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EXAMINING THE VIEWS OF PARENTS WITH SPECIAL NEEDS CHILDREN REGARDING THEIR CHILDREN'S SEX EDUCATION (NORTH CYPRUS SAMPLE)

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Abstract

The purpose of this study is to examine the views of parents with special needs children regarding their children's sex education. Convergent parallel design, one of the mixed research methods, has been used in the study. Quantitative data were obtained from 200 parents and qualitative data from 15 parents from the same sample group who volunteered to do face-to-face interviews. Descriptive statistics and the Chi-Square test have been used for analyzing the quantitative data. In the analysis of the parents' views on the necessity of sex education, it was found that 94.5% of parents consider sex education necessary. In the qualitative analysis, 13 parents stated that they consider sex education necessary, while two stated that they do not consider it necessary. When the parents' views regarding by whom/at what age sex-related information should be provided, both quantitative and qualitative findings revealed that they think parents should provide sex-related information, and teachers and doctors took the second place in this sense. Quantitative analysis of parents' views on the content of sex-related information revealed that they think sexual organs, changes in the body, and sexual abuse should be the main topics included in sex education. Both quantitative and qualitative findings have shown that there is a lack of information in parents. In line with research findings, it is recommended to prepare qualified programs and carry out awareness-raising activities for sex education of children with special needs.

Keywords: Sex education, special education, children.

INTRODUCTION

Sex education is a process that should begin in infancy and continue until adulthood. Sex education includes topics such as controlling sexual impulses, learning about sexual identity, becoming aware of one's own physical characteristics, and being able to practice sexual protection (Koran, 2018). Sex education includes topics such as gender, interpersonal relationships, love, privacy, bodily perception, and reproductive health (SIECUS, 2000; Namkung,Valentine, Warner, & Mitra, 2021).

The purpose of sex education is to know and embrace one's sexual identity, to learn that sexual emotions are natural, and pay attention to sexual health. It takes a long-term process until the attitudes and behaviors of individuals with special needs reach the acceptable maturity for social life. However,

families who receive education and start this process as early as possible achieve better results compared to other families (Bilge & Baikal, 2008; Scott, Smith, & Formby, 2020).

Sex education must start in the family first and continue at school. However, it is not known whether individuals with disabilities are given sex education by their families, and if so, how it is given or what its content is (Michielsen & Brockschmidt, 2021). Moreover, some families do not find it healthy to provide sex education (Ariadni, Prabandari, & Sumarni, 2018). Yet, the effects of parents on children's sex education and sexual identity are quite profound.

Many parents who have a child with special needs do not have enough knowledge on sex education to provide it to their children and do not know how to intervene if a problem occurs (Ariadni, Prabandari, & Sumarni, 2018). Parents need support in the subject of sex education (Börf, 2017). Lack of information also prevents access to resources from which children could benefit. The inadequate sexual knowledge of individuals with special needs makes them vulnerable to sexual abuse (Gürbüz, 2018). For qualified sex education, it is very important get support from relevant experts or institutions. Therefore, parents should participate in sex education programs, receive the necessary information, and eliminate their inadequacies (Ram, Andajani, & Mohammadnezhad, 2020).

Parents' views are important in shaping the education since they are the first who will provide it to the child at a young age. In order to plan an effective education process, the parents' views should be examined first.

When the literature is examined, it is seen that there are only a few studies on this subject. However, knowing the views of parents will also affect the measures to be taken and the projects and practices to be carried out. Based on this, it is considered that examining the views of parents with a special needs child regarding their child's sex education will contribute to the literature. The purpose of this study is to analyze the views of parents with a special needs child regarding their child's sex education. In line with this purpose, answers to the following questions have been sought:

1. What are the views of parents who have a child with special needs regarding the necessity of sex education?
2. What are the views of parents who have a child with special needs regarding at what age/by whom sex-related information should be given?
3. What are the views of parents who have a child with special needs regarding the content of sex education?

METHOD

Research Model

Convergent parallel design, one of the mixed research methods, has been used in the study. In the Convergent Parallel Design, quantitative and qualitative data are examined simultaneously. Both quantitative and qualitative data are given equal priority. In the analysis phase, quantitative and qualitative data are analyzed separately, and the results are combined for interpretation. For example, questionnaire data are analyzed quantitatively, and interview data are analyzed qualitatively, and results are combined for interpretation (Creswell & Clark, 2012). In the study, quantitative data were obtained by using the questionnaire method, and qualitative data were obtained through face-to-face interviews.

