

SEX EDUCATION LEARNING FOR ADOLESCENTS WITH INTELLECTUAL DISABILITY

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Abstract

This study aimed to discover the learning implementation and learning method of sex education for intellectual disability adolescent. This study utilized descriptive-qualitative approach. The data collecting techniques used in this study were interview and observation by involving two schools and four teachers in Yogyakarta. The findings showed that the implementation of sex education was integrated in the subjects. The learning of sex education conducted by teachers was only given when there were problems. The learning material given was not structured. The method used in the learning of sex education was practice and discussion. Teachers having difficulty finding simple cases that are easily understood by adolescents with intellectual disabilities. The need for teaching materials and appropriate methods can help teachers in learning sex education for adolescents with intellectual disabilities.

Keywords: Sex Education, learning, intellectual disability, and adolescent

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Introduction

Sexual abuse in teenagers is the phenomenon which is often to occur, especially in adolescent with intellectual disability. The level of sexual abuse especially which occurs to adolescent with intellectual disability amounted to 4,7-14,6 % (Imren, Ayaz, Yusufoglu, & Arman, 2013; Kucuk, 2016). It shows that sexual abuse in intellectual disability is still high. Besides that, the bigger gap frequently occurs to the children with intellectual disability rather than children without intellectual disability, whether as victim or doer. (Wissink et al., 2015). This condition makes the adolescent with intellectual disability susceptible to be exploited.

The problem found in intellectual disability appears because they disable to communicate their feelings and needs because of their weakness in intellectual function and adaptive behaviour related to various social skills and daily needs (Solikhah & Budiharso, 2020; AAIDD, 2010). Intellectual disability has deficit in the main area namely attention, memory (especially working memory), language, self-regulation, motivation and social development (Hallahan, Kauffman, &

Pullen, 2014). The teenage intellectual disability is the main candidate for social problems. Besides experiencing difficulties in forming and maintaining good relationship in friendship or sexual relationship, intellectual disability often lack of awareness regarding how to respond a problem in social situation (Snell & Luckasson, 2009). The most common problem faced by teenage disability in responding social situation is easy to be deceived, therefore it can be defined as the tendency to believe something (Greenspan et al., 2001; Fauzan et al., 2020). The deficit brings negative effects to intellectual disability to obtain knowledge and skill regarding the information of sexual problem.

In the matter of fact, the study shows that adolescents with intellectual disability get less information about sex than regular teenagers do (Arfe-ee, Yazdakhasty, Afshar, Rahimi & Abadi, 2014; Barnard-Brak, Schmidt, Chesnut, Wei, & Richman, 2014; Murphy & O'Callaghan, 2004). This condition leads adolescents with intellectual disability to find more information which can help them making appropriate decision regarding sexuality which should be prioritized. One of the

solutions in solving the problems regarding the sexuality problems experienced by intellectual disability adolescent is by providing the medium and services regarding the topic.

Sex education becomes a mechanism to decrease the susceptibility towards sexual abuse and it is able to stimulate positive sexuality, so they can make decision about sexuality based on the knowledge in achieving prosperity and health of individuals (Swango-Wilson, 2011; Romlah et al., 2020). The purpose of sex education is not only related to provide information regarding the function of reproduction organs, but also to elevate sexual health such as disease or negative experience regarding sexuality and positive aspects of enjoyable sexual experience (Schaafsma, Kok, Stoffelen, & Curfs, 2017). It indicates the importance of sex education for intellectual disability adolescent.

Sex education in most countries is a mandatory subject to teach. Sex education in some countries in Europe such as in Austria and Finland has been a primary subject to teach since 1970 by inserting it to Biology education and Religion education. The same thing occurs in South Africa which implements the sex education as the mandatory subject as the part of the *Life Orientation Learning* consisting life skill education, health promotion, the development and physical move, environment education, civics education, human rights, and religion education (Francis, 2011). However in Poland, sex education is not mandatory and has the separated curriculum which needs parents' approval to run (Beaumont & Maguire, 2013). Indonesia, sex education is formally implemented by integrating certain subjects such as religion education, science education, sport education and civics education (Setianti et al., 2019). Averagely in every country, the learning of sex education is integrated to the other subjects.

