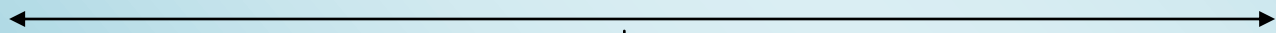


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## ATTITUDE OF PARENTS AND TEACHERS TOWARDS IMPARTING SEXUAL HEALTH EDUCATION FOR CHILDREN WITH AUTISM

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### **ABSTRACT**

*Children with Autism lack social and communication skills; however, they experience typical sexual development and require education to cope with sexuality related issues. The present study aimed at understanding the attitude of parents and teachers towards imparting sexual health education to children with Autism. Through purposive sampling, 60 parents and teachers of children with Autism were selected; a self developed attitude scale was used to assess their attitude towards imparting sexual health education. The study revealed that parents and teachers have poor attitude towards imparting sexual health education, but effective intervention assists in bringing about a positive change in attitude.*

**Key Words:** Attitude, Autism, Sexual Health Education, Teachers, Parents.

### **INTRODUCTION:**

Autism is a pervasive developmental disorder which is characterized by impairments in communication, social interaction; restricted, repetitive and stereotypic patterns of behavior, interests, and activities (American Psychiatric Association, 2000). The prevalence of Autism in India at present is 1 in 66, among children between 2 and 9 years of age (Silberberg, et, al., 2013). Reports estimate that India is home to more than 10 million individuals with Autism. Autism is seen among the population irrespective of their social classes. There is a higher incidence of Autism among males. Studies reveal a ratio of 3:1 to 4:1, males to females (Bryson, 1997).

The primary problem in Autism is the way the brain processes and integrates information, resulting in poor understanding of social rules, display of odd and awkward behaviours, poor self care and daily living skills and limited ability to communicate through words or gestures. Characteristics of individuals with Autism make them unique from any other type of disability. The young individual with Autism may engage in inappropriate social and sexual behaviours because they lack social understanding. Errors in social judgment can interfere with the ability to assess whether they should perform certain behaviours in public or private places and how and why

they should practice personal hygiene (Kalyva, 2010). Individuals with Autism may have an excessive curiosity about the human body and the way it functions (Lee, 2004). They sometimes display inappropriate self stimulatory, self injurious, stereotypical and repetitive behaviors (American Psychiatric Association, 2000; Cunningham and Schreibman, 2008) that may also be viewed as having a sexual connotation.

They have age appropriate sexual interests, but possess limited sexual knowledge and experiences. Their added social deficits place them at increased risks of being viewed as either the sexual perpetrator or the victim of sexual abuse (Lavoie, Viecili and Weiss, 2014). Individuals with Autism have been found to display an interest in sexual interactions (Gilmour et. al., 2012). These behaviours may become problematic for caregivers and service providers because they violate societal norms regarding modesty and appropriate interpersonal behaviour that may jeopardize the inclusion of this group in educational and community settings (Sullivan and Caterino, 2008). This is the consequence of the lack of developmentally appropriate education in sexuality, sexual health and healthy relationships (Henault, 2005).

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, sexual and reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles (SIECUS, 2004). It is falsely assumed that sexual health education may arouse or excite individuals, and it primarily focuses on the physical act of having sex. But sexual health education focuses first and foremost on personal safety, hygiene and self knowledge. So it should be considered an integral element of a comprehensive transition plan for individuals with Autism, assuming that the goal of such education is to make them safe, competent, and confident adults to the fullest extent possible (Gerhardt, 2006).

Typical sexual health education programs may lack components that address the unique social skill needs of children with Autism. Therefore, parents and teachers of children with Autism must prepare to address and teach aspects related to sexual health in appropriate ways to children with Autism. Parents stand at a unique position with reference to sex education, because they are the first socializing agents in their children's lives. Parents can positively influence their child's beliefs and attitudes about sex and sexuality more than anybody else. The second most important and influencing persons in any child's life, is the teacher. Children spend a great deal of time around their teachers, and learn from them- not only from what they teach, but also from their attitudes, outlook and behaviours. Since children with Autism prefer to have limited social interactions, and may not pick up cues on appropriate social and sexual behaviours from their peers; parents and teachers play a major role in

teaching the child about sexuality, modesty, appropriate socio-sexual behaviours, sexual hygiene and sexual safety skills.

However, Holmes and Himle (2014) found that parents hesitate to provide sexuality education probably because they do not expect their child to develop sexual relationships and thus feel their child will not need or benefit from sex education. Parents reported feeling uncomfortable educating their children with disabilities about sexuality, even if they had reported feeling comfortable teaching their children without disabilities about sexuality. This discomfort emerges as parents tend to focus on the disability of their child rather than on their potential (Murphy and Young, 2005); therefore, they tend to avoid the whole issue (McCabe, et. al., 2000). This negative attitude of parents and teachers poses a major barrier in educating their child about sexual health.