Sample

In the study, all institutions in Northern Cyprus that provide education for children with special needs were identified on a district basis, and after the necessary permissions were obtained, meetings were held with the institutions and questionnaires were distributed to the institutions that volunteered to carry out the study. Institutions distributed the questionnaire forms to the parents, and the questionnaire forms were filled out by the parents. The filled-out forms were submitted to the

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researcher by the institutions. Parents who filled out the questionnaire constituted the quantitative sample of the research. Among them, 15 parents who volunteered for a face-to-face interview, who has a child attending one of these institutions that provided a place for face-to-face interviews, were included in the qualitative part of the research.

In this context, quantitative data were obtained from 200 parents, and qualitative data were obtained from 15 parents from the same sample group who volunteered for face-to-face interviews. Based on the number of students attending, a total of 384 questionnaire forms were distributed to institutions that agreed to participate in the study, and 200 parents have replied. For face-to-face interviews, appointments were made with the institutions and voluntary interviews were carried out with the parents at agreed hours. The purpose of the study was explained to the parents during face-to-face interviews, and the questions were asked in the form of question-answer. Of the 15 parents participating in face-to-face interviews, 10 are women and five are men. The reason for the unequal number is because male parents visit the school less frequently and female parents have a more willing attitude for interview. Since the subject is sex education, many parents did not want to volunteer for face-to-face interviews, and the researcher interviewed all the parents who volunteered. The demographic information of the Quantitative and Qualitative sample group is given in Table 1, Table 2, Table 3, Table 4, and Table 5.

Table 1. Distribution of parents in the sample by gender

	Variable	Frequency (n)	Percentage (%)
Gender	Female	145	72.5
	Male	55	27.5
	Total	200	100.0

When the distribution of the parents in the sample by gender is examined, it is seen that 72.5% are women and 27.5% are men.

Table 2. Distribution of parents by the gender of their special needs child

	Variable	Frequency (n)	Percentage (%)
Gender	Female	75	37.5
	Male	125	62.5
	Total	200	100.0

When the distribution of children by gender is examined, it is seen that 37.5% of them are girls and 62.5% are boys.

Table 3. Distribution of the special needs children by age

	Variable	Frequency (n)	Percentage
Age Group	0-6 Years	75	37.5
	7-12 Years	85	42,5
	13–18 Years	31	15.5
	19 Years or above	9	4.5
	Total	200	100.0

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When the distribution of the children by age is examined, it is seen that 37.5% of them are in the 0-6 age group, 42.5% are in the 7-12 age group, 15.5% are in the 13-18 age group, 4.5% are in the 19 or above age group.

Table 4. Distribution of children by disability status

	Variable	Frequency (n)	Percentage (%)
Disability	Mental Disability	37	18,5
	ASD	49	24.5
	Hearing Impairment	10	5.0
	Visual Impairment	3	1,5
	Specific Learning Disability	16	8.0
	ADHD	19	9.5
	Down Syndrome	18	9.0
	Other	24	12
	Multiple Disabilities	16	8.0
	Physical Disability	4	2.0
	Language Delay	4	2.0
	Total	200	100.0

When the distribution of children by their disability status is examined, it is seen that 18.5% have a mental disability, 24.5% have ASD, 5% have hearing impairment, 1.5% have visual impairment, 8% have a specific learning disability, 9.5% have ADHD, % 9 have Down Syndrome, 12% have other type of disability (Cerebral Palsy, Robert Syndrome, Apert Syndrome, Phenylketonuria, William Syndrome, Microcephaly, etc.), 8% have multiple disabilities, 2% have a physical disability, and 2% have language delay.

Table 5. Demographic information of the qualitative sample

Code Name	Age	Gender	Educational Background	Occupation	Employment Status	Number of Children	Child's Age	Child's Gender	Child's Disability Status
E1	40	Female	High school graduate	Housewife	Unemployed	3	19	Male	Autism Spectrum Disorder
E2	33	Female	Secondary school graduate	Housewife	Unemployed	3	6	Male	Autism Spectrum Disorder
E3	35	Female	Primary school graduate	Housewife	Unemployed	1	10	Male	Autism Spectrum Disorder
E4	45	Female	Primary school graduate	Housewife	Unemployed	4	9	Girl	Down Syndrome Cardiac Patient
E5	30	Female	Secondary school graduate	Attendant	Employed	2	7	Girl	Developmental Retardation
E6	40	Female	High school graduate	Housewife	Unemployed	3	10	Girl	Autism Spectrum Disorder
E7	31	Female	Primary school graduate	Housewife	Unemployed	3	8	Girl	Developmental Retardation
E8	56	Male	High school graduate	Retired	Unemployed	3	12	Male	Autism Spectrum Disorder
E9	49	Male	High school graduate	Electrician	Employed	2	7	Male	Autism Spectrum Disorder
E10	41	Male	Primary school graduate	Self-Employment	Unemployed	2	6	Male	Autism Spectrum

