

Knowledge Attitude and Practice on Sexual Health Education among Teachers of Intellectually Challenged Children in Villupuram District

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Abstract

Sexual health education has always been a controversial topic. Parents of intellectually challenged children experience fear about other people that they might take advantage of their child, thus special educators have greater role in assisting children with intellectual disability in their growth and development, and sexuality is part of that growth. Special educators need to start early to educate the intellectually challenged children about sexuality-related issues and continue the conversation well into their teen years. Sexual health education helps children with an intellectual disability recognize if someone is trying to take advantage of them so they can recognize inappropriate sexual advances early on, better protect themselves from exploitation and be able to report incidents of suspected sexual abuse. Hence, all the special educators should be aware about sexual health education. Against this background, the present study is aimed at measuring the Knowledge, Attitude and Practice on Sexual Health Education among teachers of intellectually challenged children in Villupuram District. Having adopted descriptive research design, a total of 32 special educators were selected from 93 special educators using Simple Random Sampling Method (Lottery Method) for the study. A tool on KAP on Sexual Health Education prepared by Venkat Lakshmi and Navyas was applied by the authors to measure the KAP on Sexual Health Education. Salient findings and Suggestions pertaining to the study will be discussed in the full paper.

Keywords: Knowledge, Attitude and Practice on Sexual Health Education, Teachers of Intellectually Challenged Children, Role of Teachers.

1. Introduction

Sexual health is physical, mental, emotional and social wellbeing in relation to their sexuality (WHO 2006). Children with intellectual disabilities often do not acquire adequate knowledge regarding sexuality. At the same time lack of knowledge of sexual norms and activities, difficulties communicating and isolation is the main reason for increasing sexual abuse among children with intellectual disabilities. People with disabilities are vulnerable to sexual abuse within the family as well as outside (for example, en route to school, in the school or in a residential institution), more than non-disabled people. Lack of information about sexuality and the opportunity to develop sexual identity results in confusion and uncertainty over what is acceptable behaviour from other people (Tarshi 2010). Children with intellectual disability often lack knowledge about what behaviours are appropriate, and may lack the communication skills to report abuse (Tang C. 1999).

Parents of intellectually challenged children experience fear about other people that they might take advantage of their child, thus special educators have greater role in assisting children with intellectual disability in their growth and development, and sexuality is part of that growth. Sullivan and Knutson (1998) found that out of all the types of disability, children with intellectual disability are at increased risk for all three forms of abuse (neglect, physical abuse and sexual abuse) compared to those children with other types of disabilities (speech/language disorders, hearing impairments, learning disabilities, health impairments and Attention Deficit Disorder). Children who have intellectually challenged children are significantly more likely to be sexually abused than their normal peers of the same age. (Sobsey, 1994).

Sexual health education should include not only facts about sexuality and biology, but must also teach children to manage and enjoy relationships and distinguish right from wrong. Sexual health education helps children with an intellectual disability recognize if someone is trying to take advantage of them so they can recognize inappropriate sexual advances early on, better protect themselves from exploitation and be able to report incidents of suspected sexual abuse. Sexual health education also teaches children how to protect themselves from some of the unintended outcomes of sexual activity.

All the intellectually children are having sexual maladaptive behaviour like touching private body parts (sexual organ) in public, removing cloths in public, masturbating in public areas, touching others inappropriately, discussing inappropriate sexual subjects.

Special educators, care givers, community agencies, social workers and those who are working with intellectual disabilities should provide essential education about sexuality and appropriate sexual expression. Special educators need to start early to educate the intellectually challenged children about sexuality-related issues and continue the conversation well into their teen years. In this sexual health education has tangible and significant benefits to the children with intellectual disabilities like positive changes in behaviour, adopting more acceptable expressions of sexuality, improved social skills, reducing sexual abuse, sexually transmitted infections and unwanted pregnancy. Hence, all the special educators should be aware about sexual health education. It is therefore very important to understand the level of knowledge, attitude and the practices that is being practiced by the teachers in imparting sexual health education.

1.1.1.Sarva ShikshaAbhiyan (SSA)

SarvaShikshaAbhiyan (SSA) is Government of India's flagship programme for achievement of universalization of Elementary Education (UEE) in a time bound manner, as mandated by 86th amendment to the Constitution of India making free and compulsory Education to the Children of 6-14 year age group, a Fundamental Right.

