




Developing Sexual Awareness for Mothers of Mentally Retarded Children

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ABSTRACT

The current study aims at develop sexual awareness for the mothers whose children are mentally retarded, aging from to 9 to14 years old. their IQ levels rang are from 55 to 79, according to the Stanford Binet Scale. These children frequently attend the Suez Canal Authority hospital in Ismailia city. The mothers ,were included in the study fall within the age range of (30 to 50) years old, with an average age of 38.7 and a standard deviation of 10.98 for there mother (N = 10). The researcher has used a questionnaire of sexual Awareness (Mahmoud, A.(2023), and a developing program (20) SETION Sexual Awareness program experimental group (N=10) and control group and (N 10) exhibit a decline in their level of sexual awareness, as evidenced by their responses to a researcher-conducted questionnaire. The results of the research stress the effectiveness of rational emotive behavior program for developing the sexual awareness of the mothers of these mentally retarded children.

Keywords: Sexual Awareness, Mentally Retarded Children, Counseling Program, mothers of mentally retarded children, rational emotive behaviour therapy.

Introduction

The objective of this research is to developing the sexual awareness of mothers whose children, aged between 9 and 14 years old, and with IQ levels ranging from 55 to 79 according to the Stanford Binet Scale, are frequently attending the Suez Canal Authority hospital in Ismailia city. The mothers included in the study fall within the age range of 30 to 50, with an average age of 38.7 and a standard deviation of 10.98.

Problem of the Study

The researcher aims to enhance the sexual awareness of mothers with mentally retarded children, motivated by the reasons mentioned earlier as well as her direct observations of both the children and their mothers, who are regular visitors to the Disabled Children's Center at the Suez Canal Authority Hospital. Additionally, the researcher thoroughly examines the files containing information on these children, their families, and their developmental histories. Consequently, the researcher delves into the

psychological heritage associated with fostering sexual awareness among mothers of mentally retarded children.

Aim of the Study

Based on the information mentioned earlier, the researcher formulates a rational, emotive, and behavioral counseling program designed to enhance the sexual awareness of mothers with intellectually disabled children. This program spans 20 sessions conducted over two months at the disability center within the Suez Canal Authority Hospital.

Definitions

The Procedural Definition of Sexual Awareness

It is an educational process that begins at birth and continues with the stages of development to develop awareness among children and their families for sound sexual information and experiences, which contribute to satisfying their desires in a way that achieves compatibility and psychological acceptance within a religious framework and standards appropriate to the society.

The Procedural Definition Rational Emotive Behavior Therapy

Rational Emotive Behavior Therapy is a form of psychotherapy that helps you identify self-defeating thoughts and feelings challenge the nature of irrational and unproductive feelings, and replace them with healthier, more productive beliefs.

The researcher concludes with the following inquiry:

How effective is the Rational-Emotive and Behavioral Counseling program in enhancing the sexual awareness of mothers with mentally retarded children?

In pursuit of an answer to the aforementioned question, the researcher poses the following sub-questions:

1. What disparities exist in sexual awareness between the control and experimental groups following the implementation of the program?
2. What variances can be observed in the experimental sample before and after the implementation of the counseling program?
3. To what extent does the training effect persist in the experimental group 45 days after the end of the program?

Tools and Procedures

1. The researcher's questionnaire on sexual awareness (2023).
2. The researcher notifies the counseling program and the techniques based on Albert Allis that focus on enhancing the sexual awareness of mothers with mentally retarded children.

Sample of the Study

The researcher opted for a purposive sample, comprising 20 mothers of intellectually disabled children who underwent the sexual awareness questionnaire, aged between 9 and 14 years old, and with IQ levels ranging from 55 to 79 according to the Stanford Binet Scale, are frequently attending the Suez Canal Authority hospital in Ismailia city. The mothers included in the study fall within the age range of 30 to 50, with an average age of 38.7 and a standard deviation of 10.98, The participants were then divided into two experimental groups, each consisting of five mothers (one for boys and another for girls), along with a control sample exhibiting similar features and characteristics. The researcher conducted all relevant examinations for comparing the control and experimental samples, with one of these assessments indicating the absence of significant differences between the two groups before the implementation of the counseling program.