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									Disorder
E11	37	Female	Literate	Housewife	Unemployed	3	2	Girl	Mental D. Hemophilia-Epilepsy
E12	29	Female	Primary school graduate	Housewife	Unemployed	2	4	Girl	Physical D.
E13	34	Male	Secondary school graduate	Construction Worker	Unemployed	4	4	Male	Physical D.
E14	35	Female	University graduate	Housewife	Unemployed	2	10	Girl	Mental D. Development R.
E15	38	Male	High school graduate	Phone repair-purchase-sale	Employed	2	9	Male	Autism Spectrum Disorder

Data Collection Tools

Questionnaire form and semi-structured interview form have been used as data collection tools in the study. Questions in the questionnaire form and interview form were developed in line with the information in the literature in order to analyze the views of parents who have children with special needs on the sex education of their children. The research data were collected with "Questionnaire for the Sex Education of Children with Special Needs", and "Semi-Structured Interview Questions" developed by the researcher.

As a result of the literature review conducted to obtain data for the study, a question pool was created for both the questionnaire and the semi-structured interview questions. Opinions of five experts were obtained for the forms. In line with the views of the experts, questions were arranged and included in the question form and three questions were removed from the questionnaire form. The 4th question in the Semi-Structured Interview Questions was rearranged. The questions created to be used in the research were given to five parents for pilot study, and it was observed that both the questionnaire and the interview questions are comprehensible and applicable.

The questionnaire consists of two parts. The first part includes questions regarding demographic characteristics (10 questions) and the second part includes questions regarding the sex education of children with special needs (five questions), 15 questions in total. Through questions about the demographic characteristics, data such as age, gender, and number of children were obtained. The other five questions are about the views of parents on whether sexual education is necessary, at what age sex education should be started, by whom should the sexual information be given first, and what topics should be included in sex education. The parents were asked to answer the questions by marking the options that apply.

Semi-structured interview questions are open-ended questions and consist of five questions in total. Face-to-face interviews were carried out with the parents by using the semi-structured interview questions. The questions are aimed at obtaining the views of parents on whether sexual education is necessary, who should give sexual information to the child, and the content of sex education. Each interview lasted approximately 30 minutes.

Ethics

Prior to the research, permission was obtained from the Ministry of Education and Culture of Northern Cyprus. Since the study was a master's thesis, ethical approval was obtained from the Graduate Education and Research Institute.

Validity and Reliability

Validity and reliability in mixed-method studies are tested separately for quantitative and qualitative parts. The data and findings obtained from the questionnaire constitute the quantitative part of the

study. The validity of a questionnaire indicates that the answers are suitable to the subject and question of the research, and the reliability indicates that similar results will be obtained when the questionnaire is used in another research in the same way. Questionnaire development should take place in four stages: defining the problem, developing the items, getting expert opinion, and pilot study. To develop a valid questionnaire, it is important to define the research problem well, to have clear objectives, and to have a qualified literature review beforehand. The researcher should write the items in line with the sub-goals (sub-problems) set out in the research. Then, expert opinion should be obtained regarding the content validity of the questionnaire. The pilot study will determine whether the questions are comprehensible for the sample group and whether answers are suitable to the subject and questions of the study. For reliability, it is recommended that the sample group is as large as possible (Büyüköztürk et al., 2020). In this study, while developing the questionnaire, all four stages have been carried out and a pilot study was conducted. All educational institutions that provide education to children with disabilities throughout the TRNC were reached, and questionnaires were sent to those who agreed to participate in the study. The forms were delivered to the parents (one form for each child) through the institutions. All parents who responded by filling out the forms were included in the study. In this context, it is thought that the best possible number has been reached considering the situation, the consent of the institutions, and the volunteered parents.

Qualitative research focuses on validity rather than reliability to determine whether the statements of the researcher and the participants are correct, reliable, and convincing. Reliability is mostly achieved by comparing the data encoding of different coders, and it is checked whether there is harmony between these codes (Creswell and Clark, 2012). The most commonly used method to increase credibility is to read the answers of the participants to them after writing them down and obtain their approval. In this study, participant approval was obtained for the answers they gave during face-to-face interviews, and the statements of the participants were directly included in the study. Coding was made independently by the researcher and the thesis advisor, and the findings were evaluated by being compared. The names of the parents were not used in the study, instead, they were given codes as E1, E2, E3… for ethical reasons. Maximum attention was paid to conducting interviews with parents in a comfortable environment. During the interview, parents' voices were recorded upon their consent. Recordings have been transcribed.

