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Islamic Perspective of Preventive Education Building from Child Sexual Abuse: An Intervention for Mothers to Help Special Children

[1*]**Nadia Noor -Email-** naditariq2009@gmail.com
[2]**Dr. Sheeba Farhan -Email-** sheebafarhan2012@gmail.com
[3]**Muhammad Asif -Email-** m.asifpsy2@gmail.com
[4]**Saad Ahmed -Email-** saadraja151@gmail.com
[5]**Amara Walli -Email-** amarawali6@gmail.com
[1*]PhD Scholar,Department of Psychology, Federal Urdu University Arts, Science & Technology Karachi.
[2]Assistant Professor, Department of Psychology, Federal Urdu University Arts, Science and Technology Karachi.
[3]PhD Scholar, Department of Psychology, Federal Urdu University Arts, Science and Technology Karachi.
[4]PhD Scholar, Department of Psychology, Federal Urdu University Arts, Science and Technology Karachi.
[5]PhD Scholar, Department of Psychology, Federal Urdu University Arts, Science and Technology Karachi.

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Corresponding Authors*:
Nadia Noor

Abstract

The Present study highlights an important critical topic regarding the lack of awareness on sex education among special need children parents. The inadequate content further gave rise to unique challenges among special need children; during physical, emotional and cognitive development. The main objective of the workshop based study aimed to provide awareness concerning sexual development in the special need children and encourage the parents to practice communication with their children while proving them with practical accurate information, promoting healthy behaviors, contributing to their over-all physical and emotional wellbeing. It was hypothesized that there would be difference in the special need children parental awareness about giving sex education to their special children before and after the intervention. The Quantitative data from 115 participants was gathered through a 10 item questionnaire developed by Dr. Sheeba Farhan (2024) about parental awareness of sex education. Age-appropriate interventions were designed and executed in the form of training sessions for the special need children's parents at special school venue.

Keywords: Sexual Education, Special Needs Children, Islamic Perspective.

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Introduction

Special need children experience the same sexual development as other normal children, including the physical changes during puberty, emotional feelings and sexual curiosity. Children with special needs are 2-7 times more vulnerable to experience sexual abuse than their non-disabled peers. Sex education should be provided for the benefit of children who are physically or mentally special is reinforced by the experts in the field of education and child development (World Health Organization,2003). Ballan, 2012; Nichols & Blakeley-Smith 2009) gained the parents' perspective on sexual health communication with their Autistic Spectrum Disorder children aged 6-13 with observable misconception. Ballan proposed the idea of equipping parents with strategies based on child's developmental and societal contour to curb the sexual exploitation of ASD children. The 2018publication of United Nations Educational, Scientific and Cultural Organization (UNESCO) underline the importance of comprehensive sexual education to endorse the overall well-being and progress of children (Goldman, J. D., 2012). According to Braeken, D., & Cardinal, M (2008) World Health Organization (WHO), identified that sex education is vital for the health and well-being of adolescents. According to a paper published in 2014 by Gurol, Polat & Oran which was a qualitative study on the mothers of intellectual disabled children age ranging from 7-18 after consent to understand the views on sexual education for their children. It was observed that the mother's awareness regarding sexual education needed priority to enable them to sustain their children healthy sexual development and also to protect them from possible danger. American Academy of Pediatrics (AAP) supports comprehensive education about sex as part of a child's overall growth and believed that age-appropriate sex education helps children make an informed decisions and stay healthy (Breuner, & Cora C., et al.,2016).

Research on educating children about sex reliably showed that comprehensive, evidence-based sex education programs can have positive consequences for children and adolescents, including better sexual health and lower rates of risky behaviors (Ericksen, I. H., & Weed, S. E. ,2019). According to a data search by Nurhikma and Hendriani (2024) on efficacy of sexual education, its instruction content, practice of mass media technique, supportive devices and execution limitations at Indonesia was still not suitable due to poor policy making.

The blessed book Holy Quran guides about the principles of life. According to this book human is the servant and Khalifa of Allah. Thereby he should follow the principles of life provided by Allah and also follow the Sunnah of Rasulullah S.A.W. (Junoh, Noraini, et al.,2022). These two sources have been described by the Islamic researchers to be evidently understood by the Muslim communal. Overall, 87 verses in the Qur'an deal with self-dignity, marriage and family establishment. Further there are 92 verses which describes the topics of sexual misconduct and fornication, 44 verses explain the limits and decorum between men and women whereas 33 verses educates about parental and child relationships and 4 verses related to impurities (Ihwani, Siti Suhaila, et al.,2017).

We must obey all the rules which Allah has directed. Parents should introduce their children with the basics like the names of all body parts and what is suitable or not, and this should continue as they grow up (Burns & Snow, 1999). Those who are uncomfortable with this topic should keep in mind the words of Allah: "Surely, Allah is not shy of [expounding] the truth" (Qur'an 33:53, Sahih al-Bukhari 130 and Sunan Ibn Majah 1924).

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Islamic custom having to do with casing the "awrah" controlling the stare and asking consent before entering private spaces should start from an early stage. Al Quran says "O you who believe! Let your legal slaves and slave-girls, and those among you who have not come to the age of puberty ask your permission (before they come to your presence) on three occasions; before Fajr (morning) prayer, and while you put off your clothes for the noonday (rest), and after the Isha (late-night) prayer. (These) three times are of privacy for you, other than these times there is no sin on you or on them to move about, attending (helping) you each other. Allah makes clear Ayat (the Verses of this Quran, showing proofs for the legal aspects of permission for visits, etc.) to you. And Allah is All-Knowing, All-Wise" [Al-Nur 24:58].

"And when the children among you come to puberty, then let them (also) ask for permission, as those senior to them (in age). Thus, Allah makes clear His Ayat (Commandments and legal obligations) for you. And Allah is All-Knowing, All-Wise" [Al-Nur 24:52].

It was narrated by 'Amr Ibn Shu'Ayb, from his father, that his grandfather said: The Messenger of Allah (blessings and peace of Allah be upon him) said: "Instruct your children to pray when they are seven years old, and smack them if they do not do it when they are ten years old, and separate them in their beds". That is, detach your kids in the beds in which they sleep when they reach the age of ten, as a protection against provocation of yearning, even in the case of sisters.

