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ISLAMIC PERSPECTIVE OF PREVENTIVE EDUCATION BUILDING FROM CHILD SEXUAL ABUSE - AN INTERVENTION FOR PARENTS TO HELP CHILDREN

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ABSTRACT

The study comprises Preventive Education Building regarding Sex education intervention for parents to help children. The main objective of the study was to encourage parents to practice communication with their children about providing individuals with accurate information, promoting healthy behaviors, contributing to their overall well-being, and consent in various spheres of their lives, including sexual, social, and emotional domains. It was hypothesized that there would be a difference in parental awareness about giving sex education to their children before and after the intervention. Quantitative data from 113 participants was gathered through a self-developed questionnaire about parental awareness of sex education. Age-appropriate interventions were designed and executed in the form of training sessions for parents in school settings. Age-tailored sex education intervention was created involves catering to different developmental stages of different age groups. This intervention was designed as module 1 (for elementary ages 5-10 years) and module 2 middle school ages 10-15 years). Descriptive statistics and inferential statistics (paired t-tests) were used. Statistical Package for the Social Sciences (SPSS) version 26 was run on it for various analyses, and a significant difference in parental awareness about giving sex education to their children was found before and after an intervention. This comprehensive sex education intervention will be a contribution to the field of developmental psychology. It will provide a comprehensive and structured program to communicate appropriately with children of appropriate age. It will also add meaningful value organized guide for parents towards positive parenting, and policymakers confirming that the content is reliable, precise, and age-appropriate.

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INTRODUCTION

Sex Education Intervention is a comprehensive and age-appropriate informative program that offer people with precise and evidence-based data about human sexuality, relationships and linked topics (Breuner, &

Mattson, 2016). Sex education aim to empower individuals to make knowledgeable decisions about their bodies, relationships, and sexual health while promoting healthy attitudes and behaviors (Haberland & Rogow, 2015). Sex education should be provided for the benefit of children is reinforced by the experts in the field of education and child development (World Health Organization.,2003). United Nations Educational, Scientific and Cultural Organization (UNESCO) underlines the importance of comprehensive sexuality education to endorse the overall well-being and progress of children (Goldman, J. D. ,2012). According to Braeken, D., & Cardinal, M (2008) World Health Organization (WHO) also identified that sex education is vital for the health and well-being of adolescents. American Academy of Pediatrics (AAP) supports comprehensive education about sex as part of a child's overall growth and believed that age-appropriate sex education helps children make informed decisions and stay healthy (Breuner, Cora C., et al.,2016). Research on educating children about sex reliably showed that comprehensive, evidence-based sex education programs can have positive consequences for children and adolescents, including better sexual health and lower rates of risky behaviors (Ericksen, I. H., & Weed, S. E. ,2019). According to Goldfarb, E. S., & Lieberman, L. D. (2021) comprehensive sex education can contribute to the overall well-being of children by addressing issues related to mental and emotional well-being and anxiety related with sexual topics.

Qur'an is a blessed book that has principles about life where people must follow to accomplish their duty as servants and Khalifa of Allah and this is with us in details through the Sunnah of Rasulullah S.A.W. (Junoh, Noraini, et al.,2022). These two sources have been described by the Islamic researchers to be evidently understood by the Muslim communal. Overall, 87 verses in the Qur'an deal with self-dignity, marriage and family establishment. There are 92 verses which describe the topics of sexual misconduct and fornication, 44 verses explain the limits and decorum between men and women whereas 33 verses tell about parental and child relationships and 4 verses related to impurities (Ihwani, Siti Suhaila, et al.,2017). We must obey all the rules which Allah has directed.

Parents should introduce their children with the basics like the names of all body parts and what is suitable or not, and this should continue as they grow up (Burns & Snow, 1999). Those who are uncomfortable with this topic should keep in mind the words of Allah : “Surely, Allah is not shy of [expounding] the truth” (Qur’an 33:53, Sahih al-Bukhari 130 and Sunan Ibn Majah 1924). Islamic custom having to do with casing the “awrah” controlling the stare and asking consent before entering private spaces should start from an early stage. Al Quran says “O you who believe! Let your legal slaves and slave-girls, and those among you who have not come to the age of puberty ask your permission (before they come to your presence) on three occasions; before Fajr (morning) prayer, and while you put off your clothes for the noonday (rest), and after the Isha (late-night) prayer. (These) three times are of privacy for you, other than these times there is no sin on you or on them to move about, attending (helping) you each other. Allah makes clear Ayat (the Verses of this Quran, showing proofs for the legal aspects of permission for visits, etc.) to you. And Allah is All-Knowing, All-Wise” [An-Noor 24:58].

