



The Amount of Family Awareness Towards Sexual Education for Their Adolescent Children with Disabilities in Light of Certain Variables

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Abstract. The study sought to determine the amount of family awareness of sexual education for their adolescent children with disabilities, as well as the differences in family awareness of sexual education for their adolescent children with disabilities caused by gender, type of disability in the family, and educational qualification. The descriptive approach was used since it was appropriate for the study's aims, and the study sample included (32) guardians, 23 mothers, and 9 fathers. The sample was intentionally selected from special education centers in the public and private sectors affiliated with the Ministry of Education in Zarqa Governorate. A scale measuring family awareness towards sexual education for adolescents with disabilities was developed. The validity and reliability of the scale were verified, and it consisted of 21 items. The results of the study showed that the amount of family awareness regarding sexual education for their adolescent children with disabilities was moderate. The findings also indicated no statistically significant differences in the level of family awareness concerning sexual education for their adolescent children with disabilities based on the variables of gender, type of disability within the family, or educational qualification. The study recommends organizing educational seminars and workshops led by specialists to support families on the topic of sexual education and emphasizing the role of media in raising societal awareness about this subject.

Keywords: Adolescents with disabilities, Family awareness, Sexual education.

1. INTRODUCTION

The family is the primary institution that instills in children the values, customs, and social norms prevailing in society, in addition to shaping behaviors, building personalities, and determining life orientations. It plays a vital role in transmitting culture from one generation to another. The family is considered the most influential social institution in the lives of children, especially children with disabilities, as it fosters desired behaviors and supports their psychological, physical, social, mental, and sexual development from early childhood through adolescence.

Parents, as the cornerstone of the family, play a critical role in raising awareness about sexual education for their children with disabilities. Their involvement in sexual education programs is of paramount importance, as they are primarily responsible for providing information related to sexual education—an irreplaceable role. However, they may need guidance and educational programs to deliver age-appropriate and developmentally suitable sexual information to their children (Colarosi et al., 2023).

Sexual education programs are considered an integral part of the broader educational process, holding equal importance to moral, emotional, and appropriate behavioral education. Together, these programs create a cohesive framework that is integrated into both home and school environments. Sexual education begins at an early age, during routine activities such as bathing, dressing, and toilet training, as well as through affectionate interactions like cuddling and hugging. These opportunities enable parents to teach children about their bodies, addressing their innate sexual curiosity and developmental needs. (Arif et al., 2022).

The sexual development of individuals with disabilities does not differ significantly from that of their peers; however, it may progress at a slower or faster rate. Despite this, the sexual needs of individuals with disabilities are often overlooked, even though they share the same needs as others. This underscores the need for precise, ongoing, and structured sexual education programs delivered both at home and in specialized centers. These programs are essential for promoting independence and protecting children with disabilities from potential abuse (Al-Saeed, 2021; Canevska et al., 2023).

The transition from childhood to adolescence poses a significant challenge for families of children with disabilities. This period often exacerbates the burdens associated with disability, including sexual concerns that families must address safely and effectively. Parents frequently experience heightened anxiety about their children being vulnerable to exploitation, sexual harassment, or abuse (Alqudah et al., 2023). This fear is rooted in the children's limited ability to defend themselves, express concerns, or distinguish harmful situations. Additionally, misconceptions among parents about sexual education persist, such as the belief that it is unnecessary for individuals with disabilities, encourages inappropriate behaviors, or that schools are solely responsible for providing it. (Güven & Isler, 2015).

These misconceptions can be dispelled by recognizing the importance of individualized and comprehensive sexual education for individuals with disabilities. Such education promotes self-awareness, healthy interpersonal relationships, and protection against sexual violence, unintended pregnancies, and sexually transmitted diseases (Ariadni et al., 2017; Al-Saeed, 2021).

In Jordan, legal frameworks support the integration of individuals with disabilities into society, affirming their sexual rights, and guaranteeing access to sexual health services. The Persons with Disabilities Law No. (20) of 2017 includes provisions ensuring access to sexual health services and reproductive health education, as well as training programs for professionals to identify and address cases of violence, including sexual violence, against individuals with disabilities. This legislation also mandates the training and support of families to report and

address instances of abuse and discrimination.