Problem Statement

Some may believe children with disabilities are deprived of sexual urges or incapable of healthy sexual relationships, leading to lack of education and support. Sexual and reproductive health and rights (SRHR) are fundamental for human well-being and development. In a recent study by Rosna, Nalini & Krishna Kumar (2024) with 21 Intellectual and developmental disabilities participants from Kerala (India) showed that the parents are having neglect and denial of sexual and reproductive health education (SRHE), however fears of sexual abuse and health care inequality. A strong need for promoting interventions for SRHR of adolescents with IDD needs to be encouraged.

Development of parental guide for sex education is important due to a variety of issues especially with special need children. Sex education is extremely important in Pakistan, where the numbers of special children and normal child abuse cases are constantly increasing (Khudai, M. S., & Saeed, N., 2021). Many cases of child abuse are reported in Pakistan, involving close relatives who have used children (Rahim et. al, 2021). In various cases, after taking the initiative to express this trauma, children did not feel safe, so reporting this issue to parents or trusted people was not possible (Carson, Foster & Tripathi, 2013). It was critical to teach young how to defend themselves against undesired situations and abuse of any kind (Shaikh & Ochani, 2018).

Comprehensive sex education teaches children with precise knowledge about their bodies, puberty, and reproductive health (Breuner, Cora C., et al.,2016).Whereas Santelli, John, et al. (2006) believed that such information benefits them make informed decisions about their physical well-being and allow them to seek suitable medical care when needed. Sex education teaches children about the importance of boundaries, and respect in relationships (Bell, M. C., 2020). Children learn about communication, emotional intelligence, and conflict resolution through sex education (Seiler-Ramadas, Radhika, et al., 2021). Heyes, J. M. (2019) explored a virtue ethical approach that such

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education contributed to building healthy relationships based on mutual understanding and respect.

When there is no formal sex education, children might seek data from untrustworthy sources, like peers or internet (Shtarkshall, R. A., Santelli, J. S., & Hirsch, J. S. ,2007). Reliable educations given by parents ensure that children receive accurate and evidence-based information (Santa Maria, Diane, et al., 2017). Open discussions about sexuality help break down cultural taboos and reduce stigma associated with topics like menstruation, and gender identity (Chrisler, J. C., 2013). Robinson, K, Smith, E, & Davies, C (2017)believed that when parents are equipped with accurate information, they can have meaningful conversations with their children addressing their questions and concerns in a much better way.

Objectives

The main objectives of this intervention are to facilitate the Mothers so they are able to:

- Help special children learn more about their growing bodies and the developmental changes.
- Aid special children in understanding the concept of consent and how they can exercise autonomy over their own bodies.
- Provide accurate information to teenage special children about human sexuality, their sexual development.
- Encourage special children to practice communication and consent in various spheres of their life, including sexual, social and emotional domains.
- Decrease vulnerability of sexual abuse.

Literature Review

Numerous studies and research papers highlighted the importance of comprehensive sex education in endorsing sexual and reproductive health, reducing risky behaviors, and empowering individuals to make informed decisions about their bodies and relationships (Svanemyr, Amin, Robles & Greene, 2015). Least importance has been given to children with special needs and disabilities with respect to relationships and sexuality education both by the professionals and parents of these children (Reynolds, 2019). Literature acknowledged the need for culturally sensitive and contextually appropriate sex education programs that take into account cultural norms, values, and religious beliefs which are effective and well-received (Robinson, 2019).

Many studies highlighted the importance of involving parents in sex education. There are still barriers and stigmas to sexual education and no importance is divulged to children and young children with disabilities especially at the European region (Kristien Michielsen & Laura Brockschmidt, 2021). Engaging parents in discussions about sex and relationships can complement formal education and provide a supportive environment to learn (Hemmerechts, Agirdag, & Kavadias, 2017).Sex education can address issues related to gender inequality, stereotypes, and discrimination and help individuals appreciate the standing of gender equality, consent, and respect in relationships (Setty, E., & Dobson, E. ,2023). Healthy relationships need effective communication and mutual respect. Puspita, E., & Utami, R. D. (2023) reported that sex education teaches people about communication skills, consent, and helping them develop healthier relationships.

A qualitative study on the sexual and reproductive Health of Adolescents with cerebral palsy in rural Bangladesh by Power, et al., 2023 stressed on the need of sexual and

reproductive health to address the physical, cognitive and social aspects of CP adolescents. Effective training programs on sexual education and provision of social support to the mothers of intellectually disabled children can bring positive change in the attitudes of the mothers and social support (Gizem Yildiz & Atilla Cavkaytar, 2017: Brad McDaniels & Alison Fleming, 2016). Many young people turn to unreliable sources for information about sex and relationships, leading to spread of myths and half-truth. Sex education provides evidence-based information to counter these misconceptions (Schmidt, S. C., Wandersman, A., & Hills, K. J., 2015). Adolescents with normal cognition often struggle with body image and self-esteem issues, same happens with the special need children who are unable to express their feelings.

Sex education can address these concerns by promoting positive body image and emphasizing the importance of self-respect (Halstead, M., & Reiss, M., 2003). Young people can be prejudiced by peer pressure and media depictions of relationships and sexuality. Sex education prepares them with critical thinking skills to assess these influences and make informed choices (Beyth-Marom, Ruth, et al., 2012). Sex education can teach individuals about the risks of online interactions and how to protect themselves from online harassment, exploitation, and cyber bullying (Finkelhor, David, et al., 2021).According to Elia, J. P., & Tokunaga, J. believed that comprehensive sex education can provide a harmless space to address these topics, nurturing understanding and respect for diverse perspectives.

With the spread of digital communication, online safety and responsible use of technology are crucial. Sexuality is intricately linked to mental and emotional well-being. Sex education can provide guidance on coping with emotional challenges related to relationships and even sexual orientation (Alessi, E. J., Kahn, S., & Chatterji, S., 2016). Many parents feel uncomfortable discussing sexuality with their children. Sex education can bridge the gap by encouraging open and honest parent-child communication on these topics (Wilson, E. K., & Koo, H. P. (2010).

Theoretical Framework

Health Belief Model (HBM);The Health Belief Model (HBM) is a psychological framework that clarifies how people make health-related decisions based on their perceptions of the threat of a health condition and the benefits of taking action to avoid or manage that condition (Anuar, Haryati, et al.,2020). Health Belief Model (HBM) refers to an individual's perception of their vulnerability to a particular health condition (Jose, Regi, et al.,2021). In the context of sexual health, someone might consider their risk of contracting sexually transmitted infections (STIs) (Kessler, Roanna, et al.,2020).