> "And when the children among you come to puberty, then let them (also) ask for permission, as those senior to them (in age). Thus, Allah makes clear His Ayat (Commandments and legal obligations) for you. And Allah is All-Knowing, All-Wise" [An-Noor 24:52].

It was narrated from 'Amr Ibn Shu'Ayb, from his father, that his grandfather said: The Messenger of Allah (blessings and peace of Allah be upon him) said: "Instruct your children to pray when they are seven years old, and smack them if they do not do it when they are ten years old, and separate them in their beds". That is, detach your kids in the beds in which they sleep when they reach the age of ten, as a protection against provocation of yearning, even in the case of sisters.

PROBLEM STATEMENT

Development of parental guide for sex education was important due to a variety of issues especially with children. Sex education was extremely important in Pakistan, where the number of child abuse cases were constantly increasing (Khudai, M. S., & Saeed, N. ,2021). Many cases of child abuse reported in Pakistan involve close relatives who have used children (Rahim et. al, 2021). In most cases, after taking the initiative to express this trauma, children did not feel safe, so reporting this issue to parents or trusted people was not possible (Carson, Foster & Tripathi, 2013). It was critical to teach young how to defend themselves against undesired situations and abuse of any kind (Shaikh & Ochani, 2018). Comprehensive sex education teaches children with precise knowledge about their bodies, puberty, and reproductive health (Breuner, Cora C., et al.,2016). Whereas Santelli, John, et al. (2006) believed that such information benefits them make informed decisions about their physical well-being and allow them to seek suitable medical care when needed. Sex education teach children about the importance of boundaries, and respect in relationships (Bell, M. C. ,2020). According to Sanderson, C. (2004) this knowledge can help encounter traditional gender roles and stereotypes, endorsing healthy attitudes towards both genders (Stewart, Rebecca, et al.,2021). Children learn about communication, emotional intelligence, and conflict resolution through sex education (Seiler-Ramadas, Radhika, et al.,2021). Heyes, J. M. (2019) explored a virtue ethical approach that such education contributed to building healthy relationships based on mutual understanding and respect. When there is no formal sex education, children might seek data from untrustworthy sources, like peers or internet (Shtarkshall, R. A., Santelli, J. S., & Hirsch, J. S. ,2007). Reliable education given by parents ensure that children receive accurate and evidence-based information (Santa Maria, Diane, et al.,2017) Open discussions about sexuality help break down cultural taboos and reduce stigma associated with topics like menstruation, and gender identity (Chrisler, J. C. ,2013). believed that when parents are equipped with accurate information, they can have meaningful conversations with their children addressing their questions and concerns in a much better way (Robinson, K. H., Smith, E., & Davies, C., 2017).

OBJECTIVES

The main objectives of this intervention are to facilitate Teachers and Parents so they are able to:

- Help children learn more about their growing bodies and the developmental changes taking place.
- Aid children in understanding the concept of consent and how they can exercise autonomy over their own bodies.
- Learn more about how their emotions and bodies are connected.
- Prepare children for the challenges of puberty and its associated changes from Islamic perspective.
- Provide accurate information to teenage children about human sexuality, their sexual development, and the ways it is interlinked with their social and emotional development.
- Encourage children to practice communication and consent in various spheres of their life, including sexual, social and emotional domains.
- Equip growing children with the right knowledge about intimacy, attraction, and relationships.

LITERATURE REVIEW

A substantial amount of literature was available on the topic of sex education, covering numerous aspects such as its importance, methods, challenges, and impact. Numerous studies, and research papers highlighted the importance of comprehensive sex education in endorsing sexual and reproductive health, reducing risky behaviors, and empowering individuals to make informed decisions about their bodies and relationships (Svanemyr, Amin, Robles & Greene, 2015). However, there were gaps and zones of concern that need additional exploration and attention. Literature acknowledged the need for culturally sensitive and contextually appropriate sex education programs that take into account cultural norms, values, and religious beliefs which are effective and well-received (Robinson, 2019). Many studies highlighted the importance of involving parents in sex education. Engaging parents in discussions about sex and relationships can complement formal education and provide a supportive environment to learn (Hemmerechts, Agirdag, & Kavadias, 2017).