Hence, the present study was undertaken to understand the attitude of parents and teachers towards imparting sexual health education to children with Autism. Further, the investigator provided intervention aiming to bring about a desirable change in their attitude, so that they will be able to effectively impart sexual health education to their children with Autism.

## **METHODOLOGY:**

**Objective:** The study aimed to assess the attitude of parents and teachers towards imparting sexual health education to children with Autism.

**Sample:** The investigator surveyed the special schools catering to the needs of children with Autism within the city of Bangalore and sought permission to conduct the present study. Through purposive sampling technique, 30 parents and 30 teachers of children with Autism were chosen as sample.

**Tool used:** A five point Likert type rating scale was developed by the investigator to assess the attitude of parents and teachers towards imparting sexual health education for children with Autism. The tool consisted of a total of 28 items that enabled the assessment of parents' and teachers' attitude under the following five dimensions-

- i. Attitude towards sexuality and sexual behaviour of children with Autism,
- ii. Attitude towards sexual health education,
- iii. Attitude towards imparting sexual health education for children with Autism,

- iv. Attitude towards various sexual health education concepts to be taught to children with Autism, and
- v. Attitude towards preventing abuse among children with Autism.

Of the 28 items, 5 were positive statements and the remaining negative. The options given to the respondents for rating each statement were strongly agree, agree, undecided, disagree and strongly disagree. Positive items such as “All individuals are sexual beings” were given a score of 5, 4, 3, 2 and 1 for the above mentioned options respectively; whereas, negative items such as “masturbation is harmful” were reverse scored, 1, 2, 3, 4 and 5 for the above mentioned options respectively.

**METHOD:** The method adopted for the present study was the pre-test, post-test method with an intervention program.

**Pre-test:** The investigator explained the need for the study and sought consent from the respondents; established rapport with them and assured them that the data obtained from them will be only used for the purpose of research. The pre-test was conducted by administering the self developed rating scale to assess the prevalent attitude of parents and teachers towards imparting sexual health education to children with Autism.

**Intervention Program:** The intervention program was aimed at developing a positive attitude among the respondents towards imparting sexual health education to children with Autism. The intervention program consisted of 8 modules that were covered over a period of 4 weeks. Each session lasted for two hours, at the end of which the respondents would ask questions and seek clarifications on matters they found difficult to deal with. The modules encompassed concepts such as Characteristics and behaviours of children with Autism, What is sexuality, Puberty and changes that accompany it, Sexual hygiene and cleanliness, Masturbation and its management, Sexual safety skills and prevention of abuse, and lastly the Importance of leisure activities. Various techniques such as lectures, group discussions and power-point presentations, and visual aids such as flash cards, posters, puppets and models were employed to explain these concepts to the respondents. At the end of the intervention program, the respondents were asked to provide feedback on the usefulness and relevance of the modules.

**Post-test:** After a period of one month from the intervention program, the tool used at the time of pre-test was re-administered to the respondents. This was done in order to check the effectiveness of the intervention program

and to see if there was any improvement in the respondents' attitudes towards imparting sexual health education to children with Autism.

The data was tabulated and analyzed using descriptive statistical measures.

## RESULTS AND DISCUSSION:

An attitude is "a relatively enduring organization of beliefs, feelings, and behavioral tendencies towards socially significant objects, groups, events or symbols" (Hogg, and Vaughan 2005).

There is a positive correlation between attitude and behaviour. Having a positive attitude towards sexual health education will facilitate parents and teachers in teaching it to their children with Autism; a negative attitude will act as a barrier in having any discussion on sexuality with the child with Autism.

**Table: 1**  
**Pre-test scores of Parents and Teachers**

Dimensions of Attitude	Pre test		
	Parents (n=30) (Mean $\pm$ SD)	Teachers (n=30) (Mean $\pm$ SD)	Significance of t value
Attitude towards sexuality & Sexual behaviour	11.36 $\pm$ 2.22	11.67 $\pm$ 2.42	0.5173 <sup>NS</sup>
Attitude towards Sexual health education (SHE)	19.50 $\pm$ 3.81	19.94 $\pm$ 2.54	0.5266 <sup>NS</sup>
Imparting SHE to Children with Autism	19.80 $\pm$ 4.22	21.57 $\pm$ 3.14	1.8441 <sup>NS</sup>
SHE concepts to be taught to Children with Autism	22.70 $\pm$ 5.56	26.53 $\pm$ 3.99	2.4559*
Preventing Sexual Abuse among Children with Autism	8.13 $\pm$ 1.43	8.50 $\pm$ 2.12	0.7929 <sup>NS</sup>