Health Belief Model (HBM) also includes Perceived Severity which is the individual's perception of the seriousness of a health condition if it were to occur (Wang, et al., 2021). Girgin-Buyukbayraktar, Konuk-Er and Kesici in 2017 studied the opinions of experienced teachers who worked with the disabled children for five years and particularly who observed the sexual problems of these children, the ways of communicating sexual education at the province of Kenya.

In the context of sexual health, cues to action could include educational campaigns, conversations with healthcare providers, or personal experiences of friends or family members (Taghizadeh Asl, Rahim, et al.,2020). Health Belief Model (HBM) also includes self-efficacy that refers to an individual's confidence in their ability to successfully perform a health-related behavior (Ashoori, Fatemeh, et al.,2020).Social

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Cognitive Theory: The Social Cognitive Theory (SCT), anticipated by Albert Bandura, explains the role of self-efficacy, observational learning and self-regulation in determining human behavior. In the context of sexual health decisions (Pachu, N., 2020).

Observational Learning is relevant as people can learn from observing others. In the context of sexual health, individuals might model behaviors they see in media, peers, or family members (Kelder, et al., 2015). In Social Cognitive Theory, self-efficacy refers to an individual's belief in their aptitude to perform a definite behavior (Luszczynska, A., & Schwarzer, R., 2020). Higher self-efficacy in practicing safety can lead to more consistent and responsible sexual behaviors (Carmack, Chakema, et al., 2020). Social Cognitive Theory highlights the importance of individuals setting goals, monitoring their progress, and adjusting their behavior accordingly (Alnakhli, Hayam, et al., 2020).

Social Cognitive Theory also address that people consider the potential outcomes of their actions before deciding to engage in a behavior (Schunk, D. H., & DiBenedetto, M. K. ,2020). In the context of sexual health, understanding the positive outcomes of practicing safety and the negative consequences of risky behaviors can influence decision-making. (Govender, D., Naidoo, S., & Taylor, M., 2020).In summary, both the Health Belief Model and the Social Cognitive Theory provide insights into how attitudes, beliefs, and behaviors influence sexual health decisions. These models highlight the roles of perceived susceptibility, perceived severity, self-efficacy, observational learning, and outcome expectations in shaping individuals' choices related to sexual health behaviors. Applying these theories in educational campaigns and interventions can help promote positive sexual health behaviors and decision-making.

Hypothesis

It is hypothesized that the mothers of special need children who participate in a tailored sexual education program will demonstrate a significant increase in their knowledge of sexuality education, more positive attitude towards providing communicating with their special children and greater self-efficacy in addressing sexual topics, as measure by pre and post intervention assessments using validating scales.

Rationale of the Study

The study comprises Preventive Education Building regarding Sex education intervention for mothers of special need children. The main objective of the study is to encourage parents to practice communication with their special children providing with accurate information, promoting healthy behaviors, contributing to their overall well-being, and consent in various spheres of their lives, including sexual, social, and emotional domains. This intervention served as standardized guide for educators, parents, and policymakers' who worked for the welfare of special need children, would ensure that the content of the program is consistent, accurate, and age-appropriate. This intervention was designed specifically to confirm the aptness as per the developmental stage of the special need children. Moreover, the resources and recommendations for parents and caregivers as to ensure right method of communication with special need children.

Significance of the Study

A crucial part of a child's overall development is their sex education, covering the various aspects of body awareness, building boundaries, relationships and safety. Making the special need children understand these concepts is always challenging in nature for the

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parents. Mother's being the primary caregivers face unique responsibilities. Educating the mothers equips them with knowledge and confidence to talk openly with their children. The significance of comprehensive sex education intervention for special need children can reduce the rate of sexual abuse and would contribute to reduce the fear, stigma and cultural taboos associated with sexuality in case of intellectual or developmental disabilities. This intervention would serve as an organized guide for special teachers, parents, and special need children representatives in understanding the behavioral patterns of special children with their chronological age development.

Intervention

Crafting an age tailored sex education intervention program for children with learning problems or disabilities, makes it difficult for them to learn, than most of the children of their age. Crafting the content, language, and approach according to the developmental stage and needs of different age groups.

Sexual changes are perplexing for special need child

- His/ her body changes
- Inappropriate sexual behavior
- Lacks understanding between public and private
- Pushing boundaries
- Needs attention
- Manipulation by peers
- Lacks access to appropriate sexual behavior
- Sexual abuse

Some steps for talking about sex

You can use these basic steps

1. Find what child knows.
2. Building positive image regarding sexuality.
3. Use of sensory activities
4. Help children develop healthy relationships
5. Help children make informed decisions about their sexual health.

Module 1: Elementary School (Ages 5-10): Childhood

Notes for facilitators (parents)

- Use of straight forward vocabulary and short sentences
- Incorporating pictures, diagrams and visual cues to the special need children
- Everything shared with children must be age-appropriate therefore explain the idea of privacy and body space.
- Don't laugh on trivial queries.
- Don't be irritated.
- Expect questions of any kind.
- Discuss positive and negative friends concept
- Positive reinforcement for their behaviors and active participation

What to Tell and How to Tell Children?

- They should also distinguish what is the role of sexuality in relationships.
- Talk to your child about private areas
- Talk about who is allowed to see or touch their private areas and why.

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- Frequent reminders can be helpful for children who finds it difficult and complex to remember
- Try keeping track of which clothes they consistently take off in public
- Way of attention seeking
- Provide the sexual education through visual Aids
- Ask the child what they think about how baby is born. This aids to understand what the kid already knows.
- Start by talking about differences between child and adult body
- Story telling about the body changes. Explain through characters as kids grow, their bodies go through changes.
- Emphasize that these changes are normal and happen to everyone.
- Body Parts and Functions: Discuss the basic functions of the reproductive systems in a simple manner.
- Personal Hygiene: Emphasize the importance of cleanliness and hygiene.
- Matching picture games of positive behaviors with healthy relationships

The Support They Need

This is the stage where the special children believe everything you say, so one needs to be the main source for valid evidence. If you don't, they will just get it from friends and the media. There is a great difference between what a 5-year-old and an 8-year-old needs to know therefore you need to give them more information. Make sure that you give them enough material so that they don't make wrong deductions, its normal to have feelings for opposite gender.

Module 2: For Middle School Children (Ages 9-14)

Notes for facilitators (parents)

- Careful knowledge regarding the internet usage in simplest way.
- Explaining hazards of social media and sharing photo through practical demonstrations.
- Include immediate family members and provide safe and supportive space
- Some kids are curious about sex and some aren't. With special need children it's normal.
- By careful starting conversations with the child, you are letting them know that it is okay for them to come to you with any questions.
- That once puberty starts, same sex fantasy and attraction is not unusual and does not necessarily specify sexual orientation.
- The essence of respectful relationship.