Despite this robust legislative foundation, the implementation of these laws remains weak, and the quality and accessibility of sexual and reproductive health services for individuals with disabilities in Jordan are insufficient (Alqudah et al., 2023). Recommendations from the Higher Population Council, in collaboration with the Higher Council for the Rights of Persons with Disabilities, emphasize empowering individuals with disabilities to live independently and participate fully in society. These include ensuring access to reproductive and sexual health information and services and raising awareness about sexual health among individuals with disabilities, their families, and caregivers (Higher Population Council, 2018).

2. LITERATURE REVIEW

Sexual education helps children and adolescents with disabilities learn appropriate sexual behaviors, such as avoiding inappropriate sexual actions in public settings. As such, sexual education programs are essential for addressing growth, physical changes, privacy, personal boundaries, and distinguishing between appropriate and inappropriate touch. These programs also cover a range of information beneficial for children with disabilities, including the anatomy of the reproductive organs, the process of sexual development, self-perception, sexually transmitted diseases, sexual harassment, physical and emotional changes during adolescence, appropriate and inappropriate sexual expressions, protection of the reproductive organs, health, hygiene, and safety (Güven & Isler, 2015).

Frank and Sandman (2019) note that families of adolescents with disabilities are eager to participate in their children's sexual education but often lack access to reliable sources of information. Parents who received education on topics related to the sexual health of their adolescent children with intellectual disabilities and autism spectrum disorder—such as personal hygiene, managing sexual behavior, protection from sexual assault, and communication skills—reported increased levels of comfort and confidence (Abualrejal et al., 2022).

Parents need to listen to their children, answer their questions about sex, use religious teachings as a supportive framework for sexual education, and communicate in a language that is easy for their children to understand. They should also repeat explanations as needed and ensure their children comprehend the information provided. Programs designed to educate parents, led by specialists and caregivers, are crucial. These programs should focus on the children's bodies, boundaries, and sexual lives, and include workshops to train parents on how to discuss these sensitive topics effectively with their children. (Al-Saeed, 2021).

Adolescents with disabilities may exhibit uncontrolled sexual behaviors, such as touching their genitals, undressing in inappropriate places, or masturbating. The nature of their sexual behavior often varies depending on the degree of their disability. Therefore, parents need access to support, training, and expert advice to help them address these challenges during their children's developmental stages (Kok & Akyuz, 2015).

Numerous entities contribute to providing information about sex education for people with disabilities, including the home, schools, clinics, and media. However, sex education is a highly sensitive topic and is best addressed within the family, particularly by parents. As primary educators and role models, parents must possess the skills and ability to address this topic with their children, who already face challenges due to limited cognitive abilities and a weak understanding of the values and norms that govern social behavior, such as distinguishing between socially acceptable and unacceptable actions (Arif et al., 2022).

On the other hand, parents may feel shy, modest, or fearful of corrupting their children by exposing them to a previously unfamiliar world. This hesitation may stem from ignorance, a lack of knowledge on how to approach, present, and discuss sex education issues, or uncertainty about how to address arising challenges. In some cases, this reluctance is exacerbated by a lack of trust between parents and children (Saleh & Shraim, 2009).

(Al-Saeed, 2021) advises families on developing awareness of sexual education for their children with disabilities, which is represented by: Families must teach the child that there are parts of the body that are forbidden to approach and should not be touched, especially in sensitive areas; provide a safe environment with stable family relationships; and get close to the child to give him love and tenderness; work on differentiating between adolescents and children in play for fear of exploitation; follow up and monitor children during periods of seclusion; and avoid putting children in the same bed as much as possible. Consider integration with strangers and teach children not to trust strangers simply because they know their parents or call them by their names and accompany them alone; parents must ensure that the person with a disability is able to seek help through various means in the event of sexual abuse; provide for all of the child's needs so that he is not exposed to material temptation from anyone; and raise children in a religious environment (alqudah et al., 2023). Training the person with a disability on some important topics, such as relying on himself to enter the bathroom, take a shower, and put on his clothes before leaving the bathroom, getting him used to closing the bathroom door while he is in it and closing the door to his room while removing his clothes, and teaching him how to maintain personal hygiene.

