

Sexual and Reproductive Health Education: A Case Study at Pembina Pekanbaru Special School

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Abstract: The easy access to inappropriate content through digital media presents a particular challenge in education, particularly in special education. This research aims to get a better understanding of sexual and reproductive health education at the Pembina Pekanbaru Special School, Indonesia. The method of this research uses a qualitative method, and the data is collected through interviews with 4 teachers and 2 parents of students. The results indicate that sexual and reproductive health education at the school is still limited to aspects of the content of human anatomy and physiology. However, other aspects such as sexual and reproductive health are not given sufficient attention. Factors that contribute to the limitations of the learning process at the school such as a lack of resources, poorly structured curricula, and inadequate training for teachers. Therefore, more coordination and comprehensive efforts are needed to improve sexual and reproductive health education for students with special needs at the school.

Keywords: Sexual education; Reproductive Health Education; Special School.

INTRODUCTION

Indonesia has now entered the digital 4.0 era, which is marked by the many human activities that have converted from manual to digital (Putriani & Hudaidah, 2021). In the world of education, this is even more pronounced with the ongoing Covid-19 pandemic. Where the use of media with digital platforms is very widely used in the world of education from the elementary school level to even the tertiary level (Dito & Pujiastuti, 2021).

However, the current technological advancements also pose disadvantages for students, as the abundance of information can expose them to negative content, such as easy access to adult materials. This becomes a unique challenge in the field of education, especially in the digital 4.0 era, and is particularly concerning in the realm of special education. Research conducted by the Indonesian National Commission for Child Protection in 2007 revealed that 97% of teenagers had watched adult videos (Haidar & Apsari, 2020). This also contributes to an increase in sexual abuse cases involving children. Another study (Arsyati et al., 2016) found that sexual abuse cases among children in Indonesia are alarming. Reports indicate that 84% of students with disabilities have experienced sexual harassment (Lestari, 2020), and another study showed that 88% of child sexual abuse victims can become perpetrators themselves (Simbolon, 2018). Students with mild and moderate disabilities are at a higher risk of experiencing sexual harassment compared to those with severe disabilities (Marlina, 2015). Because of these violations, the victims often experience a decline in mental health, as highlighted by a study conducted by Marlina et al. (2022).

This is a challenge for the world of education in the current digital 4.0 era, including a big challenge for the world of special education. One of the ways to prevent the spread of adult content users to students can be done through reproductive health and sexuality education (Kurniawan & Maryanti, 2019). Of course, this can also be done in special education by adjusting the material provided and the abilities of students with special needs (Ariantini et al., 2019). Previous research also shows that reproductive health and

sexuality education for students with special needs requires an approach that is appropriate to the abilities of these students to have high effectiveness (Setianti et al., 2019).

Reproductive health and sexuality education for students with special needs is an important thing to do (Johan & Yassin, 2019), considering the importance of knowledge about reproductive health to maintain the physical and mental health of students. However, reproductive health and sexuality education in Indonesia is not comprehensive. This is because reproductive health and sexuality education in Indonesia tends to focus more on biological aspects (Utomo & McDonald, 2009). Meanwhile, other aspects such as sexual and reproductive health do not receive sufficient attention. Several factors such as a lack of resources who understand reproductive health and sexuality education materials, a curriculum that is not well structured, and a lack of training for teachers affect the limitations in the process of reproductive health and sexuality education (Rokhmah & Warsiti, 2015; Huda et al., 2023). In addition, a curriculum that is not structured properly will make the educational process in schools not optimal, because the curriculum is one of the requirements to build a positive school climate (Wulan & Sanjaya, 2022).

In addition, several studies have shown that ignorance about how to take care of themselves can also put students with special needs at risk of experiencing sexual harassment more than other people in society (Tutar Guven, 2015). With a lack of knowledge about reproductive health and sexuality, it can increase the risk for children with special needs to be easily manipulated and seduced, so that they can be used as objects of sexual harassment (Aziz, 2014). A lack of knowledge regarding reproductive health and sex education can also cause students to be confused about caring for and maintaining their health (Megawatiningtyas et al., 2018).

Furthermore, Simbolon's study (2018) revealed that the scarcity of early reproductive education is also a contributing factor to the occurrence of sexual harassment among children. The study suggests that with the lack of early reproductive education, children can become more vulnerable to sexual harassment. Therefore, the urgency to enhance sexual and reproductive health education, especially for children with special needs, becomes increasingly important and pressing.

With the importance of reproductive health and sexuality education for students with special needs in the digital 4.0 era, it is hoped that this research can increase the understanding of reproductive health and sexuality education for students with special needs at the Pembina State Special School in Pekanbaru, Indonesia. Thus, a more coordinated and comprehensive solution can be found to improve reproductive health and sexuality education for students with special needs in these schools.

