

Original Article

Phenomenology study: sexual behavior of teenager with intellectual disability in Bantul, Yogyakarta

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Abstract

Aims: to characterize sexual behavior of teenagers with intellectual disability in Bantul, Yogyakarta.

Design: Cross sectional study with qualitative approach using phenomenology.

Methods: Data were collected using in-depth interview according to structured interview guidelines and observation sheet. Subjects were 2 teachers and 5 students in SLB Negeri 1 Bantul that were selected using purposive sampling method. Data were analyzed using inductive method and Colaizzi's synthesis method. All analyses were performed in Open Code version 3.6.2.0.

Results: Teenagers with intellectual disability comprehend sexuality as touching prohibition between men and women. Adultery indicator was assessed by the presence of nocturnal emission in men or menstruation in women. Some sexual behavior that was shown by teenagers with intellectual disability are holding hands, hugging, masturbation in men and sexual intercourse. Degree of sexual behavior was depended on disability severity.

Conclusions: Sexual behavior was rise due to desire in teenager with intellectual disability. Pornographic video, accessed from cell phone, was strong stimulus that impact sexual behavior. Controlling negative sexual behavior through religion and norm, music and outdoor activity were used by teacher.

KEYWORDS : Sexual behavior, teenager, intellectual disability

INTRODUCTION

Intellectual disability is a term for impairment in intellectual functioning such as learning, adapting or applying new skills prior to the age of 18. There are 1350 children with intellectual disability in Yogyakarta with teenager (13-18 years old) contributed around 44% of total children with intellectual disability (1). Teenager with intellectual disability are prone to sexual harassment due to lack of sexual education from parents or from surroundings. Recent meta-analysis and systematic review reported that one third of adult with intellectual disability was experienced sexual harassment (2). Interestingly, most of sexual harassment was conducted by their closest related person or peers (3).



Sexual education is important as sexuality is a key part of human nature. However, around 50% of parents did not provide sexual education in their intellectual disability children due to their low cognitive function (4). Moreover, misconception beliefs that they can not getting pregnant from sexual intercourse, norms in some ethnic and religion or cultural practices are also important factors that was associated with sexual harassment and negative sexual behavior in people with intellectual disability (5,6).

Although several factors were associated with sexual behavior in teenager i.e, hormonal or biological perspective, parents and peers intervention as well knowledge, however, media has significant impact on sexual behavior in intellectual disorder (7). Study reported that adult with intellectual disability have used social media or internet to explore their sexual activities (8). This condition affect sexual behavior in people with intellectual disability such as masturbation in public, rubbing genital area in wall or even sexual intercourse prior to marriage and prone to engage unsafe sexual activity (9-11).

Lack of knowledge and media intervention thus impact the negative sexual behavior in teenagers with intellectual disability. However, little is known whether these factors or other factors affect sexual behavior in teenager with intellectual disability in special school SLBN 1 Bantul, Yogyakarta. Therefore, this study was aimed to explore sexual behavior and factors associated with sexual behavior in teenagers with intellectual disability in SLBN 1 Bantul, Yogyakarta.

METHODS

This was observational research with cross sectional design using qualitative phenomenology approach. Study was carried out on April 2019 at SLB Negeri 1 Bantul Jl. Wates Km. 3 No. 147 Ngestiharjo, Kasihan, Bantul Yogyakarta, Indonesia. This study was approved by ethic committee from Poltekkes Kemenkes Yogyakarta with ethic number LB.01.01/KE-01/XXX/701/2018.

There are 7 people who served as informant; 2 teachers and 5 students that were recruited using purposive sampling method. The inclusion criteria for students in this study were as follow: teenager with mild up to medium intellectual disability aged 13-18 years old, shown physical, hormonal and sexual maturity, and willing to participate in the study indicated by approval from parents and teacher. For teacher, inclusion criteria were knowing students at least for 2 years and willing to participate in the study.

Data were collected using indepth interview method according to structured interview guidelines and observation sheet. Topics such as knowledge regarding sexuality and puberty, sexual behavior, usage of social media and internet on daily basis, as well role of school for controlling negative sexual behavior were asked during 30-60 minutes personal interview outside school hour. Recorder and digital camera were used to observe and to document the study.



Data were analyzed using inductive and synthetic method according to Colaizzi's method. In brief interview result was transcribed using field note as support document. Transcript document was converted into plain text and imported into Open Code software (version 3.6.2.0). Quality of the data was maintained using several steps such as prolonged engagement, triangulation informant and method, as well member check.

