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# **Communication on reproductive health education for students with intellectual disability**

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## **Abstract**

The purpose of this paper is to describe the communication activities of reproductive health education by teachers to students with intellectual disabilities. This research uses descriptive case study methods with qualitative data collection through interviews and observations. As a result, adolescents with intellectual disability have lower knowledge and negative attitudes towards reproductive health, thus requiring a specific approach and communication techniques. In conclusion, communication of reproductive health education for students with intellectual disabilities consists of the background of providing reproductive health information by teachers to adolescents with intellectual disabilities.

**Keywords:** Health, Values, Reproductive, Intellectual disability.

# Comunicación sobre educación en salud reproductiva para estudiantes con discapacidad intelectual

## Resumen

El propósito de este documento es describir las actividades de comunicación de la educación en salud reproductiva de los maestros a los estudiantes con discapacidades intelectuales. Esta investigación utiliza métodos de estudio de casos descriptivos con recolección de datos cualitativos a través de entrevistas y observaciones. Como resultado, los adolescentes con discapacidad intelectual tienen menos conocimiento y actitudes negativas hacia la salud reproductiva, lo que requiere un enfoque específico y técnicas de comunicación. En conclusión, la comunicación de educación en salud reproductiva para estudiantes con discapacidades intelectuales consiste en el trasfondo de proporcionar información sobre salud reproductiva por parte de maestros a adolescentes con discapacidades intelectuales.

**Palabras clave:** Salud, Valores, Discapacidad reproductiva, Intelectual.

## 1. INTRODUCTION

Reporting on criminal acts that contain elements of sexual violence involving adolescents is increasingly widely reported in national mass media. The phenomenon of sexual violence and sexual deviation, which afflicts children, is caused by several factors, one of which is the lack of sex education in children and society (ZULFA, NOOR & RIBAWANTO, 2015). Based on this, it is time to realize the importance of reproductive health education for adolescents. Sexual education is expected to be able to prevent and reduce the risk of sex abuse (KONDUBAEVA ET AL, 2018).

Adolescents as individuals who are experiencing puberty have a tendency to explore the changes that occur in them. Adolescence is the stage of development from childhood to adulthood. In adolescence, changes occur physically, cognitively, socially and emotionally. These changes make adolescents aware of physical attractiveness in social interaction so that teens begin to develop thinking about their bodies MUNDHIKA, HANDAYANI & KAMIDAH (2015), including changes related to organ development and sexual drive.

The development of uncontrolled sex drive will cause its own problems. There have been many cases of sexual abuse accompanied by a sexual deviation to violence involving teenagers. One of them comes from the results of research, which states that the incidence of premarital sex behavior in adolescents every year tends to increase. This is caused by several factors, one of which is a lack of knowledge about sex education, which is one component that can shape premarital sexual behavior, which also included in the group of sexual abuse.

Therefore, reproductive health education for adolescents is expected to be able to provide an understanding to adolescents, about how to respond to this phase of development so as not to fall prey to behaviors that will harm themselves. But unfortunately, providing reproductive health education coupled with efforts to increase awareness to control sexual drive, is not as easy as imagined, especially if teenagers have limited ability to accept understanding,

such as adolescents with mental retardation. However, this effort must be made right.

One party that is able to provide reproductive health education to adolescents appropriately is through school (SULISTYONINGRUM, 2013). At school, children with special needs such as visual impairment, hearing impairment, intellectual disability, quadriplegic, unsociable, children with learning difficulties and other disabilities also have the same opportunity to get an education PRASTIYONO (2013), including reproductive health education. However, education services for children with hearing impairment, autism, Down syndrome, intellectual disability, and people with visual Impairment are clearly different because they have different needs. Every child in one specialty has different needs. Therefore special methods are needed in providing reproductive health education to them.

There are several thoughts of ordinary people who consider that general adolescents need more reproductive health education compared to the adolescent with intellectual disability. The thought is due to the lack of understanding of the public about the types of information needed by an adolescent with intellectual disability, or because of skeptical thoughts that adolescents with intellectual disability can be directed according to educational goals. In fact, a study of the adolescent with intellectual disability showed that the results of the pretest had increased attitudes towards agreeing to

premarital sex. However, after getting counseling the post-test scores experienced a change towards disagreement (ANITA & MAGFIRAH, 2014). This means that after exposure to reproductive health, adolescents with intellectual disabilities are able to absorb information that affects their attitudes toward premarital sexual behavior.

