



**THE EXPERIENCE AND NEEDS OF TEACHERS IN PROVIDING
REPRODUCTIVE HEALTH EDUCATION IN ADOLESCENTS WITH
INTELLECTUAL DISABILITY**

Barkah Wulandari, Apri Nur Wulandari*

Sekolah Tinggi Ilmu Kesehatan Notokusumo Yogyakarta, Jln. Bener No.26 Tegalrejo, Yogyakarta 55243,
Indonesia

*wulandari.aprinur@gmail.com

ABSTRACT

Adolescents with intellectual disabilities are teenagers who have a low level of intelligence compared to adolescents of their age. This situation causes adolescents with intellectual disabilities have an inability to adapt a developmental behavior. It happens because they have the same biological development as adolescents of their age, thus often causing various problems related to reproduction. On the other hand, teachers in schools have obstacles in providing reproductive health education, this is because many teachers have not received information on reproductive health, consider it taboo, especially on the topic of sexuality and the limitations of children's abilities. So, the teacher's role is limited to reminding or helping young girls to change pads when menstruating, helping and reminding them how to clean themselves after urinate or defecate. The objective of this research is to explore the experience and needs of teachers in providing reproductive health education in adolescents with intellectual disabilities. This research was conducted using a qualitative approach. Participant in this research was teachers in SLB Negeri 2 Yogyakarta. The data were collected using Focus Group Discussion (FGD) method. There are 4 themes based on this study, namely: adolescents with intellectual disabilities are feeling the need for sexuality, school efforts in controlling sexual abuse of adolescents with intellectual disabilities in schools, efforts to increase teacher capabilities in providing reproductive health material, teacher limitation regarding the reproductive health of adolescents with intellectual disabilities. Reproductive health curriculum, teaching instruments, parental participation for the sustainability of reproductive health materials at home, and material reproductive health curriculum in each age stage are the need of teachers in providing reproductive health for adolescent with intellectual disabilities.

Keywords: adolescent; health reproduction; intellectual disability

First Received

11 August 2021

Revised

20 September 2021

Accepted

19 November 2021

Final Proof Received

24 November 2021

Published

28 November 2021

How to cite (in APA style)

Wulandari, B., & Wulandari, A. (2022). The Experience and Needs of Teachers in Providing Reproductive Health Education in Adolescents with Intellectual Disability. *Indonesian Journal of Global Health Research*, 3(4), 645-652. <https://doi.org/10.37287/ijghr.v3i4.726>

INTRODUCTION

Adolescents with intellectual disability have low intellectual abilities when compared to adolescents of their age. Because of that they cannot distinguish differences between men and women reproductive organs. Adolescents with intellectual disability also have difficulty in giving correct answers related to the characteristics of adolescent development according to their sex (Isler, Tas, et al., 2009). Even though they have intellectual disabilities, the biological development of adolescent with intellectual disability as same as those of their age and they also experience puberty. This mismatch between biological needs and intellectual abilities often leads to various problems related to reproduction (East & Orchard, 2014). This is because they have less knowledge on protection from sexual harassment and sexually transmitted diseases (Leutar & Mihoković, 2007).

The adolescents with intellectual disability masturbate in any place, the girls do not change their pads during menstruation or do not realize their clothes are exposed to blood during menstruation. They have a limited understanding of reproductive health, they have not received information regarding basic reproductive health. Unplanned pregnancy is the thing most parents fear (Bremer et al., 2010). Teaching children with intellectual disabilities is a challenge in itself due to intellectual limitations. On the other hand teachers in schools have barriers to providing reproductive health education, this is because many teachers who have not received information about reproductive health, consider taboo, especially for the topic of sexuality and limited abilities of children. So the teacher's role is limited to reminding or helping young girls to change pads when menstruating, helping and reminding how to clean themselves after urinate or defecate (Rokhmah, 2014). Teachers also experience constraints related to how to communicate reproductive health information to adolescents with intellectual disability (Aderemi, 2014). Therefore, the researcher is interested to discover the teacher experiences and need in providing reproductive health education for adolescent with intellectual disability.

