a limited number of special schools and demography. Awareness about sex education should have been compared with the parents of children without disabilities or other disabilities, to draw a comprehensive finding. In the future, a comparative study, experimental study, or longitudinal study may be conducted to dig into the detailed findings.

### Conclusion

The study focussed on sensitizing the parents of students with intellectual disabilities to sex education. However, the small sample and the exploratory nature of the study raise difficulties when making a broader generalization. By imparting sex education, people with intellectual disabilities will be able to achieve autonomy and lead a quality life. Based on the results, it may be suggested that policymakers should understand that there is a need to provide more information regarding sexual health education to the parents of individuals with intellectual disabilities. Thus, provisions are to be made for empowering parents through training to further train and empower their children with intellectual disabilities.

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