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The Integrated Sexual and Reproductive Health Learning Model for Children with Special Needs in West Java, East Java and North Sumatra Province

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Abstract: The implementation of Sexual and Reproductive Health (SRH) Education in Special Schools is starting to get special attention. Having a Special Program designed for Children with Special Needs is an important factor that SRH's material must be taught in Special Schools. However, in reality this Special Program is not comprehensive in delivering SRH's material, so that it is widely spread in several other subjects such as Sciences, Religion, Character, Sports and Citizenship Education. The research aims to see the implementation of the SRH learning model in an integrated approach with those subjects that conducted by teachers in West Java, East Java and North Sumatra. Research method uses the action research approach which focuses on four stages of research namely planning, action, observation and reflection. The subjects of the study are 41 teachers from three provinces who teach Sciences, Religion, Character, Sports, Citizenship Education and Special Program. The results of the study show that the integrated SRH model through special programs and subjects can be implemented properly. This can be shown from the number of teachers as many as 41 people who implement this integrated SRH learning model showing a presentation rate of 60.97% with good implementation results. This result calculated from total teachers spread across seven schools in West Java, East Java and North Sumatra.

Keywords: Sexual and Reproductive Health (SRH) Education; Children with Special Needs; The integrated SRH model; Special School in Indonesia.

INTRODUCTION

Education is a major factor in the development of Human Resource. This is mandated in Law Number 20 of 2003 concerning the National Education System that one of the functions of national education is to develop abilities and shape national character and civilization that are beneficial in the context of educating the nation's life. Learning programs and activities must pay attention to preparing students to make the best decisions for themselves, including attention to reproductive health and adolescent sexuality. This is also emphasized in Law Number 8 of 2016 concerning Persons with Disabilities, that persons with disabilities must get equal opportunities in developing independence, including the ability to take care and maintain reproductive health (Hermawan, 2020).

Globally, the United Nations estimates that there are 180-200 million people with disabilities aged 10-24 years of which 80% live in developing countries. Adolescents and young people receive very little information about puberty, sexuality and healthy relationships. Based on Secretariat for the Convention on the Rights of Persons with Disabilities, UNDESA and the Burton Blatt Institute at Syracuse University (2013), they have a higher vulnerability to sexual violence and deprivation of other sexual and reproductive health rights. A quarter of children with disabilities (5% of children, around 93 million children) will experience violence in their life; three to four times more likely to be victims of violence than their non-disabled peers (Jones, et.al, 2012).

In Indonesia itself, several reports regarding the vulnerability of adolescents and young people with disabilities to sexual violence also imply a similar condition. Naturally, persons

with disabilities are easy targets for victims (Haryono, et.al, 2013; Farakhiyah, et.al, 2018; Sari, et.al,2019; Yuliana, 2020; Iskandar, 2021). Disabilities with mobility impairments cannot run when the perpetrator takes away his assistive devices. People with visual impairments find it difficult to save themselves in unfamiliar locations (Nerri et al., 2023; Andajani et al., 2023). Intellectual disabilities do not fully understand that what they are experiencing is sexual assault (Damayanti, 2021). Persons with disabilities who are victims of violence in Indonesia also often find it difficult to get justice. A legal aid institution partnering with Rutgers Indonesia, which has assisted women victims of violence for almost 10 years, said that the main obstacle in reporting and investigating cases of alleged sexual violence against women with disabilities is that their testimony tends not to be considered valid due to their disabilities (Iskandar, 2021; Rutgers, 2021).

The implementation of Sexual and Reproductive Health (SRH) Education in Special Schools is starting to get special attention. Having a Special Program designed for Children with Special Needs is an important factor that SRH's material must be taught in Special Schools. However, in reality this Special Program is not comprehensive in delivering SRH's material, so that it is widely spread in several other subjects such as Sciences, Religion, Character, Sports and Citizenship Education.

