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**RELATIONSHIP OF KNOWLEDGE, ATTITUDE AND PRACTICE OF PARENTS
TOWARDS IMPARTING SEXUAL HEALTH EDUCATION TO THEIR MILD
INTELLECTUALLY CHALLENGED CHILDREN**



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ABSTRACT:

Sexual health education can be effectively taught only when parents possess adequate knowledge about it, when they are positive and optimistic in their attitude and when they can keep themselves abreast of the best practices to teach their challenged children. Thus the focus of the study was to assess the relationship between knowledge,

attitude and practices towards imparting sexual health education to their mild intellectually challenged children. Self-structured tool developed and standardized by the investigator was used to assess the knowledge, attitude and practices of parents. Purposive sampling method was used to select the special schools catering to the educational needs of the mild intellectually challenged children in Bangalore city. A total sample of 359, consisting of 184 fathers and 175 mothers of mild intellectually challenged children aged between 09-17 years were selected for the present study. The samples were further subdivided into experimental group and control group [experimental group comprising of 174 and control group comprising of 185], of which 93 samples were identified for the intervention programme from experimental group, who evinced keen interest to support their mild intellectually challenged children. Data was analysed using descriptive statistical methods. The study revealed that, the comprehensive intervention programme helped parents to realize the importance of sexual health education and also the need to possess knowledge, to bring about a desirable change in the attitude and the use of effective practices to teach sexual health education.

KEYWORDS:

Parents, Mild Intellectually Challenged Children (MICC), Knowledge, Attitude, Practice, Sexual Health Education.

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INTRODUCTION :

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 documents (United Nations, 1993; 2006). Sexuality of children with intellectual disabilities (ID) remains a sensitive subject for many parents. Fortunately, in the scientific literature, many studies have been published for more than 30 years to assess medical and educational issues regarding the sexual health of children with intellectual disabilities (Conod, 2008). Intellectually challenged children begin puberty at the same age as other children and experience the same physical and hormonal changes. Intellectually challenged children, however, require more time, systematically planned education and support to understand and manage these changes. Children with greater care may require extra education and support to express their sexuality in positive ways (www.betterhealth.vic.gov.au). But the reality is that sexuality remains a highly sensitive and frequently neglected issue. Further, research has also reported that young children with intellectual disabilities are less likely to discuss about sexual matters with their family members when compared to their non-disabled peers (McCabe, 1999; Jahoda and Pownall, 2010).

Further intellectually challenged children experience all forms of abuse, including sexual abuse, at higher rates than the rest of the population. Without adequate sexual health education and an understanding of protective behaviours they become the easy target of victims. Further, due to lack of knowledge about sexual issues, lack of intellectual ability to understand the changes happening to their bodies and misplaced trust in others due to increased dependence on others for assistance, they easily fall in to the prey of the perpetrators.

A tendency to be overly compliant, particularly those children requiring a high level of support, lack of assertiveness training or skills and an overprotected lifestyle and limited social contact also will be at increased risk of sexually transmissible infections and unplanned pregnancy (www.betterhealth.vic.gov.au). Therefore there is a need to impart sexual health education to the intellectually challenged children as it aims at addressing aspects like self-care, anatomy and physiology, relationships, social skills and social relationship. These aspects can be best imparted using effective teaching strategies that are age appropriate and child's ability to learn. It should also focus on the grasping power of the child and provide opportunity for reinforcement and practice of social skills that are required for independent living. Therefore, parents' involvement in teaching about sexual health plays a very significant role.

Parents need to provide the guidance as well as knowledge to their intellectually challenged children to become responsible and happy adults. But they are often reluctant to talk about sexuality with their children because they believe their child is too young/not ready. Further they are not sure of how to talk to their child about the subject as they lack in understanding of the stages of sexual development, they are uncomfortable talking about reproductive body parts and functions, they also worry that talking about sexuality and reproduction will encourage experimentation. They are unsure what their children need to know and when they need to know about it (<http://teachers.teachingsexualhealth.ca>).

Parents' involvement should be the focus while imparting sexual health education to their intellectually challenged children and the role they play in providing sexuality education to their challenged children is of utmost importance. Therefore, parents of intellectually challenged should be

prepared to impart sexual health education based on their child's age, gender, degree of disability, pace of learning and their child's ability to understand the concepts (Byers, Sears, and Weaver, 2008).