Sex education can address issues related to gender inequality, stereotypes, and discrimination and helps individuals appreciate the standing of gender equality, consent, and respect in relationships (Setty, E., & Dobson, E. ,2023). Healthy relationships need effective communication and mutual respect. Puspita, E., & Utami, R. D. (2023) reported that sex education teaches people about communication skills, consent, and helping them develop healthier relationships. Many young people turn to unreliable sources for information about sex and relationships, leading to the spread of myths and half-truth. Sex education provide evidence-based information to counter these misconceptions (Schmidt, S. C., Wandersman, A., & Hills, K. J., 2015). Adolescents often struggle with body image and self-esteem issues. Sex education can address these concerns by promoting positive body image and emphasizing the importance of self-respect (Halstead, M., & Reiss, M. ,2003). Young people can be prejudiced by peer pressure and media depictions of relationships and sexuality. Sex education prepare them with critical thinking skills to assess these influences and make informed choices (Beyth-Marom, Ruth, et al.,2012). Sex education can teach individuals about the risks of online interactions and how to protect themselves from online harassment, exploitation, and cyberbullying (Finkelhor, David, et al.,2021). According to Elia, J. P., & Tokunaga, J.

(2015) believed that comprehensive sex education can provide a harmless space to address these topics, nurturing understanding and respect for diverse perspectives. With the spread of digital communication, online safety and responsible use of technology are crucial. Sexuality is intricately linked to mental and emotional well-being. Sex education can provide guidance on coping with emotional challenges related to relationships and even sexual orientation (Alessi, E. J., Kahn, S., & Chatterji, S., 2016). Many parents feel uncomfortable discussing sexuality with their children. Sex education can bridge the gap by encouraging open and honest parent-child communication on these topics (Wilson, E. K., & Koo, H. P. (2010).

GAPS AND AREAS OF CONCERN

Sex education programs vary widely in content, quality, and approach across different regions and countries. There was a lack of standardized guidelines that ensure consistent, evidence-based, and comprehensive education (Leung, Shek, Leung & Shek, 2019). Teachers often lacked proper training and resources to effectively deliver sex education. This can lead to misinformation or discomfort in addressing sensitive topics (Ollis, Harrison & Maharaj, 2013). With the rise of the internet and social media, young people have access to a wide range of information. Sex education needed to address digital literacy and online safety (Scott et al., 2020).Sex education efforts often reach vulnerable populations, such as rural communities, low-income individuals, and those with limited access to education and healthcare (Parnes et al, 2009).Balancing cultural values and traditions with modern approaches to sex education can be challenging. Finding ways to bridge cultural gaps while providing accurate evidence remains a continuous concern (Jenkins, 2009). The quality of sex education can be influenced by policy decisions and societal attitudes. Advocacy is desired to ensure that such information is supported and prioritized at the policy level (Parker, Wellings & Lazarus, 2009).While there was evidence of the benefits of comprehensive sex education, more research that explores the long-term impacts, particularly on behaviors and attitudes in adulthood is much needed (Bowman, 2010). There was a substantial body of literature on sex education, gaps persist in terms of standardization, inclusivity, teacher training, and addressing the challenges posed by the digital age. Addressing these gaps was crucial to ensuring that sex education effectively equips young people with the knowledge and skills.

THEORETICAL FRAMEWORK

Health Belief Model (HBM)

The Health Belief Model (HBM) is a psychological framework that clarifies how people make health-related decisions based on their perceptions of the threat of a health condition and the benefits of taking action to avoid or manage that condition (Anuar, Haryati, et al.,2020). Health Belief Model (HBM) refers to an individual's perception of their vulnerability to a particular health condition (Jose, Regi, et al.,2021). In the context of sexual health, someone might consider their risk of contracting sexually transmitted infections (STIs) (Kessler, Roanna, et al.,2020). Health Belief Model (HBM) also includes Perceived Severity which is the individual's perception of the seriousness of a health condition if it were to occur.