What to Tell and How to Tell Children?

- Puberty and Body Changes
- Discuss the physical changes that occur during puberty while using visual presentations.
- Address common concerns and emotions associated with these changes.
- Puberty typically starts at 9-14 years for girls and 11-12 years for boys. It can be earlier or later.
- Puberty is the time of physical, psychological and emotional changes are a sign that the child is moving from childhood towards adulthood.

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- Puberty can be completed in about 18 months or can take up to 5 years. For the special need children variations are expected among the children.
- Practicing skills using role play and problem solving so that child learns to say No
- Girls: key physical changes in puberty
- In girls, these are the main external physical changes in puberty that you can expect.
- Helping child to recognize how they feel when safe and uncomfortable and unsafe situations
- Be a trusted adult-one that your child can tell you anything.

The Support they Need

Hygiene: Hygiene instructions should be basic and step by step.

Emotional changes: Emotional changes are the first sign that your child's starting puberty.

Healthy Relationships: Teach about communication, consent, and boundaries in relationships also discuss the importance of respecting others' feelings and choices.

Personal Safety and Online Awareness: Making sure child knows what a personal boundary is and that it's okay to say 'No" and online safety.

Methodology

Sample

A sample size of 115 Pakistani mothers of special need children with different age groups were targeted by approaching different Special schools and hospital. Intervention was intended for parents of all ages and educational level who could effortlessly apprehended English or Urdu language. The goal of the intervention was to provide valuable guidelines to the special need children teachers and parents through community outreach program, with principal emphasis on impacting as many special need children families as possible, rather than adhering to a specific statistical sample size.

Study Design

A Quantitative method (within group research design) was arranged for a well-rounded understanding of the topic. It also involved intervention in form of training workshops for the parents and teachers of special education.

Methods

A quantitative approach was utilized by applying pre & post research design, a self-developed questionnaire by Dr Sheeba Farhan, 2024 (Associate Professor FUUAST), "parental awareness on sex education" was administered on 115 parents of special need children to assess their understanding regarding the biological changes and emotional reactions of their children. Interventional Study with age-appropriate preventive education building was designed in the form of training sessions within the special school locations, and to retest the effectiveness of different sex education approaches.

Data Collection

Workshops were organized at different special schools at Karachi for the parents of special need children where a Well-structured 10 item questionnaire pre and post "parental awareness about sex education" rated on 5-point Likert scale from strongly agree to strongly disagree was used to assesses participants' knowledge, attitudes, perceptions, and behaviors related to sex education. It was ensured that questions were cleared, non-biased, and covered a range of relevant topics. Upon completion the parents and teachers of the special school were debriefed and appreciated for their alertness throughout the term.

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Procedure

After thorough literature review and need analysis it was felt that sex education for the special need children always remained neglected by the parents and special schools. In order to fulfill the gap, interventions were designed for the parents of special need children with two age groups in the form of modules. 1st Module (ages 5-10) and Module 2 (ages 9-14). Interventions were in the form of training workshops. Several special schools in the vicinity of Karachi were approached with the proposal of conducting workshops with the parents of special need children of different ages and disabilities. After the acceptance of proposal by the administration of special need schools and formal invitation for the conduct of workshops training was carried out by the researcher. Clear and concise instructions were given. The entire period of the training session was approximately 2 hours, whereas the question answers session and feedback time varied.

Statistical Analysis

For statistical analysis descriptive and inferential statistics (paired t-test) were used. Statistical package for social sciences (SPSS) version 26 was run on its various analyses and significant differences in the parental awareness about sex education to their special need children was found before and after the interventions.

Table-1: Demographic Characteristics of Sample

	Frequency	Percent	Valid Percent	Cumulative Percent
5-10	73	63.2	63.2	63.2
9-14	42	36.8	36.8	100.0
boy	93	80.7	80.7	80.7
girl	22	19.3	19.3	100.0
Total	115	100.0	100.0	

Table-2: Descriptive Statistics And Alpha Reliability Coefficients Of Parental Awareness About Sex Education Scale (Pre And Post) (115)

Variables	N	Range	α	Minimum	Maximum	Mean	Std. Deviation	Variance	skew	Kurtosis
Pre parental awareness	115	3.90	.864	1.10	5.00	3.2678	1.00817	1.016	-.155	-.917
Post parental awareness	115	1.50	.859	1.00	2.50	1.8557	.40223	.162	-.643	-.480

Table2 indicates the descriptive statistics, alpha reliability coefficients, range and skewness among study variables. The table shows that the scale reliability ranges from .864 to .859, which indicates acceptable to very good reliability. The values of skewness and kurtosis show that data was normally distributed.

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Table-3: Paired Sample T-Test values of Pre and Post Intervention Program for Experimental Group (115)

	Pre Test		Post Test		95% Confidence Interval of the Difference				
Variables	M	SD	M	SD	Lower	Upper	T	df	Sig. (2-tailed)
Parental awareness about sex education (over all)	3.2678	1.00817	1.8557	.40223	1.22145	1.60290	14.668	114	.000
Parental awareness about sex education (children age 5-10) (module 1)	3.1438	1.095061	1.8904	.41169	.98432	1.52253	9.285	72	.000
Parental awareness about sex education (children age 10-15) (module 2)	3.4833	.80332	1.7952	.38252	1.46665	1.90954	15.395	41	.000

Table 3 indicates a significant difference at p=0.00, in parental awareness about sex education in Pre and Post Intervention results for Experimental group overall. Also parental awareness about sex education (children age 5-10) module 1 was found significant at p=0.00. Moreover parental awareness about sex education (children age 10-15) module 2 was found significant at p=0.00

Table-4: Descriptive Analysis Of Pre And Post Intervention On Special Need Children Parental Readiness On Each Item (n=115)

Items		Pre Test Frequency	%	Post test Frequency	%
1 Ssex education should be part of my child's upbringing	strongly-agree	12	9.8	40	32.5
	agree	33	26.8	63	51.2
	neutral	27	22.0	12	9.8
	disagree	24	19.5	0	0
	strongly disagree	19	15.4	0	0
2. I feel comfortable discussing topics related to sex and relationships with my child	strongly-agree	10	8.1	16	13.0
	agree	11	8.9	70	56.9
	neutral	30	24.4	26	21.1
	disagree	31	25.2	3	2.4
	strongly disagree	33	26.8	0	0
3. I actively seek out resources to educate myself about age-appropriate sex education	strongly-agree	12	9.8	29	23.6
	agree	28	22.8	60	48.8
	neutral	17	13.8	26	21.1
	disagree	26	21.1	0	0
	strongly disagree	32	26.0	0	0
4. I believe that	strongly-agree	16	13.0	49	39.8

