

Towards Inclusive Sexual and Reproductive Health Education for Children with Intellectual Disabilities in Sarawak, Malaysia

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Abstract. Malaysia's dedication to inclusive education, as exemplified by programs like Program Pendidikan Khas Integrasi and Program Pendidikan Inklusif, has made significant progress in providing quality education for all students, including those with intellectual disabilities. However, a crucial challenge remains in delivering comprehensive Sexual and Reproductive Health Education (SRHE) tailored to the diverse learning needs of children with intellectual disabilities. This study focuses on Sarawak and emphasizes the urgent necessity for specialized methodologies addressing the SRHE requirements of these children. By critically examining the existing SRHE landscape, this research proposes a comprehensive and inclusive framework, thereby contributing significantly to the discourse on enhancing special education practices in Malaysia. The study employs mixed-method approach, engaging teachers and personnel working with intellectually disabled children in both government and non-government agencies. Preliminary findings, drawn from document analysis, insights from key informants and survey, reveal that several critical factors, including teacher attributes and government policies, influence the delivery of SRHE. Currently, SRHE is primarily integrated into the mainstream curriculum, sidelining the unique needs of intellectually disabled children. The absence of a dedicated SRHE subject within special education classes has left educators ill-prepared to address the specific requirements of these children. Thus, the study recommends the development of teacher training programs aimed at empowering educators with the knowledge, tools, and strategies needed to effectively deliver inclusive SRHE. Ultimately, this study envisions more inclusive educational landscape in Sarawak where every child, regardless of ability, can access comprehensive SRHE, fostering a healthier and more informed generation.

Keywords: Sexual and Reproductive Health Education (SRHE), Intellectual Disability, Inclusivity, Accessibility, Education, Government Policy, Sarawak Introduction

1 Introduction

In today's world, Sexual and Reproductive Health Education (SRHE) goes far beyond traditional classroom discussions and relevant teaching approach. It plays a crucial role as an ongoing educational journey aimed at empowering students with the knowledge, skills, and attitudes they need to make informed decisions about their reproductive and sexual health throughout their lives [1], [2]. This is particularly important for children from diverse backgrounds, including those with special needs [2]. It is essential for society to acknowledge potential risks such as inappropriate sexual behaviour and sexual abuse of children, especially those with special needs. Individuals with special needs, particularly those with intellectual disabilities, often struggle to recognize signs of exploitation or appropriate conduct in interpersonal

relationships, making them vulnerable to victimization [1]. UNICEF reports that millions of children worldwide, regardless of gender, experience sexual abuse and exploitation each year [2]. Accurately quantifying the proportion of such cases involving children with intellectual disabilities is challenging due to their limited ability to report incidents or understand instances of sexual misconduct [3]. According to the Psychiatry Adolescent and Child Unit at University Malaysia Medical Centre (2019), nearly 90% of cases involving sexual abuse of intellectually disabled children lack strong evidence, primarily manifesting as psychological trauma experienced by the victims [2].

The heightened vulnerability of children with intellectual disabilities to sexual abuse emphasizes the urgent need for parents and educators to provide guidance on maintaining appropriate interpersonal boundaries and reporting instances of sexual abuse [4]. Through SRHE, these students can gain the necessary skills to develop healthy relationships and make informed decisions regarding their sexual health and safety [5]. Teaching children with special needs about sexual and reproductive health is a complex and challenging task for educators, requiring a deep understanding of the cognitive abilities and limitations of these children and a commitment to creating a safe and inclusive learning environment [6]. The varying cognitive levels among students necessitate educators who are skilled at employing effective teaching methods tailored to individual needs [7].

Research indicates that comprehensive sexual education can significantly reduce the vulnerability of children with intellectual disabilities to sexual abuse, exploitation, and unplanned pregnancies [5]. It equips them with the knowledge to identify and report abuse, understand consent, and make informed choices about their sexual activity. However, providing inclusive SRHE remains a challenge due to the lack of awareness among educators and parents regarding the unique needs of these children [8].