Wang, M., Huang, L., Pan, C., & Bai, L. ,2021). People weigh the benefits of adopting a specific behavior, such as using protection during sexual activity, against the perceived costs and risks (Papageorge, Nicholas W., et al.,2021). In the context of sexual health, cues to action could include educational campaigns, conversations with healthcare providers, or personal experiences of friends or family members (Taghizadeh Asl, Rahim, et al. ,2020). Health Belief Model (HBM) also includes self-efficacy that refers to an individual's confidence in their ability to successfully perform a health-related behavior (Ashoori, Fatemeh, et al.,2020).

Social Cognitive Theory:

The Social Cognitive Theory (SCT), anticipated by Albert Bandura, explains the role of self-efficacy, observational learning and self-regulation in determining human behavior. In the context of sexual health decisions (Pachu, N. ,2020). Observational Learning is relevant as people can learn from observing others. In the context of sexual health, individuals might model behaviors they see in media, peers, or family members (Kelder, S. H., Hoelscher, D., & Perry, C. L. (2015).

In Social Cognitive Theory, self-efficacy refers to a individual's belief in their aptitude to perform a definite behavior. (Luszczynska, A., & Schwarzer, R. ,2020). Higher self-efficacy in practicing safety can lead to more consistent and responsible sexual behaviors (Carmack, Chakema, et al. ,2020). Social Cognitive Theory highlights the importance of individuals setting goals, monitoring their progress, and adjusting their behavior accordingly (Alnakhli, Hayam, et al.,2020). Social Cognitive Theory also address that People consider the potential outcomes of their actions before deciding to engage in a behavior (Schunk, D. H., & DiBenedetto, M. K. ,2020). In the context of sexual health, understanding the positive outcomes of practicing safety and the negative consequences of risky behaviors can influence decision-making. (Govender, D., Naidoo, S., & Taylor, M. ,2020).

In summary, both the Health Belief Model and the Social Cognitive Theory provide insights into how attitudes, beliefs, and behaviors influence sexual health decisions. These models highlight the roles of perceived susceptibility, perceived severity, self-efficacy, observational learning, and outcome expectations in shaping individuals' choices related to sexual health behaviors. Applying these theories in educational campaigns and interventions can help promote positive sexual health behaviors and decision-making.

RATIONALE OF THE STUDY

The development of a comprehensive sex education intervention can meaningfully contribute to effective education programs. This intervention can serve as organized guide for educators, parents, and policymakers, ensuring that the content of the program is consistent, accurate, and age-appropriate. The development of this sex education intervention can ensure that sex education is delivered consistently across different settings, schools and institutions. It provides a standardized curriculum that educators can follow, ensuring that all students receive accurate and comprehensive information. This intervention is designed to confirm that the content is appropriate for the developmental stage of the students. This

intervention can include resources and recommendations for parents and caregivers as a support to continue the conversation with children. Overall sex education intervention plays a crucial role in ensuring that sex education is educational, inclusive, and effective, leading to better outcomes for young people.

RATIONALE OF THE STUDY

Sample

Pakistani parents of children with different age group were targeted. Intervention was available for parents of all age and educational level who can easily understand English or Urdu language. The goal of the intervention was to provide valuable information to parents, so primary focus was on reaching and impacting as many individuals as possible, rather than adhering to a specific statistical sample size. Still for this study sample of 113 parents were approached. Convenient sampling technique was applied.

Study Design

Quantitative method (within group research design) was used to provide a well-rounded understanding of the topic. It also involved intervention in form of training workshop. This study covered module1 (for elementary ages 6-10 years) and module 2 middle school ages 10-15 years) of interventions.

METHODS

Quantitative Methods

by applying pre-post research design, self-developed questionnaire about parental awareness about sex education, was administered to a larger sample (N=113) of parents to gather quantitative data on their knowledge, attitudes, and behaviors related to sex education.

Intervention Studies

age-appropriate preventive education building intervention was designed and implemented in the form of training sessions within school setting to test the effectiveness of different sex education approaches.

MEASUREMENT/DATA COLLECTION STRATEGY

Questionnaires

well-structured 10 item questionnaire “parental awareness about sex education” was developed for surveys that assessed participants' knowledge, attitudes, perceptions, and behaviors related to sex education. Ensuring that questions are clear, non-biased, and cover a range of relevant topics. It’s a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree.