There is no specific curriculum in teaching this SHR topic, so many teachers teach briefly the subjects related to reproductive health and sexuality topics. This has implications for whether or not services can be provided optimally so students and parents can have a good understanding. In addition, several teachers in the open interview session stated that they often had difficulty teaching topics that were taboo to talk about for themselves. At the time of the interviews, some teachers were still taboo about using terminology in reproductive health and sexuality. Even some teachers when teaching certain content to children use terms that are not quite right, for example using the term "donut" for the vagina, "bottle" for the penis.

From the 7 SLB data collected there were a number of reproductive & sexual health issues among students, including students (especially those with intellectual disabilities) who still had difficulty using pads, students felt embarrassed when menstruating and always did not want to go to school during menstruation. Some cases of parents asking students not to go to school. Male students enjoy accessing porn videos from smartphones. Some cases are motivated by the facto of family habits. This has implications for the process of formulating reproductive health and sexuality education programs which can cover, suppress and address the issues found in the schools that were sampled, because these cases have great potential to emerge in other schools.

By looking at the phenomenon of field cases, there is an opportunity to integrate reproductive health and sexuality education content into subjects as part of fulfilling human rights, especially for students with disabilities. The Integrated Sexual and Reproductive Health Learning Model is also an alternative for teachers to collaborate with class teachers and subject teachers to provide comprehensive reproductive health and sexuality education. Therefore, the study aims to 1) Seeing the implementation of the program in an integrated approach of Science, Religion, Sports and Special Programs conducted by teachers in seven schools spread across three regions of West Java, East Java and North Sumatra, 2) knowing how impacted the success rate of the implementation test in implementing the program carried out by teachers through an integrated approach.

METHOD

Research method uses the action research approach which focuses on four stages of research namely planning, action, observation and reflection. Based on O'Brien (1998),

Action research is known by many other names, including participatory research, collaborative inquiry, emancipatory research, action learning, and contextual action research, but all are variations on a theme. Put simply, action research is "learning by doing" - a group of people identify a problem, do something to resolve it, see how successful their efforts were, and if not satisfied, try again. While this is the essence of the approach, there are other key attributes of action research that differentiate it from common problem-solving activities that we all engage in every day.

In this study, the teacher planned the reproductive health and sexuality learning process by preparing a modified syllabus and lesson plan according to the SRH content. Then, the teacher is asked to carry out learning with a minimum of 3 learning cycles. Teachers can also prepare media and tools in conveying SRH content. The teacher observes each lesson and reflects on the learning process and the other. Then learning in the next cycle will be evaluated and made a record for better implementation in the next cycle. The implementation score is categorized into 3 parts namely; 80-100% good, 60-79% good enough, <59% is not good.

The sample population used was 41 subject teachers spread over several subjects, such as Science, Religion, Sports, Civics and Special Programs, who came from 7 schools in 3 provinces. The limitations of this research were only the implementation test stage which was carried out for 3 cycles and also the selection of SRH topics in the form of knowledge.

RESULT AND DISCUSSION

Results

The results of the feasibility test conducted on integrated sexual and reproductive health learning model for children with special needs in West Java, East Java and North Sumatera Province can be seen through these tables and figures below;

Table 1. Data distribution of teacher who Implemented by province

Province	Total	Percentage
West Java	25	60.98%
East Java	10	24.39%
North Sumatra	6	14.63%
Total Score	41	

From this table we can see that West Java is the province that has involved the most special school teachers to implement the integrated SRH program with subjects. West Java has 3 school representatives so that the percentage value reaches 60.98%, which is then followed by East Java at 24.39% and North Sumatra at 14.63%.

Table 2. Data Distribution of SRH based on Subject Integrated

Subject	Total	Percentage
Science	12	29.27%
Religious	7	17.07%
Sport	1	2.44%
Special Program	20	48.78%

Citizenship Education	1	2.44%
Total Score	41	

From this table we can know that Science and Special Program have the highest percentage on the subject integrated with SRH's content or topic. On science most of the topic is about puberty, anatomy, and physical characteristics of the male and female genitalia. Meanwhile on Special program, they focused more on the independence of children in doing daily activity, for example, how to use pads. Science has percentage about 29,27% and Special Education is 48,78%. However, the lowest percentage is citizen education with 2,44%.

