



Readiness and Stress Management of Parents for Students with Special Education Needs Related to Sexual Health Education Preparation

Mohamad Zaid Mustafa¹, Rosnee Ahad¹, Ahmad Rizal Madar¹, Mohd Norazmi Nordin², Fasha Ishak², Nor Fauziyana Mosbiran¹

¹Faculty of Technical and Vocational Education, Universiti Tun Hussein Onn Malaysia, Batu Pahat, Johor, Malaysia

²Faculty of Education, Universiti Kebangsaan Malaysia, Bangi, Selangor, Malaysia

(Received: 14 April 2024

Revised: 1 May 2024

Accepted: 18 June 2024)

KEYWORDS

special education, visual impairment, sexual education, readiness of parents and guardians, education

ABSTRACT:

Studies found, there is great cultural resistance to sexuality education in Asian culture. Most parents traditionally believe that talking to children about sexuality can encourage these children to engage in early sexual activity which can result in uncontrolled sexual activity. Studies also pointed out that most parents in Iran are quite confused about sexuality education and how it should be carried out. For teenage girls in Iran, parents face many challenges in educating their daughters about sexuality education. The results of the study found that sexuality education is very important for students with special educational needs (SED) with autism spectrum disorders and intellectual disabilities. This group of students is often exposed to sexual abuse and the results of other sexual behaviors. MBPK parents with autism spectrum disorder say their biggest fear is sexual abuse and misunderstandings that may occur because of their child's behavior. While individuals with intellectual and developmental disabilities are reported to experience higher rates of sexual abuse than their peers.

Introduction

UNESCO (2009) explains that sexual education is the responsibility of the whole school not only through teaching but also through school rules, school practices, curriculum and learning materials. In a broader context, sexuality education plays an important role in the curriculum and overall response to AIDS at the national level. Salmi et al. (2017) also argue that sexuality education is not solely the responsibility of teachers. Home-based sexuality education should also be encouraged so that parents and families can be involved in teaching their children and young people. Deborah et al. (2020) explained that parents can teach sexuality education to their children and help them learn about hygiene, interactions and healthy relationships. Most parents face challenges in teaching their children sexuality education and need additional help to transition to sexual maturity. When MBPK enter puberty, they have the same desires and physiological responses as other teenagers and this will result in parents and carers often feeling overwhelmed. Guidance for MBPK parents is

needed so that they can communicate with their children about sexuality education as well as increase the family's understanding of their child's developmental growth and ability to adapt to these changes with confidence.

Literature Review

According to Fariza et al. (2017), there are three main things that parents need to focus on to solve this problem. The main thing is that through Fardu Ain education that needs to be taught to MBPK is to purify oneself. People who are always in a state of purity and ablution, their sanity will be protected from bad lust. Apart from that it can reduce the sexual stimulation they experience. Parents are also advised to encourage these children to pray. Prayer can educate children's characters to become a disciplined person and foster love for Allah SWT and create peace of mind in them. The emotional management of children who regularly pray is more awake and structured. Apart from that, these children are also encouraged to fast. Fariza found that when fasting, she can indirectly control the sexual desire of teenagers.



This is because fasting is a shield that prevents Muslims from doing things that can invalidate the fast.

The second thing that parents must focus on is providing their children with al-Quran education. The behavior of teenagers with special educational needs who received al-Quran education was found to be successful in controlling their behavior. The third thing that can be done to manage the sexual behavior of MBPK is through emotional management. Emotional management needs to be done together by parents and guardians and the student. Therefore, parents and guardians are also advised to find an intervention solution and not just accept fate. They are also advised to be content and patient when accepting this test of Allah SWT. Parents and guardians are encouraged to find out every hobby and interest of their child. If there are wrong and outrageous behaviors of MBPK that are shown in public, parents need to advise them prudently. Al-Quran reading and dhikr can be practiced to help MBPK become calmer and less angry.