The researcher concludes the following hypotheses:

1. Significant differences emerge between the control and experimental groups following the implementation of the program, favoring the experimental sample.
2. Substantial differences are evident between pre and post-applications in the experimental sample concerning the level of sexual awareness, favoring the post-application phase.
3. The impact of learning (training) on the experimental sample persists for 45 days after the implementation of the counseling program.

Discussion of the Study Hypotheses

The researcher employs the T-Test to validate this hypothesis, considering the distribution's moderation, given a skewness coefficient of 0.343. The following table indicates that the average sexual awareness score for the experimental group is 29.3, with a standard deviation of 2.9. In comparison, the average sexual awareness score for the control group is

35.4, with a standard deviation of 3.18. The calculated t-value is 1.439, whereas the tabulated value at degrees of freedom (d.f. 9) is 2.262 with a confidence level of 0.05. This suggests that there are no significant differences between the experimental and control groups in terms of sexual awareness before the implementation of the program. In other words, the two groups exhibit equivalence on the sexual awareness scale before the program application.

The researcher clarifies this outcome by attributing it to the findings supported by Kamal, A. (2012) and Badawi, L. (2014), particularly concerning a child's ability to develop learning skills and adaptive behavior. As a result, it underscores the imperative for individuals entrusted with a child's upbringing and care—whether it be the family, rehabilitation centers, civil society organizations, or society as a whole—to refrain from adopting a superficial perspective on human emotions and feelings. Instead, there is a call to acknowledge their active role in the rehabilitation of children and to strive toward understanding and enhancing their roles in the overall development of the child.

Table 1. Differences between the Experimental and Control Groups on the Sexual Awareness Scale before Implementing the Program after Calculating Equinox

Pre-measurement of sexual awareness	Group	N	M	A	T
	Experimental	10	29.3	2.9	1.439
	Control	10	35.4	3.18	
	TOTAL	20			

Result of the first hypothesis:

The researcher employs the Mann-Whitney test (U) to evaluate differences in average ranks

between the experimental and control groups in the post-measurement. The following table presents a summary of the results obtained by the researcher.

Table 2. Differences between the Experimental and Control Groups on the Sexual Awareness Scale in the Post-measurement

Post-measurement of sexual awareness	Group	Number	Average ranks	Total ranks	U	P	Effect size
	Experimental	10	15.50	155.00	3.80	0.00	0.51
	Control	10	5.50	55.00			
	Total	20					

Table 2 highlights notable disparities at the 0.05 significance level in sexual awareness between the control and experimental groups in the post-measurement, with a preference for the experimental group. This is evident as the average ranks for the two experimental groups in the post-measurement (15.50) surpass the average ranks of the control group in the post-measurement (5.50). The computed (U) score of (3.8) is significant at the 0.001 level, indicating that the program plays a substantial role in enhancing sexual awareness among the experimental group compared to the control group. The effect size, measured at 0.51, indicates a high effect size according to the criteria established by Cohen (1988).

This finding aligns with the findings reported by Hashem, M. (2022) and Al-Hussein, R. (2016), both of whom affirm the efficacy of counseling programs grounded in rational-emotive-

behavioral therapy techniques. These studies highlight the programs' effectiveness in altering, enhancing, and cultivating sexual awareness among participants in the counseling groups, leading to notable improvements in cognitive and social upbringing for their children. Importantly, these enhancements contribute to the child's overall integration and adaptability within society, serving as a protective factor for the family against isolation and avoidance.