RESULTS

Characteristic of Informant

Tabel 1. Characteristic of Indept Interview Informant (n=7)

| Characteristics | Frequency | Percentage (%) |
|-----------------------------------|-----------|----------------|
| Teacher (Informant 1 - 2) | | |
| 1. Age | | |
| 25 - 40 years old | 1 | 50 |
| 40 - 60 years old | 1 | 50 |
| 2. Sex | | |
| Male | 0 | 0 |
| Female | 2 | 100 |
| 3. Work experience | | |
| 5 - 10 years | 1 | 50 |
| 10 - 20 years | 1 | 50 |
| Total | 2 | 100 |
| Student (Informant 3 - 7) | | |
| 1. Age | | |
| Early teenager (<14 years old) | 1 | 20 |
| Middle teenager (14-17 years old) | 1 | 20 |
| Late teenager (>17 years old) | 3 | 60 |
| 2. Education | | |
| Middle School | 2 | 40 |
| High School | 3 | 60 |
| 3. Sex | | |
| Male | 2 | 40 |
| Female | 3 | 60 |
| 4. Degree of severity | | |
| Mild (C) | 5 | 100 |
| Medium (C1) | 0 | 0 |
| 5. Exposure to sex education | | |
| Have | 5 | 100 |
| Have not | 0 | 0 |
| Total | 5 | 100 |

(Primary source, 2019)

According to Table 1, majority of students were classified as late teenagers (60%). All students were classified as mild intellectual disorder (C) and have exposed to previous sex education from teacher, other institution or parents. Student said that sexual education was performed from university in Yogyakarta during 2018-2019 by applying figures and movie. Informant 6 said: *"from what university (I forgot)? Never from parents"*. Informant 3 said: *"(sex education) has been given previously on March 2019 by some college student from UMY during their community service program. We got this (sexual education) also at middle and high school"*. According to teacher, sexual education was included in religion subject or other subjects such as citizenship but not as independent subject. Informant 1 said: *"(sexual education) was incidentally included through thematic subjects. Teacher and parents are playing important role (during sexual education). (sexual education) did not include in severely mentally disable student, but it is given in religion. You can not do this according to Islam or this can be included into citizenship subject. Incidentally, sex education was given together, in all majors, because some teachers were trained for health reproduction"*.

Theme 1. Knowledge and Perception of Teenagers with Intellectual disability on Sexuality

Teenager with intellectual disability understand sexuality as prohibition to touch the opposite of sex. Informant 3 said: *"I can not touch body of male, the opposite sex. If food was given, should not be accepted because male is lust. Can not touch his butt"*. Informant 5 said: *"I can not touch male prior to marriage"*. When explored further, sexuality was defined as the presence of nocturnal emission in male or menstruation in women. Informant 4 said: *"If I got menstruation, I can not perform prayer (salah), fasting or stay in mosque. I also can not get near boys because it is not clean"*. Some respondent also expressed sexuality as being circumcised in male. Informant 6 said: *"adult status was obtained after being circumcised"*. Another informant also said: *"After I got circumcised during elementary school class 4, I got nocturnal emission"*. Interestingly, women can express their condition, e.g. menstruation to their teacher than men.

Menstruation in female teenagers were began during elementary school. Informant 3 said: *"during menstruation, parents said that I can not get close to men because the blood can drop everywhere. (Parents) were teached me how to wear pads. I got menstruation during elementary school class 6"*. Discussion regarding menstruation was common in female student with their teacher. Informant 2 said: *"female student with mild intellectual disability was able to report the date or days when they got their menstruation. However in male, they tends not to report to their female teacher when they got nocturnal emission"*. Informant 1 said: *"I always take female student to do prayer, then they will response that they have their cycle period. I asked from when? Does it hurt? Then they will answer and explain it to me"*.

Theme 2. Forms of Sexual Behavior in Teenagers with Intellectual disability

Several sexual behaviors that were shown by teenagers with intellectual disability were holding hands, hugging, kissing, masturbation and sexual intercourse. This behavior

started from being friends than developed to intimate relationship. Their pairs came from school, social media such as facebook, and neighbor or from school competition. *"I got girlfriend for three times, but all of them broke me. We have holding hands together"* said informant 6. Informant 3 *"we have talked together at field yard"*. Similar trend was also observed from informant 4 *"I got girlfriend during middle school class 2. We talked a lot but now we do not talk anymore"*. Informant 2 said: *"for student with mild intellectual disorder, they have done kissing or hugging with their partner"*.

Furthermore, teenagers with severe intellectual disorder tend to express negative behavior than mild intellectual disorder. Informant 1 said: *"students with Down syndrome will not be ashamed to do hugging, kissing or even do sexual intercourse male between male, as long their desire is chanelled. In classroom, they swipe their penis into floor, without using their hands"*. Informant 2 said: *"in classroom, I have seen one student doing masturbation until ejaculation in front of his friends or teacher. There is one student that swipe his penis into his friend's butt"*. *"Usualy, they take off their pants and caress their penis. I ask him to do it at the bathroom"* said Informant 1.