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providing accurate info about sex can help prevent risky behaviors in my child	agree	34	27.6	63	51.2
	neutral	27	22.0	3	2.4
	disagree	15	12.2	0	0
	strongly disagree	23	18.7	0	0
5.Conversations about consent and boundaries should be included in sex education at home	strongly-agree	14	11.4	27	22.0
	agree	25	20.3	77	62.6
	neutral	28	22.8	11	8.9
	disagree	24	19.5	0	0
	strongly disagree	24	19.5	0	0
6.I am aware of the curriculum and content covered in my child's school's sex education program	strongly-agree	5	4.1	25	20.3
	agree	22	17.9	52	42.3
	neutral	29	23.6	37	30.1
	disagree	26	21.1	1	.8
	strongly disagree	31	25.2	0	0
7.I am open to discussing diverse sexual orientations and gender identities with my child	strongly-agree	8	6.5	23	18.7
	agree	23	18.7	78	63.4
	neutral	21	17.1	14	11.4
	disagree	36	29.3	0	0
	strongly disagree	27	22.0	0	0
8. I am confident in my ability to address any q's my child might have about their changing bodies	strongly-agree	11	8.9	30	24.4
	agree	25	20.3	76	61.8
	neutral	18	14.6	8	6.5
	disagree	38	30.9	1	.8
	strongly disagree	23	18.7	0	0
9. I believe that fostering a supportive environ for discussing sex will lead to healthier relationship for my child	strongly-agree	11	8.9	43	35.0
	agree	28	22.8	68	55.3
	neutral	39	31.7	4	3.3
	disagree	25	20.3	0	0
	strongly disagree	12	9.8	0	0
10.I encourage q's from my child about sex and provide them with honest and age appropriate answer	strongly-agree	12	9.8	35	28.5
	agree	35	28.5	80	65.0
	neutral	23	18.7	0	0
	disagree	29	23.6	0	0
	strongly disagree	16	13.0	0	0

DISCUSSION

The importance of age appropriate sex education and interventions for the special need children sought to fortify their care givers with the knowledge and assistances to engage in adequate supportive communication has been applied. In Pakistani society Islamic perspective is of utmost importance but overlooked topic. However Quran in Surah (Al Nur), clearly states that boys and girls must be taught all about the sexual education. It also talk about hijab, which again is form of sexual education. The Surah revealed the importance of “al Mahram” relations and their various categories. Importance of one’s keeping the gaze lower; punishment for adultery and adulteress; seeking permission before entering the parent’s rooms and punishment for slanderer are all about the sexual education. It also narrates the beautification of women; the righteous making mistakes

that is a fervent person who prays and fasts, is it possible for him to make sexual mistakes? The answer is yes! Surah Al Nur provides the guidance to our younger ones who can also make mistakes while surfing on cyber the porn clips pops up or they might unknowingly enter the prohibited sites by the virtue of their friends' recommendations. The special children who are already naive and lack knowledge about cyber world limitations can easily fall prey to cyber abusers. The biological development of special children is earlier than the normal children of their own age. In Pakistan despite being an Islamic state the parents shows reluctance and hesitation to talk about the sexual education with their wards, however the subject is mostly talk of the town (Shirpak et al., 2008: Ram & Mohammadnezhad, 2020). The parents of special need children finds it difficult to talk about the sexual education with their special wards and also did not know at what appropriate age they should be given the required information, however the detail evidence is already provided in Quran. The current intervention program was designed to bridge the gap by providing adequate techniques and assistance to the parents where they can enhance their special youngsters understanding of sexuality and relationships. Past studies have proved the significance of the intervention based program helping the parents in enhancing their knowledge and confidence (Clatos & Asare, 2016). The interventional sessions increased the knowledge and confidence of the special children parents in discussing sexual topics with the help of visual aids and toys. In order to cut the challenges faced by the parents of special need children especially the social restrictions and cultural taboos. Furthermore, the success of these training sessions were evident through the increase in confidence and willingness of the special need children parents to educate their wards regarding their sexual developments and to provide them with emotional support. A comparative study by Pownall et al 2012 with the mothers of young adults without intellectual disabilities and mothers of intellectually disabled children revealed cautious attitude towards the sexual intimacy and readiness to discuss sexual concerns. Yet the intervention was effectively tailored according to the cultural norms. Acknowledging the significance of cultural and religious values of not only Islam but also the other minorities' scriptures made a valuable impact to impart successfully the importance of sexual education in all realms. As recognizing and accepting the cultural norms is always crucial and addressing the sensitive topic needs the alliance with local values and beliefs. A systematic review revealed that the children with disabilities are more vulnerable to sexual abuse and exploitation, if they lack the knowledge and way of communication to report against abuse (journal of child &Adolescent trauma 2025).

Teaching the special children about body autonomy, safe and unsafe touch, and drawing boundaries to ensure their protection and empowerment is highly important. The current intervention will help the parents of special need to help them understand bodily changes and management of their emotions. The information provided through parents will reduce their ambiguities. They with the help of parents will be in position to understand the concepts of personal space, consent and proper behavior with the strangers. Children with mild to moderate intellectual disabilities with parental guidance can promote self- care and confidence in their outlook. The intervention allied with religion, common cultural values, modesty and respect gave a strong and wider mode to provide space for the parents to speak openly about their ambiguities and reservations and resolve their misunderstandings in better way. These training sessions paved a way in connecting the parents of special need children with their wards more strongly, moreover

making them confident and resilient while negotiating their challenges, acknowledging their importance and finding ways to deal with uncertainties of their wards. These training sessions were done by professional health psychologist after thorough research studies and understanding of local context for best practices.

Conclusion

Sexual education is often viewed as taboo in Pakistan, and discussing it with children especially those with disabilities is frequently stigmatized. A well designed manual for the parents of special need children will serve as a formal guide, in order to encourage their self-esteem during discussions and will work as a link between the children and parents.

Limitation

Keeping in consideration the cultural limitation only mothers were called for the training session on the recommendation of special school administration, however in most of the young boys conditions where they depend on their fathers were not called on. The intervention study covered the ages from 5-10years and 9-14 years, the children age groups of 15 and above were not covered in the present study due to non-availability of institutional support.