Abdullah et al. (2023) and Al-Saeed (2021) propose several strategies for parents to approach sex education programs while considering their child's disability. These strategies include:

- Simplifying information about sex and body parts to align with the child's abilities.
- Using appropriate communication methods, such as spoken language, sign language, or pictures, tailored to the understanding of the adolescent with a disability.
- Repeating and gradually presenting the training program to ensure comprehension and retention.

The success of education and sexual education for teenagers with disabilities can be defined as providing

opportunity for them to improve their general life skills such as communication, listening, bargaining with others, seeking advice and assistance, and finding sources. These trainings are provided in childhood for a variety of personal, autonomous, cognitive, and sexual skills that will benefit them when they enter adolescence. Sexual education also aims to provide adolescents with disabilities with the required skills based on their talents and abilities. Those with high talents assist them in distinguishing between true and incorrect information, as well as discussing a variety of ethical and social concerns and perspectives on sex and sexual life, including varied cultural attitudes and delicate topics such as sexual activity, abortion, and contraception. Effective sexual education also develops. Those with high talents assist them in distinguishing between true and incorrect information, as well as discussing a variety of ethical and social concerns and perspectives on sex and sexual life, including varied cultural attitudes and delicate topics such as sexual activity, abortion, and contraception. Effective sexual education also improves teenagers' decision-making and persistence skills, as well as teaching them how to absorb and resist external pressure, deal with and face discrimination, and seek aid from others. In contrast, sexual education teaches teenagers with limited capacities how to protect themselves, avoid sexual exploitation, and express harm to others (Al-Saeed, 2021).

By studying the theoretical literature, the researcher discovered various papers that were relevant to the current study's topic. Siah and Ramachandra's (2024) study sought to assess parental knowledge and the efficacy of parental training on sex education for Malaysian children with autism spectrum disorders. The study sample included 30 parents of children with autism spectrum disorder aged 8 to 12, who visited the Child Development Clinic at Pulau Pinang Hospital in Malaysia. A two-hour sex education training program was designed for parents to implement at home. The themes covered included sexual health and proper social and sexual behaviors for youngsters, such as public and private body parts, changes in puberty in males and females, personal cleanliness, The topics covered included sexual health and appropriate social and sexual behaviors for children, such as public and private body parts, changes during puberty in males and females, personal hygiene, distinguishing between public and private places and behaviors, the circle of relationships, identifying safe touch, and dealing with unsafe touch. Telephone discussions were done after three and six months to check that the training was followed. The Wieland Adaptive Behavior Scale for Social Maturity was also used, and the Wesslicon test was given both before and after the intervention. The study found that parental training on sexual health themes is useful in allowing parents to teach their children with autism spectrum disorder and fostering healthy social and sexual behaviors for them.

Shakuri and Alzahrani (2023) conducted a study aimed at identifying the challenges of sexual education for parents of adolescents with autism spectrum disorder, from the parents' perspective in Saudi Arabia. The study employed a qualitative case study approach with semi-structured interviews, using a sample of 9 parents: 4 fathers and 5 mothers, of adolescents aged between 13 and 19 years. The results revealed several challenges, including parents' lack of knowledge on how to teach sexual education to their adolescent children, as well as insufficient training on how to teach effectively. This lack of knowledge may contribute to the emergence of socially unacceptable sexual behaviors among adolescents with autism spectrum disorder, creating an additional challenge for parents. The study also highlighted that families of adolescents with autism spectrum disorder require more awareness and education regarding sexual education issues for their children, both in school and society. The study recommended that specialists provide training for parents on how to effectively teach sexual education to their adolescent children with autism spectrum disorder.

Boadi et al. (2023) conducted a study aimed at understanding parents' attitudes towards sex and sex education for their children with developmental disabilities in Ghana. The study used a descriptive approach, with a sample of 46 parents who have children with developmental disabilities. The results revealed that 76% of parents did not provide any form of sex education to their children. However, 65% of parents had good knowledge of sexuality and were generally positive about sex education for their children. The majority of parents (82%) had not received any training on how to educate their children about sexuality issues, which would help support and empower both themselves and their children. The findings also indicated that Guinean families rarely provide sex education to their children with developmental disabilities. The study recommended developing training programs to provide families with the necessary knowledge and skills related to sexual health, delivered by professionals.