This research represents a critical initial step towards understanding sexual and reproductive health education for students with special needs in the digital 4.0 era at Pembina State Special School, Pekanbaru, Indonesia. A lack of access to this type of education risks escalating deviant behavior and sexual harassment. This research is expected to provide coordinated and comprehensive insight to enhance sexual and reproductive health education for students with special needs, with the impact reaching beyond the locus of the study to other special schools in Pekanbaru, the Riau province, and potentially across Indonesia.

METHOD

This study aims to look at reproductive health and sexuality education that has been carried out at the junior high school level at the Pembina Public Special School in Pekanbaru, Indonesia. The approach used in this study uses qualitative methods. Qualitative research is research that produces descriptive data such as written or spoken

words from observable people or behavior (Bogdan & Taylor, 2002). Data was collected through interviews with 4 teachers who served as tutors in reproductive health and sexuality education at Pembina Pekanbaru Special School and two students' parents. The research process was carried out in two ways, namely directly at the Pembina Pekanbaru State Special School, and by utilizing communication media as a process of collecting interview data.

The procedure used in this study was to carry out initial observations at the Pembina Pekanbaru Extraordinary State School, then carry out in-depth observations based on the problem data that existed in the initial observations using source triangulation. Source triangulation is a research data collection technique using observation, interviews, and documentation on various existing data sources (Sugiyono, 2013). Therefore, this research is not oriented to the number of samples, but oriented to the amount of information from the interviews that have been conducted.

The data analysis techniques used are data reduction, data presentation, and conclusion (Netrasari, 2015). Data reduction is a process of selecting, abstracting, and transforming raw data that emerges from written records in the field. The presentation of data is done by compiling based on the characteristics and types of data obtained from various sources to provide the possibility of drawing conclusions and taking action. The presentation of data used in qualitative data in this study is in the form of narrative text and tables. The last data analysis activity is drawing conclusions and verification.

The limitations of this study lie in the research data sources which focused on 4 teachers who were directly assigned as reproductive health and sexuality education tutors, as well as 2 parents without involving data from other teachers, students with special needs at the Pembina Pekanbaru Special School, and data from related government.

FINDING AND DISCUSSION

Based on the results of the study which aimed to look further into reproductive health and sexuality education that had been carried out at the junior high school level at the Pembina Pekanbaru Special Public School, it was found that the Pembina Pekanbaru Special Public School had levels from elementary to high school, it's just that the health education process reproduction and sexuality that runs only at the junior high school level. One of the objectives of providing material on reproductive health and sexuality education is to prevent the exposure of students with disabilities who are at the Pembina Pekanbaru Special Public School to exposure to adult content which is increasingly prevalent and to prevent sexual harassment that could happen to them. students who are starting to become teenagers. This is important because cases have been found ranging from a lack of awareness of the cleanliness of the reproductive organs, the dissemination of adult content among students, both links and nude photos through social media applications, students with special needs masturbating in class, to free sex. in the classroom.

The total number of students with special needs who attend reproductive health and sexuality education at Pembina Pekanbaru Special School is 81 people. The number of students with special needs who have autistic barriers is 5 people, intellectual disability 5 people, blind 8 people, physically disabled 8 people, and deaf 25 people.

In reproductive health and sexuality education, some teachers are specifically assigned to be tutors in teaching students with special needs. The tutors assigned were counseling guidance teachers, totaling 4 people. Unfortunately, each tutor has never received specific training on reproductive health and sexuality education, either from private or government institutions. In addition, the absence of efforts from schools to find

information about training is also one of the obstacles to the lack of knowledge of existing tutors regarding the material to be taught to students with special needs.

With limited information regarding existing reproductive health and sexuality education, the Pembina Pekanbaru Extraordinary School does not yet have a specific curriculum to serve as a reference in the process of reproductive health and sexuality education. Even so, there are general themes that become references for tutors to find material on reproductive health and sexuality education. The material taught focuses on the anatomy and physiology of the human body. Unfortunately, this theme is not relevant to the original purpose of implementing reproductive health and sexuality education. In addition, students with special needs at Pembina Pekanbaru Special Needs School have never been given other materials such as material on puberty, self-protection, body hygiene, infectious diseases (Hermawan, 2020), and other important material that can be included in the program is how to maintain personal hygiene (Ardianingsih et al., 2023). The material taught is material made by each tutor without having a specific reference, so the material for each tutor is different and only has similarities in the theme of the material, namely anatomy, and physiology of the human body. This seems to still be common in education in Indonesia because there are similar studies that produce the same data (Rokhmah & Warsiti, 2015).