Table 3. Data Distribution of SRH based on Subject Integrated

Disability	**Total**	**Percentage**
Students with visual impairment	3	7.32%
Students with hearing impairment	1	2.43%
Students with Intellectual disability	34	82.92%
Student with autism	3	7.32%
Total Score	41	

From this third table, teachers mostly carried out tests on students with intellectual disabilities, with a percentage of 82.92%. This is because in these 7 special schools, students with intellectual disabilities have the most distribution. Next are impairments and students with autism as many as 3 people with a presentation of 7.32%.

Table 4. Percentage of implementation

	Percentage the implementation		
Subjects	**Good**	**Good Enough**	**Not Good**
Science	14,63%	14,63%	-
Religious	14,63%	2,43%	-
Sport	2,43%	-	-
Special Program	29,26%	17,07%	2,43%
Citizen Ed	-	2,43%	-
Total Score		41 (100%)	

Table 5. Percentage of Entire percentage on implementation

Categories	**Score**	**Percentage**
Good	25	60.98%
Good Enough	14	34.15%
Not Good	2	4.88%
Total Score	41	

Based on the two tables above, namely tables 4 and 5, it can be seen that almost many teachers have very well implemented the SRH integration program in the subjects mentioned

earlier. In the good category, there are 25 teachers who have implemented this integration program. In addition, there were only 2 teachers who were considered not good at implementing it. This is because the teacher in question has not completed the 3 cycles that were planned beforehand.

Discussion

In practice the implementation test found many obstacles. Some of these obstacles occur in the implementation process. implementation of 3 cycles, the time span is too short, the distance is too close, the readiness of the media used. The teacher found difficulties in dealing with student characteristics, students' prior knowledge, and students' lack of activity in responding to learning.

Efforts made by the teacher to increase the time during recess, media revision in the next cycle, as an effort to attract student curiosity and the process of receiving information and add to learning experiences through real practice contexts.

The implementation in 3 cycles is well aimed at above 60%, meaning that most of the teachers are able to integrate the lesson plans and lesson plans that have been prepared for blind, deaf, and deaf students and there are even lesson plans for students with the autistic spectrum. The impact on students from the implementation of reproductive health can develop students' knowledge and abilities. The higher adolescents' knowledge about reproductive health, the better their attitude toward premarital sex (Safitri & Mufdilah, 2018). However to achieve consistency in understanding, repetition and time are needed not only in subjects, but also in other hours such as breaks, need to be considered in its implementation.

Implementation of reproductive health and sexuality programs carried out by teachers for approximately 3 cycles by selecting topics and integrating them with the subjects held. In the process, the teacher figured out several findings that were considered interesting. The teacher's most interesting finding was that there were students who used terminology in referring to male and female genital organs with inaccurate designations, some used terminology for animal names or other object names. Some teachers stated that the use of terms in referring to genital organs was influenced by environmental or family factors. This is contrary to the information that should be known in full by children and their surroundings, and it is feared that it will have an impact on the understanding literacy about reproductive health and sexuality, health literacy underpins informed consent and shared decision-making (El-Hamamsy, et.al, 2021).

Another interesting finding is that each class that is implementing the reproductive health program has various student conditions, even though students in one class are included in one particular type of obstacle. Because of this in practice the teacher really uses an individual approach. The implications of the various conditions of students in the teacher's class use a variety of methods and media, especially for mentally retarded students. The use of direct practice methods and role playing on certain topics is the choice most used by teachers. Some students really like the role-play learning form. Several other forms are using the method of singing and using technology in the form of laptops and dolls for practice. This is done to provide meaningful and practical learning, especially for children with special needs, regarding their bodies and other topics in reproductive health and sexuality. It is feared that many students are not comfortable discussing this topic. As pupil discomfort in sex education lessons is high, often resulting in a reluctance to participate constructively (Buston, K., & Wight, D, 2004).