ANALYSIS PLAN

Pilot Study

Pilot study was conducted on 50 participants for a self-developed questionnaire and Cronbach’s alpha was used to find out to ensure the reliability and of instrument before using it in a larger study.

a. Quantitative Analysis: descriptive statistics, inferential statistics (paired t-tests), was used to identify trends, differences, and relationships in the data.

b. Intervention Analysis: statistical tests were conducted to compare the outcomes of training intervention, considering factors such as pre-intervention knowledge levels, attitudes, and post-intervention changes.

Ethical considerations, participant privacy, and informed consent throughout the research process was ensured. The findings from this study were directly inform the content and structure of sex education intervention, making it evidence-based and effective in addressing the needs of its target audience.

PROCEDURE

After literature review and need analysis a close ended 10 items questionnaire was developed. Ensuring that questions are clear, concise, and directly related to research goals. Clear and concise instruction were given. Experts' opinion was taken on each item of the questionnaire. Reliability was calculated after conducting a pilot study on small sample of 50 parents. Interventions were designed for parents of two age groups in the form of modules. Module 1 (for elementary ages 5-10 years) and module 2 (middle school ages 10-15 years). Interventions were in the form of interactive training workshop. All the steps of intervention development were followed. Experts' suggestions were incorporated. Different schools were approached with the proposal of conducting the training program with the parents of different classes according to modules. After the acceptance of proposal parents were officially invited by administration of schools and training was conducted by the researcher. Duration of the training was 2 hours, whereas the question answer session and feedback time varied. Over all four sessions were conducted before analysis.

SIGNIFICANCE OF THE STUDY

Development of new thoughts, philosophies, methods, or interventions programs etc. Knowing that Sex education can be tailored to different age groups and cultural contexts, but its overarching goal is to provide individuals with accurate information, promote healthy behaviors, and contribute to their overall well-being. This intervention provided a comprehensive and structured program to communicate with children age appropriately.

INTERVENTION

Creating an age-tailored sex education intervention involves tailoring the content, language, and approach to the developmental stage and needs of different age groups. This intervention was structured for two age groups: elementary (ages 5-10) and middle school (ages 10-15)

Sexuality is also the way your child feels

- his/her body.
- Understands feelings of caring,
- Understands attraction for others
- Understands affection for others
- Develop and maintain respectful relationships

Three steps for talking about sex

You can use these three basic steps

1. find what child knows.
2. give the child the facts and correct any misinformation.
3. use the discussion as a chance to talk about your personal thoughts

MODULE 1: ELEMENTARY SCHOOL (AGES 5-10): CHILDHOOD

Notes for facilitators (parents)

- Be brief. Don't go into a long explanation. Be concise using simple terms.
- Everything shared with children must be age-appropriate therefore explain the idea of privacy and body space.
- Don't laugh on silly questions. Don't be angry.
- Expect questions of any kind.

What to Tell and How to Tell Children?

- They should also distinguish what the role of sexuality in relationships.
- Children should know about the basic social conventions of privacy and nudity.
- Most children discover their bodies by this age. Educate what is normal and what's not.
- By six years old they might take interest in how babies are made and might inquire.
- Ask the child what they think about how baby is born. This aids to understand what the kid already knows.
- Start talking to children about puberty and body changes in puberty.
- Introduction to Body Changes: Explain that as kids grow, their bodies go through changes. Discuss basic concepts of puberty, emphasizing that these changes are normal and happen to everyone.
- Body Parts and Functions: Discuss the basic functions of the reproductive systems in a simple manner.
- Personal Hygiene: Emphasize the importance of cleanliness and hygiene.
- Friendship and Respect: Teach about different types of relationships and the importance of treating others with respect.

The Support they Need

This is the stage where the children believe everything you say, so be the main source for valid evidence. If you don't, they will just get it from friends and the media. There is a great difference between what a 5-year-old and an 8-year-old needs to know therefore you need to give them more information. Make sure that you give them enough material so that they don't make wrong deductions, its normal to have feelings for opposite gender.

MODULE 2: FOR MIDDLE SCHOOL CHILDREN (AGES 10-15)

Notes for facilitators (parents)

- Pre-teens should have augmented knowledge of internet security.

- They should know the risks of sharing photos.
- Explain that there are different sexual orientations such as heterosexual, homosexual, and bisexual.
- Some kids are curious about sex and some aren't. Both are normal.
- By starting conversations with the child, you are letting them know that it is okay for them to come to you with any questions.
- That once puberty starts, same sex fantasy and attraction is not unusual and does not necessarily specify sexual orientation.
- The essence of respectful relationship.