METHODS

This research is a qualitative research with a phenomenological approach. Was conducted in July-August 2019 at SLB Negeri 2 Yogyakarta. The technique sampling used is purposive sampling. The inclusion criteria are teacher who have received training related to reproductive health before. Participan in this study were eight teachers from SLB N 2 Yogyakarta. Collecting data by Focus Group Discussion (FGD) and observation. Observations were made to determine the pattern of SLB teachers in providing reproductive health education in classroom. Data analysis was carried out manually, using the stages of data analysis according to the Colaizzi method.

RESULTS

Qualitative data collection was conducted using the Focus Group Discussion (FGD) method. The FGD was conducted with teachers at SLB N 2 Yogyakarta. The general description of participants in the teacher FGD will be presented in the table 1.

Table 1.

Description of research participants conducted in Teachers Focus Group Discussion (FGD)		
R	Position in School	Training in Reproductive health
R1	Headmaster	Yes
R2	Curriculum	Yes
R3	Class teacher	Yes
R4	Students' Department	Yes
R5	Students Counseling	Yes
R6	Class teacher	Yes
R7	Class teacher	Yes
R8	Class teacher	Yes

Data collected from the teacher FGD implementation are in the form of transcripts for further analysis. The analysis was conducted to find out what the needs of teachers in providing reproductive health education to adolescents with intellectual disability. The general theme that can be identified from the results of teacher FGD are: adolescents with intellectual disability feel the need for sexuality, School efforts in controlling sexual abuse of adolescents

with intellectual disability in schools, efforts to improve teacher capabilities in providing reproductive health material, and teacher limitations in providing reproductive health material for adolescents with intellectual disabilities.

Adolescents with intellectual disability feel the need for sexuality

The results showed that adolescents with intellectual disability felt the need for sexuality. The sexual expression was shown by them while at school. The sexual expression includes hugging the opposite sex, rubbing his genitals, masturbation. This is consistent with the participant's statements, namely:

Participant 4

"The girl sometimes presses her body, she usually moves closer and then presses her body"

Participant 8

"For boys, they hug very tight ... usually have a high libido or they press their genitals against the table ..."

Respondent 7

"If you can not resist, they will run to the toilet ... masturbating like that."

The sexual expression of adolescents with intellectual disability is shown when in school influences teachers to make diversionary efforts when there is an increase in sexual desire of adolescents with intellectual disability. The efforts made by the teacher for diversion when there is an increase in the sexual desire of adolescents with intellectual disability at school, including giving busyness in class, involving adolescents with intellectual disability in extracurricular activities in school. This is consistent with the participant's statement, namely:

Participant 8

"... when it started to show signs were given another busy ..."

The sexual expression that is displayed in front of a person results in mentally disabled adolescents are vulnerable to experiencing sexual abuse. Moreover, they bring mobile phone facilities from parents. Adolescents with intellectual disability often receive immoral videos from strangers through whatsapp, the sender of the video often invites to meet. Although the telephone number has been blocked by the teacher, they use another telephone number to contact and send videos. This is consistent with the participant's statement, namely:

Participant 6

"... so there is also this girl who is often called, she said, sir I was called and then sent this and invited me to meet ... yes the picture is an appropriate one ..."

In addition there are some mentally disabled adolescents who get ease in internet access besides the internet quota from parents, there are some mentally disabled adolescents who can access the internet from locked wifi. This is consistent with the participant's statement, namely:

Participant 7:

"There are children who often play with street children and sometimes they send videos, videos for example people who have sex, films like that. One time I was sent a photo like that with this child, all the videos, the pictures are like that, these words are rude and ugly"

Participant 7:

"So they can open locked school wifi, they can open it because their friends in the village teach them ..."

School effort in providing reproductive health for adolescents with intellectual disability at school

School efforts in providing reproductive health for adolescents with intellectual disability in schools include installation of CCTV in schools, self-defense teaching, provision of reproduction materials by teachers to mentally disabled adolescents, involving parents in training conducted by schools. Another effort is the delivery of reproductive health material using a repetitive method, which is the teacher submits repeatedly and is practiced directly on material that related to skills.