SarvaShikshaAbhiyan also focuses on children with special need (CWSN) and says CWSN include normal schools through integrated and inclusive education. Use the suitable method teaching for CWSN. It include the Open teaching system and Open school, non-formal education, Distance education & learning, Itinerant Teacher, Resource Teacher, Community Based Rehabilitation, vocational and other government programs.

2. Aim and objectives of the Study

The main aim of the present study is to understand the level of Knowledge, Attitude and Practice on Sexual Health Education among Teachers of Intellectually Challenged Children in Villupuram District.

2.1.1. Objectives

1. To describe the Socio-Demographic Profile of the Special Educators
2. To measure the level of Knowledge, Attitude and Practice on Sexual Health Education among Teachers of Intellectually Challenged Children.
3. To analyze the difference between Male and Female of the Teachers and their level of Knowledge, Attitude and Practice on Sexual Health Education.
4. To provide suitable Suggestions based on the Findings.

2.1.2. Materials and Methods

The study was conducted in Villupuram District and the researcher adopted Descriptive Research Design. Ninety three special educators were appointed under the scheme of SarvaShikshaAbhiyan (SSA) in Villupuram District. A total of 34 special educators were selected from 93 special educators using Simple Random Sampling Method (Lottery Method) for the study. A tool to measure the Knowledge, Attitude and Practice (KAP) on Sexual Health Education prepared by Venkat Lakshmi and Navyas was applied by the authors to measure the KAP on Sexual Health Education.

2.1.3. Hypothesis

There is a significant difference between male and female special educators with regard to their Knowledge, Attitude and Practice on Sexual Health Education.

3. Results

Variables	No. of Respondents (No.34)	Percentage
<i>Gender</i>		
Male	16	47.1
Female	18	52.9
<i>Age</i>		
Below 30	9	26.5
31 – 40	20	58.8
Above 41	5	14.7
<i>Domicile</i>		
Urban	7	20.6
Rural	27	79.4
<i>Marital Status</i>		
Married	31	91.2
Single	3	8.8
<i>Type of Family</i>		
Joint Family	2	5.9
Nuclear Family	32	94.1
<i>Teaching Experience</i>		
Below 5 yrs	4	11.8
6 – 10 yrs	14	41.2
Above 11 yrs	16	47.0
<i>Income per Month</i>		
15000	34	100.0

Table 1: Socio Demographic Characteristics of the Special Educators

The above table shows that, more than half (52.9%) of the special educators are females and rest (47.1%) of them were males. With regard to the age of the respondents, more than half (58.8%) of them 31-40 years, more than one fourth (26.5%) of the respondents aged below 30 years and rest (14.7%) of them are above 40 years old.

With regard to the domicile of the teachers, majority (79.4%) of them are living in rural areas and considerable proportion (20.6%) of the special educators are living in urban areas. Based on the marital status a vast majority (91.2%) of the respondents are married and very few (8.8%) of them are single.

The above table explains that, an absolute majority (94.1%) of the special educators belong to nuclear family and very few (5.9%) of them belong to joint family. Based on the special educators teaching experience nearly half (47.0%) of them are having more than 10 year experience, more than one third (41.2%) of them are having experience between 6 – 10 years and meager (11.8%) of them are having less than 5 year of experience in the field of teaching. Based on their income of the respondents, all the special educators are getting 15000 per month.