Theme 3. Social Media as a Triger of Sexual Behavior

Negative sexual behavior in teenagers with intellectual behavior was stimulated from media such as pornographic figure or video. They urge to channel their desire after accessing pornographic videos or figures from cell phone. Informant 1 explain *"they are free to carry cell phone in classroom. Some student from next class have accessed pornographic figures"*. Informant 2 said *"they can access it (pornographic contents) through their cell phone. They do it during school time and made a group to see it together. Afterwards they delete the video and we found that video is porn"*. They also used facebook to get their partner even from outside the city like Jakarta. Informant 2 also add *"He can used facebook to look for partners, there is a time when his pairs came to school from Jakarta. Nowadays they are still in contact through cell phone"*.

Theme 4. School Management in Dealing with Negative Sexual Behavior

School has system to deal with negative sexual behavior in student. They have several approaches such as norm and religion education as well school extracurricular. If students bring cell phone that contain pornographic videos or figures, they will be directed and guided personally. Informant 2 said *"if they do it, we will call them to get consultation privately"*. Moreover, teacher will prevent male and female together in classroom during class break to prevent unwanted sexual activities. *"What are you doing? If it is class break please go outside. You can not be together in classroom privately, it is a sin. Don't do that again"* said Informant 1. Teacher will guide student to do extracurricular activities such as music to divert their attention toward negative sexual behavior. Informant 2 said *"specific activities that divert energy, for example playing music or others extraculiicular activities, like playing drums or playing piano or whatever they like. Although this job should be done by counseling teacher, however, all teachers have self-awareness to guide the students"*.

School also involved parents to give sexual education. Teacher will report and give feedback regarding their children behavior in class. Some parents are willing to give additional sexual education in their children. Teachers will give some advise to students with intellectual disavilities not to having relationship (dating). Even if they are dating should not cross the boundaries of religious and social norms. *"I was advised by my teacher but I was annoyed, you're still studying in the scholl. Be careful (if you're dating), you can't go too far"* said informant 6. Informant 7 said *"In islam it's not allowed to dating, my parents knows that I have a girlfriend, I brought her go to home. My parents didn't forbid me"*.

DISCUSSION

Sexuality is defined as ability to express their sexual desire toward opposite sex through its action such as holding, hugging, kissing, and sexual intercourse or through subtle behavior such as dressing, gesture, and words (12). Teenagers with intellectual disability understand sexuality as nocturnal emission and menstruation. Based on this study, female teenagers with intellectual disability has experienced their menstruation at age 13-14 years old while in male they experienced nocturnal emission at age 12-14 years old after being circumcised. This condition was similar according to previous studies that reported male has experienced nocturnal emission at the age of 14 years old, while women experienced menstruation during age 13-14 years old (13-15).

In this study, students have experienced sexual education from internal or external institution. Previously, we have reported that half of the respondents have experienced sexual education during elementary school (30%), middle school (40%) or high school (30%) (13). Although most of the respondents have experienced sexual education, however, this exposure did not guarantee the students to do negative sexual behavior or unsafe sex (10). Teenagers with intellectual disability tend to do negative sexual behavior such as rubbing penis or masturbation in public (9). Moreover, male teenagers has strong will to express their sexual desire compared with female (16). Female teenagers tend to be more assertive and have more sexual knowledge compared with male teenagers (17).

Study conducted at Surabaya State University reported that 1 in 5 male students have experienced unsafe sex or conducted sexual violence (18). One reason of this behaviour was to search for new experience according to Thompson (19). Furthermore, external factor such as accessing pornographicographic video or bad environment have significant impact on driving negative sexual behavior in students (18). Strict adherence to cultural norm or religious values by prohibiting sensitive issue in sexuality are also correlated with negative sexual attitudes (20). Maintaining virginity until marriage is an important norm and value, therefore formd of expression of sexual behavior such as sexual feelings and desires must be regulated. In other countries individuals with sexual's active (married or not) have a access to contraceptive services from health care center to prevent unwanted pregnancies. However in Indonesia, unmarried women with sexuality active have a cultural and religious barriers to access contraceptive services from health care center (21).

Negative sexual behaviour and attitudes in teenagers with intellectual disability can be prevented by close collaboration between school, parents and pairs (22). Parents should not blame teacher totally for negative sexual behaviour in children. The occurrence of cell phone or internet that increased the risk of children to pornographic or inappropriate videos and figures should be concern for parents. Indeed, some schools have reported pornographic or inappropriate videos and figures in student cell phone. In addition, study reported that partner also has significant impact on controlling sexual behaviour (8). Partnered people with intellectual disability seeks permission first prior to access pornographic content in internet. If disapproved by their partner, they will be discontinued from accessing pornographic content.

CONCLUSION

Teenagers with intellectual disability tend to understand sexuality as a prohibition in touching the opposite sex and have experienced nocturnal emission in male or menstruation in women. Negative sexual behavior and attitudes were expressed in male and depend on severity of intellectual disability. Stimulation from pornographic content accessed through internet is important factor that influence sexual behavior in teenagers with intellectual disability. Controlling sexual urges and attitudes through sex education, norm, religion or extracurricular activities should be done by not only teacher, but also parents.

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