\*Significant at 5% level; NS: Not Significant

**Table 1** depicts that both parents and teachers had a negative attitude towards imparting sexual health education to children with Autism at the time of pre-test. Eagly and Chaiken (1998) explained the structure of attitude through the ABC model which suggests that attitude has three elements, namely Affect, Behavior and Cognition. **A**ffect denotes the individual's feelings about an object; **B**ehavior denotes the individual's intention towards to an object; and **C**ognition denotes the knowledge or beliefs an individual possesses about an object. Parents' and teachers' negative attitude can be explained using the ABC model in the following manner-They felt that their children cannot understand and do not require sexual health education; they did teach sexual health education as they found it difficult to deal with their child's sexuality and instead chose to avoid situations that were



embarrassing to them, such as walking out of the room when the child touched himself inappropriately; and they were not very knowledgeable about sexual health and hence hesitated to teach it to their child.

Ikeler (1990) reported that the prospect of teaching their child with a disability about sexuality is disturbing for parents. Parents of youth with Autism Spectrum Disorders have reported needing guidance to effectively provide sex education, and state that they are not receiving such guidance from schools, healthcare providers, or communities (Ballan, 2012; Nichols and Blakeley-Smith, 2010). Feelings of inadequacy and lack of knowledge contributed significantly to the negative attitudes they held. There is a non-significant difference between the parents and teachers in all dimensions of attitude, except for 'attitude towards the sexual health education concepts to be taught to children with Autism'. These concepts included teaching the child about the parts of the reproductive system, hygiene and cleanliness, family and family rules, gender roles and the opposite gender; for which teachers had a slightly more favorable attitude than parents.

Although attitude is said to be a relatively enduring construct, a growing body of literature suggests that attitudes may be much less enduring than has always been assumed. An individual's negative attitude towards sexual health education can be modified by providing relevant information and exposure. However, it is a gradual process.

**Table: 2**  
**Post-test scores of Parents and Teachers**

Dimensions of Attitude	Post test		
	Parents(n=30) (Mean $\pm$ SD)	Teachers(n=30) (Mean $\pm$ SD)	Significance of t value
Attitude towards sexuality & Sexual behaviour	18.40 $\pm$ 1.13	17.83 $\pm$ 1.05	2.0255*
Attitude towards Sexual health education (SHE)	27.60 $\pm$ 1.06	26.80 $\pm$ 1.49	2.3980*
Imparting SHE to Children with Autism	31.83 $\pm$ 1.87	30.60 $\pm$ 1.40	2.8859**
SHE concepts to be taught to Children with Autism	35.50 $\pm$ 2.11	34.20 $\pm$ 1.21	2.9292**
Preventing Sexual Abuse among Children with Autism	13.30 $\pm$ 1.02	12.97 $\pm$ 0.76	1.4218 <sup>NS</sup>

\*\*Significant at 1% level; \*Significant at 5% level; NS: Not Significant



**Table 2** portrays a positive attitudinal change seen among parents and teachers during the post-test. There was a significant difference between parents' and teachers' attitudes towards sexuality, sexual behaviour and sexual health education. Parents had a more favorable attitude as they are probably more accepting of their children than teachers; also, teachers may still feel that parents must be the primary sexuality educators, and may be willing to play only a supporting role in educating the children on sexual health. A strongly significant difference in attitude was seen for the attitude towards imparting sexual health education and regarding the sexual health concepts to be taught to the children. Again, parents had a more positive attitude, because they understood the important role they play in educating the child. Parents felt that these concepts can be taught to children with Autism, but teachers felt that the children may not be able to comprehend them. Teachers still felt that the child need not know about the opposite gender, as they feared inappropriate behaviour resulting from curiosity in the classroom. A non significant difference was noticed in the attitude of parents and teachers towards preventing abuse, as both the groups felt that teaching the child skills for the prevention of abuse is a necessity. With the rise in sexual crimes in society in the recent past, both parents' and teachers' had an almost similar attitude towards prevention of abuse.

Walker (2001), and Milton (2003) who report that training is required by parents as well as teachers if they are to be able to develop self-awareness and confidence in the subject of sexual health. Since the respondents were initially found to have negative attitude, the investigator planned for a comprehensive intervention program to facilitate development of a more positive attitude towards imparting sexual health education to children with Autism. During the intervention, topics such as accepting sexuality of children with Autism, handling pubertal changes, effective methods to teach menstrual and personal hygiene, teaching the child to differentiate between good and bad touch, myths and facts about masturbation and the importance of leisure activities were explained to the respondents.