The study of Salmi et al. (2017) also revealed that there is a non-governmental organization on sexuality and reproductive health which is the Federation of Reproductive Health Associations, Malaysia (FRHAM) which has developed its own module known as the Adolescent Reproductive Health Module (RHAM). This module has been developed to promote healthy practices, self-esteem, gender equality, family relationships and develop skills and attitudes that will empower adolescents to make responsible choices in reproductive health. FRHAM's involvement through the workshops they organize is hoped to help educators, parents and guardians as well as the MBPK group to get the necessary information and guidance to overcome sexual problems among teenagers.

The Concept of Parental Readiness and Stress Management

The study of Omar et al. (2022), found parental readiness defined as a stage or level of preparation for them to accept a lifestyle change to guarantee a better future. Families or parents who have a high level of preparation and are committed to any change will go well in terms of family function and organization. While emotional problems and stress are said to be related to lower readiness where it will affect communication and family relationships and increase conflict among family

members. The willingness of parents and guardians in this study is their willingness to convey sexual education knowledge to MBPK.

The study of Michaela et al. (2021) have found that parents do not have the willingness to talk to their children because they lack confidence with the knowledge and skills to teach these children about sexual education even though they realize that this topic is very important for MBPK. It has been a challenge for them to start this conversation about sex education. Parents also expressed concern that conversations about safe sex practices would encourage their children to have sex earlier than they should. They are not prepared to face this situation if it happens. Nevertheless, there are parents who have come out of their comfort zone and are ready to learn this knowledge for the sake of their MBPK children. The study of Rebecca et al. (2020) also support this opinion that parents feel unprepared to discuss the topic of sexuality with MBPK. They feel that MBPK is struggling to understand the concept of sexual education. So these parents chose to avoid explaining it to MBPK. This can have a greater negative impact on MBPK because they do not receive information about accurate sexual education.

In the study of Laura et al. (2015), a focus group related to MBPK sexual education was held for MBPK parents. They have been given information related to the topic of sexuality and this has increased the comfort of parents to communicate about this topic with their children. This eight-session program has started with an introduction to issues related to sexuality for MBPK teenagers and parents have also shared their hopes and goals for participating in this focus group. The program continues with a curriculum that includes adolescent sexual development, privacy, hygiene, love and sexual abuse. At the end of the program, parents were found to be more willing and comfortable discussing sexuality issues openly with others and MBPK. Parents were also found to have benefited from hearing various perspectives from other parents and receiving information from experts in this field.

Based on the overall highlights related to studies on the level of knowledge and readiness of parents and guardians, there is a gap for this study to be conducted. Previous studies were conducted to confirm the existence of this issue among parents and guardians of MBPK. In addition, the studies that have been conducted also only



focus on identifying the level of knowledge of parents and guardians and their readiness regarding sexual education. The existing study also only involved respondents from parents and guardians of MBPK as a whole without being specific to MBPK's disability problems such as hearing problems, vision problems or specific learning problems. Therefore, this study was conducted to complement existing studies by introducing an empirical model in overcoming the issue of knowledge and willingness of MBPK parents and guardians in sexual education.

Methodology

This study is a quantitative survey study that aims to identify the extent of the relationship between the level of knowledge and willingness of MBPK parents and guardians in sexual education. The use of this survey method was chosen because it saves time and the data obtained can be collected more effectively. Nuruaslizawati et al. (2022) stated that survey methods are very suitable for measuring attitudes to obtain original data from a large population. Researchers can show trends, attitudes, opinions, behavior or character based on the sample or study population (Creswell,

2018). The study of sexual education is seen as very important to understand and deepen a problem or issue as explained by Creswell (2010). The researcher used a questionnaire that was administered to 175 parents and guardians who have MBPK children who study at PPKI secondary schools around Zon Keramat, Federal Territory of Kuala Lumpur. This questionnaire helps the researcher gather information about the level of knowledge and readiness of MBPK parents in sexual education. The data obtained from the questionnaire on "Google Form" represents the population of parents and guardians in the two selected schools. Each measurement of the variable is made based on responses to all the statements contained in the questionnaire.