Sari (2005) emphasised that, parents after attending special classes on sexuality education tend to develop a positive attitude towards teaching sexuality education to their intellectually challenged children. Their comfort level can predict their communication skills about sexual matters.

Parents should therefore not hesitate or feel shy about teaching the aspects of sexual health, instead should show interest to develop knowledge, a positive attitude and to be aware about various practices to impart sexual health education efficiently. Knowledge, attitude and practices of sexual health education are interwoven concepts which help parents to become more confident about the subject and how to handle the subject of sexuality with their intellectually challenged children.

Thus, an attempt has been made to understand the relationships between knowledge, attitude and practices related to sexual health education.

OBJECTIVE:

To assess the relationship of knowledge, attitude and practice of the parents towards imparting sexual health education to their mild intellectually challenged children.

METHODOLOGY:

The methodology used for the present study was pre-test, post-test method with an intervention program. The intervention was planned to develop parents' knowledge, attitude and practice towards imparting sexual health education to their intellectually challenged children.

Investigator identified the special schools catering to the educational needs of mild intellectually challenged children in Bangalore city. The Heads of the institution/Principals of special schools was approached with letter of permission for conducting the study. Purposive sampling procedure was used to select the special schools catering to the educational needs of the intellectually challenged children in Bangalore city. A total sample of 359, consisting of 184 fathers and 175 mothers of intellectually challenged children aged between 09-17 years were selected for the present study. They were further subdivided into Experimental group comprising of 174 and Control group comprising of 185 samples. 93 samples were identified for the intervention programme from experimental group, out of which 45 fathers and 48 mothers of mild intellectually challenged children respectively.

Rating scale developed and standardized by the investigator to assess the Knowledge (K), Attitude (A) and Practices (P) of the fathers and mothers towards imparting sexual health education to their intellectually challenged children was used. The scale consisted of information related to the socio demographic profile of the samples and specific information related to knowledge, attitude and practices of the parents on sexual health education for their challenged children. The scale was translated into regional language (Kannada) to evoke a better response. The items were rated on 5 point scale, strongly disagree, disagree, uncertain, agree and strongly agree with a scoring pattern of as 1, 2, 3, 4 and 5 respectively.

Pre-test was conducted to both experimental and control group to assess the existing knowledge, attitude and practices of the parents towards sexual health education. The investigator developed a personal rapport with the parents in order to get correct information. The parents were

informed to go through the tool which comprised of knowledge, attitude and practice component of the sexual health education tool and give their opinion.

Comprehensive intervention programme was conducted for the parents of experimental group for duration of seven weeks. Each session of the intervention programme was for duration of 3 hours. Concepts such as physical development, characteristics of intellectually challenged children, sexual development, sexuality related aspects, rights of intellectually challenged children, importance of interpersonal relationship, parenting a special child and other aspects were covered at the time of intervention programme. Visual aids, group discussion, lecture method, video clippings, role play, puppet show was used to teach the concepts during intervention programme. Fathers and mothers were rewarded with incentives in order to motivate and encourage them to actively participate in the intervention programme in order to enhance their information on sexuality education. Feedback of the intervention program was obtained from the parents at the end of each session.

The post-test was conducted for the parents of both control group and experimental group to assess fathers' and mothers' knowledge, attitude and practices towards imparting sexual health education and to study the effectiveness of the intervention program. The data obtained was subjected to analysis. Descriptive statistical analysis was used to analyze the data on the objectives formulate.

RESULTS AND DISCUSSION

Table 1: Correlation of Knowledge, Attitude and Practice

Father – Control Group						
Dimension	Pre Test			Post Test		
	Mild			Mild		
	Knowledge	Attitude	Practice	Knowledge	Attitude	Practice
Knowledge	1.000	0.613**	0.715**	1.000	0.640**	0.738**
Attitude		1.000	0.948**		1.000	0.946**
Practice			1.000			1.000
Mother – Control Group						
Dimension	Pre Test			Post Test		
	Mild			Mild		
	Knowledge	Attitude	Practice	Knowledge	Attitude	Practice
Knowledge	1.000	0.627**	0.729**	1.000	0.582**	0.695**
Attitude		1.000	0.946**		1.000	0.943**
Practice			1.000			1.000

** Significant at 1% level

Table 2: Correlation of Knowledge, Attitude and Practice

Father – Experimental Group						
Dimension	Pre Test			Post Test		
	Mild			Mild		
	Knowledge	Attitude	Practice	Knowledge	Attitude	Practice
Knowledge	1.000	0.676**	0.772**	1.000	- 0.220 ^{NS}	- 0.621**
Attitude		1.000	0.942**		1.000	- 0.692**
Practice			1.000			1.000

