

A Study of Special Education Teachers' Knowledge, Perception, and Self-Efficacy in Implementing Sexual Health Education Programs for Youth with Special Needs

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To Link this Article: <http://dx.doi.org/10.6007/IJARBS/v12-i13/14143> DOI:10.6007/IJARBS/v12-i13/14143

Published Date: 14 June 2022

Abstract

Special education teachers are seen as valuable collaborators in delivering controversial or sensitive topics to youth with special needs. Thus, the primary goal of this study is to determine the association between the teachers' perceptions, self-efficacy, and knowledge about sexual health education programs for youth with special needs. We conduct a cross-sectional study and recruit 96 special education teachers from the Melaka Tengah district. Simple random sampling techniques were used in the study, and data were obtained using a questionnaire. The findings show that the teachers have a high level of self-efficacy, a moderate level of perception, and a moderate level of knowledge regarding sexual health education for youth with special needs. The findings demonstrated a high association ($r=.487$, $p=.001$) between teachers' perceptions and their self-efficacy to implement a sexual health education component for special needs youth. Teachers' knowledge and self-efficacy in implementing a sexual health education component for special needs youth also had a significant association ($r=.619$, $p=.001$). Going forward, future opportunities for improving the quality of sexual health education for youth with special needs have discoursed. The results of this study suggest that the teachers' knowledge, perception, and self-efficacy are fundamental domains for the proper implementation, as well as sustainability, of sexual health education, especially for youth with special needs.

Keywords: Special Education Teachers, Knowledge, Perception, Self-Efficacy, Sexual Health Education, Youth with Special Needs

Introduction

Even though recently a growing number of researchers in the field of sexual health education have shown interest in studies concerning youth with special needs, social attitudes about sexuality education for youth with special needs have not changed as much (Schaafsma et al., 2015). Even today, many people, regardless of their ability, refuse to recognize that most people have sexual feelings, needs, and desires. As a result, many young people, especially those with special needs, receive little or no formal sexual health instruction in school (Treacy et al., 2018; Vamos et al., 2020). All young people should have access to sexual health information and can benefit from it. Especially youth with special needs have the same right to an education as their peers. Modifications to the programs, however, are required to allow them to comprehend and learn knowledge in a way that is meaningful to them.

Regardless of a young person's ability, education and skill development are essential for maintaining healthy and mutually respectful behavior. When a person with special needs expresses their sexuality, they are frequently labelled as "hypersexual" (Aderemi, 2014; Whittle & Butler, 2018). They are not disproportionately sexual when compared to non-disabled people, but it is a challenge for some because it is not expected. This misperception might lead to a reluctance to provide sexual health education to youth with special needs. Furthermore, youth with special needs may struggle with the concept of the public against private and engage in behavior that is considered private in a public setting. These occurrences may contribute to the misconception that youth with special needs have uncontrollable desires, whereas the reality is that they require skills and education.

Malaysia has had reproductive health education since 1989, but its original content was limited. Malaysia's official curriculum now includes sexuality education (Nawi et al., 2021). Sexuality education, on the other hand, is only allowed a limited amount of time to be applied, namely twice a week. According to Shariza (2017), this endeavor is ineffective. Previous studies demonstrated that the issue of sexual misconduct among Malaysian youth with special needs is also still frequent (Manaf et al., 2014; Mydin, 2016; Suhaila et al., 2018). Malaysian parents of children and youth with special needs were concerned about how their kid's sexuality education will be implemented, according to (Unluer, 2018). This is because parents are concerned that their kids would be more vulnerable to sexual abuse and exploitation.

Meanwhile, most teachers understand and support this basic need, but some are concerned about the harmful repercussions of teaching sexual health education and making sexual content available to youth with special needs (Fader Wilkenfeld & Ballan, 2011; Minch, 2011; Rohleder, 2010). Kamaludin et al (2022) also remarked health educators are not obliged to learn how to teach youth with disabilities, and the teachers are not required to learn health and sexual health education subjects or knowledge. The teachers, on the other hand, desire the best for their students, even if neither feels qualified or confident to teach students with special needs effectively.