Implementation of the Study

The sex educational manual is not only comprehensive and practical but also adaptable for the on- going availabilities of facilities. With incessant alliance, research, evaluation and collaboration with the concerning stakeholders will be crucial to maintain its sustainability over the long terms. Following are the implementations of the study.

Immersion of Experts

Involvement of Special educators, healthcare professionals, health psychologists, sociologists and religious scholars to create holistic approaches.

Adaptation to Local Context

Keeping in view the cultural and religious differences, the guidelines for the development of the special need children curriculum needs to be accurate and comprehensive.

Teacher Training

Trained educators and caregivers with resources can provide effective sexual education that accommodates the special needs. Training workshops for the special educators and parents education to reduce stigma and promote understanding.

Visual and Practical Aids

Use of visual stories, role play, toys, flashcards and real life scenarios tailored to the child's developmental age level.

Policy Integration

Policy changes at the ministry of education and special education departments to formally include sexual health in special needs curricula.

Future Recommendations

There are copious endorsements to endure and assisting progress sex education intervention for the parents of special need children in Pakistan. Alliance with the religious scholars can guarantee that sex education agendas especially for the special need children remain affiliated with religious teachings and principles. Present study can be expanded to other age group as per their requirement. Individualized Education Plans (IEPs) should be incorporate age and developmentally-appropriate sex education as formal part. Set realistic and measurable goals and technology-enhanced learning games tailored for different types of learning disabilities (e.g., autism, Down syndrome). Special educators

can be trained with structured program. Structured workshops and support groups for the special need children parents where they can share their experiences and resolve their obscurities can also be beneficial. Research and assessment can advance intervention so conduct of research to evaluate the continuing impact of sex education interventions on special need children and their parents. Advocate for administration support of sex education acumens concluded strategies and guidelines. The curriculum for special children can be further developed that covers a wide range of age-appropriate, evidence-based and inclusive of diverse perspectives. Ensure that the curriculum adhere to legal and ethical considerations, privacy, consent and cultural sensitivities. Smearing these recommendations, sex education for special need children in Pakistan can grow into a supportable and malleable program that continues to empower parents of special need children parents and foster conversations.

References

Acquilano, M. F. (2011). The Mass Implementation of International Sex Education Guidelines and the Legal and Moral Ramifications as Presented by the Roman Catholic Church. *Ave Maria Int'l LJ, 1, 379*.

Alessi, E. J., Kahn, S., & Chatterji, S. (2016). 'The darkest times of my life': Recollections of child abuse among forced migrants persecuted because of their sexual orientation and gender identity. *Child abuse & neglect*, 51, 93-105.

Alnakhli, H., Singh, R., Agnihotri, R., & Itani, O. S. (2020). From cognition to action: the effect of thought self-leadership strategies and self-monitoring on adaptive selling behavior. *Journal of Business & Industrial Marketing*, 35(12), 1915-1927.

Anuar, H., Shah, S. A., Gafor, H., Mahmood, M. I., & Ghazi, H. F. (2020). Usage of Health Belief Model (HBM) in health behavior: A systematic review. *Malaysian Journal of Medicine and Health Sciences*, 16(11), 2636-9346.

Ashoori, F., Karimi, M., Mokarami, H., & Seif, M. (2020). Using health belief model to predict oral health behaviors in girl students: *A structural equation modeling. Pediatric Dental Journal,* 30(1), 24-32.

Ballan, M. S. (2012). Parental perspectives of communication about sexuality in families of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 42, 676–684.

Barak, A., & Fisher, W. A. (2001). Toward an internet-driven, theoretically-based, innovative approach to sex education. *Journal of Sex Research*, 38(4), 324-332.

Bell, M. C. (2020). Changing the Culture of Consent: Teaching Young Children Personal Boundaries. *University of South Florida*.

Beyth-Marom, R., Fischoff, B., Quadrel, M. J., & Furby, L. (2012). Teaching decision making to adolescents: A critical review. *Teaching decision making to adolescents*, 19-59.

Bowman, N., Brandenberger, J., Lapsley, D., Hill, P., & Quaranto, J. (2010). Serving in college, flourishing in adulthood: Does community engagement during the college years predict adult well-being?. *Applied Psychology: Health and Well-Being*, 2(1), 14-34.

Braeken, D., & Cardinal, M. (2008). Comprehensive sexuality education as a means of promoting sexual health. *International Journal of Sexual Health*, 20(1-2), 50-62.

Breuner, C. C., Mattson, G., ealth, Breuner, C. C., Adelman, W. P., ... & Wissow, L. S. (2016). Sexuality education for children and adolescents. *Pediatrics*, 138(2), e20161348.

Brown, S. S., & Eisenberg, L. (Eds.). (1995). The best intentions: Unintended pregnancy and the well-being of children and families.

Burns, M. S., Griffin, P., & Snow, C. E. (1999). Starting Out Right: A Guide to Promoting Children's Reading Success. Specific Recommendations from America's Leading Researchers on How To Help Children Become Successful Readers. *National Academy Press*, 2101 Constitution Avenue, NW, Lockbox 285, Washington, DC 20055.

Carmack, C., Roncancio, A. M., Gerecht, L., & Ansari, M. (2020). Perceived partner beliefs about condoms and self-efficacy communication within the context of the theory of gender and power. *Journal of Community Psychology,* 48(5), 1424-1437.

Carson, D. K., Foster, J. M., & Tripathi, N. (2013). Child sexual abuse in India: Current issues and research. *Psychological Studies*, 58, 318-325.

Chrisler, J. C. (2013). Teaching taboo topics: Menstruation, menopause, and the psychology of women. *Psychology of Women Quarterly*, 37(1), 128-132.

Clatos, K., & Asare, M.2020. Sexuality Education Intervention for Parents of children with Disabilities: A Pilot Training Program. *American journal of Health Studies*, 31(3).https://doi.org/10.47779/ajhs.2016.147

Elia, J. P., & Tokunaga, J. (2015). Sexuality education: implications for health, equity, and social justice in the United States. *Health Education*, 115(1), 105-120.

Ericksen, I. H., & Weed, S. E. (2019). Re-examining the evidence for school-based comprehensive sex education: A global research review. *Issues L. & Med.*, 34, 161.

Farhan, S., & Iqbal, S. (2024). ISLAMIC PERSPECTIVE OF PREVENTIVE EDUCATION BUILDING FROM CHILD SEXUAL ABUSE-AN INTERVENTION FOR PARENTS TO HELP CHILDREN. *PAKISTAN ISLAMICUS (An International Journal of Islamic & Social Sciences)*, 4(01), 180-199.