Result of the second hypothesis:

To ascertain the validity of this hypothesis, the non-parametric Wilcoxon test (Z) is utilized to assess the significance and direction of differences between the ranks of the pre- and post-measures (after implementing the program) for the experimental group on the sexual awareness scale. The findings are outlined below:

Table 3. Results of the Wilcoxon Test for Differences between the Pre- and Post-measurements in Sexual Awareness for the Experimental Group (N=10)

		N	Average ranks	Total ranks	Z-Test value	P	Effect size
Post-	Negative ranks	4	8.63	34.50	-	0.008	0.62
Pre-	positive ranks	16	10.97	155.50	2.63		
	Total	20					

Table 3 demonstrates noticeable differences at the 0.05 significance level in sexual awareness between the pre-measurement and post-measurement of the experimental group, favoring the post-measurement. This is evident as the average ranks of the experimental group in the post-measurement surpass the average of the experimental group in the pre-measurement, with a calculated Wilcoxon test (Z) value of 2.63, significant at the 0.008 level.

This indicates that the program plays a role in enhancing sexual awareness within the experimental group, as evidenced by the differences between the pre-and post-applications. These findings align with a study by Beth and Carlgoron (2002), which concluded that

well-organized activities do not lead to an excess of sexual exploration in children. The study further stresses that abnormal sexual activities are typically discovered by children during free time and in the absence of parental control, requiring repeated occurrences before becoming a habit. Additionally, the study suggests that practicing sexual behaviors openly in public, without attempting to conceal them, indicates the child's lack of awareness regarding the inappropriate nature of such acts. From an ethical standpoint, the researcher views this stage as a more constructive phase in addressing these behaviors compared to the hiding stage, where the child experiences pleasure through punishment or disapproval. However, after the child derives pleasure from engaging in sexual behaviors, the hiding stage may emerge.

Result of the third hypothesis:

To substantiate the hypothesis's validity, the researcher employs the Wilcoxon test (Z) to

examine the differences between the average ranks of post-measurement and follow-up measurements for the experimental group, as outlined below:

Table 4. Result of the Wilcoxon Test for the Differences between the Post and Follow-up Measurements for the Experimental Group in Sexual Awareness (N=10):

		N	Average ranks	Total ranks	Z-Test value	P
Post-	Negative ranks	0	0	0	-	0.083
Pre-	positive ranks	3	2	6	1.73	
	Total	10				

Table (4) indicates the absence of significant differences, as the calculated Wilcoxon test (Z) is (1.73) concerning the sexual awareness between the post-measurement and the follow-up measure for the experimental group. The average value for the experimental group in the post-measurement (4.79) is nearly equal to the average value for the experimental group in the follow-up measurement (5.03). This suggests that the effectiveness of the program in developing sexual awareness remains stable over time, with only a minimal increase in the average rank observed in the follow-up measurement. These findings align with the results of studies by both Ghazaleh, S. (2006) and Al-Ramadi, N. (2007), indicating the sustained effectiveness of the program even after its completion over some time, specifically one and a half months from the conclusion of the counseling program.

The researcher has reached the following results:

The mothers of mentally retarded children (N = 40) exhibit a decline in their level of sexual awareness, as evidenced by their responses to a researcher-conducted questionnaire. The average score on the sexual awareness questionnaire is below the total scale score of.84.

There is no statistically significant distinction observed between mothers of mentally retarded boys and those of girls. This implies that the child's gender is not correlated with the level of sexual awareness. The researcher initially anticipated a higher level of sexual awareness among mothers of mentally retarded girls, considering the vulnerability of females to potential sexual harassment. This heightened awareness was expected due to the potential psychological and social consequences for the mentally retarded girl and her family, as outlined by (Mahmoud, 2023).

Recommendations

1. Those who are responsible for raising and caring for children like: the family, Rehabilitation centers, civil society organizations, and society should refrain from having such a superficial vision for human emotions and feelings, pay attention to their active role in rehabilitating children, and work to understand and refine their roles in children development.
2. Supporting civil Society organizations and providing educational courses to develop sexual culture for families, and support families of mentally disabled children to help them make their children intergrate with the society.

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