Furthermore, the teacher's level of self-efficacy is crucial while providing sexual health education to youth with special needs (Klassen, 2010). In the Self-Efficacy Theory (SET), mastery experiences are one of the sources that might impact an individual's self-efficacy,

according to (Bandura, 1997). According to Chirawu et al (2014), teachers with high self-efficacy are more motivated to offer the sexual health education component to their students. Mathews et al (2006) also stated teachers' self-efficacy has a strong influence on their decision to provide sexual health education. Until now, studies on the teachers' perceptions and attitudes towards sexual health education are taken into consideration, but teachers' self-efficacy levels for youth with special needs are limited. In addition, it has been determined that studies on perception, knowledge, self-efficacy of the teachers in health education teaching for youth with special needs are not adequately covered in the literature. It is thought that this study will be useful in the solution of the deficiency in the literature. Ajzen's (1991) Theory of Planned Behavior (TPB) claimed that humans have the power to apply self-control to every behavior. It is linked to a person's personal desire to accomplish particular goals. All of these factors may have an impact on a person's self-esteem and, as a result, their behavior.

Therefore, the purpose of this study is to determine special health education teachers' self-efficacy levels, knowledge, and perceptions of sexual health education for youth with special needs, as well as the relationship between knowledge, perceptions, and self-efficacy level of teachers in implementing sexual health education for youth with special needs. Because understanding teachers' levels of self-efficacy, perceptions, and knowledge about sexual health education for youth with special needs is critical for eliminating the teachers' deficiencies in these areas.

Methodology

Participants and procedure

This study employed a quantitative approach. The data collection method used is the survey method where online self-report questionnaires were used as the data collection tools. The teachers' level of knowledge about sexuality education for students with special needs scale (Shariza, 2017) has 45 items in this study, the perceptions of sexual health education scale (Tin & Wah, 2017) has 26 items, and the teachers' sense of efficacy scale (TSES) has 10 items (Tschannen-Moran & Hoy, 2001). Three scales were put in Likert scale with five choices of answers for each statement (see Appendix A). After the instrument was successfully developed, it was pre-tested by 30 special education teachers from SMK Tun Mutahir and SMK Padang Temu. The questionnaires were also deemed reliable, with Cronbach's Alpha values of 0.739, 0.969, and 0.952 for perception, knowledge, and self-efficacy, respectively. Malaysia is a Southeast Asian country. Peninsular (West) Malaysia and East Malaysia are the two sections of Malaysia. Eleven states and two federal territories made up Peninsular Malaysia. It was split into four sections. Melaka is in the southern zone of Malaysia and was selected as the location of the data collection. This was because Melaka is devoted to becoming Malaysia's representation in the Association of Southeast Asian Nations (ASEAN) pilot project, branded "Getting to Zero City," which began in 2013 (Ministry of Health, 2019). "Getting to Zero City" is an ASEAN regional effort that aims to achieve zero new HIV infections, zero discrimination, and zero AIDS-related fatalities by 2030, following the worldwide response to end the HIV infection (Norhayati et al., 2015). Despite these ambitious measures, little is known about the degree of sexual health knowledge among young individuals with special needs, particularly in Melaka.

The respondents were chosen using a cluster random sampling approach. This study's target population is in the Malaysian state of Melaka. The research area is limited by focusing on only one of three districts in Melaka state, namely the Melaka Tengah District (Central Malacca). According to Jabatan Pendidikan Negeri Melaka (JPNM) (2020), the state of Melaka has 315 schools and 13,874 teachers. Only 14 schools out of 315 have a 'Program Pendidikan Khas Integrasi' (PPKI) or Special Education Integration Program with students with learning disabilities that are involved in this study. G*Power was used to choose a total sample size of 100, although only 96 usable questionnaires were employed for data analysis in the current study.

SPSS version 26.0 was used for analysis. To clarify the study's general information, descriptive analyses such as frequency, percentage, mean, and standard deviation were used. Furthermore, inferential analysis (Pearson product-moment correlation) was used to find any association that might exist between the teachers' self-efficacy toward sexual health education programs for youth with special needs and selected independent factors (i.e., knowledge and perceptions).

