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Amit Kumar

Adarsh Rehabilitation Center,
MPHC, Bhiwani, Haryana,
India

Sex education: Parents of students with intellectual disabilities

Amit Kumar

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Abstract

Sex education assists students in the development of a healthy sexual identity and relationships. However, students with an intellectual disability tend to receive less holistic sex education as compared to students without a disability. The main objective is the parents of individuals with intellectual disabilities about sex education with reference to gender, locality, and family types. There is a significant difference between the gender's knowledge about sex education among the parents of individuals with intellectual disability.

Keywords: Sex education, intellectual disability 'gender, locality and family types

Introductions

Sex education for persons with intellectual disabilities is most delicate and sensitive topic. Providing needed information at an early age can break down stereotypes and ensure that people with intellectual disabilities can lead stress free life and can have significant impacts on their lives and another way Sexual education is an important part of the development of every adolescent. Considerable exist in providing effective and appropriate sexuality education for adolescents with intellectual disabilities; including lack of training of school personnel and lack of adequate materials suitable to meeting the special needs of students. As children begin to mature and progress through the stages of puberty, they begin to experiences new feelings and desire that need to be acknowledged and addressed. Sexuality is characterized by a set of behaviors, which include physical, emotional, and social interactions (Breuss and Greenberg). Beyond these behaviors lie the psychological manifestations, which affect one's self-concept. Most adolescents are afforded the opportunity to receive sexual education in mainstream classroom settings, but for those with intellectual disabilities, current approaches appear to be insufficient. There appears to be a general consensus regarding how to approach sexual education in the general population, but effective sexual education for students with intellectual disabilities is better characterized by reluctance and confusion. According to the National Dissemination Center for Children with Disabilities, intellectual disability previously identified as mental retardation prior to the passage of Rosa's Law in 2010.

Objectives

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

Method

The present study was used normative survey method.

Sample: Sample of the present study was selected from 50 students from randomly selected from secondary schools of Bhiwani.

Tool: Interview scheduled was used by researcher.

Data analysis techniques

Mean, S.D. and t-test were applied for data analysis and interpretation.

Corresponding Author:

Amit Kumar

Adarsh Rehabilitation Center,
MPHC, Bhiwani, Haryana,
India

Table 1: Comparison between awareness on sexual health education among gender

Domain	Gender	N	Mean	SD (Standard Deviation)	't' Value	Significance level
Knowledge	Male	23	37.45	4.69	1.89	0.001
	Female	27	41.52	5.39		
Attitude	Male	23	34.29	3.97	2.78	0.001
	Female	27	38.78	4.27		
Practice	Male	23	62.53	7.91	1.04	0.033
	Female	27	65.51	6.28		

Table 1 show that the comparison between awareness on sexual health education among gender. The mean of male's knowledge is 37.45 (SD4.69) whereas female's, knowledge mean is 41.52(SD5.39). The "t" value is 1.89. It was significant. The mean of male's attitude is 34.29 (SD 3.97)

whereas the female's attitude mean is 38.78(SD 4.27). The "t" value is 2.78.It is significant. The mean of male's practice is 62.53(SD 7.91), whereas the female's practice mean is 65.51(SD 6.28). The calculated "t" value 1.04. It is significant.

Table 2: Comparison between awareness on sexual health education among locality

Domain	Locality	N	Mean	S.D	't' Value	Significance level
Knowledge	Rural	23	37.48	4.66	.91	0.001
	Urban	27	41.52	5.41		
Attitude	Rural	23	36.29	5.98	1.79	0.001
	Urban	27	39.98	6.99		
Practice	Rural	23	65.69	7.98	1.68	0.033
	Urban	27	68.49	7.09		

Table 2 show that the comparison of means of locality (rural and urban) obtained by the selected sample. On "knowledge," the obtained mean of rural knowledge is 37.48(SD4.66) whereas urban knowledge mean is 41.52(SD 5.41). The "t" value is 0.91. It is not significant. The mean

of rural attitude is 36.29(SD5.98) whereas the urban attitude mean is 39.98(SD 6.99). The "t" value 1.79. It is not significant. The mean of rural practice is 65.69(SD7.98) whereas the urban practice mean is 68.49(SD 7.09). The "t" value is 1.68. It is significant.

Table 3: Comparison between awareness on sexual health education among Joint & Nuclear families

Domain	Types of Family	N	Mean	S.D	't' Value	Significance level
Knowledge	Joint	23	41.27	5.57	.64	0.001
	Nuclear	27	42.99	5.34		
Attitude	Joint	23	38.13	4.72	2.53	0.001
	Nuclear	27	37.41	4.44		
practice	Joint	23	64.12	8.99	1.04	0.033
	Nuclear	27	65.46	7.17.		

Table 3 shows that the comparison between awareness on sexual health education among joint & nuclear families. The mean of joint family's knowledge is 41.27(SD 5.57) and the nuclear family's knowledge mean is 42.99 (SD 5.34). The "t" value is 0.64. It is not significant. Whereas the mean of joint family's attitude is 38.13(SD 4.72) whereas the nuclear family's attitude mean is 37.41(SD 4.91). The "t" value is 2.53.It is not significant. The mean of joint family's practice is 64.12(SD 8.99) whereas the nuclear family's practice mean is 65.46 (SD 7.17). The "t" value is 1.04. It is not significant.

Finding of the study

1. There is a significant difference between the gender's knowledge about sex education among the parents of individuals with intellectual disability. It shows that mothers are more knowledgeable than fathers in all the domains of sex education. The mothers may have a larger role in imparting sex education to their children with intellectual disabilities.
2. There is a significant difference between the locality's knowledge and practice of sexual health education and also infer that it is no significant difference is see in the attitude domain of sexual health education. It shows

that locality plays an important role in the knowledge related to sex and also infer that parents in rural areas responded more favorably to knowledge and practice than parents in urban areas and further that it is a significant role of the present study shows that parents who live in rural areas more knowledge and behaviors related to sexual health education than urban areas.

3. There is no significant difference between the family types on awareness about sex education among the parents of individuals with intellectual disabilities. It shows that that the joint family is more aware than the nuclear family. The interaction enables the family members to have detailed information about persons with intellectual disability and shows that it is lacking of the nuclear family.

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