Participant 8:

"If it is light, indeed we can communicate, ma'am, so it is no problem to give a message, but it must be repeated and few days later, be reminded again, like that, so it's not a problem"

Participant 8:

"... but we were taking advantage of this when he wanted to defecate and urinate , so it was also an action"

Participant 6:

"Also real objects like using the correct pad, for how long, like how to put it on, so use it immediately"

As for the reproductive health material that has been given by teachers to adolescents with intellectual disability, among others: the use of sanitary napkins during menstruation, restrictions on male-female intercourse, gender differences, self-defence of adolescents with intellectual disability, primary and secondary sexual development. This is consistent with the participant's statement, namely:

Participant 6

"Then when she was menstruating, I practiced how to use the correct pads and then how long should the pads be replaced ..."

Participant 2

"... it is named that there are differences between men and women and must respect each other so they don't touch carelessly ..."

Participant 6

"... in the class so far I introduced the characteristics of adolescents and in my class are all girls so I explain the characteristics of adolescent girls are that if we have menstruation our breasts will enlarge ..."

Efforts to improve teacher capabilities in providing reproductive health material

Schools make efforts to conduct teacher training to improve teacher capabilities related to mastery and understanding of reproductive health materials. The school cooperates with several parties, namely: SAPDA YOGYA (Women's, Disability and Children Advocacy Centers), BKKBN (National Population and Family Planning Agency), Puskesmas, and

several academic institutions as well as DIKPORA DIY (Department of Youth and Sports Education). This is in accordance with the participant's statement, namely:

Participant 1:

"That has been done when reproductive health learning there are two, one from the school and the other in cooperation with outside party. For 2016, there are 2027 from SAPDA. it provides reproductive health education for children who are teenagers... "

For training materials that have been obtained by the teacher in the training that has been followed, among others: Adolescent reproductive development, how to behave with the opposite sex, and how to maintain the cleanliness of genital organs and how to deliver reproductive health materials to mentally disabled adolescents. This is in accordance with the participant's conversation, namely:

Participants 1:

"Yes, DIKPORA too, so indeed from that DIKPORA he is socializing how to transfer reproductive health knowledge to children ..."

Teacher limitations in providing reproductive health material for adolescents with intellectual disabilities.

The first teacher need is related to the curriculum. The reproductive health curriculum is needed as a teacher's reference in providing reproductive health lessons to adolescents with intellectual disability. The curriculum will provide an overview of what material needs to be provided for each age level of mental retardation. In its implementation when providing unstructured material and included in other subject matter with the same theme. This is consistent with the participant's statement, namely:

Participant3

"Curriculum, yes, so we are directed by one teacher to another teacher ... same material, oh, if in junior high school maybe the signs get here if the high school is possible up to there then the pre-teens will get here like that"

Teaching Instruments in providing reproductive health material is also what is needed by the teacher. Teaching Instruments in the form of interactive videos, mannequins (visual dolls) of reproductive organs, pictures of reproductive health material. The nature of the learning media discusses one theme with clear and simple language and not much writing or even without writing. This is consistent with the participant's statement, namely:

Participant 2

"... sometimes these children are individual in nature, so one media is suitable for the A, for example, but not necessarily suitable for the B, because later the response will be different, so what is it that more and more media are there later it will also be good but not necessarily compatible with others ..."

Participant 6

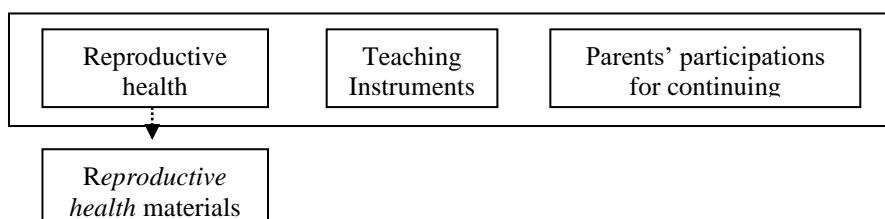
"... the video about being able to touch and not to be touched later, we adjust it, by singing songs"

The third requirement for teachers is the participation of parents for the sustainability of reproductive health materials at home. This is an important point because the role of parents is needed for the process of sustainability of the material that has been delivered at school. This is in accordance with the following participant's statement:

Participants 2

"The obstacle is as if there is an eccentric cable that is not connected between the teacher and parents ... So we already want it like this sometimes the child at home is less than the supervision of parents"

From the explanation of the themes, categories and citation above, the researcher concludes that the teacher's need for a reproductive health development model based on the teacher's need assessment will be elaborated in the table below:



DISCUSSION

Based on the 4 themes listed above, the researcher formulates there are 3 things teachers' needs for adolescents with intellectual disability in reproductive health, namely curriculum, teaching media and the sustainability of reproductive health materials when at home together with parents.