Results and Discussion

Demographic Data

The demographic information of the respondents studied (see Table 1). Malaysia appears to still have a shortage of young teachers, as just 7.3 percent of responders were 30 years old or younger. The majority of respondents (43.8 percent) were between the ages of 31 and 40, 33.3 percent were between the ages of 41 and 50, and more than 50 years old (15.6 percent). The vast majority of responders (91.7 percent) were Malay, with the majority of them being female (82.3 percent). Furthermore, the majority of teachers (79.2 percent) had a bachelor's degree, while only 20.8 percent had a master's degree. According to the descriptive findings, the vast majority of respondents were married (79.68 percent).

Table 1

Demographic Data of the Respondents Studied

Factors	Frequency	Percentage	Factors	Frequency	Percentage
Gender			Age		
Male	17	17.7	21 - 30	7	7.3
Female	79	82.3	31 - 40	42	43.8
Race			41 - 50	32	33.3
Malay	88	91.7	<50	15	15.6
Chinese	4	4.2	Marital status		
Indian	4	4.2	Single	13	12.48
Religion			Married	83	79.68
Islam	89	92.7	Education level		
Buddha	3	3.1	Bachelor degree	76	79.2
Hindu	4	4.2	Master degree	20	20.8

Factors Studied

The level of knowledge, perspective, and self-efficacy in implementing a sexual health education component for youth with special needs is classified as low, moderate, or high. Table 2 displays the category of the mean score.

The results demonstrated that perception recorded the highest mean score with 3.62 and comparatively knowledge about sexual health education components for youth with special needs was detected to record the lowest mean score ($M = 3.40$). In addition, teachers' self-efficacy recorded quite a high overall mean score of 3.45. Interestingly, the majority of the respondents were found to record a moderate level of mean score in knowledge (77.1%), perception (64.6%), and self-efficacy (81.3%). The findings contradict prior research, which found a low degree of self-efficacy among teachers when discussing the sexual health education component of the teaching process (Peskin et al., 2015; Rohleder, 2010). However, the findings are consistent with prior Malaysian studies that have emphasized that a teacher's knowledge of sexual health education will impact the success of the teaching process for youth with special needs (Salami, 2017).

Furthermore, the findings indicate that the level of perception among the majority of the special education teacher in the Melaka Tengah district is moderate. This finding is important as Shariza (2017) emphasized that a teacher who has a positive perception of sexual health education for students with special needs will produce high-quality teaching in the subject of the sexual health education component. Barnard-Brak et al (2014) also strengthen this where teacher perception plays an important role in determining the access of the students with special needs toward the sexual health education component and their achievement in this subject. Therefore, any negative perception within a special education teacher is not good and needed to be overcome. According to Johan and Yassin (2019), to assist students with special needs with sexual health issues, negative perceptions among the teachers should be reduced. They also stressed the importance of preventing skepticism and stigmatization of these minority groups in society.

Table 2
Factors Studied

Construct	Frequency	Percentage	Mean	SD
Knowledge			3.40	.443
Low (1.00 – 2.33)	7	7.3		
Moderate (2.34 – 3.67)	74	77.1		
High (3.68 – 5.00)	15	15.6		
Perception			3.62	.271
Low (1.00 – 2.33)	12	12.5		
Moderate (2.34 – 3.67)	62	64.6		
High (3.68 – 5.00)	22	22.9		
Self-efficacy			3.45	.595
Low (1.00 – 2.33)	6	6.3		
Moderate (2.34 – 3.67)	78	81.3		
High (3.68 – 5.00)	12	12.5		

Relationship between knowledge and perception, and self-efficacy

The Pearson correlation coefficient was used to examine the association between the teachers' knowledge of sexual health education components and their self-efficacy in implementing sexual health education components for students with special needs. Table 3 shows that there is a moderately positive and significant association between knowledge and self-efficacy ($r = .487$, $p.01$). This research backs up Goh and Foo's (2019) findings, which show a link between perceived understanding of sexual health education components and self-efficacy in teaching those components. Furthermore, a study conducted by Cohen et al (2012) discovered a link between perceived sexual health education knowledge and self-efficacy in teaching sexual health education.

