

UNIVERSITI TEKNOLOGI MARA

**FAMILY SEXUAL
COMMUNICATION AND SEXUAL
BEHAVIOUR OF MALAYSIAN
ADOLESCENTS WITH LEARNING
DISABILITIES AGED BETWEEN 10 -
17**

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Thesis submitted in fulfillment
of the requirements for the degree of
**Master of Health Sciences
(Occupational Therapy)**

Faculty of Health Sciences

September 2025

ABSTRACT

In Malaysia, sexuality issues are considered as “taboo” and inappropriate to be discussed openly. This study aimed to examine the validity of Malay-translated versions of two instruments: The Parent Sexual Education Inventory (PSEI-M) and the Sexual Behaviour Scale (SBS-M). Next, to investigate the sexual behaviours of adolescents with learning disabilities, determine the family sexual communication approaches, and analyse differences in adolescent sexual behaviour based on the presence or absence of family sexual communication. The research was conducted in two phases across multiple locations in Malaysia. Phase 1 involved the translation and validation processes for the PSEI-M and SBS-M. Content validation involved a total of eight experts and concurrent validation participated by 357 parents for the PSEI-M, and 348 parents for the SBS-M. Phase 2 employed a cross-sectional survey design with 383 parents of adolescents with learning disabilities from 27 schools in Batu Pahat, Johor Bahru, and the Klang Valley region. The results demonstrated high content validity for both instruments, with Scale-Content Validity Index Average scores above 0.96 for relevance and clarity. Strong positive correlations ($r = 0.88$) were observed between the Malay and original English versions, indicating robust concurrent validity. The findings revealed that the most sexual behaviour reported by parents was that their adolescents with learning disabilities touched private parts in public (25.6%), while 4.2% behave unacceptably towards individual that they romantically admired. Most parents (58%) provided sexual knowledge on privacy, but fewer addressed other domains such as biological aspects, relationships, and sexual awareness. Verbal explanations were the predominant family communication technique used. Chi-square result showed a significant association ($p = 0.025$) was found between the presence of family sexual communication and sexual behaviours among learning disabilities adolescents. Even with limitations including reliance on parent reports, absence of adolescent self-reports, and limited regional representation, findings highlight the contribution of family sexual communication in shaping adolescent sexual behaviours, strong relevance for OT practice, supporting the integration of sexuality as a meaningful area of intervention and advocacy for individuals with learning disabilities.

ACKNOWLEDGEMENT

Firstly, I wish to thank God for giving me the opportunity to embark on my master and granting me with the perseverance in completing this long and challenging journey successfully. My deepest gratitude to Geran Pendidikan Khas UiTM for their generous financial support, which made the completion of this research possible. I would like to express my special gratitude and thanks to my supervisor, Associate Prof. Dr. Padma A. Rahman for her patience in guiding me and helping me a lot towards completing this research. Thank you also to my co-supervisor, Dr. Siti Khuzaimah Ahmad Sharoni for helping me on improvising my thesis towards the submission. Special thanks to my colleagues and friends that involved in helping me with this research, either directly or indirectly. This special thanks goes to Ridhwan, Kak Azrina, Kak Irdina, Daniel, Liana and Syara, that helping me a lot for this research. Finally, this thesis is dedicated to my father and mother for the vision and determination to educate me. This piece of victory is dedicated to both of you. Alhamdulillah.

TABLE OF CONTENTS

	Page
CONFIRMATION BY PANEL OF EXAMINERS	ii
AUTHOR'S DECLARATION	iii
ABSTRACT	iv
ACKNOWLEDGEMENT	v
TABLE OF CONTENTS	vi
LIST OF TABLES	x
LIST OF FIGURES	xii
LIST OF SYMBOLS	xiii
LIST OF ABBREVIATIONS	xiv
CHAPTER ONE: INTRODUCTION	1
1.1 Research Background	1
1.2 Problem Statement	4
1.3 Research Questions	6
1.4 Research Objectives	6
1.5 Significance of Study	7
1.6 Definition of Terms	9
1.7 Conceptual Framework	13
CHAPTER TWO: LITERATURE REVIEW	18
2.1 Search Strategy	18
2.2 Sexuality among Adolescents with Learning Disabilities	19

CHAPTER 1

INTRODUCTION

This chapter explained about the background of the study, problem arises that brought to the research questions which lead to this research study. This chapter also listed the research objectives, the significant of the study, and definition of terms.

1.1 Research Background

Sexuality is categorised into three components; sexual behaviour, biological influences and making sense of sexuality (Bancroft, 2008). According to the World Health Organization (WHO) (2006), sexuality is a central aspect of human being throughout life that encloses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships (Macleod & McCabe, 2020).

WHO (2006) mentioned that sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious as well as spiritual factors. In Malaysia, sexuality issues are rarely discussed and considered as “taboo” and religious inappropriate (Ang & Lee, 2016). However, some studies found out a gradual shift in sexual behaviours among urban adolescents even traditional values and religious beliefs promote conservative attitudes towards premarital sex (Khalaf *et al.*, 2014). Khalaf *et al.* (2014) added that this shows the disconnection between societal expectations and actual behaviours of the young generations, and this creates a challenging environment for our adolescents to navigate their sexual health and relationships.

Sexual education in special schools in Malaysia has not been formally established; topics in the human development, interpersonal skills, sexual health, society and culture dimensions were covered more compared to topics of sexual behaviours (Ang & Lee, 2016). Despite the introduction of sex education into the school curriculum in 1989, the implementation remains inconsistent and often inadequate (Khalaf *et al.*, 2014). In Malaysian academic system, the module of Reproductive and Social Health (PEERS) were introduced in 2006 as a guideline for teachers to deliver