Analysis and Interpretation of Data

Descriptive statistics (frequency and percentage) and Chi-Square test were used in the analysis of quantitative data. The significance level was taken as 0.05 for the chi-square analysis. SPSS 26.0 was used for the analysis. Qualitative data were interpreted with descriptive analysis.

RESULTS

This section includes the findings of the research. Findings were analyzed in two parts as Quantitative Findings and Qualitative Findings.

Quantitative Findings

The quantitative findings of the research are given in tables.

Table 6. Distribution of answers regarding whether sex education is necessary

	Variable	Frequency (n)	Percentage (%)
Is Sex Education Necessary?	Yes	189	94.5
	No	11	5.5
	Total	200	100.0

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When Table 6 is examined, it is seen that 94.5% of the parents answered "Yes" and 5.5% answered "No" to the question whether sex education is necessary. The cell value should not be less than five to perform the Chi-Square Test. Chi-square test was used to analyze whether the answers given to the question have a significant difference by the age and gender of the child. However, few participants answered "no" (5.5%) and therefore, the Chi-Square test could not be applied.

Table 7. Distribution of answers regarding the age to start sex education

	Variable	Frequency (n)	Percentage (%)
Age to Start Sex Education	I don't know.	25	12.5
	0-3 Years	17	8.5
	3-6 Years	63	31.5
	Primary School Years	69	34.5
	High School Years	21	10.5
	Adulthood	5	2.5
	Total	200	100.0

When Table 7 is examined regarding the answers for the age parents think sex education should be started, it is seen that 12.5% answered “I don't know”, 8.15% answered “0-3 years”, 31.5% answered “3-6 years”, 34.5% answered "Primary School Years", 10.5% answered "High School Years", and 2.5% answered "Adulthood". The cell value should not be less than five to perform the Chi-Square Test. For this, it is recommended to combine cells or to make interpretations only in terms of frequency and percentage (Büyüköztürk et al.). The cells were combined, and the Chi-Square Test was carried out by combining the Adulthood and High School Years cells. Consequently, no significant relationship was found between the age to start sex education and the gender of the children in the Chi-square analysis ($\chi 2 = 6.92$, $p>.05$) and between the answers regarding the age to start sex education and the ages of the children ($\chi 2 = 11.02$, $p>.05$).

Table 8. Distribution of the answers regarding from whom children with special should needs get sexual information first

	Variable	Frequency (n)	Percentage (%)
From Whom Should Children with Special Needs Get Sexual Information First	Parents	143	71.5
	Medical Doctor	7	3.5
	Teacher	23	11.5
	Parents and Teacher	18	9.0
	Parents and Medical Doctor	7	3.5
	Parents, Medical Doctor and Teacher	2	1.0
	Total	200	100.00

When Table 8 is analyzed, it is seen that 71.5% of the parents gave the answer "Parents", 3.5% "Medical Doctor", 11.5% "Teacher", 9% "Parents and Teacher", 3.5% " Parents and Medical Doctor", and 1.0% " Parents Medical Doctor and Teacher" to the question regarding from whom children

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should get sexual information first. Because the numbers in some cells are low, the chi-square test could not be performed, and the evaluation was made through general answers, regardless of gender and age factors.

Table 9. Distribution of answers regarding the topics to be included in children's sex education

	Variable	Frequency (n)	Percentage (%)
Topics to be Included in Children's Sex Education	Sexual Organs	4	2.0
	Contraception Methods	1	.5
	Psychological and Physiological Changes in Adolescence	7	3.5
	Sexual Abuse	9	4.5
	All	49	24.5
	Not sure	74	37.0
	Gent.M.P.Ch.Adol, and S. Abuse	27	13.5
	Gent.M.P.Ch.Adol, Soc.Str. and S. Abuse	9	4.5
	Gent M.P.Ch.Adol, and S. Abuse	20	10.0
	Total	200	100.0

When Table 9 is examined regarding the topics to be included in sex education, it is seen that 2.0% of the parents answered "Sexual Organs", 0.5% "Contraceptive Methods", 3.5% "Mental and Physiological Changes in Adolescence", 4.5% "Sexual Abuse", 24.5% "All", 37.0% "Not sure", 13.5% "Sexual Organs, Mental and Physiological Changes in Adolescence and Sexual Abuse", 4.5% "Sexual Organs, Mental and Physiological Changes in Adolescence, Social Structure, and Sexual Abuse", and 10.0% "Sexual Organs and Sexual Abuse". Since the numbers (n) in some cells were too low to make a significant evaluation by gender and age groups, the Chi-square test could not be performed, and the answers were evaluated through the general answers.

Qualitative Findings

For the qualitative part of the study, the answers of 15 parents for the interview questions were evaluated under three sub-headings through descriptive analysis.