Finkelhor, D., Walsh, K., Jones, L., Mitchell, K., & Collier, A. (2021). Youth internet safety education: Aligning programs with the evidence base. *Trauma, violence, & abuse*, 22(5), 1233-1247.

Girgin-Buyukbayraktar, C., Konuk-Er, R., & Kesici, S. (2017). According to the Opinions of Teachers of Individuals with Intellectual Disabilities: What Are the Sexual Problems of Students with Special Education Needs? How Should Sexual Education Be provided For them? *Journal of Education and Practice*, 8(7), 107-115.

Goldman, J. D. (2012). A critical analysis of UNESCO's International Technical Guidance on school-based education for puberty and sexuality. *Sex Education*, 12(2), 199-218.

Gürol, A., Polat, S., & Oran, T. (2014). Views of mothers having children with intellectual disability regarding sexual education: A qualitative study. *Sexuality and Disability*, 32, 123-133.18

Haberland, N., & Rogow, D. (2015). Sexuality education: emerging trends in evidence and practice. *Journal of adolescent health*, 56(1), S15-S21.

Halstead, M., & Reiss, M. (2003). Values in sex education: From principles to practice. *Routledge*.

Helmer, J., Senior, K., Davison, B., & Vodic, A. (2015). Improving sexual health for young people: Making sexuality education a priority. *Sex Education*, 15(2), 158-171.

Hemmerechts, K., Agirdag, O., & Kavadias, D. (2017). The relationship between parental literacy involvement, socio-economic status and reading literacy. *Educational Review*, 69(1), 85-101.

Hendricks, E. A. (2020). Effective approaches to reducing unintended pregnancy and improving girls' education. In *Oxford Research Encyclopedia of Education*.

Hermanto, H., & Katmini, K. (2021). Application of HBM Theory (Health Belief Model) to Preventing Behavior of Hypertension Complications in Public Health Center Raas, Sumenep Regency. *Journal for Quality in Public Health*, 5(1), 149-159.

Heyes, J. M. (2019). Towards a virtue ethical approach to relationships and sex education. *Journal of Moral Education*, 48(2), 165-178.

Holmes, L. G., & Himle, M. B. (2014). Brief report: Parent–child sexuality communication and autism spectrum disorders. *Journal of autism and developmental disorders*, 44, 2964-2970.

Ihwani, S. S., Muhtar, A., Musa, N., Jaafar, N., Muhammad, N. A. F., & Rashed, Z. N. (2017). Sex education: an overview from quranic approach. *Journal of Quran Sunnah Education & Special Needs.*

Jenkins, H. (2009). Confronting the challenges of participatory culture: Media education for the 21st century (p. 145). *The MIT press*.

Junoh, N., Din, N. M. N., Ismail, M. K. A., Zin, M. N. M., & Mohamed, W. N. W. (2022). Spiritual Module In Developing The Concept Of Human Being As A Khalifa (Vicegerent): A Religious Requirement In Complying And Realising The Responsibilities Of Protecting The Religion (Maqasid Hifz Al-Deen). *Journal of Islamic*, 7(49).

Kelder, S. H., Hoelscher, D., & Perry, C. L. (2015). How individuals, environments, and health behaviors interact. *Health behavior: Theory, research, and practice,* 159, 144-149

Kessler, R., Hinkle, B. T., Moyers, A., & Silverberg, B. (2020). Adolescent sexual health: identity, risk, and screening for sexually transmitted infections. *Primary Care: Clinics in Office Practice*, 47(2), 367-382.

Khudai, M. S., & Saeed, N. (2021). A Crimniological Study on Child Pornographic Industry and Child Sexual Abuse from Youngsters and Professionals Frame Of Refernce: A Case Study of Pakistan. *Turkish Online Journal of Qualitative Inquiry*, 12(10).

Lamb, S. (2013). Just the facts? The separation of sex education from moral education. *Educational Theory*, 63(5), 443-460.

Leung, H., Shek, D. T., Leung, E., & Shek, E. Y. (2019). Development of contextually-relevant sexuality education: Lessons from a comprehensive review of adolescent sexuality education across cultures. *International journal of environmental research and public health*, 16(4), 621.

Luszczynska, A., & Schwarzer, R. (2020). Changing behavior using social cognitive theory. *The handbook of behavior change*, 2, 32-45.

Ma, Q., Chan, A. H., & Teh, P. L. (2020). Bridging the digital divide for older adults via observational training: Effects of model identity from a generational perspective. *Sustainability*, 12(11), 4555.

Mark, K., Corona-Vargas, E., & Cruz, M. (2021). Integrating sexual pleasure for quality & inclusive comprehensive sexuality education. *International Journal of Sexual Health*, 33(4), 555-564.

McDaniels, B., & Fleming, A. (2016). Sexuality education and intellectual disability: Time to address the challenge. *Sexuality and Disability*, 34(2), 215-225.

Michielsen, K., & Brockschmidt, L. (2021). Barriers to sexuality education for children and young people with disabilities in the WHO European region: a scoping review. *Sex Education*, 21(6), 674-692.

Journal of Social Signs Review

Online ISSN Print ISSN

Milton, J., Berne, L., Peppard, J., Patton, W., Hunt, L., & Wright, S. (2001). Teaching Sexuality Education in High Schools: what qualities do Australian teachers value?. *Sex Education*, 1(2), 175-186.

Nichols, S., & Blakeley-Smith, A. (2009). "I'm Not Sure We're Ready for This …": Working With Families Toward Facilitating Healthy Sexuality for Individuals With Autism Spectrum Disorders. *Social Work in Mental Health*, 8(1), 72–91. https://doi.org/10.1080/15332980902932383

Nurhikma,A., & Hendriani, W. (2024). "A Literature Review:Implementation of Sexual EducationFor Children with Special Needs In Indonesia."*JP(Hurnal Pendidikan):Teori dan Praktik*,9(1), 88-104.

Ollis, D., Harrison, L., & Maharaj, C. (2013). Sexuality education matters: Preparing pre-service teachers to teach sexuality education.

Pachu, N. (2020). A social cognitive theory-based exploration of university students' knowledge, self-efficacy, and outcome expectations related to reducing sedentary behavior.

Papageorge, N. W., Zahn, M. V., Belot, M., Van den Broek-Altenburg, E., Choi, S., Jamison, J. C., & Tripodi, E. (2021). Socio-demographic factors associated with self-protecting behavior during the Covid-19 pandemic. *Journal of population economics*, 34, 691-738.