Findings and Discussion

Descriptive analysis involving frequency, percentage, mean and standard deviation was conducted to determine the level of readiness among parents and guardians of students with special education needs in sexual education. The description of the descriptive analysis is displayed separately according to the level of readiness of parents and guardians as shown in Table 1 below:

No	Items	STS	TS	AS	S	SS	Mean	SD	Interpretations
C1	I realized that sexual education is very important and needs to be taught to my child.	2 (1.1%)	0 (0.0%)	17 (9.7%)	31 (17.7%)	125 (71.4%)	4.58	0.760	High
C2	I prepare before imparting the knowledge of sexual education to my child.	4 (2.3%)	21 (12.0%)	50 (28.6%)	64 (36.6%)	36 (20.6%)	3.61	1.02	Moderate
C3	I care about the importance of the topic of sexual education of students with special educational needs.	2 (1.1%)	2 (1.1%)	22 (12.6%)	56 (32.0%)	93 (53.1%)	4.35	0.830	High
C4	I am willing to study and take courses related to the topic of sexual education to help my child.	2 (1.1%)	3 (1.7%)	20 (11.4%)	43 (24.6%)	107 (61.1%)	4.43	0.847	High



C5	I have attended a course on the topic of sexual education (organized by PPD, JPN, KPM or private courses) to increase my knowledge and improve my knowledge to handle the issue of my child's sexual education.	68 (38.9%)	45 (25.7%)	33 (18.9%)	12 (6.9%)	17 (9.7%)	2.23	1.297	Moderate
TOTAL							3.84	0.670	High

Table 1: The second research question

Table 1 shows that each item in the level of readiness of parents and guardians of students with special education needs in sexual education is at a high level. The item with the highest mean is item C1 which is "I realize that sexual education is very important and needs to be taught to my child." obtained the highest mean value with mean score = 4.58 while standard deviation = 0.760. In terms of the frequency and percentage of item C1, it shows that 31 (17.7%) parents and guardians agree, 125 (71.4%) parents and guardians strongly agree and 17 (9.7%) parents and guardians agree somewhat agree. While the item with the lowest mean is C5 which is "I have followed a course on the topic of sexual education (organized by PPD, JPN, KPM or private courses) to increase my knowledge and improve my knowledge so that I can handle my child's sexual education issue." obtained the lowest mean value with mean score=2.23 while standard deviation=1.297. In terms of the frequency and percentage of item C5, it shows that 12 (6.9%) parents and guardians agree, 17 (9.7%) parents and guardians strongly agree and 33 (18.9%) parents and guardians state somewhat agree. Overall, it shows that the level of readiness of parents and guardians of students with special education needs in sexual education is at a high level (mean = 3.84 and sp = 0.670).

The results of testing the level of parental readiness in MBPK sexual education as a whole are at a high level with a mean value of 3.84, sp = 0.670. This shows that the level of readiness of parents regarding sexual education is at a high level. The highest item that contributes to the level of parental readiness is the item that states that parents realize that sexual education is very important and should be taught to their children.

While the lowest item that contributes to the level of parental readiness is the item that states that parents have attended courses on the topic of sexual education (organized by PPD, JPN, KPM or private courses) to increase knowledge and improve knowledge for them to handle education issues sexual MBPK.

The findings of this study show that the willingness of parents in MBPK sexual education is at a high level. Parents realize that sexual education is very important and needs to be taught to MBPK. This finding is supported by the study of Olivera et al (2022) where sexuality education should start from birth when parents bathe their babies, put on diapers, caress, hold and hug their babies and it should continue from childhood until preschool when parents train MBPK in dressing and toilet training and teach their children about their body anatomy. Sexuality education from an early stage can foster MBPK to become more independent and can prevent the occurrence of sexual harassment against MBPK.