What to Tell and How to Tell Children?

- Puberty and Body Changes
- Discuss the physical changes that occur during puberty.
- Address common concerns and emotions associated with these changes.
- Children should have a basic knowledge of pubertal changes.
- Puberty typically starts at 10-11 years for girls and 11-12 years for boys. It can be earlier or later.
- Puberty is the time of physical, psychological and emotional changes are a sign that the child is moving from childhood towards adulthood.
- Puberty can be completed in about 18 months or can take up to 5 years. This range is also totally normal.
- Children have physical and psychological changes
- Girls: key physical changes in puberty
- In girls, these are the main external physical changes in puberty that you can expect.
- The external genitals will start to grow.
- Pubic hair will start to grow.

The Support they Need

- **Reproductive Health:** Provide a basic understanding of the male and female reproductive systems. and also introduce the menstrual cycle and its purpose.
- **Healthy Relationships:** Teach about communication, consent, and boundaries in relationships also discuss the importance of respecting others' feelings and choices.
- **Personal Safety and Online Awareness:** Educate about personal boundaries and online safety.

RESULTS

Table-1

Demographic characteristics of sample

Demographic Characteristic	Frequency (n=113)	Percentage (%)
Child age of Parents		
5-10	71	62.8%
10-15	42	37.2%

Parent of		
both	50	44.2%
boy	31	27.4%
girl	32	28.3%

Table-2

Descriptive statistics and alpha Reliability coefficients of parental awareness about sex education scale (pre and post) (N=113)

variable	N	M	α	range		SD	skew	kurtosis
				potential	actual			
Pre parental awareness	10	34.77	.88	.697	1.20	6.93	-.781	.863
Post parental awareness	10	46.40	.81	.183	.376	3.02	-1.18	1.44

Table 2 indicates the descriptive statistics, alpha reliability coefficients, range and skewness among study variables. The table shows that the scale reliability ranges from .88 to .81, which indicates acceptable to very good reliability. The values of skewness and kurtosis show that data was normally distributed.

Table-3

Paired Sample T-test values of Pre and Post Intervention Program for Experimental Group (n=113)

	Pre-test		Post test		95% Confidence Interval				
Variables	*M*	*SD*	*M*	*SD*	Lower limit	Upper limit	t	*p*	Cohen's *d*
parental awareness about sex education (over all)	34.77	6.93	46.40	3.02	-12.60	-10.65	-23.54 (113)	.000	2.175
parental awareness about sex education (children age 5-10) (module 1)	35.24	7.53	46.56	2.77	-12.59	-10.05	-17.81 (71)	.000	1.995
parental awareness about sex education (children age 10-15) (module 2)	33.98	5.77	46.12	3.42	-13.73	-10.55	-15.45 (42)	.001	2.559

Table3 indicates a significant difference at p=0.00, in parental awareness about sex education in Pre and Post Intervention results for Experimental Group over all. Also parental awareness about sex education (children age 5-10) module 1 was found significant at p=0.00. Moreover parental awareness about sex education (children age 10-15) module 2 was found significant at p=0.001.

Table-4

Descriptive analysis of pre and post intervention on parental readiness on each item (n=113)

items		Pre test		Post test	
		Frequency	%	Frequency	%
Sex education should be a part of my child's upbringing.	Strongly disagree	5	4.4	0	0
	Disagree	15	13.3	0	0
	neutral	28	24.8	1	0.9
	agree	44	38.9	38	33.6
	Strongly agree	21	18.6	74	65.5
I feel comfortable discussing topics related to sex and relationships with my child.	Strongly disagree	10	8.8	0	0
	Disagree	33	29.2	0	0
	neutral	34	30.1	1	0.9
	agree	27	33.9	58	51.3
	Strongly agree	9	8.0	54	47.8
I actively seek out resources to educate myself about age-appropriate sex education.	Strongly disagree	5	4.4	0	0
	Disagree	17	15	0	0
	neutral	29	25.7	0	0
	agree	51	45.1	41	36.3
	Strongly agree	11	9.7	72	63.7
I believe that providing accurate information about sex can help prevent risky behaviors in my child.	Strongly disagree	1	0.9	0	0
	Disagree	7	6.2	0	0
	neutral	31	27.4	0	0
	agree	56	49.6	35	31
	Strongly agree	18	15.9	78	69
Conversations about consent and boundaries should be included in sex education at home.	Strongly disagree	4	3.5	0	0
	Disagree	13	11.5	0	0
	neutral	27	23.9	1	0.9
	agree	48	42.5	37	32.7
	Strongly agree	21	18.6	75	66.4
I am aware of the curriculum and content	Strongly disagree	6	5.3	0	0
	Disagree	26	23	0	0