Although sex education has been implemented in some countries, in the reality, it is not the priority for adolescent with intellectual disability (Murray, 2019). A study conducted to 30 teachers shows that the taboo perspectives of teachers, self-experience, and communication skill provides impacts to sex education for the light intellectual disability (Rahmasari, 2017). Another study shows that there are seven main problems which inhibit disability adolescent to have better education, those are: 1) the sexuality adolescents

with intellectual disability is deviate, 2) the lack of education program for teachers, 3) the lack of knowledge and self-confidence for teachers, 4) the fear of parents. 5) the needs of cooperation between teachers and parents, the lack of fund to conduct sex education for intellectual disability adolescent and 6) there is no valid health education (Treacy et al., 2018). The result of FGD with classroom teachers at Special Education School N 2 Yogyakarta showed that teachers gave unstructured sex education materials due to there was no curriculum and policy which prioritized the reproduction health for intellectual disability adolescent (Rokhmah & Warsiti, 2015).

The two special education schools implement curriculum 2013 as the guidance in conducting the learning. Yet, the guidance and local content lesson regarding sex education or the lesson specially related to sex education have not been given because there is no distinctive curriculum regarding sex education. Teachers only refer to the learning materials in curriculum 2013. Besides that, the sex education given to intellectual disability is still low. There are still students with intellectual disability who have sexual deviant behaviours such as dating in the quiet place around the school, holding hands, sitting adjacent with the opposite sex, and distributing pornography videos.

Based on the background, the researcher aims to investigate the sex education learning in intellectual disability adolescent. The objectives of this study are: 1) to discover the implementation of sex education learning for intellectual disability adolescent. 2) to find out the method of sex education learning for adolescents with intellectual disability.

Method

This study used qualitative research method. The research type implemented was a descriptive research (Sukardi, 2009). Data were collected through an observation conducted at two Special Education Schools in Yogyakarta and the interview regarding the implementation of sex education learning and the method used in the sex education learning of intellectual disability adolescent consist of four teachers who teach intellectual disability adolescent aged 13-20 years old. The data analysis was conducted descriptively. Therefore, the steps of the qualitative data analysis are data condensation, data display and conclusion: drawing/verifying

(Miles, Huberman & Saldana, 2014). The process of analysis was initiated from the selecting, focusing, simplifying, or data transforming in the field note or the interview until the final conclusion was verified. The process of data condensation was continued after the field work and final report accomplished. The condensation data were grouped according to the analysis design that has been designed and then displayed. Every datum grouped was verified with various facts in the field. After the display data were verified, then the conclusion was drawn.

Results and Discussion

The Implementation of Sex Education Learning

Based on the observation in the field, the implementation of sex education learning is integrated in the other subjects such as natural science, civics, religion education and self-management learning. The sex education learning materials for intellectual disability adolescent delivered in two schools were related to some topics such as the restriction in interacting with the opposite sex, how to wear a sanitary pads for woman, the parts of body which can be touched and which parts were forbidden to touch by strangers, and how to escape from sexual abuse (such as refusing verbally / running). In the learning of self-management, the materials about how to maintain the body health and how to wear sanitary pads were given. The materials was delivered in classroom, but for the materials of how to wear sanitary pads was conducted separately, and usually was guided by teachers in bathroom when the break time. Besides, the materials delivered were adjusted with the condition and the problems found in the class or what was faced by the students in their daily life.

The explanation above tells that the materials given by teachers to adolescents with intellectual disability aim to protect them from sexual abuse. It leads to knowledge of intellectual disability adolescent regarding sex education is less optimal. Some research show that there should be some considerations regarding the materials of how to communicate with other people through social media and the risk of pregnancy for intellectual disability adolescent (Schaafsma, *et al.*, 2017). The massive advance of technology and the dependency of people including intellectual disability adolescent in utilizing smartphone,

accessing information, and communicating with the others lead to negative impacts.