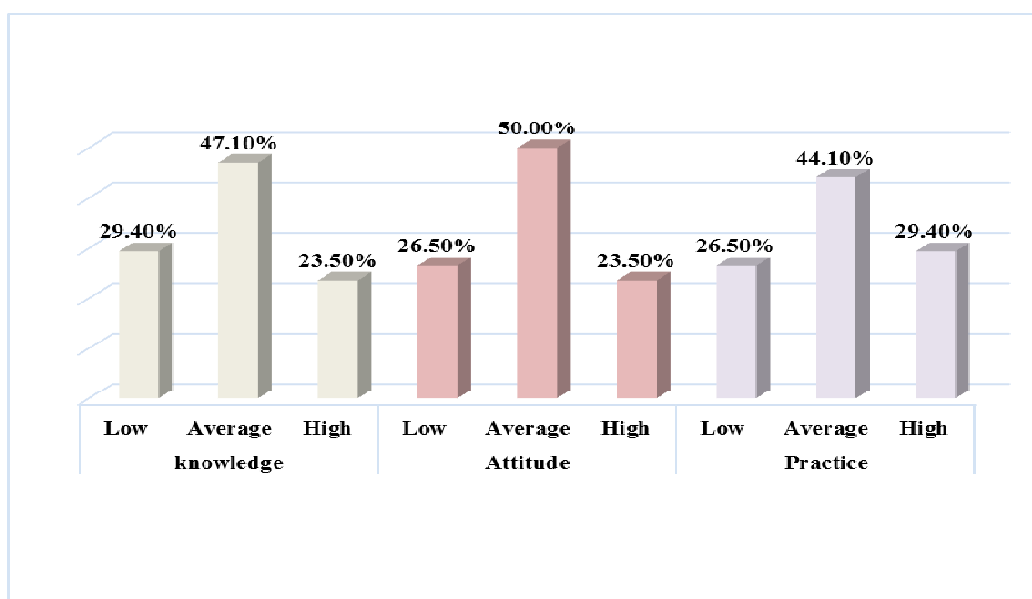


Figure 1: Level of Knowledge, Attitude and Practice on Sexual Health Education among Special Educators

The above figure shows that, less than half (47.10) of the special educators are having average level of knowledge on sexual health education, more than one fourth (29.40%) them are having low level of knowledge and less than one fourth (23.50%) of the special educators are having high level of knowledge on sexual health education.

Based on the level of attitude on sexual health education is half (50.0%) of the special educators are having average level of attitude, more than one fourth (26.50%) of them are having low level of attitude on sexual health education and less than one fourth (23.50%) of the special educators are having high level of attitude on sexual health education.

Based on the level of practices on sexual health education is less than half (44.10%) of them are practicing average level, one fourth (26.50%) of the special educators are practicing low level on sexual health education and less than one third (29.40%) of them are practicing high level on sexual health education.

Variable	Gender	Mean	Std. Deviation	Statistical Inference
Knowledge	Male (n.16)	2.00	0.730	t = 0.434 df = 32 p > 0.05 (NS)
	Female (n.18)	1.89	0.758	
Attitude	Male (n.16)	1.44	0.512	t = -0.671 df = 32 p > 0.05 (NS)
	Female (n.18)	1.56	0.511	
Practice	Male (n.16)	1.38	0.500	t = -1.372 df = 32 p > 0.05 (NS)
	Female (n.18)	1.61	0.502	

Table 2: Difference between Male and Female of the special educators towards their Knowledge, Attitude and Practice on Sexual Health Education

The researcher applied 't' test to find out the difference between male and female special educators with regard to their knowledge on sexual health education. The 't' value is 0.434 and significant level is greater than 0.05. Hence, there is no significant difference between male and female towards their level of knowledge on sexual health education.

The researcher applied 't' test to find out the difference between male and female special educators with regard to their attitude on sexual health education. The 't' value is -0.671 and significant level is greater than 0.05. Hence, there is no significant difference between male and female towards their level of attitude on sexual health education.

The researcher applied 't' test to find out the difference between male and female special educators with regard to their practice on sexual health education. The 't' value is -0.335 and significant level is greater than 0.05. Hence, there is no significant difference between male and female towards their level of practice on sexual health education.

4. Findings related to Hypothesis

Research Hypothesis

There is a significant difference between male and female of the teachers of intellectually challenged children and their level of knowledge, attitude and practice on sexual health education.

Null Hypothesis for Research Hypothesis

There is no significant difference between male and female of the teachers of intellectually challenged children and their level of knowledge, attitude and practice on sexual health education.

Testing of Hypothesis

The researcher applied 't' test between male and female of the teachers of intellectually challenged children and their level of knowledge, attitude and practice on sexual health education. The significant level is greater than 0.05. Hence, there is no significant difference between male and female special educators with regards to their level of knowledge, attitude and practice on sexual health education (Ref.: Table 2).

Inference

Hence the null hypothesis is accepted.

5. Suggestion

At the end of the study the authors suggests that all the special educators should be aware about sexual health education and take efforts to improve their level of knowledge, attitude and practice on sexual health education. Intellectually challenged children are having more sexual maladaptive behaviour so the special educators should provide essential sexual health education for the children of intellectually challenged, to teach how to behave in public places and how to protect themselves. And also the researcher suggest to the parents of intellectually challenged children should to avoid speaking sexuality topic, inappropriate to in front of their children and should avoid to change dresses in front of their children.

6. Conclusion

The present study has documented the knowledge, attitude and practice on sexual health education among teachers of intellectually challenged children. The study found that all the special educators are having average level of knowledge, attitude and practices on sexual health education and only less than one fourth of the special educators are having high level of knowledge, attitude and practices on sexual health education. The study also revealed that, there is no significant difference between male and female of special educators and their knowledge, attitude and practice on sexual health education.

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