Views on providing sex education

Parents were asked *"What do you think about providing "sex education" to children with special needs*?" While 13 parents answered this question positively, two parents answered negatively. Some of the positive views are as follows:

E4, mother of a 9-year-old girl diagnosed with Down Syndrome: "*It should be provided. They should know everything. They have the right to know everything. As much as they can learn. Because if they are not taught, they will not know what to do if they encounter people who do not have good intentions. After all, there is no guarantee that we will always be there*".

E8, father of a 12-year-old boy diagnosed with ASD: "*I think it should be given. Because he must know his body. Like every individual, he will have certain needs. After all, this change is not up to us. This should be known, too".*

E11, mother of a 2-year-old girl diagnosed with intellectual disability: "*It should be provided. It should be given even if she is disabled, after all, she will experience these things when she grows up.*

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She is an individual, too. Normal children learn and know everything by themselves nowadays. If our children cannot learn, they will be inadequate. They should learn as much as they can".

As for the negative views, the parents expressed the following:

E1, mother of a 19-year-old male diagnosed with ASD: *"I don't want my child to know everything. I attended some seminars. I also talked to medical doctors. If the child does not learn, he will not have some behaviors either. My child cannot talk about these issues anyway. Children, especially special children, should not be taught everything. That's what I think.".*

E12, mother of a 4-year-old boy diagnosed with physical disability: *"I say no. Because such children have more important needs. He cannot understand these things. So there is no need".*

It was observed that most of the parents considered sex education necessary, and the answers did not differ by the child's gender, disability, or age.

Opinions on by whom sex education should be given

Parents were asked, *"What would you think about your child getting information about sexual matters from people other than his or her parents?".* While seven parents answered that children should receive this information primarily from parents, eight parents answered that they do not mind their child getting this information from people other than parents. Regarding that the information should be obtained from the parents first, the parents expressed the following views:

E5, mother of a seven-year-old girl diagnosed with developmental retardation: "*I think that the sex education should be first received from parents. If we are insufficient, I think that it should be given by a doctor. As I don't trust teachers nowadays, I'm talking about male teachers, it is best that parents and doctors inform them".*

E9, father of a 7-year-old boy diagnosed with ASD*: "I think the education should come from parents at first. But I think teachers may have more information about these issues, as education is also provided at school. That's why I see no harm in sex education given by his teacher".*

E13, father of a 4-year-old boy diagnosed with physical disability: *"I think parents should tell their child. Other than that, nobody should tell. Because no one can be trusted nowadays. The one who teaches everything to the child is the family, so he should also learn these from the family".*

The parents expressed the following views regarding that they do not mind their child getting information from people other than parents:

E3, mother of a 10-year-old boy diagnosed with ASD: "*It may be teachers. Maybe a doctor. I mean, I don't know exactly. Since I am divorced from my husband, we cannot explain it to the child together. Besides, there will be situations where I will not be able to explain everything, in that case, the teacher or the doctor can tell him".*

E6, mother of a 10-year-old girl diagnosed with ASD: *"It would be nice if the teacher told her about it. If they will give the correct message, an older sister or brother can also tell her. However, peers may misrepresent it. It is okay for close relatives to answer if they know it correctly. It would bother me if an uninformed person answers the questions or explains".*

While some of the parents stated that sexual information should be primarily given by parents, other alternatives were teachers and doctors. In the responses given by the parents, there was no difference in the answers by gender, disability, or age.

Views on the content of sex education

Under this title, the following questions were asked to parents:

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- *"How would you explain the gender difference issue to your child while conveying sex-related issues?"*
- *"What would you share with your child about physical changes?"*
- *"Is the sex education given to children with special needs the same as that given to normally developing children? If Yes, Why? If No, Why Not?*

For the answers given by the parents regarding how they would explain the gender difference, nine parents answered that they would not/do not know how to explain such a subject. Five parents replied that they would explain by giving examples, and one parent said they would seek support in this regard. Many of the parents answered that the children would learn as they grow up, that the children will understand in time or that they do not know how to explain. Some of the answers given in this context are as follows:

E5, mother of a 7-year-old girl diagnosed with developmental retardation: *"My child is only 7 years old and I haven't given her much information about the male organ. Because of her development. As she grows older, she will understand better. Maybe I can explain later. But right now, I don't want to think about it or explain it*".