Iqbal et al. (2023) conducted a study aimed at identifying the role of parents in providing sex education at home for adolescents with autism spectrum disorder in Pakistan. The study also explored the challenges faced by parents when delivering sex education to their children at home. The study involved a sample of 12 parents of adolescents with autism spectrum disorder, selected intentionally. A qualitative approach was used, with semi-structured interviews to collect data. The results revealed four main themes: parents' perceptions of sex education, the challenges they face, the efforts made by parents with their children, and the strategies used by parents to provide sex education at home. The findings showed that the majority of participants believed that sex education is a right for children with autism spectrum disorder, and that special guidance sessions for parents, conducted by specialists at home, are necessary.

Canevska et al. (2023) conducted a study to explore the attitudes, opinions, experiences, and personal expertise of parents of children with developmental disabilities regarding sex education in the Republic of North Macedonia. Data were collected using a descriptive and comparative approach. The study sample consisted of 54 parents of children with disabilities. A questionnaire with 32 questions on comprehensive sex education was distributed. The results showed that the majority of parents were unaware of the most appropriate age to start

educating their children about sex. The study also found that 57% of parents preferred that sex education be incorporated into the school curriculum. The study recommended that children with disabilities receive sex education tailored to their developmental stages to support their healthy growth and promote self-determination.

The study by Arif et al. (2022) aimed to identify the challenges faced by parents in providing sex education to their children with intellectual and developmental disabilities at home in Pakistan. A qualitative approach was used, employing semi-structured interviews with a sample of 15 parents (13 mothers and 2 fathers). The results indicated that parents face several challenges during puberty, including: communication difficulties and the skills required to talk to children about sex education, a lack of sufficient content in sex education, family values such as taboos surrounding sexual matters, problems related to sexual health and anger management, as well as a lack of training and awareness. The study also revealed that parents believe sex education helps children deal appropriately with the opposite sex, develop emotional feelings, and manage psychological and emotional changes during puberty, such as physical changes and attraction to the opposite sex.

Nazli and Chavan (2022) conducted a study to explore the awareness, attitudes, and practices of parents towards sex education for their children with mental disabilities in India. A total of 130 parents of children with mental disabilities were randomly selected, and a scale to measure awareness of sex education for parents of children with mental disabilities was developed. The results revealed that there were no statistically significant differences in knowledge, attitudes, and practices between parents based on gender. However, statistically significant differences were observed in knowledge, attitudes, and practices based on educational level. Additionally, a significant difference was found between fathers and mothers regarding their attitudes towards sex education, in relation to their income. The study also showed that higher levels of education and income in the family were associated with greater awareness of sex education among parents of children with mental disabilities.

Akhtar (2018) conducted a study to investigate the strategies used by mothers to provide sex education and the challenges they face in educating their daughters with mental disabilities. A descriptive qualitative approach was used. The study sample consisted of 30 mothers whose daughters, aged between 10 and 18 years, were enrolled in private schools in the Karachi area of Pakistan. The results showed that the mothers used both modeling and verbal instructions for sex education, and they preferred that schools and parents collaborate in providing this education. The study recommended that mothers receive support and guidance from school administrations and other specialists to effectively provide sex education for their daughters.

Ariadni et al. (2017) conducted a study to explore parents' perceptions of providing sex education to their children with mental disabilities in Indonesia. A qualitative approach was used, employing group discussions and in-depth face-to-face interviews with a sample of 10 parents of children with mild and moderate mental disabilities, aged between 9 and 18 years. The interview topics included the importance of sex education for children with mental disabilities, the role of mothers in providing sex education, religion, discrimination, and differences in sex education for children. The results showed that mothers play an important role in providing sex education to their children, and that teaching religious principles is also a significant aspect of sex education. The study recommended emphasizing the crucial role of parents in providing early sex education to protect their children from sexual assault. It also highlighted the need for training and practical guidance in delivering sex education to children.

Kok and Akyuz (2015) reported on the study titled "Evaluation of the Effectiveness of Parental Education on Sexual Development of Adolescents with Intellectual Disabilities in Turkey," which highlighted the rehabilitative effects of organizing educational programs for parents to increase their knowledge and enhance self-confidence regarding the sexual development needs of adolescents with intellectual disabilities. A qualitative approach was used, involving individual interviews with parents of intellectually disabled children aged between 10 and 14 years. The procedure included creating an educational program and providing training for parents to evaluate the effectiveness of the program. Each parent received four educational sessions over four weeks on how to effectively address their children's sexual development issues. Two additional weeks were allocated to assess the effectiveness of the program before and after participation. The results showed that both the self-confidence and knowledge levels of the parents significantly increased after completing the educational program, as they had initially struggled with how to effectively address the sexual development issues of their adolescent children. The study recommended that professionals help increase parents' awareness, knowledge, and skills by providing educational and rehabilitative support on sexual development issues for adolescents with intellectual disabilities.