In Malaysia, formal education for children with special needs, including those with intellectual disabilities, began in 1995, offered through the Special Integrated Education Program (Program Pendidikan Khas Integrasi or PPKI) and the Inclusive Education Program (Program Pendidikan Inklusif) [9]. Children without access to integrated schools are accommodated in Community-Based Rehabilitation Centers (Pusat Pemulihan Dalam Komuniti or PDK), established by the Department of Social Welfare or non-governmental organizations (NGOs). The Ministry of Health Malaysia (KKM) conducts outreach programs within these centers, providing knowledge about reproductive and sexual health to caregivers and parents through the "Live Life Stay Safe" module [10]. However, there is a significant absence of consistency in the dissemination of SRHE among children with special needs, presenting a complex and sensitive challenge for educators.

Sarawak, Malaysia, was chosen as the study location due to its unique demographic and cultural composition, presenting specific challenges and opportunities for implementing SRHE for children with intellectual disabilities. Unlike Peninsular Malaysia, Sarawak is home to a highly diverse population, including various indigenous groups such as the Iban, Bidayuh, and Orang Ulu, in addition to the Malay, Chinese, and Indian communities [8]. This ethnic diversity brings a rich tapestry of beliefs and traditions, making it crucial to assess the unique needs in teaching SRHE. The diverse cultural context in Sarawak requires tailored educational approaches that respect and incorporate different cultural norms and values [4]. Furthermore, Sarawak's geographical remoteness and varying levels of access to educational resources highlight the need for context-specific strategies in delivering SRHE. The state's commitment to inclusive education through programs like PPKI and Program Pendidikan Inklusif provides a relevant

backdrop for this study. Understanding the experiences and practices of the teachers in Sarawak can offer valuable insights and potential frameworks that could be applicable to other regions with similar diversity and educational structures [11].

2 Literature Review

Sexual and Reproductive Health Education (SRHE) is a vital component of education, encompassing topics related to sexual and reproductive well-being. In this context, the literature review focuses on children with intellectual disabilities in Sarawak, Malaysia, a culturally diverse state. The review critically assesses existing knowledge, barriers, and best practices in achieving inclusive SRHE for these children.

Inclusive SRHE is not only a matter of equity and human rights but also essential for the sexual and reproductive well-being of children with intellectual disabilities [12]. It aligns with the United Nations Convention on the Rights of Persons with Disabilities (CRPD), emphasizing their right to health, education, and autonomy [6]. This approach recognizes the importance of emotional, social, and psychological well-being, empowering children to make informed decisions about relationships, consent, contraception, and personal boundaries [13]. Historically, individuals with disabilities, especially those with intellectual disabilities, have been marginalized and excluded from sexual education discussions due to societal biases [9]. However, there has been a shift towards recognizing the rights and needs of individuals with disabilities, including their right to sexual education.

With inclusive SRHE, it aims to reduce the vulnerability of children with intellectual disabilities to sexual abuse, exploitation, and unplanned pregnancies [8]. It equips them with the knowledge to identify and report abuse, understand consent, and make informed choices about their sexual activity. Achieving this requires accessible materials, personalized education plans, and active involvement of caregivers and educators [8]. Moreover, comprehensive SRHE is integral to inclusive education, recognizing the need to accommodate the diverse needs of all students regardless of their abilities [12]. Adapting SRHE to cater to children with intellectual disabilities promotes a more inclusive and equitable educational system. It also contributes to transforming societal attitudes and norms surrounding disability, diversity, and sexual and reproductive health, advocating for the universal right to access information and services [8].

One significant challenge in providing inclusive SRHE is the lack of awareness among educators and parents regarding the unique needs of children with intellectual disabilities. Addressing this issue necessitates ongoing professional development and training for teachers. Parents and caregivers play a crucial role in their child's education, including SRHE. Workshops, guidance materials, and collaboration between schools and families can bridge the knowledge gap and empower them to support their child's sexual and reproductive health education.