Mother – Experimental Group

Dimension	Pre Test			Post Test		
	Mild			Mild		
	Knowledge	Attitude	Practice	Knowledge	Attitude	Practice
Knowledge	1.000	0.652**	0.759**	1.000	0.938**	0.717**
Attitude		1.000	0.934**		1.000	0.654**
Practice			1.000			1.000

** Significant at 1% level, NS - Not Significant

Table 1 and 2 depicts the correlation between knowledge, attitude and practices of the parents on sexual health education of both control group and experimental group at post-test. A correlation explains type of relationship between any two or more variables in which they vary together over a period (Correlation, n.d.). Positive correlation is the correlation in the same direction is called positive correlation. If one variable increase other is also increase and one variable decrease other is also decrease. Negative correlation is the correlation in opposite direction is called negative correlation, if one variable is increase other is decrease and vice versa. It can be anywhere from -0.01 all the way up to +1.00. The data of the above table indicates both positive and negative correlation in the present study (Positive and Negative Correlation, n.d.)

During pre-test, the parents of both control and experimental group had positive relationship towards knowledge, attitude and practice. This could be attributed to the fact that, the parents of mild intellectually challenged children were not aware about the physical and sexual development of their

children. They thought that their children are asexual in nature and they don't have any sexual feelings or desires as they grow. Further the parents themselves did not have accurate information about their children's development and the need for sexual health education. Due to lack of awareness, knowledge, rigid attitude and ineffective practice showed a categorical trend in the relationship.

At the time of post-test, there was no change in the relationship knowledge, attitude and practice of imparting sexual health of fathers and mothers of control group. This could be due to lack of confidence in the parents towards discussing about aspects related to sexuality, interacting with other parents of intellectually challenged children, unlike the parents of experimental group. According to Swango and Wilson (2008) parents and caregivers of intellectually challenged children do recognize the importance of providing their offspring with information about sexuality.

In comparison to the control groups, there was a change in the post-test scores of the fathers and mothers of experimental group which indicated a low correlation between the variables and are not very strongly related. This could be attributed to the fact that comprehensive intervention programme helped parents to realize the significance of sexual health education. Intervention programme helped parents to be confident about the subject learnt. The techniques used during the intervention programme to teach the concepts were very effective. This helped parents to handle the situation/s confidently. They also began to consider sexual health education as one of the important aspects in their child's life and not merely helping them to develop a social identity. Further, it also helped them to realize that such an education can help their child to be cautious about abuse.

They also learnt how to start teaching the aspects related to sexuality, how to select the aspects considering their child's age, degree of disability, how to make other family members understand the need for sexuality education for their disabled child, developed ideas to prepare effective aids to teach their children etc. These factors lead to a low correlation between the variables.

CONCLUSION

Intellectually challenged children are also social and sexual beings like their non-disabled peers. Parents should not feel uncomfortable to help their child socialize with family members, relatives and friends. Fostering and facilitating interpersonal relationship helps in a better understanding of their child. This can be possible only when parents have a better knowledge about changes and growing needs of their child. The subject of sexuality education helps parents to possess knowledge and bridge the gap. Once they are clear about what they should know and why they should know, they can be positive in their attitude to talk and discuss the same with children.

In the present study intervention program helped in creating awareness on significant role of parents in their intellectually challenged children's life. Further different techniques of imparting sexual health education and the best practices helped parents realize their goal.

Intervention programme was very effective in making parents to enhance knowledge, to overcome from their rigid and negative attitude and help them develop positive attitude towards imparting sexual health education to their intellectually challenged children. Further, their doubt as to how to impart sexual health education using situations and different techniques were cleared in a scientific manner. This helped parents to be more confident about the subject in dealing with the subject and how to handle the subject in a given situation.

RECOMMENDATIONS

1. An educational manual with brief description of steps and techniques of imparting sexual health education, myths and facts about sexual health education and sexual health education based on the degree of disability and age of the children can be developed as a guide book not only for parents but also for teachers.
2. Parents should be encouraged to develop a positive attitude towards imparting sexual health education, which will help them in overcoming their inhibitions and make the teaching-learning process more effective. Further, such learning will help their child develop self awareness and an identity.

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