E14, mother of a 10-year-old girl with a diagnosis of intellectual disability: *"I think there is no need to tell this much, it was not told to us after all. They notice it as they grow up. They can even make the distinction by looking at toys. Saying it is a boy or girl toy. But if I need to explain this situation, I would like to explain it with her teacher. After all, we have a lot of misinformation".*

E6, mother of a 10-year-old girl diagnosed with ASD: *"By using pictures. By explaining the differences between them, as I learned at school. We have also been taught. Pictures of men and women are put before them, and the differences between them are explained and discussed. That's how we were taught. We will teach our children as we were taught. Of course, I don't know how much of it she will understand".*

E3, mother of a 10-year-old boy diagnosed with ASD: "*I would try to get support from somewhere and explain. Because I do not know how to explain this subject. That's why I would consult a teacher or a medical doctor so as not to give false information".*

When the comments of the parents about what they shared with their children about their physical changes were examined, it was seen that five parents were not in favor of discussing this issue, and 10 parents commented that they shared/would share points that the child needs to know.

The responses of parents who stated that they are not in favor of sharing are as follows:

E1, mother of a 19-year-old male diagnosed with ASD: *"I wouldn't share. If necessary, I will direct him to the teacher and the doctor. I would consult a doctor first".*

E2, mother of a 6-year-old girl diagnosed with ASD: *"I wouldn't give any information. I would direct her to her teacher or her father".*

E8, father of a 12-year-old boy diagnosed with ASD: *"I would not share. If he asked, I would try to answer".*

The responses of the parents who commented that they shared/would share points that the child needs to know in an understandable way:

E4, mother of a 9-year-old girl diagnosed with Down Syndrome: *"I would start with waxing and explain how it should be done. I would show her how to do it by applying it to her the stuff I do on myself or I would be the example. Or I would tell her how women wear bras. Since she is a girl, I would show her what I do for myself. She will then see and learn the difference".*

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E7, mother of an 8-year-old girl diagnosed with developmental delay: *"I would tell my child how to clean herself physically. There is no need to tell anything else".*

E10, father of a 6-year-old boy diagnosed with ASD*: "I would try to explain that his private areas will grow. I would try to explain that he should be careful when he masturbates because he may irritate or harm himself".*

E12, mother of a 4-year-old boy diagnosed with physical disability: *"I would tell him that his body would change slowly, especially in adolescence. He needs to know that. Of course, it would be even better if he asked. I think it is time to tell, but I would like to get support from someone who knows better".*

It was observed that five parents were not in favor of sharing on this issue due to not knowing what to tell and wishing to avoid giving misinformation. And 10 parents stated that they have shared/would share with the child in a way that they understand according to the content of questions about personal care, growth/change, or sexuality. It can be stated that there are no significant differences in the views of the parents by the gender, disability, or age of the child. However, it was observed that there are a lot of answers that indicate a lack of information.

As for the answers given by the parents regarding whether the sexual education given to the children with special needs and the sexual education given to the children with normal development are the same, 13 parents replied that it was not the same and two parents were not sure but think that these things are relatively the same. Some of the views expressed by parents are as follows:

Some of the views for 'it is not the same' are as follows:

E1, mother of a 19-year-old male diagnosed with ASD: *"It is not the same for sure. These children are developmentally different. My child has difficulty in understanding. Therefore, it will not be the same. He should not know everything, so the child should be taught in a basic way. However, normal kids know everything because of those phones in their hands".*

E4, mother of a 9-year-old girl diagnosed with Down Syndrome: "*It is not the same. Because of their development. Development is different in normal children. Our children learn everything later and harder".*

E8, father of a 12-year-old boy diagnosed with ASD*: "No, the two should be given a different type of education. Because their developmental situation is different. The same education cannot be given".*

E15, father of a 9-year-old boy diagnosed with ASD: *"Not the same for sure. After all, special children receive a different education. Their situation is different, so their education will be different as well".*

E12, mother of a four-year-old boy diagnosed with physical disability: *"They are the same. Of course, this varies from school to school. It may be different now that children with disabilities are also educated elsewhere. Frankly, I don't know exactly".*

The analysis of answers indicates that there are developmental differences observed in the views on sex education of children with special needs and that provided to those with normal development are not the same. There is no clear answer in the views of the parents indicating they are the same, although they are not sure. It can be stated that the views of the parents do not differ significantly by the age and gender of the child. However, it was observed that two parents who think that sex education could be the same, have children with physical disabilities.

DISCUSSION and CONCLUSION

In this section, the research findings are discussed under three sub-headings.

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Views on the Necessity of Sex Education

In quantitative findings, it was found that 94.5% of the parents answered 'Yes' and 5.5% answered 'No' regarding whether sexual education is necessary. For qualitative findings, "What do you think about providing "sex education" to children with special needs?" question was asked. While 13 parents answered yes, two parents answered no. When both quantitative and qualitative data are evaluated, it can be stated that the majority of parents who have children with special needs think that sex education is necessary. The necessity and importance of sex education for individuals with special needs are frequently expressed by many researchers today. Paveola et al (2021) and Kır (2013) emphasize the necessity of sex education for children with special needs. Gürbüz (2018) states that both children and adolescents with special needs and their parents need education.