Topics taken in implementing the implementation relate to the concept of types and physical characteristics of the male and female genitalia, puberty, knowing their physical

changes, protecting against potential violence, parts that may and may not be touched, ethics of getting along with mahrams and non-mahrams, respecting the rights of rights of oneself and others as God's creatures and risky behavior on drugs.

Seen in the implications for the curriculum/learning of Reproductive Health Education. Formally, special lessons on issues of reproductive health and sexuality education are not included in the curriculum like other subjects. To bridge the problem of reproductive health and sexuality in schools is carried out by means of a system integration curriculum/learning program approach through the subjects of Science, Religion and Special Programs.

The results of the research on the implementation of a self-development program based on reproductive health education at the junior high school level for persons with disabilities with visual, hearing and intellectual disabilities in the implementation test conducted by teachers in seven schools spread across three regions such as West Java, East Java and North Sumatra turned out to be feasible and implemented. well. This means that the curriculum/program integration system in reproductive health and sexuality education is an alternative that schools can implement in implementing reproductive health and sexuality issues for persons with disabilities at the junir high school level. The results of the implementation of the curriculum on integration system regarding reproductive health and sexuality that were carried out by the teachers turned out can be implemented well. The implication; towards the development of a curriculum related to reproductive health and sexuality issues to be principled and can be applied even if there is no specific and formal curriculum or lessons in schools. This effort is also an anticipatory school preventive measure against reproductive health and sexuality problems. In another sense; an integrated system is the principle in overcoming reproductive health problems even though this program does not have formal legality that officially exists in the curriculum or subjects like other subjects.

LIMITATION OF THE STUDY

This study captured the profile of Reproductive Health and Sexuality Education learning in 7 SLB through a survey, followed by online Focus Group Discussions (FGD). However, FGDs were conducted face-to-face to delve deeper into the on-site conditions. The results of this Reproductive Health and Sexuality Education learning profile research can be used to develop an integrated PKRS learning program that aligns with the existing subjects in the school.

CONCLUSION

In general, the implementation of self-development learning programs based on reproductive health and sexuality education through an integrated approach can be carried out well. This can be shown from the number of teachers of 41 people who implemented this learning program showing a presentation rate of 60.97% with good implementation results calculated as a whole good for teachers of Science, Religion, Sport, Special Programs spread across 7 schools in West Java, East Java and North Sumatra Province. Another conclusion that can be drawn is that the implementation of this feasibility test can work with reference to the K13 curriculum and the Independent Curriculum. It means that differences in curriculum references are not a problem in implementing self-help programs based on reproductive health and sexuality in an integrative approach.

REFERENCES

Andajani, S. J., Sartinah, E. P., & Sumbawati, M. S. (2023). Orientation to Mobility, Socialization, and Communication Android Apps to Help Visually Impaired Students Understand the State University of Surabaya (UNESA) Campus Environment. *Journal of ICSAR,* 7(1), 80-98.

Buston, K., & Wight, D. (2004). Pupils' participation in sex education lessons: Understanding variation across classes. *Sex Education*. DOI:10.1080/1468181042000243367

Damayanti, Y.R. (Guest Lecturer). (2021, September). *Problem and Challenge of Disabled Female Victim [Video]*. Kanal Pengetahuan FH UGM. https://www.youtube.com/watch?v=QlKGFa1yozk

El-Hamamsy, D., Parmar, C., Shoop-Worrall, S., & Reid, F. M. (2021). Public understanding of female genital anatomy and pelvic organ prolapse (POP): A questionnaire-based pilot study. *International Urogynecology Journal.*

Farakhiyah, R., Raharjo, S.T., & Apsari, N.C. (2018). Perilaku Seksual Remaja dengan Disabilitas Mental [Sexual Behavior of Adolescents with Mental Disabilities]. *Social Work Journal*, 8(1), 114-126.