The review of previous studies by researcher indicates that awareness and sexual education for adolescents with disabilities have primarily focused on individual and limited variables. The current study, however, aims to build upon these efforts, particularly in the context of childhood and adolescence for people with disabilities in Jordan, a topic that has not been extensively explored in this environment. This study will also provide valuable insights for field workers, including managers, teachers, supervisors, and specialists, by informing them of the level of family awareness regarding sexual education for their adolescent children with disabilities, as revealed through this research, and enabling them to benefit from its findings.

Specifically, the current study aims to answer the following two questions:

- What is the level of family awareness regarding sexual education for their adolescent children with disabilities?

- Are there statistically significant differences at the 0.05 significance level in the level of family awareness regarding sexual education for their adolescent children with disabilities, based on the variables of gender, type of disability in the family, and educational qualification?

2.1. Study Methodology

This study used a descriptive approach, as it was deemed most suitable for achieving the study's objectives.

2.2. Study Population

The study population consisted of parents of children with mental disabilities and autism spectrum disorder who are regularly enrolled in governmental and private special education centers affiliated with the Ministry of Education in Zarqa Governorate, Jordan.

2.3. Study Sample

The sample was selected from parents of adolescents with disabilities who are regularly enrolled in special education centers in Zarqa Governorate. The sample was selected intentionally, and it included 32 fathers and mothers. Table 1 shows the distribution of sample members according to demographic variables.

2.4. Study Tool

To achieve the study objectives, a family awareness questionnaire regarding sexual education for adolescents with disabilities was developed, based on the theoretical literature on sexual education for children and adolescents (2022), as well as studies by Chavan & Nazli (2022), Shakuri & Alzahrani (2023), and Kok & Akyuz (2015). The final version of the study tool consisted of two parts:

- The first part included demographic information, such as gender, type of disability in the family, and educational qualification.
- The second part included a scale to measure family awareness regarding sexual education for adolescents with disabilities, consisting of 21 items.

2.5. Validity of the Study Tool

2.5.1. Content Validity

The scale in its initial form was presented to 10 experts, including faculty members from the Department of Special Education at Jordanian universities and specialists in early childhood, to gather their opinions on the content validity of the tool. They assessed the relevance of the items to the scale, their appropriateness for measuring the intended constructs, and their clarity. Based on their feedback, appropriate revisions were made. A criterion of 80% agreement was adopted to determine the validity of each item. Following the arbitrators' suggestions, some items were reworded for clarity, some were removed due to redundancy with other items, and others were excluded because they were not suitable for the study's objectives or for the dimension they were meant to measure. As a result, the final scale consisted of 21 items. The researchers considered the feedback and revisions from the experts as an indication of the content validity of the study tool.

2.6. Stability of the Study Tool

To verify the stability of the study tool, the stability coefficient for the items was calculated using the internal consistency method with the Cronbach's alpha equation for the family awareness scale regarding sexual education for adolescents with disabilities. The stability coefficient for the scale was found to be 0.95, which is considered an appropriate value for the purposes of the current study.

2.7. Scale Correction Key

The scale was adjusted using a five-point Likert scale. Each item was assigned a score based on the following response options: *Always*, *Often*, *Sometimes*, *Rarely*, *Never*, which correspond to numerical values of 1, 2, 3, 4, and 5, respectively.

Based on this, the arithmetic means values obtained in the study were interpreted using the following equation:

The highest value minus the lowest value of the response options, divided by the number of levels. That is: $(5 - 1) = 4 \div 3 = 1.33$, which represents the length of each category.

Therefore, the interpretation of the levels is as follows:

- Low level: 1.00 to 2.33
- Medium level: 2.34 to 3.67
- High level: 3.68 to 5.00

2.8. Study Procedures

- Developing the study tool after reviewing the theoretical literature related to the current study topic.
- Identifying the sample members in accordance with the objectives of the study.
- Obtaining the necessary approvals from the relevant authorities to administer the study tool.