**Table: 3**  
**Parents' and teachers' pre and post-test scores for attitude towards imparting Sexual health education to children with Autism**

Dimensions of Attitude towards-	Parents' scores (n=30)			Teachers' scores (n=30)		
	Pre-test (Mean ± SD)	Post-test (Mean ± SD)	Significance of t value	Pre-test (Mean ± SD)	Post-test (Mean ± SD)	Significance of t value
Sexuality & Sexual behaviour	11.36 ± 2.22	18.40 ± 1.13	15.4895**	11.67 ± 2.42	17.83 ± 1.05	12.7986**
Sexual health education (SHE)	19.50 ± 3.81	27.60 ± 1.06	11.2250**	19.94 ± 2.54	26.80 ± 1.49	12.7675**
Imparting SHE to Children with Autism	19.80 ± 4.22	31.83 ± 1.87	14.2840**	21.57 ± 3.14	30.60 ± 1.40	14.3950**
SHE concepts to be taught to Children with Autism	22.70 ± 5.56	35.50 ± 2.11	11.7950**	26.53 ± 3.99	34.20 ± 1.21	7.7781**
Preventing Sexual Abuse among Children with Autism	8.13 ± 1.43	13.30 ± 1.02	16.1310**	8.50 ± 2.12	12.97 ± 0.76	10.8785**

\*\* Significant at 1% level

**Table 3** compares the pre and post test scores of parents and teachers and the change in attitude is found to be strongly significant for all the dimensions of attitude that are being studied. The improvement in the attitudes of parents and teachers can be attributed to the effectiveness of the intervention program. After the intervention program, parents and teachers felt comfortable discussing sexuality issues, and were also adequately empowered with knowledge and skills to deal with the topic of sexuality with children with Autism. Petty and Cacioppo (1986) have proposed that attitude change occurs when the individual thoughtfully and carefully analyses the merits of the information presented to them. The results of the present study are supported by the findings of the study carried out by Venkat Lakshmi and Navya (2013) that intervention plays a crucial role in bringing about a change in the attitude of parents towards imparting sexual health education to their intellectually challenged children.

## CONCLUSION:

Thus it can be concluded that parents and teachers feel hesitant and inadequate, and have a negative attitude that acts as a major barrier in imparting sexual health education. Intensive intervention can positively influence their attitude, but it will be highly effective only when intervention is an ongoing process. Both parents and teachers must periodically refresh their knowledge and skills in imparting sexual health education in order to maintain a positive attitude. Attitude greatly influences the behaviour of an individual, thus, when their attitude is positive, they will be more willing and open to teach sexual health education to their children with Autism.

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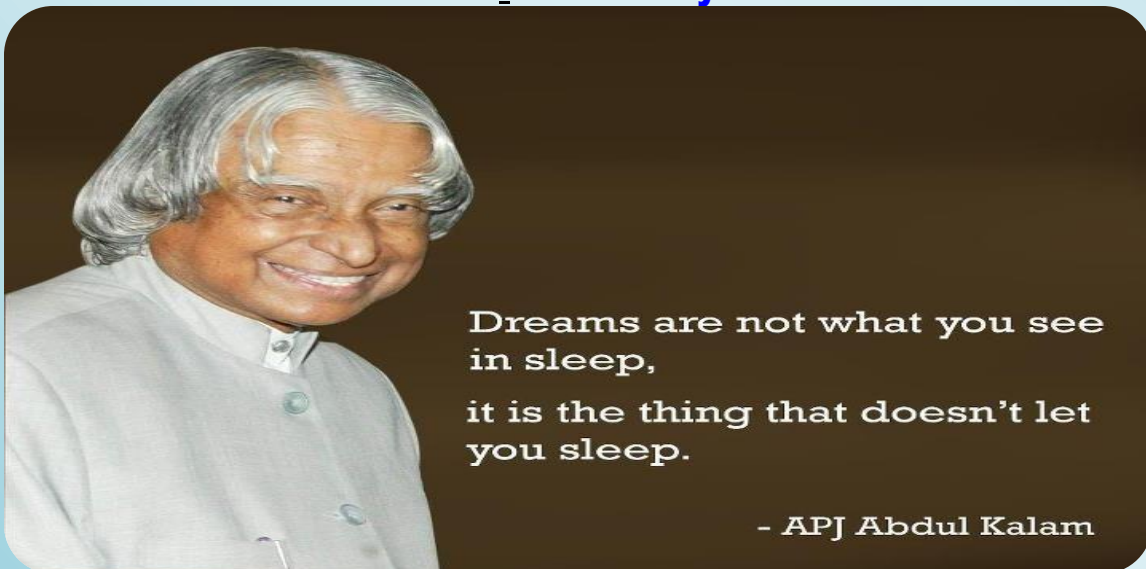
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Dreams are not what you see  
in sleep,  
it is the thing that doesn't let  
you sleep.

- APJ Abdul Kalam