Lack of sex education can lead to sexual abuse in individuals with special needs. In the study conducted by Tepper (2001), it is stated that the sexual development periods of the individuals with special needs and the individuals with normal development are the same, but the ways of getting sex education are different. A normally developing individual shares the stages of sexual development with the family or the inner circle. This situation is different for individuals with special needs. Therefore, sex education should be provided to individuals with special needs in parallel with their developmental level, by using examples suitable for their special conditions and supporting them with visuals.

Views Regarding At What Age/By Whom Sex-Related Information Should Be Given

When quantitative findings are analyzed regarding the answers for the proper age to start sex education, it was found that 12.5% answered “I don't know”, 8.15% “0-3 years”, 31.5% “3-6 years”, 34.5% "Primary School Years", 10.5% "High School Years", and 2.5% "Adulthood". In this context, it can be stated that 74.5% of the parents favor sex education in preschool or primary school, 12.5% think that it should be given in high school and after, and 12.5% did not express any opinion. It can be said that most of the parents find it appropriate to provide sex education in pre-school or primary school period.

Regarding by whom children with special needs should be given sex-related information, 71.5% of the parents answered 'Parents', 3.5% 'Doctor', 11.5% 'Teacher', 9.0% ' Parents and Teacher', 3.5% ' Parents and Doctor', 1.0% ' Parents, Doctor, and Teacher'. Based on this, it can be stated that 84% of the parents think that sex-related information should be given by parents.

Parents were asked "What would you think about your child getting information about sexual matters from people other than his or her parents?" and the following answers were received; seven parents stated that children should receive this information primarily from parents, eight parents answered that they do not mind their child getting this information from people other than parents. While some of the parents stated that sexual information should be obtained primarily from the parents, other alternatives are teachers and doctors. Regarding people that should provide sexual information, both quantitative and qualitative findings revealed that participant think that it should be parents first, then teachers and doctors.

The most appropriate form of sex education for individuals with special needs is that given at an early age, in a healthy family environment, and by parents who have received sex education. Later on, this education should be continued by experts in educational institutions. Based on the findings of his research, Börf (2017) states that parents are inadequate in the sex education of their children with special needs and have no knowledge of what, how, and when to teach. Eliküçük (2011) emphasizes the importance of educating parents about the sex education of children with special needs. In addition, Clatos & Asare (2016) emphasize the importance of parents providing education to their children and points out the importance of raising awareness of parents on this issue.

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Views on the Content of Sexual Information

When quantitative findings are analyzed regarding the topics to be included in sex education, answers are as follows: 2.0% of the parents answered "Sexual Organs", 0.5% "Contraceptive Methods", 3.5% "Mental and Physiological Changes in Adolescence", 4.5% "Sexual Abuse", 24.5% "All", 37.0% "Not sure", 13.5% "Sexual Organs, Mental and Physiological Changes in Adolescence and Sexual Abuse", 4.5% "Sexual Organs, Mental and Physiological Changes in Adolescence, Social Structure and Sexual Abuse", and 10.0% "Sexual Organs and Sexual Abuse". It has been observed that the subjects of sexual organs, physical changes, and sexual abuse are among the most preferred topics.

When the answers given by the parents regarding how they would explain the gender difference were examined within the scope of qualitative findings, it was seen that nine parents gave answers that they did not tell/did not know how to tell such subject, four parents stated that they would tell it by giving examples, one parent would explain the subject in a limited way, and one parent stated that they would seek support on this issue. Many of the parents answered that the children would learn as they grow up, that the children will understand in time or that they do not know how to explain.

When the comments of the parents about what they shared with their children about their physical change were examined, it was seen that five parents were not in favor of sharing, and 10 parents commented that they shared/would share and points that the child needs to know and would share it in a way they would understand. It was observed that five parents were not in favor of sharing this issue due to not knowing what to tell and wishing to avoid giving misinformation. And 10 parents stated that they have shared/would share with the child in a way that they would understand according to the content of questions about personal care, growth/change, or sexuality.