Other than knowledge, there is a moderate and significant positive association between perception and self-efficacy ($r = .619$, $p.01$). This research reveals that among the teachers in the Melaka Tengah district, there is a strong and positive significant link between perceptions of a sexual health education component and self-efficacy in implementing sexual health education component for youth with special needs. As a result, this research backs up the findings of Howard-Barr et al (2005), who found a substantial link between sexual health education perception and self-efficacy in teaching sexual health education. A good perception will favourably affect the value of self-efficacy, whereas a negative perception will negatively affect the value of self-efficacy.

Table 3

Relationship between perception, knowledge, and self-efficacy

Construct	r	p
Knowledge	.487**	.000
Perception	.619**	.000

** . Correlation is significant at the 0.01 level (2-tailed)

As a result, the findings of this study contribute to the awareness and understanding of the value of perception in the implementation of a sexual health education component. Positive perceptions that are formed and shaped by experience and environment must be reflected. As a result, this research necessitates an effort to raise societal awareness and remove the stigma associated with sexual health education, which harms youth with special needs.

Conclusion and Recommendations

This study demonstrates that sexual health education programs could play an essential role in special education teachers' preparation and training and shape their perceptions of the teaching, self-efficacy, and knowledge, which, in turn, nurture their youth with special needs. The results revealed that the teachers' perceptions and knowledge toward sexual health education programs are linked to their degree of self-efficacy in delivering sexual health education to youth with special needs. In this regard, school programs are essential in educating the teachers to access, evaluate, and analyze functional health information and services, allowing youth with special needs to learn health concepts and skills. To do so, teachers must comprehend sexual health education as a concept, process, result, and public health aim, as well as its function and application in health system navigation to address

health disparities and enhance the health of those adolescents using a variety of learning methods.

Limitations and Future Direction

There are a few limitations in this study that need to be addressed. To begin with, numerous factors might be linked to the teachers' self-efficacy. However, as an independent variable, the researcher simply considers the component of knowledge and perception. As a result, the future study can take into account additional factors including skill and motivation. Aside from that, future research might look into the teachers' readiness to implement sexual health education for youth with special needs as a dependent variable. This study could not perform a variance analysis for gender due to the unequal sample size between the male and female groups. It is suggested that future studies undertake a gender variance analysis, with roughly equal sample sizes for males and females. Finally, future researchers should use qualitative or mixed methods to research the sexual health education component for youth with special needs to gather more in-depth and diverse input through the interview method of data collection.

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Appendix A**Knowledge of Sexual Health Education**

Instructions: This section contains 45 items. Read each statement and tick (/) in the box provided according to the frequency of agreement as shown below.

1	2	3	4	5
Very low	Low	Simple	High	Very high

No	Item
	My knowledge of the...
1	stages of sexual development of students with special needs is
2	factors that influence the sexual behavior of students with special needs is
3	sexual cycle of students with special needs such as the menstrual cycle is
4	causes of masturbation/masturbation by students with special needs is
5	use of the term body parts that are difficult for students with special needs is
6	sexual attraction of a student with special needs towards individuals of the opposite sex is
7	the types of relationships that exist around students with special needs such as acquaintances, friendships, and family is
8	limitations of students with special needs in a relationship according to a religious perspective is
9	emotional differences of students with special needs that exist in a particular type of relationship is
10	emotional existence of special needs students who are able to be attracted to other individuals is
11	students with special needs express emotions attracted to other individuals that can be accepted by Malaysian society is
12	ways students with special needs build positive relationships with others is
13	differences between the relationship between special needs students of different genders and the relationship between special needs students of the same gender is
14	individuals who can embrace students with special needs is
15	behaviors that can be done between special needs students of different genders is
16	construction of the self –image of students with special needs that is appropriate according to gender is
17	selection of clothing appropriate to the gender of students with special needs is
18	boundaries of association between students with special needs of different genders is
19	boundaries of association between students with special needs and teachers of different genders is
20	aspects of genital hygiene of students with special needs is
21	ethics of health screening of special needs student body parts is confidential
22	personal hygiene management methods when students with special needs experience menstruation is
23	symptoms experienced by students with special needs during menstruation is
24	personal hygiene management methods when students with special needs experience wet dream is
25	symptoms of special needs students who have sexual health problems is