- Administering the study tool to the selected sample members.
- Analyzing the collected data, interpreting the results, and providing appropriate recommendations.

2.9. Statistical Treatments Used

Descriptive statistical methods were employed to answer the study questions, including the following:

- Frequencies and percentages to describe the study sample.
- Cronbach's Alpha to assess the stability of the tool.
- Arithmetic means and standard deviations for analyzing the data.
- One-way ANOVA to examine group differences.
- Independent Sample T-test to compare the means between two groups.

2.10. Study Results and Discussion

First Question: What is the level of family awareness towards sexual education for their adolescent children with disabilities?

To answer this question, the arithmetic means and standard deviations of the responses from the study sample were calculated. The arithmetic mean was found to be (3.03), with a standard deviation of (1.06), indicating an average level of family awareness.

The researchers explain this result by highlighting that the topic of sex is one of the most difficult topics for families to discuss in Eastern societies, which are often influenced by deep-rooted customs, traditions, moral, and religious values. These topics are typically seen as shameful or private, making discussions about them with children a challenge for many parents (Al-Saeed, 2021; Shakuri & Alzahrani, 2023). The researchers attribute this result to the common misconception that individuals with disabilities cannot understand sex education due to their perceived low abilities, lack of communication skills, and limited self-expression (Ariadni et al., 2017).

Another possible reason for this result is the lack of support, counseling, training, and awareness from specialists and professionals. Families may also believe that discussing sex education is primarily the responsibility of teachers in schools or special education centers (Kok & Akyuz, 2015).

The results of this study are consistent with those of Arif et al. (2022), which show that parents face challenges when discussing sex education with their children with disabilities during adolescence. These challenges include a lack of communication, insufficient content on sex education, and family values that consider discussing sexual topics a taboo. The findings align with those of Shakuri & Alzahrani (2023) and Boadi et al. (2023), who also found that parents lack knowledge about how to teach sex education to their children with disabilities. Furthermore, the results of the study are in agreement with Canevska et al. (2023), whose findings suggest that families prefer sex education to be integrated into the educational curriculum in schools.

Second Question: Are there statistically significant differences in the level of family awareness towards sexual education for adolescents with disabilities attributed to the variables of gender, type of disability in the family, and educational qualification?

To answer this question, the arithmetic means and standard deviations of the responses from the study sample were calculated. The t-test was used to examine the differences based on the variables of gender and type of disability. The results are presented in Table 2.

The Table 2 shows that there are no statistically significant differences in the level of family awareness towards sexual education for adolescent children with disabilities based on the variables of gender and type of disability in the family. The arithmetic means and standard deviations of the responses of the study sample members were calculated according to the variable of educational qualification, as shown in Table 3.

The Table 2 shows that there are apparent differences in the level of family awareness towards sexual education for their adolescent children with disabilities, attributed to the variable of educational qualification. To identify these differences, a one-way analysis of variance (ANOVA) was used, as shown in Table 4, The table shows that there are no statistically significant differences in the level of family awareness towards sexual education for their adolescent children with disabilities attributed to the variable of educational qualification.

The previous results can be explained by the absence of statistically significant differences in the level of family awareness towards sexual education for adolescents with disabilities attributed to the variables of gender, type of disability in the family, and educational qualification. Regarding the gender variable, this result can be attributed to the similarity in ideas, beliefs, and cultural norms between both fathers and mothers, especially in a society that strongly adheres to customs, traditions, moral values, and religious teachings. The sensitivity of topics related to sex and sexual education, which are considered among the most difficult subjects for families to discuss with their children, also contributes to this outcome (Al-Saeed, 2021). This finding aligns with the results of Arif et al. (2022), which showed that parents face challenges during adolescence due to family values, where discussing sexual matters and issues related to sexual health is often viewed as taboo.