covered in my child's school's sex education program.	neutral	28	24.8	0	0
	agree	45	39.8	48	42.5
	Strongly agree	8	7.1	65	57.5
I am open to discussing diverse sexual orientations and gender identities with my child.	Strongly disagree	6	5.3	1	0.9
	Disagree	26	23	0	0
	neutral	33	29.2	1	0.9
	agree	42	37.2	47	41.6
	Strongly agree	6	5.3	64	56.6
I am confident in my ability to address any questions my child might have about their changing body.	Strongly disagree	2	1.8	0	0
	Disagree	8	11.1	0	0
	neutral	20	17.7	0	0
	agree	60	53.1	30	26.5
	Strongly agree	23	20.4	83	73.5
I believe that fostering a supportive environment for discussing sex will lead to healthier relationships for my child.	Strongly disagree	4	3.5	0	0
	Disagree	11	9.7	0	0
	neutral	30	26.5	2	1.8
	agree	53	46.9	30	26.5
	Strongly agree	15	13.3	81	71.7
I encourage questions from my child about sex and provide them with honest and age-appropriate answers.	Strongly disagree	4	3.5	0	0
	Disagree	6	5.3	0	0
	neutral	23	20.4	0	0
	agree	55	48.7	27	23.9
	Strongly agree	25	22.1	86	76.1

DISCUSSION

Recognizing the importance of age-appropriate sex education and intervention sought to equipped parents with the knowledge and skills to engage in open and supportive conversation with their children has been applied. From Islamic perspective this is something very important, Surat (Al- Nour) in the Quran must be taught to both boys and girls because Surat Al Nour is all about sexual education. It talks about Hijab and hijab is a form of sexual education. It talks about “al mahram “relationship and their various categories, and this is also sex education. It talks about lowering one’s gaze and that is sexual education. It talks about adultery and the punishment for the adultery and adulteress, and this is sex education. It talks about seeking permission before a girl or a boy enters their parent’s room, they seek permission and seeking permission is sexual education. It talks about the punishment for the slanderer, and that is sexual education. It talks about the adornment of women and the is s sexual education. It talks about righteous making mistakes. It means that a religious, devout person who prays and fasts, is it possible for him to

make a sexual mistake? The answer is yes. Surah Al Nour shows that it also provides guidance to children that it is possible for us to make mistakes .it provides guidance to our children. It is possible for us to come across pornographic image or watch a pornographic film, or friends at school may expose us to something or we may experiment with something wrong but my children, we must repent and seek forgiveness because it is a sin. It must be taught them that Allah is merciful and generous. Allah extends his hands at night to forgive those who erred during the day. He extends his hand for those who erred during night and repent. All of these meanings are part of sexual education that we must provide to our children. In this study intervention is found significant as the readiness of parents about giving sex education to children was increased. Especially in Islamic country like Pakistan is least talked and most demanded topic for the current scenario (Shirpak et al., 2008). Despite its significance many parents found it difficult to talk as they were hesitant or ill prepared to address the subject with their school aged children (Ram & Mohammadnezhad, 2020). Parent found it difficult to talk to their children about this topic and they did not know at what age of child this awareness should be provided and essential for children although it has been referred in literature that Quran has given all the guidelines about educating the children. this intervention plan, to bridge this gap by providing with the tools and information needed to navigate these conversations effectively (Dagkas & Jawad, 2011). This helped parents to inculcate the Islamic learning and education, age tailored information and a balance with cultural norms. the success of this intervention is evident a significant increase in parents' confidence and willingness to discuss sex education with their children. Additionally, participants reported a greater understanding of age appropriate content and communication strategies and the importance of fostering a supportive environment for such conversations. They also ensured that conversations with their children were both informative and respectful according to their developmental stage. Another important factor that made the intervention successful might be the deep understanding of the cultural nuances in Pakistan. Recognizing and accepting the cultural norms is crucial in addressing this sensitive topic, ensuring that the information provide must be alliance with local values and beliefs. The interventions were provided in the controlled settings in schools. When the educational system endorses and support such initiatives it helps build trust and acceptance among the population. The intervention applied a tailored approach, considering the specific needs and challenges of the Pakistani contest. Addressing local concerns, misconceptions, and potential barriers to communication made the information more relevant and effective.