Inclusive SRHE requires a multidisciplinary approach because adapting the SRHE curriculum for children with intellectual disabilities is a complex task. The best practices in inclusive SRHE involve creating age-appropriate, accessible, and contextually relevant materials that can accommodate varying cognitive levels. This approach aligns with the principles of inclusive education. Alongside these best practices, it is essential for every stakeholder to be actively involved in the implementation of comprehensive sexual and reproductive health education. School counselors, special education professionals, social workers, and healthcare providers should collaborate with educators to ensure that children with intellectual disabilities receive comprehensive and age-appropriate SRHE. School counselors and social workers provide

guidance on curriculum development and effective teaching methods, while special education professionals adapt materials and personalize instruction to meet the diverse learning needs of students. Healthcare providers address the biological aspects of sexual and reproductive health, covering topics such as puberty, contraception, and sexually transmitted infections.

In the Malaysian context, reproductive and sexual health education (SRHE) was introduced in 1989, initially targeting mainstream secondary school students. Later, in 1994, it was extended to include mainstream primary school students (PJK Unit MOE). A significant development in special needs education, particularly for students with intellectual disabilities, took place in 2009 when the Ministry of Health Malaysia introduced the "Live Life Stay Safe" training module for these special needs students. This resource aimed to equip healthcare personnel with the knowledge and skills required to provide sexual health services and awareness to children and adolescents with special needs (Ministry of Health Malaysia) [11]. However, the module encountered implementation challenges due to the lack of well-defined guidelines and limited awareness among educators. In the context of the PPKI class, the inclusion of the self-management subject, which integrates elements of SRHE, began in 2016 [9]. This initiative marked a significant step toward providing a comprehensive and inclusive education for students with special needs, ensuring that they receive education related to reproductive and sexual health alongside their overall well-being.

1.1 International Practices and Theoretical Framework

Examining international practices provides valuable insights into how different countries approach SRHE for children with intellectual disabilities. For example, in the Netherlands, SRHE is integrated into the broader curriculum for all students, including those with special needs, ensuring that they receive age-appropriate and culturally relevant information [6]. Similarly, Sweden's approach emphasizes inclusivity and accessibility, with tailored materials and support for students with intellectual disabilities.

The Ecological Systems Theory by Bronfenbrenner (1979) can be adopted to guide this research. This theory posits that an individual's development is influenced by the different systems they interact with, including the microsystem (immediate environment), mesosystem (interconnections between microsystems), exosystem (external environments that affect development indirectly), macrosystem (cultural context), and chronosystem (temporal changes over time) [14]. Applying this theory allows for a comprehensive understanding of how various factors at different levels influence the delivery and effectiveness of SRHE for children with intellectual disabilities.

3 Methodology

This study employs a mixed-methods approach to thoroughly investigate teachers' perspectives and experiences in delivering SRHE to students with intellectual disabilities. Our study participants consist of teachers with direct experience in this field, carefully selected through purposive sampling.

The quantitative component of the study aims to quantify teachers' knowledge, attitudes, and practices regarding SRHE for students with intellectual disabilities. This component seeks to identify patterns and correlations that provide a broader understanding of the current state of SRHE implementation. The questionnaire used in this study was developed based on a comprehensive review of existing literature and validated instruments from previous studies on SRHE. It was tailored to address the specific context of Sarawak and the unique needs of

students with intellectual disabilities. The questionnaire included sections on demographic information, teachers' knowledge of SRHE, attitudes towards teaching SRHE, perceived barriers and facilitators, and their current practices. Examples of questions included, "How confident are you in your knowledge of SRHE topics relevant to students with intellectual disabilities?" and "Are you ready to teach SRHE?". Participants were selected to ensure a diverse representation of teachers from various schools and backgrounds, with criteria including at least one year of experience teaching students with intellectual disabilities and involvement in SRHE instruction.