The unstructured learning materials regarding sex education makes teachers difficult to give understanding to the students. Yet, the researcher found the curriculum which teaches the stages of age starting from child, teen, until adult as well in normal children. This reference comes from a book entitled *Guidelines for Comprehensive Sexuality Education*. The explanation regarding the stages of age is explained comprehensively which are divided into 4 levels namely level 1 for children aged 5-8 years old, level 2 for children aged 9-12 years old, level 3 for children aged 12-15 years old, and level 4 for children aged 15-18 years old. The curriculum has 6 themes with 39 topics of discussion (SIECUS, 2004).

Generally, there is no curriculum with the topics related to sex education which is appropriate to intellectual disability adolescent. In the point, the learning materials given regarding sex education for adolescents with intellectual disability should be flexible by considering the ability of each student, physical condition, and psychological condition, and it also has to give learning materials delivered gradually from the simplest one to the most complex (Azis, 2014). It seems that the learning materials regarding sex education are still lacking of time and content. Whereas, the learning is really needed by students with mental retardation especially in understanding more about sex education.

Method of Sex Education Learning

Learning method is a way implemented by teachers to deliver learning materials (Sudjana, 2002). Sex education learning has abstract learning contents. The limitedness in thinking abstractly makes adolescents with intellectual disability requiring appropriate methods in learning sex education. Based on the finding in the two observed schools, the methods used were varied. Teachers in the schools delivered the learning materials about sex education using various methods. First, the practice method was used when teaching about how to wear, wash, and throw sanitary pads and then those all were practiced in bathroom. The other research conducted in intellectual disability adolescent showed that teachers gave learning materials regarding the place for dating which may be allowed and may

not be allowed such as bring them to the park or restaurant in the leisure time (Katz & Lazcano-ponce, 2008). It indicates that the learning materials regarding menstruation and dating situation which is allowed and not allowed can use practice method. Secondly, the discussion is conducted by providing the examples of cases regarding the problems of intellectual disability adolescent such as how to make friend with the opposite sex. However, teachers found troubles in providing the learning using discussion method. Teachers are difficult to find the examples of simple cases which are easily understood and related to the problems experienced by the students. Sometimes, the mistakes in selecting the cases bother the students, especially if the cases are similar to what they experience.

Some considerations in providing the sex education learning using discussion method such as the emotion and the selection of simple cases are essential. Besides, the use of the language

Conclusions

Based on the finding and discussion, the implementation of sex education learning at two observed schools is integrated in the subjects. The learning materials delivered is only about the safe sex. Besides, the learning materials delivered in the two schools are adjusted to the condition and the problems found in the class or in the intellectual disability adolescent. However, the unstructured learning materials about sex education for intellectual disability adolescent still remain the problems.

The methods of sex education learning implemented in the two schools were the practice and discussion method. Nevertheless, teachers found difficulties when using discussion method to find simple cases which were understandable for adolescents with intellectual disability.

For this reason, it is necessary to have teaching materials or manuals to help teachers provide learning about sex education related to structured sex education materials and methods that are easy and understandable for children in learning sex education for intellectual disabilities. So that it can reduce sexual behavior that deviates for intellectual disability adolescent and avoid sexual violence or sexual harassment.

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which is understandable for conveying abstract concept should be considered (Gougeon, 2009). It means that, the diction used in conveying the learning materials related to sex education is really essential. Although the finding shows that practice and discussion are effective methods to improve knowledge and skills of intellectual disability adolescent, there is no strong theory regarding the effective methods to teach sex education (Schaafsma, Stoffelen, Kok, & Curfs, 2013). It is reinforced in the findings that the effective method to teach sex education on intellectual disability adolescent is still limited (Schaafsma, Kok, Stoffelen, & Curfs, 2015). It shows that there is no method which is appropriate with all learning materials in sex education. However, the consideration in selecting methods is needed, one of the methods should be flexible by considering the characteristics of students.

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