26	sexual health information that can be discussed openly with students with special needs is
27	use of appropriate terms to name the reproductive organs is
28	functions of the human reproductive organs is
29	process of pregnancy is
30	process of how babies are born is
31	types of infectious diseases of the genital area is
32	appropriate sexual health services for students with special needs is
33	ethics in managing students with special needs with sexual health problems is
34	types of sexual behaviors of students with special needs such as masturbation and voyeurism is
35	stimuli that drive the sexual behavior of students with special needs is
36	sexual urges that exist in students with special needs is
37	symptoms of special needs students who have sexual problems is
38	methods of overcoming the problem of sexual misconduct of students with special needs is
39	types of sexual abuse of students with special needs is
40	things that encourage sexual harassment of students with special needs is
41	classification of unsafe contact for students with special needs is
42	law relating to sexual harassment of students with special needs is
43	measures to keep students with special needs safe from the risk of sexual abuse is
44	safety measures say no, run and tell to students with special needs is
45	parties to contact if a student with special needs is facing a problem of sexual abuse is

Perceptions of Sexual Health Education on Special Needs

This section contains 26 items. Read each statement and tick (/) in the box provided according to the frequency of agreement as shown below.

1	2	3	4	5
Strongly disagree	Do not agree	Not sure	Agree	Strongly agree

No.	Item
1	Schools are responsible for teaching sexual health education to students with special needs
2	Pupils with special needs (MBK) need to be told their rights to sexuality.
3	Special Education Teachers need training on sexual health education for students with special needs
4	Sexual health education should be taught to students with special needs
5	Sexual health education is important to protect students with special needs from sexual abuse.
6	Knowledge of contraception is necessary for students with special needs
7	The sexual behavior of students with special needs is a major problem that needs to be faced throughout the teaching and learning period of teachers.
8	Sexual health education should be made a separate subject in the Special Education curriculum for students with special needs

9	Sexual health education should be compulsory for all students with special needs
10	Sexual health education provides important information on sexual development experienced by students with special needs
11	Sexual health education helps students with special needs (MBK) appreciate the quality and personality as a man/ woman.
12	It is appropriate to discuss sexual health issues with students with special needs before they reach puberty.
13	Sexual health education does not need to be studied by students with special needs (MBK) because they will know this on their own.
14	Sexual health education is suitable to be taught across the Special Education curriculum for students with special needs
15	Pupils with special needs are able to build and maintain family relationships with their spouses if married.
16	Pupils with special needs have the right to get married.
17	The marriage of a couple with special needs will not bring any problems to the society.
18	With appropriate assistance, students with special needs are able to support their own children.
19	Pupils with special needs need to know the meaning of family relationships.
20	Pupils with special needs who get married will give birth to a generation that also has special needs / disabilities.
21	Pupils with special needs are only allowed to marry among themselves.
22	Medical methods should be used to curb the problem of sexual behavior of students with special needs
23	Pupils with special needs should be prohibited from masturbating even in sheltered places such as bedrooms and bathrooms.
24	Pupils with special needs are individuals who have a high level of propensity for sexual behavior.
25	Pupils with special needs who show masturbation are considered to be committing a disciplinary problem.
26	Teaching sexual health education to students with special needs will cause them to experiment with sexual behavior.

Self-efficacy in delivering the sexual health education component to special needs

Instructions: This section contains 10 items. Read each statement and tick (/) in the box provided according to the frequency of agreement as shown below.

1	2	3	4	5
Very low	Low	Simple	high	Very high

No	Item
I am confident that...	
1	I can control the sexual behavior of students with special needs in the classroom.
2	I can motivate students with special needs who show low interest in learning the sexual health education component.
3	I can make students with special needs feel confident in themselves to do their best in applying the sexual health education component.

4	I can help students with special needs appreciate learning about the components of sexual health education.
5	I can make a great question for students with special needs about the sexual health education component.
6	I can diversify the teaching strategies of the sexual health education component to students with special needs.
7	I can provide an explanation or alternative example when a student with special needs is confused about the sexual health education component.
8	I can answer difficult questions from students with special needs who are confused about the components of sexual health education.
9	I can measure the understanding of students with special needs about the components of sexual health education that I have taught them.
10	I am confident that I can tailor the teaching of the sexual health education component to the level of the special needs student (MBK) individually.