The qualitative component of the study aims to gain deeper insights into teachers' experiences, challenges, and strategies in delivering SRHE. This component explores the nuances and contextual factors that quantitative data alone cannot capture. In-depth semi-structured interviews will be conducted with a subset of teachers who participated in the quantitative survey, allowing for an exploration of personal experiences, perceptions, and detailed accounts of teaching practices. Interview questions will be designed to probe deeper into the topics covered in the questionnaire, with examples including, "Can you describe a specific instance where you faced a challenge in teaching SRHE to a student with intellectual disabilities? How did you address it?" and "How do you adapt SRHE materials to meet the diverse cognitive levels of your students?" The data collection process involves two distinct stages: initial document analysis and information gathering from key informants, followed by surveys and in-depth semi-structured interviews. To date, the survey component was completed with 78 teachers currently teaching students with special needs, and the qualitative component will target a minimum of 10 teachers for in-depth interviews, continuing until data saturation is achieved.

Ethical considerations are a critical aspect of this study. Ethical approval was obtained from the Human Research Ethic Committee UNIMAS, and participants provided informed consent. Measures were taken to ensure confidentiality and anonymity, and the study adhered to ethical guidelines for conducting research with human participants, including those with special needs.

Data analysis will involve both quantitative and qualitative methods. Quantitative data will be analyzed using descriptive and inferential statistics to identify trends and correlations. Qualitative data will be analyzed using thematic analysis, guided by Brown and Clarke's [4] framework, to identify key themes and patterns in teachers' experiences and perspectives. The integration of quantitative and qualitative data will allow for triangulation, enhancing the comprehensiveness of the findings. This approach ensures that the study captures both the breadth and depth of teachers' perspectives on SRHE for students with intellectual disabilities.

4 Results

Our research aims to delve deeply into the intricacies of delivering SRHE to students with intellectual disabilities within the Malaysian education system. By combining quantitative and qualitative methods, we seek to gain a comprehensive view of the challenges and opportunities from the educators' perspectives.

3.1 Quantitative Results

The survey phase engaged 78 dedicated educators who are at the forefront of delivering SRHE. Their responses offered valuable insights into their experiences and perspectives. The preliminary quantitative results are summarized in Table 1 below.

Table 1: Descriptive Statistics of Survey Responses

Item	Percentage(%)
Confident in SRHE knowledge	66%
Uncertain about teaching SRHE to special needs	50%
Access to essential teaching materials	41%
Use of simple language in SRHE instruction	78%
Advocating for SRHE in curriculum	87.5%

The survey reveals that 66% of educators feel confident in their knowledge of SRHE topics relevant to students with intellectual disabilities. However, approximately 50% express uncertainty about effectively teaching these topics, highlighting the complexities they face. One key informant candidly shared, "Despite our training, there are moments when we're unsure if we're truly meeting the needs of these students."

Access to teaching materials emerges as a significant concern, with only 41% of educators reporting they have sufficient resources. This limitation is echoed by the conversation with another key informant who mentioned, "We often find ourselves improvising with the materials we have, but it's not always enough."

Encouragingly, 78% of the educators report using simple language to make SRHE more accessible to their students. This proactive approach is captured in the words of the second key informant who said, "We try to break down complex concepts into simpler terms to ensure our students understand."

Moreover, an overwhelming 87.5% of educators advocate for the incorporation of SRHE into the curriculum for children with special needs, underscoring its perceived importance.

3.2 Future Qualitative Analysis

Building on these quantitative insights, our future qualitative interviews with the teachers will aim to provide a richer, more complex understanding of the educators' experiences. Guided by Bronfenbrenner's Ecological Systems Theory, we plan to explore the multiple layers influencing SRHE delivery. These layers include the immediate classroom environment, the interconnections between educators, parents, and the community, as well as the broader cultural and policy contexts.

The qualitative component will focus on understanding the detailed experiences, challenges, and strategies of the teachers. By conducting in-depth semi-structured interviews, we aim to capture the diverse perspectives and insights of teachers involved in SRHE for students with intellectual disabilities. This approach will help us identify key themes and patterns that can inform better practices and policies for SRHE in Malaysia.