1. Curriculum

Teachers need curriculum so that education can be adjusted to adolescent needs for reproductive development (Borawska-Charko et al., 2017). Individuals with intellectual disability experience normal biological development as their age, they feel puberty and show expressions that are considered inappropriate by other people. The needs of each age stage are certainly different. As a child the emphasis is on the concepts of public behavior and privacy. In adolescence, it is necessary to emphasize material related to the anatomy and physiology of the reproductive organs, maturity and changes in physical appearance, adolescent behavior in public areas, masturbation and responsibility for sexual behavior. Whereas reproductive health material for mentally retarded adults is the responsibility for sexual behavior (Katz & Lazcano-Ponce, 2008). Provision of reproductive health education for mentally retarded adolescents must also include personal hygiene management, global gynecological care, and prevention of unplanned pregnancy (Servais, 2006).

2. Teaching media

Teachers also need the right media to provide sexual health education to adolescents with intellectual disability. Likewise, parents need information about how to deliver sexual education material to children with intellectual disabilities. In order for the goal of providing reproductive health material to be achieved, teachers must work together with family members and other family members (Katz & Lazcano-Ponce, 2008). The needs of the two teachers are related to the teaching media, based on the results of the Focus Group Discussion (FGD), the teacher wants a teaching medium that is simple, practical, and appropriate to the stages of development of adolescents with intellectual disability. Teachers need a variety of learning media in the form of audio visuals and puppets. Teachers need audio-visual aids in the delivery of material with pictures that are used simply, attractive colors and no writing, because writing is sometimes not needed by mentally disabled adolescents (Louw, 2017). Learning using visual media gives better results than verbal explanation in increasing understanding of sexual knowledge in adolescents with mental retardation (Rowe & Wright, 2017).

The provision of reproductive health material in this study was done repetitively. Adolescents with intellectual disability are trained, repeat actions and provide feedback related to health education materials provided. This is in accordance with the teaching methods for teens with intellectual disability introduced by Bartholomew and colleagues (2011) *cit* Schaafsma et al. (2015), which starts with modeling-guided practice-reinforcement-feedback. Modeling is started by choosing the right method in accordance with the interests of adolescents with intellectual disability. The second stage of guided practice, where with intellectual disability are trained, repeat actions and provide feedback related to the health education material provided. The step starts with a demonstration, giving clear instructions, requiring supervision by experienced people. The third and fourth stages are reinforcement and feedback because reinforcement and feedback is needed, providing information to families and the environment by providing information to create harmony between the efforts made at school and at home. The method makes adolescent with intellectual disability more positively accept lessons.

3. The sustainability of reproductive health materials when at home together with parents

The sustainability of reproductive health materials when at home together with parents is the third teacher's need. Need the role of teachers and parents in providing reproductive health education. The results of the FGDs with teachers obtained data that the provision of health education about sexuality and reproduction should also be given by parents at home, in addition to also being given by teachers at school. This is consistent with Corona et al. (2016) research that health education about sexuality in adolescents with special needs should be given simultaneously, at home and also at school. Parents have an important role in providing education to their children, and the lack of parental knowledge about sexuality will have an impact on the knowledge of their children, especially adolescents with intellectual disabilities (Isler, Beytut, et al., 2009). So that, reproductive health education is important to give parents to adolescents with intellectual disabilities to protect these adolescents from factors that have a negative impact. Parents need to work closely with the school and health workers in order to develop positive behaviors to reach the next age stage (Isler, Beytut, et al., 2009). Provision of material for adolescents with intellectual disabilities is effective if it is repeated and carried out on an ongoing basis between school and home (Borawska-Charko et al., 2017).