As for the answers given by the parents regarding whether the sex education given to the children with special needs and the sexual education given to the children with normal development were the same, 13 parents responded that it is not the same and two parents were not sure but also stated that these things are relatively the same. The analysis of answers indicates that there are developmental differences observed in the views on sex education for children with special needs and that provided to those with normal development are not the same. It was observed the parents were uncertain regarding their statements including they were not sure about whether these two things were the same but also stated that these things were relatively the same. However, it was observed that the children of parents who think that sex education can be the same have physical disabilities. In other words, these children do not differ from their peers in terms of their cognitive abilities, they only have physical disabilities. This may be the reason that these parents answered the question in this way. In this context, it can be stated that most of the parents prefer the topics of sexual organs, physical changes, and sexual abuse within the scope of education to be given to children with special needs. Regarding whether the sexual education given to children with special needs will be the same as the children with typical development, it is observed that all parents except the parents who have children with physical disabilities thought that these things are not the same. It was also observed that some parents are hesitant about explaining certain subjects due to lack of information and have doubts about some subjects. This situation emphasizes the fact that parents also need to be educated about how sex education should be given.

In the study conducted by Çifçi-Tekinaslan and Eratay (2013), it was found that parents gave information to their children with mental disabilities on matters such as physical changes and bodily hygiene, while some parents did not provide any information. Er et al. emphasized (2016) the topics of the sexual abuse, body recognition, sexual satisfaction and differences in gender, in their study on determining the need for sex education for children and adolescents with mental disabilities. In addition, Yektaoğlu-Tomgüseha (2018) point out the importance of the sexual abuse topic in the education of these students. Ariadni, Prabandari, and Sumarni (2018) found that parents who have children with a disability have different perceptions from other parents on providing sex education, they think that it is important to start providing sex education at early an age to protect children from

sexual abuse, the necessity of practical information support when providing sex education, and they also think that role of the parents, especially of the mother, is very important in sex education. Evans et al. (2020) also found that parents think that sexual abuse and risks are important issues. Er, et al. (2016) stated that using material such as videos, models, and animation would also be helpful when teaching these students. Based on all these, topics that should be included in the sex education content of the individuals with special needs are information about physical changes, physical hygiene, introduction of sexual organs, and the ability of the individual to protect himself/herself against abuse and to know the people he/she can reach out to in any situation that he/she may encounter, explaining in a way that the child can understand, giving examples, modeling/showing on a model or using videos and images while teaching.

The overall analysis of parents' views indicates that the answers do not differ significantly by age and gender. In many studies conducted, it was found that parents of girls and boys with special needs in all age groups stated that sex education is necessary, expressed a lack of knowledge, some parents refrain from teaching, and some would try to explain by providing explanations in a way that their children could understand (Nadeem, Cheema & Zameer, 2021; Thin et al, 2021; Gürbüz, 2018; Börf, 2017; Gönlü, 2015; Eliküçük, 2011).

It is of great importance to raise awareness of the people around these children, about the sex education of children with special needs. Parents are the first to inform children. Apart from parents, teachers, doctors, nurses, psychologists, and other specialists are also in the child's social environment and are taking care of their educational needs. In this context, it can be said that awareness-raising activities for parents and occupational groups that have close relationships with special needs children are necessary.

At every stage of the education, people with knowledge should be involved in the education process of children with special needs and provide education according to the developmental needs of these children. The education should include topics such as sexual development, cleaning and hygiene, exploring the body, and should raise awareness about sexual abuse.

Families of individuals with special needs should be informed about sex education, and if necessary, they should be supported with educational programs and their awareness should be raised to support the sex education the child receives in the educational institution. It should be emphasized how important sex education is and that children with special needs should be informed about sexual issues, families should be informed about how they will go through a sexual process like normally developing children, how they will overcome this process in a positive way. The education of children should be supported, and parents should be informed about how misinformation can be avoided.

In addition to face-to-face education, digital education can be provided through digital media including internet, intranet, extranet, audiovisual tapes, satellite, TV, and CDs. Education through digital tools such as computer systems and mobile phones can improve learning.

Today, virtual meetings play an important role in individuals' education and consulting services. In this context, online sexual education support centers can be established to provide online services to parents and teachers in case of need for information and consultation. Through these centers, professionals who are experts in the field can contribute by providing services.

Various training programs or educational activities should be planned for other occupational groups that have close relationships with teachers and children with special needs. A curriculum can be established in cooperation with the Ministry of National Education and Ministry of Health for the training of these occupational groups. In this way, a planned training consisting of certain sessions can be carried out. It is considered that cooperation of various state institutions, non-governmental organizations, and educational institutions in such training will bring about more effective results.

Limitations and Further Research Areas for the Future

While evaluating this research, it should be noted that the findings of the research are limited to the participation of 200 parents in Northern Cyprus. Based on this study, larger sample groups can be studied. Studies to be conducted in different countries may result in different findings. In this context, studies in which comparisons will be made regarding the results obtained from different countries can be planned. The findings obtained from this study can be used to design a sexual education program.

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