Overall, these preliminary findings highlight the immediate need for comprehensive support, specialized training, and clear guidelines tailored to the Malaysian cultural and educational context. Ensuring that students with intellectual disabilities receive thorough and effective SRHE is not just a professional obligation but a profound commitment to their overall well-being and future.

5 Discussion

The preliminary findings of this research provide a detailed look into the challenges and opportunities associated with delivering Sexual and Reproductive Health Education (SRHE) to students with intellectual disabilities, viewed through the lens of the teachers involved. These insights are crucial for understanding the broader context of our research questions, highlighting the importance of these findings, and acknowledging the study's limitations.

Our study aimed to assess the teachers' knowledge, attitudes, and practices regarding SRHE. While many educators expressed confidence in their understanding of SRHE, a notable sense of uncertainty persists when it comes to effectively teaching these topics to students with intellectual disabilities. This reveals the inherent difficulties in addressing the diverse needs of these students. Despite training, teachers often feel unsure if they are adequately meeting their students' needs, pointing to a gap between theoretical knowledge and practical application.

A significant issue that emerged is the lack of access to proper teaching materials, with only 41% of educators indicating they have sufficient resources. This systemic gap is critical because it can hinder the effective delivery of SRHE. Teachers often have to improvise with the limited materials available, which is not always sufficient. This improvisation underscores the urgent need for more structured support and resources to help educators deliver comprehensive SRHE.

On a positive note, many educators reported using simple language to make SRHE more accessible to their students, demonstrating a proactive approach to overcoming communication barriers. This method aligns well

with best practices in inclusive education, where adapting teaching methods to suit the diverse cognitive levels of students is essential. Breaking down complex concepts into simpler terms ensures that students with intellectual disabilities can grasp important SRHE topics.

Furthermore, there is a strong advocacy among educators for incorporating SRHE into the curriculum for children with special needs. An impressive 87.5% of educators support this integration, underscoring the perceived importance of SRHE. Educators believe that SRHE is crucial for the safety and well-being of their students, highlighting the potential positive impact this education can have on their lives.

In summary, while educators are generally confident in their SRHE knowledge, significant challenges remain in effectively teaching these topics to students with intellectual disabilities. The lack of adequate teaching materials and the need for more structured support are critical issues that need to be addressed. However, the proactive efforts by educators to simplify communication and the strong support for integrating SRHE into the curriculum are encouraging signs of progress.

4.1 Significance of the Results

The significance of these findings lies in their potential to inform policy and practice. The identified gaps in knowledge and resources highlight areas where intervention is needed to support educators better. The proactive measures taken by educators, such as using simple language, demonstrate effective strategies that can be shared and scaled. The strong support for curriculum integration suggests a readiness within the educational community to embrace comprehensive SRHE for students with intellectual disabilities.

6 Limitations of the Research

As a preliminary study, there are inherent limitations that must be acknowledged. The study relies solely on self-reported data from educators, which may be subject to bias. The sample size, while adequate for initial insights, may not fully capture the diversity of experiences across different regions and school settings. Additionally, the qualitative component of the study, which aims to provide deeper insights into educators' experiences, has yet to be conducted. These interviews will be crucial in painting a fuller picture of the challenges and opportunities in delivering SRHE.

7 Future Directions

Future research should aim to expand the sample size and include a more diverse range of teachers and educators to enhance the generalizability of the findings. The upcoming qualitative interviews will provide valuable context and depth to the quantitative data, helping to identify specific needs and effective practices. Moreover, exploring the perspectives of other stakeholders, such as parents and students, could offer a more holistic understanding of SRHE's impact and areas for improvement in this area of study.

In conclusion, this preliminary study highlights the urgent need for comprehensive support systems to address the challenges faced by educators in delivering SRHE to students with intellectual disabilities. Key issues such as teacher confidence, resource availability, and curriculum integration are critical areas for intervention. By implementing strategic support measures, providing specialized training, and developing clear guidelines, we can create a more inclusive and supportive educational environment. This study underscores the importance of developing SRHE programs that are not only inclusive but also culturally responsive, providing valuable insights and potential frameworks applicable to other regions with similar diversity and educational structures.

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