CONCLUSIONS

This research have new result about teacher needs in providing reproductive health education in adolescents with intellectual disabilities. Which are reproductive health curriculum, teaching instruments, parental participation for the sustainability of reproductive health materials at home, and material reproductive health curriculum in each age stage.

Acknowledgements

We would like thank to SLB N 2 Yogyakarta and all teacher who participated in this research. We also thank to Directorate General of Higher Education, Ministry of Education and Culture which gave support through the research grant funded this study.

REFERENCES

- Aderemi, T. J. (2014). Teachers' perspectives on sexuality and sexuality education of learners with intellectual disabilities in Nigeria. *Sexuality and Disability*, 32(3), 247–258. <https://doi.org/10.1007/s11195-013-9307-7>
- Borawska-Charko, M., Rohleder, P., & Finlay, W. M. L. (2017). The Sexual Health Knowledge of People with Intellectual Disabilities: a Review. *Sexuality Research and Social Policy*, 14(4), 393–409. <https://doi.org/10.1007/s13178-016-0267-4>

- Bremer, K., Cockburn, L., & Ruth, A. (2010). Reproductive health experiences among women with physical disabilities in the Northwest Region of Cameroon. *International Journal of Gynecology and Obstetrics*, 108(3), 211–213. <https://doi.org/10.1016/j.ijgo.2009.10.008>
- Corona, L. L., Fox, S. A., Christodulu, K. V., & Worlock, J. A. (2016). Providing Education on Sexuality and Relationships to Adolescents with Autism Spectrum Disorder and Their Parents. *Sexuality and Disability*, 34(2), 199–214. <https://doi.org/10.1007/s11195-015-9424-6>
- East, L. J., & Orchard, T. R. (2014). Somebody else's job: Experiences of sex education among health professionals, parents and adolescents with physical disabilities in southwestern Ontario. *Sexuality and Disability*, 32(3), 335–350. <https://doi.org/10.1007/s11195-013-9289-5>
- Isler, A., Beytut, D., Tas, F., & Conk, Z. (2009). A study on sexuality with the parents of adolescents with intellectual disability. *Sexuality and Disability*, 27(4), 229–237. <https://doi.org/10.1007/s11195-009-9130-3>
- Isler, A., Tas, F., Beytut, D., & Conk, Z. (2009). Sexuality in Adolescents with Intellectual Disabilities. *Sexuality and Disability*, 27(1), 27–34. <https://doi.org/10.1007/s11195-009-9107-2>
- Katz, G., & Lazcano-Ponce, E. (2008). Sexuality in subjects with intellectual disability: an educational intervention proposal for parents and counselors in developing countries. *Salud Pública de México*, 50, s239–s254.
- Leutar, Z., & Mihoković, M. (2007). Level of knowledge about sexuality of people with mental disabilities. *Sexuality and Disability*, 25(3), 93–109. <https://doi.org/10.1007/s11195-007-9046-8>
- Louw, J. S. (2017). A Qualitative Exploration of Teacher and School Staff Experiences when Teaching Sexuality Education Programmes at Special Needs Schools in South Africa. *Sexuality Research and Social Policy*, 14(4), 425–433. <https://doi.org/10.1007/s13178-016-0271-8>
- Rokhmah, I. (2014). Identifikasi Kebutuhan Kesehatan Reproduksi Bagi Remaja Perempuan Difabel (Tuna Grahita) Di Slb Negeri 2 Yogyakarta. *Jurnal Keperawatan Maternitas*, 2(2), 136–146.
- Rowe, B., & Wright, C. (2017). Sexual knowledge in adolescents with intellectual disabilities: A timely reflection. *Journal of Social Inclusion*, 8(2), 42. <https://doi.org/10.36251/josi.123>
- Schaafsma, D., Kok, G., Stoffelen, J. M. T., & Curfs, L. M. G. (2015). Identifying effective methods for teaching sex education to individuals with intellectual disabilities: A systematic review. *Journal of Sex Research*, 52(4), 412–432. <https://doi.org/10.1080/00224499.2014.919373>
- Servais, L. (2006). Sexual health care in persons with intellectual disabilities. *Mental Retardation And Developmental Disabilities Research Reviews*, 12(1), 48–56. <https://doi.org/10.1002/mrdd.20093>