Given the significance of religion in Pakistan regarding virtues, shared values, modesty and respect were aligned with the intervention. This allowed parents to explore the intersection of religion and sex education. This interventions / forum provided a space for parents to seek clarification on religious perspective and receive guidance on how to approach these conversations within the framework of their faith. This intervention was provided by experts in child development, psychology and education who has deep understanding of the local context ensured that the intervention was based on sound research and best practices.

CONCLUSION

Parents often find it challenging to discuss subjects like puberty and relationships. A well-designed manual provides guidance that boosts their confidence in approaching these discussions that can bridge the gap between generations, provide accurate information, and create an environment where children feel supported and understood. On the other hand it can foster a sense of trust and comfort between parents and their children, allowing young people to turn to their parents for guidance and support.

LIMITATIONS

The study was designed to address both mothers and fathers but unfortunately very few fathers attended the training session. Their responses were excluded from the study and responses of mothers were catered only. This study covered module1 (for elementary ages 5-10 years) and module 2 middle school ages 10-15 years) only. For age group of 3-6 years and 15-18 years, modules were designed but not executed due to shortage of time.

IMPLEMENTATION OF THE STUDY

Sex education manual is not only comprehensive and accurate but also adaptable to changing times and needs. Continual collaboration, research, evaluation, and engagement with stakeholders will be crucial to maintaining its sustainability over the long term. Following are the implementations of the study.

Engaging Experts

Collaboration with educators, healthcare professionals, psychologists, sociologists can be beneficial as these experts can provide valuable insights into curriculum design and ensure accuracy and sensitivity.

Adaptation to Local Contexts

Recognizing that cultural and regional differences exist. Proper guideline for developing the curriculum to local norms and values while ensuring accurate and comprehensive information is maintained.

Teacher Training

Providing thorough training for educators who will be using the manual. This should include understanding the curriculum's goals, sensitive communication strategies, addressing common misconceptions, and facilitating open and respectful discussions.

Partnerships

Collaborate with educational institutions, government agencies, and health care workers to leverage resources, funding, and reach a wider audience.

Public Awareness Campaigns

By Raising public awareness about the importance of comprehensive sex education and address any potential resistance. Highlight the benefits of evidence-based and inclusive education.

FUTURE RECOMMENDATIONS

Looking forward, there are numerous recommendations to withstand and further improve sex education intervention for parents of school-age children in Pakistan. Continued Alliance with Religious Leaders can guarantee that sex education agendas remain associated with religious principles and teachings. This

study is conducted on two age groups (elementary and middle school). More age groups could be added as per requirements. Interventions can be designed for teachers also. Regular Training for Facilitators and Equip implementers with the skills to report emerging concerns and queries from parents, ensuring the content relics relevant and reactive to community desires. With respect to self-developed questionnaire also there is a probability to find validity for better endorsements. Thorough research to understand the current state of sex education, prevailing cultural attitudes, and the specific needs of target audience (students, parents, and teachers) must be conducted as need assessment. Organized steady workshops and support groups where parents can share experiences, ask questions, and receive ongoing guidance can also be beneficial. Integration into Formal Education can recover intervention. Research and Assessment can advance intervention so conduct research to evaluate the continuing impact of sex education interventions on parents and children. Advocate for government support of sex education wits through policies and rules. Authorize young persons to be ambassadors for change within their communities, breaking down humiliations and endorsing healthy attitudes towards sex education. Sex education curriculum can be further developed that covers a wide range of topics including anatomy, reproduction, relationships, emotional well-being etc. The curriculum can be age-appropriate, evidence-based, and inclusive of diverse perspectives. Ensure that the curriculum adheres to legal and ethical guidelines, respecting privacy, consent, and cultural sensitivities. By applying these recommendations, the sex education intervention in Pakistan can grow into a sustainable and malleable program that continues to empower parents and foster positive conversations.

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