Conclusion

Many people think that MBPK is asexual, sexually inactive, has no desire for sex and does not need sexual education. In fact, these people are considered unable and will not have sexual relations and should not have a love relationship and start a family. However, this MBPK has the right to live a normal sexual life like other people. Sexual education whether from home or at school can help them live a healthier sexual life and can reduce their risk of being exploited by others. Apart from teachers, parents are the closest people to MBPK and play a very important role in educating their children regarding



sexual education. However, the results of this study found that there is still a gap, especially in relation to parents' knowledge and also their readiness in relation to children's sexual education. The results obtained can help various parties carry out improvements in the development of MBPK sexuality education and also design more suitable content and training for parents. Research related to MBPK sexuality education in the future should continue to explore this gap to ensure that MBPK and their parents are given the necessary support to develop a program that can meet the knowledge needs of sexual education unique to this MBPK.

Acknowledgement

This research was supported by Ministry of Higher Education (MOHE) through Fundamental Research Grant Scheme (FRGS/1/2021/SS0/UTHM/03/10). We also want to thank to the Government of Malaysia which provide MyBrain15 programme for sponsoring this work under the self-funded research grant.

References

1. Creswell, J. W. & Miller, D. L. 2000. Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-131.
2. Deborah L. Rooks-Ellis, Brooklin Jones, Ella Sulinski, Sarah Howorth, and Nicole Achey. 2020. The Effectiveness of a Brief Sexuality Education Intervention for Parents of Children with Intellectual and Developmental Disabilities. *American Journal Of Sexuality Education*, 15(4): 444-464
3. Fariza Md Sham, Mohd Izhar Arif Mohd Kashim, Salmihah Che Mud, Manisah Mohd Ali. 2022. Religious Approaches and Practices in Malaysia to Supplement Handling of Sexuality Issues of Adolescents with Autism. *Journal of College of Sharia & Islamic Studies*. 40(1)
4. Fariza Md Sham, Salmihah Che Mud, Manisah Mohd Ali, Zuliza Mohd Kusrin, Rosmawati Mohamad Rasit, Siti Norlina Muhammad. 2017. Panduan Syariah Untuk Ibu Bapa Menangani Perilaku Seksual Remaja Autisme. *Jurnal Hadhari Edisi Khas*:169-182
5. Laura L. Corona, Stephanie A. Fox, Kristin V. Christodulu1, Jane Ann Worlock. 2015. Providing Education on Sexuality and Relationships to Adolescents with Autism Spectrum Disorder and Their Parents. *Sexuality and Disability*. 34(2): 199-214
6. Michaela D. Mullis, Amanda Kastrinos, Easton Wollney, Greenberry Taylor dan Carma L. Bylund. 2021. International barriers to parent-child communication about sexual and reproductive health topics: a qualitative systematic review. *Journal Sex Education*. 21(4): 387-403
7. Nuruaslizawati Ayob, Siti Hajar Abdul Rauf, Rumaina Hadjiri. 2022. Pekerjaan Dan Keganasan Rumah Tangga: Satu Kajian Kuantitatif Terhadap Pasangan Yang Berkahwin Di Malaysia. *Asian People Journal (APJ)* : 5(1), 53-62
8. Omar, S.A., Latif, M.S.A., Bujang, S., ...Musa, P.I.P., Nordin, M.N. (2022). Determination of Uruf Rate of Gold Jewelry In The State of Sarawak. *Journal of Pharmaceutical Negative Results*, 2022, 13, pp. 5607-5612.
9. Rebecca R. Kammes, Sarah N. Douglas, Megan K. Maas, Rhonda S. Black. 2020. Parental Support for Sexuality Education and Expression Among Adults with an Intellectual Disability. *Sexuality and Disability Journal*.
10. Salmi Razali, Nur Alia Farhana Ramli, Siti Syairah Hanafia, Nurul Nadiah Abd Rahman, Kartini Noor Md, Muhammad Akmal Mat Rani, Mohamad Azwan Hassan, Amir Firdaus Ariffin. 2017. Are Malaysians ready for comprehensive sexuality education? *Journal of Advanced Research in Social and Behavioural Sciences* 9, 1: 14-28
11. United Nations Scientific and Cultural Organization. 2009. *International Technical Guidance on Sexuality Education*