However, to be able to carry out reproductive health and sexuality education activities, the school has facilitated tutors so they can maximize activities by providing a special schedule and room for reproductive health and sexuality education. Pembina Pekanbaru Special School makes a fixed schedule related to the implementation of reproductive health and sexuality education activities, namely on the 3rd Sunday of each month with Mondays for blind and physically impaired students, Tuesdays for intellectual disability and autistic students, and Wednesdays for deaf students. For rooms, the process of implementing reproductive health and sexuality education is carried out outside the classroom, namely in the school hall. This is because the implementation of reproductive health and sexuality education is based on a variety of disabilities, not based on class level. So that when providing reproductive health and sexuality education materials there will be junior high school students from level 1 to level 3.

In the process, not many media were used in the reproductive health and sexuality education process. This is due to the lack of supporting tools and media related to the theme of anatomy and physiology of the human body at the Pembina Pekanbaru Extraordinary School. In addition, teachers are also considered to lack creativity in making simple media to support the learning process. The media that is usually used during the reproductive health and sexuality education process is a human-shaped doll as a visual aid.

During the implementation of the activities, apart from having tutored, there was also one UKS officer who assisted in reproductive health and sexuality education activities. this is done by the school in the framework of prevention and first aid efforts if there are students who are sick. (Tab. 1.).

Table 1 . Information on reproductive health and sexuality education activities

No	Timetable	Teacher	Jobdesk	Students	level	Subject	Media
1.	3rd week Monday	Pungki Ira Puspita, S.Psi	Tutor for Blind and Physically Impaired classes	Tutor for Blind and Physically Impaired classes	Junior high school	Anatomy and Physiology of the human body	Prop doll
2.	3rd week Tuesday	Febriani Syafitri, S.Psi	Tutor for intellectual disability and autistic classes	Tutor for intellectual disability and autistic	Junior high school	Anatomy and Physiology of the human body	Prop doll

No	Timetable	Teacher	Jobdesk	Students	level	Subject	Media
				classes			
3.	3rd week Wednesday	Elfayanti, S.Pd, M.Pd	Counseeling Coordinator + Deaf Class Tutor	Deaf classes	Junior high school	Anatomy and Physiology of the human body	Prop doll
4.	3rd-week Monday- Wednesday	Abdah Sahidah, SKM	Medical staff	-	Junior high school	-	Prop doll

Ismiarti et al. (2019) assert that sexual education cannot merely be an additional subject but must be provided independently and specifically for students with special needs. Involving teachers, parents, and therapists in delivering sexual education material to adolescents with special needs is deemed crucial to ensure accurate comprehension of the material. However, apart from the challenges of incongruent goals and themes, poorly structured curricula, limited supportive media, and tutor proficiency in delivering the material, it is regrettable that parents of students with special needs attending Pembina State Special School in Pekanbaru have not been involved at all. They have not participated in the sexual and reproductive health education program, which is also perceived to impact the limited development of sexual and reproductive health education conducted thus far.

This research has limitations concerning its data sources, as it was focused on 4 teachers directly assigned as tutors for sexual and reproductive health education, and only 2 parents of students with special needs at Pembina State Special School in Pekanbaru were involved, without incorporating data from other teachers and students with special needs in the school, as well as relevant government data. Despite these limitations, this study serves as an important initial step in understanding sexual and reproductive health education for students with special needs at Pembina State Special School in Pekanbaru. The findings emphasize the urgency of providing comprehensive and tailored sexual education for students with special needs. Addressing challenges such as curriculum alignment and parental involvement is crucial to enhance sexual education in special schools, not only in Pekanbaru but also throughout Riau province and potentially across Indonesia.

CONCLUSION

From the results of the study, it can be concluded that the Pembina Pekanbaru Special School has carried out reproductive health and sexuality education at the junior high school level regularly and has been properly scheduled. As for the school, there are four tutors assigned to teach reproductive health and sexuality education lessons, and one medical officer. Regarding students with special needs, there are five different types of disabilities students with special needs who take part in the activity, namely autism, intellectual disability, blind, disabled, and deaf which are spread from grade 1 to grade 3 of junior high school with a total of 81 students with special needs.

Unfortunately, the reproductive health and sexuality education that has been carried out has not run optimally because there are several obstacles such as the misalignment between the goals and the material provided, the curriculum that has not been well formed, the tutors assigned to support reproductive health and sexuality education do not have sufficient knowledge related the material taught, limited media and visual aids are also a separate obstacle in the learning process of reproductive health and sexuality education, and parents are not yet involved in the learning process.

This is evidence of strengthening other studies if the process of reproductive health and sexuality education in Indonesia is still not going well, and becomes a separate urgency, especially in the field of special education regarding the importance of reproductive health and sexuality education for students with special needs as an effort to prevent and minimize the occurrence of deviant behavior related to reproduction and sexuality.

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