Parnes, P., Cameron, D., Christie, N., Cockburn, L., Hashemi, G., & Yoshida, K. (2009). Disability in low-income countries: Issues and implications. *Disability and rehabilitation*, 31(14), 1170-1180.

Power, R., Heanoy, E., Das, M. C., Karim, T., Muhit, M., Badawi, N., & Khandaker, G. (2023). The sexual and reproductive health of adolescents with cerebral palsy in rural Bangladesh: a qualitative analysis. *Archives of sexual behavior*, 52(4), 1689-1700

Puspita, E., & Utami, R. D. (2023). Applying Sexual Education to Elementary School Children in the Digital Native Era. DIDAKTIKA TAUHIDI: *Journal Pendidikan Guru Sekolah Dasar*, 10(2), 223-240.

Rahim, S., Bourgaize, C., Khan, M., Matthew, L., & Barron, I. (2021). Child sexual abuse in Pakistan schools: a non-systematic narrative literature review. *Journal of child sexual abuse*, 30(5), 546-562.

Ram, S., Andajani, S., & Mohammadnezhad, M. (2020). Parent's perception regarding the delivery of sexual and reproductive health (SRH) education in secondary schools in Fiji: A qualitative study. *Journal of environmental and public health*, 2020.

Rasmussen, M. L. (2010). Secularism, religion and 'progressive'sex education. *Sexualities*, 13(6), 699-712.

Reynolds, K.E.(2019). Relationships and sexuality education for children with special educational needs and disabilities. *Journal of Health Visiting* 7(2) :78-84.

Robinson, D. B. (2019). Religion as an other (ed) identity within physical education: A scoping review of relevant literature and suggestions for practice and inquiry. *European Physical Education Review*, 25(2), 491-511.

Robinson, K. H., Smith, E., & Davies, C. (2017). Responsibilities, tensions and ways forward: parents' perspectives on children's sexuality education. *Sex education*, 17(3), 333-347.

Sanderson, C. (2004). The seduction of children: Empowering parents and teachers to protect children from child sexual abuse. *Jessica Kingsley Publishers*..

Journal of Social Signs Review

Online ISSN Print ISSN

Santa Maria, D., Guilamo-Ramos, V., Jemmott, L. S., Derouin, A., & Villarruel, A. (2017). Nurses on the Front Lines: Improving Adolescent Sexual and Reproductive Health Across Health Care Settings: An evidence-based guide to delivering counseling and services to adolescents and parents. *The American journal of nursing*, 117(1), 42.

Schmidt, S. C., Wandersman, A., & Hills, K. J. (2015). Evidence-based sexuality education programs in schools: Do they align with the national sexuality education standards?. *American Journal of Sexuality Education*, 10(2), 177-195.

Schunk, D. H., & DiBenedetto, M. K. (2020). Motivation and social cognitive theory. *Contemporary educational psychology*, 60, 101832.

Scott, R. H., Smith, C., Formby, E., Hadley, A., Hallgarten, L., Hoyle, A., ... & Tourountsis, D. (2020). What and how: doing good research with young people, digital intimacies, and relationships and sex education. *Sex Education*, 20(6), 675-691.

Seiler-Ramadas, R., Grabovac, I., Winkler, R., & Dorner, T. E. (2021). Applying emotional literacy in comprehensive sex education for young people. *American Journal of Sexuality Education*, 16(4), 480-500.

Setty, E., & Dobson, E. (2023). Department for Education Statutory Guidance for Relationships and Sex Education in England: A Rights-Based Approach? *Archives of Sexual Behavior*, 52(1), 79-93.

Shaikh, A., & Ochani, R. K. (2018). The need for sexuality education in Pakistan. *Cureus*, 10(5).

Shirpak, K. R., Chinichian, M., Maticka-Tyndale, E., Ardebili, H. E., Pourreza, A., & Ramenzankhani, A. (2008). A qualitative assessment of the sex education needs of married Iranian women. *Sexuality & Culture*, 12, 133-150.

Shtarkshall, R. A., Santelli, J. S., & Hirsch, J. S. (2007). Sex education and sexual socialization: Roles for educators and parents. *Perspectives on sexual and reproductive health*, 39(2), 116-119.

Singh, S., Bankole, A., & Woog, V. (2005). Evaluating the need for sex education in developing countries: sexual behaviour, knowledge of preventing sexually transmitted infections/HIV and unplanned pregnancy. *Sex education*, 5(4), 307-331.

Stein, S., Kohut, T., & Dillenburger, K. (2018). The importance of sexuality education for children with and without intellectual disabilities: What parents think? *Sexuality and Disability*, 36, 141-148

Stewart, R., Wright, B., Smith, L., Roberts, S., & Russell, N. (2021). Gendered stereotypes and norms: A systematic review of interventions designed to shift attitudes and behaviour. *Heliyon*, 7(4)..

Taghizadeh Asl, R., Van Osch, L., De Vries, N., Zendehdel, K., Shams, M., Zarei, F., & De Vries, H. (2020). The role of knowledge, risk perceptions, and cues to action among Iranian women concerning cervical cancer and screening: a qualitative exploration. *BMC public health*, 20, 1-12.

Walker, J. (2004). Parents and sex education—looking beyond 'the birds and the bees'. *Sex education*, 4(3), 239-254.

Wang, M., Huang, L., Pan, C., & Bai, L. (2021). Adopt proper food-handling intention: An application of the health belief model. *Food Control*, 127, 108169.

Warren, C. (2013). Parent–child communication about sex. *In Parents, Children, and Communication* (pp. 173-201). Routledge.

Journal of Social Signs Review

Online ISSN Print ISSN

Wiefferink, C. H., Poelman, J., Linthorst, M., Vanwesenbeeck, I., Van Wijngaarden, J. C. M., & Paulussen, T. G. W. (2005). Outcomes of a systematically designed strategy for the implementation of sex education in Dutch secondary schools. *Health Education Research*, 20(3), 323-333.

Wilson, E. K., & Koo, H. P. (2010). Mothers, fathers, sons, and daughters: gender differences in factors associated with parent-child communication about sexual topics. *Reproductive health*, 7(1), 1-9.

World Health Organization. (2003). Skills for health: Skills-based health education including life skills: An important component of a child-friendly/health-promoting school. *World Health Organization*.

Yıldız, G., & Cavkaytar, A.(2017). Effectiveness of a sexual education program for mothers of young adults with intellectual disabilities on mothers' attitudes toward sexual education and the perception of social support. *Sexuality and Disability*, 35, 3-19