Haryono, T.J.S., Kinasih, S.E., & Mas'udah, S. (2013). Akses dan Informasi bagi Perempuan Penyandang Disabilitas dalam Pelayanan Kesehatan Reproduksi dan Seksualitas [Sexual Behavior of Adolescents with Mental Disabilities]. *Masyarakat, Kebudayaan, dan Politik*, 26(2), 65–79.

Hermawan, B. (2020). *Modul Guru: Pendidikan Kesehatan Reproduksi dan Seksualitas bagi Remaja dengan Disabilitas Intelektual [Teacher Module: Sexuality and Reproductive Health Education for Adolescents with Intellectual Disabilities]*. Kementerian Pendidikan dan Kebudayaan RI. https://pmpk.kemdikbud.go.id/bukudigital/products/modul-guru-pendidikan-kesehatan-reproduksi-dan-seksualitas-bagi-remaja-dengan-disabilitas-intelektual600f8d40e4638

Iskandar, L. (2021). LPSK-Menghadirkan Negara dalam Perlindungan Saksi dan Korban Tindak Pidana termasuk Tindak Pidana Kekerasan Seksual [LPSK - Presenting the State in the Protection of Witnesses and Victims of Crimes including Sexual Violence]. *Jurnal Perempuan*, Edisi 109, 26(2), 30-50.

Ones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., & Officer, A. (2012). *Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies.* Lancet (London, England), 380(9845), 899–907. https://doi.org/10.1016/S0140-6736(12)60692-8

Nerri, I. A., Purbaningrum, E., Wijiastuti, A., Andajani, S. J., & Siddik, M. A. B. (2023). Literature Review: Orientation and Mobility Assistive Technology for Students with Visual Impairment. *Journal of ICSAR,* 7(1), 37-43.

Rutgers Indonesia. (2021). *Laporan Dokumentasi Kekerasan Terhadap Hak Kesehatan Seksual dan Reproduksi dan Resiliensi Kelompok Minoritas Gender dan Disabilitas [Documentation Report on Violence Against Sexual and Reproductive Health Rights and Resilience of Gender Minorities and Disability Groups]*. Unpublished.

Safitri N, Mufdlilah M (2018). Faktor-Faktor yang Berpengaruh terhadap Sikap Seks Pranikah [Factors Influencing Attitudes toward Premarital Sex]. *Jurnal Riset Kebidanan Indonesia* 1(2). DOI: 10.32536/jrki.v1i2.10.

Sari, N.A.P., Sendratari, L.P., & Margi, I.K. (2019). Pendidikan Seks untuk Anak Berkebutuhan Khusus di SMA (Sekolah Menengah Atas) Luar Biasa C Negeri 2 Buleleng Bali (Perspektif Sosiologi Pendidikan) [Sex Education for Children with Special Needs at SMA (Sekolah Menengah Atas) Luar Biasa C Negeri 2 Buleleng Bali (Sociology of Education Perspective)]. *Sejarah, Sosiologi, dan Perpustakaan*, 1(3), 346-357.

Secretariat for the Convention on the Rights of Persons with Disabilities, UNDESA and the Burton Blatt Institute at Syracuse University. (2013). *Fact Sheet: Youth with Disabilities*. http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-with-disabilities.pdf

United Nations Population Fund. (2018). *Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realising Sexual and Reproductive Health and Rights.* https://www.unfpa.org/sites/default/files/pubpdf/Final_Global_Study_English_3_Oct.pdf

Yuliana, A.P. (2020). *Pelatihan Pendidikan Seksual Terhadap Peningkatan Pemahaman Proteksi Diri dari Pelecehan Seksual pada Remaja Perempuan Tunanetra di SLB-A YAPTI Makassar [Sexual Education Training on Increasing Understanding of Self-Protection from Sexual Harassment among Blind Adolescent Girls at SLB-A YAPTI Makassar]*. Universitas Negeri Makassar Fakultas Psikologi.