Concerning the type of impairment, this outcome might be related to the family's misunderstandings about people with disabilities, which frequently include the notion that they are asexual and incapable of comprehending sexuality. This misperception may cause reluctance or difficulty in discussing sex and sexuality with persons with disabilities, particularly if they are thought to have limited mental capacities, poor perception, and difficulties expressing themselves or communicating with others. Furthermore, parents may struggle with determining the proper age to begin discussing sexual education, as well as a lack of information and strategies

for teaching their children with disabilities about sex (Shakuri & Alzahrani, 2023; Arif et al., 2022). The findings of this study are consistent with those of Arif et al. (2022), who found that parents face difficulties with their children during adolescence, including challenges in communication and talking skills about sex education, insufficient content and information, and a lack of awareness and training for families on how to address sex education.

Regarding the change in educational qualification, this result can be attributed to the fact that parents are their children's primary teachers and role models, and they may lack the ability and skill to discuss sex and sex education with their disabled children, as sex education and awareness have nothing to do with education. Parents urgently require awareness and training programs, seminars, and workshops on sex education and how to deal with the behaviors of their disabled children from professionals and specialists (Kok & Akyuz, 2015; Colarosi et al, 2023). The results of this study differ from the results of the study (2022), and Chavan Nazli, which suggested that there are statistically significant disparities in the level. The findings of this study differ from those of the study (2022), & Chavan Nazli, which found statistically significant differences in the level of sex education awareness for parents of adolescents with disabilities in relation to education, with educated parents outperforming uninformed parents.

3. RECOMMENDATIONS

- **Conduct More Studies on Awareness of Sex Education in Jordanian Society:** Future research should explore the awareness of sex education within Jordanian society on a larger and more diverse sample, including different categories of disabilities. This will provide a more comprehensive understanding of the challenges and gaps in awareness.
- **Develop and Evaluate Training Programs for Parents:** A study should be conducted to develop a training program specifically for parents of children with disabilities, focusing on enhancing their knowledge and practices related to sex education. The effectiveness of such programs could be evaluated to improve their impact.
- **Organize Educational Seminars and Workshops:** It is essential to hold educational seminars and workshops conducted by specialists in the field for families. These sessions would provide parents with the necessary tools, knowledge, and confidence to discuss and teach sex education to their children with disabilities.
- **Utilize Media to Raise Awareness:** The media should play a pivotal role in raising awareness about sex education, particularly in the context of disabilities. Public campaigns, documentaries, and social media efforts can be used to inform and educate the broader society about the importance of sex education for children with disabilities and how to address these sensitive topics effectively.

4. CONCLUSION

This study explored the level of family awareness towards sexual education for adolescent children with disabilities in Zarqa Governorate, Jordan, considering the variables of gender, type of disability, and educational qualification. The findings revealed that the overall family awareness was at an average level, suggesting that while some parents possessed basic knowledge, there were significant gaps in understanding, particularly due to cultural and societal barriers that make discussing sexual topics challenging in families.

The study underscores the necessity of providing more educational support for parents, such as specialized training programs and workshops. It also calls for greater societal efforts, including media campaigns and professional guidance, to increase awareness and empower families in educating their children about sexual health and development.

In conclusion, improving family awareness of sexual education for children with disabilities requires a multifaceted approach that addresses cultural taboos, provides relevant resources, and offers practical support for parents.

Table 1: Study sample members.

Variable	Classification	Frequency	Percentage
Gender	Mother	23	71.9
	Father	9	28.1
	Total	32	100.0
Type of disability in the family	Mental disability	13	40.6
	Autism	19	59.4
	Total	32	100.0
Academic qualification	Less than Diploma	21	65.7
	Diploma	5	15.6
	Bachelor's	6	18.7
	Total	32	100.0

Table 2: T-test results according to gender and type of disability variable.

Variable	Level	Number	Arithmetic Mean	Standard Deviation	T Value	Significance Level
Guardian	Mother	23	2.97	1.17	-0.437	0.066
	father	9	3.16	0.74		
Type of disability in the family	Autism	19	2.82	1.22	-1.314	0.19
	mentality	13	3.32	0.70		

Table 3: Arithmetic means and standard deviations according to the educational qualification variable.

Variable	Level	Number	Mean	Standard Deviation
Academic qualification	Less than Diploma	21	2.97	1.21
	Diploma	5	2.97	0.58
	Bachelor	6	3.27	0.86

Table 4: Results of analysis of variance.

Source of Variance	Sum of squares	Degree of freedom	Mean squares	Value F	Significance level
Between Groups	0.449	2	0.224	0.189	0.82
Within Groups	34.488	29	1.189		
Total	34.937	31			

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