This can be used as a fulcrum by educational institutions with special needs about the need to prepare themselves to be able to play a role as parties who can provide social support for their students, considering another study states that there is a relationship between social support (teacher support) and the calculation of healthy reproductive behavior. Based on this matter, this paper aims to find out about the communication patterns of reproductive health education conducted by teachers to the adolescent with intellectual disability as students. Other considerations from a Bioethics perspective must be followed as well. It began by identifying health with well-being and progress with quantitative development, now it defines health as quality of life, and progress as controlled or sustainable development (VILLALOBOS and BOSCAN, 2016)

## **2. METHODOLOGY**

Several studies have examined adolescent sexual behavior such as being associated with pornographic knowledge that is closely related to adolescent sexual behavior. Therefore, education about

reproductive health is important because in another study it was stated that sexual education was stated to be truly meaningful, especially in efforts to develop communication attitudes for middle school students (adolescents) (PRAPTININGRUM, 2006). In fact, it is generally known that in general students are very interested in explanations regarding adolescent sexual development, and ways to overcome the influence of promiscuity (PRATAMA, HAYATI & SUPRIATIN, 2014). Based on this, to achieve the research objectives, this research uses descriptive methods with qualitative data obtained from interviews and observations of a number of teachers who teach in the special school for the adolescent with intellectual disability.

### **3. RESULTS AND DISCUSSION**

Adolescence is a phase where the attitude of attraction towards sex begins to grow. Sexual attitudes are sexual responses that are shown by someone after seeing, hearing or reading information, and reporting, pornographic images in the form of orientation or tendency in acting. This sexual attitude is also shared by an adolescent with an intellectual disability.

Based on Hallhan & Kaufman, competence capability can be referred as the basis for developing potential. Children with intellectual disability can be classified into (a) children with intellectual disability. They have the ability to be educated with an IQ

range 50-75, (b) children with intellectual disability that have the ability to train with an IQ range of 25- 50, (c) children with intellectual disability that have the ability to be treated with an IQ range 25- down. Referring to the data collected from the field, it shows that there are findings regarding communication patterns of reproductive health education conducted by teachers to students with intellectual disability, as follows:

Table 1 Communication of Reproductive Health Education For Students With Intellectual Disability

No	Communication of Reproductive Health Education for students with intellectual disability
1	<p>The information providing a background of reproductive health by teachers to adolescences with intellectual disability</p> <ul style="list-style-type: none"> <li>- The age of students is increasing</li> <li>- The behavior has shown by the students</li> <li>- Limited understanding of adolescent with intellectual disability about reproductive health and sexual violence</li> <li>- The awareness that adolescent with intellectual disability will grow older and live in a society so they must know about reproductive health</li> <li>- Anticipation of deviations</li> </ul>
2	<p>Source of information about reproductive health obtained by the teacher</p> <ul style="list-style-type: none"> <li>- Book</li> <li>- Seminar</li> <li>- Internet</li> </ul>
3	<p>How to convey reproductive health information to adolescents with intellectual disability</p> <ul style="list-style-type: none"> <li>- Exemplary</li> <li>- Habituation</li> <li>- Simple explanation</li> </ul>
4	<p>The strategy for delivering reproductive health information to</p>

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adolescents with intellectual disability	<ul style="list-style-type: none"> <li>- Storytelling</li> <li>- Directing students to share their experiences and views.</li> </ul>
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5	<p>The reproductive health information is associated with local cultural values</p> <ul style="list-style-type: none"> <li>- Something taboo to be published</li> <li>- The development of a more open society</li> <li>- Consideration of the condition and understanding of students with intellectual disability</li> <li>- By giving a saying about the dangers of improper conduct.</li> </ul>
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6	<p>Communication carried out by the teacher in a school with the parents of their students</p> <ul style="list-style-type: none"> <li>- Consult with parents when their child has a problem</li> <li>- Communication about the behavior of children's activities at home especially before puberty</li> <li>- Share information about children's activities and habits at home.</li> </ul>
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There are a number of things that become the background of providing reproductive health information by teachers to adolescence with intellectual disability, including: increasing age of students, behavior shown by students, limited understanding of adolescents with intellectual disability about reproductive health and sexual violence, awareness that adolescents with intellectual disability will grow become adults and live in the community so they must know about reproductive health, and anticipate irregularities. This is in line with the statement that adolescents with intellectual disability have lower knowledge and negative attitudes towards reproductive health WIRANATHA & SUPRIYADI (2015), thus requiring a specific

approach and communication techniques. When those adolescents with intellectual disability grow, some laboural problems arise.

This infantilization towards the disabled worker is very common in the observed dynamics, many times they are treated as children or as young people when in reality all of them are already adults (VILLALOBOS, RAMÍREZ, & LAY, 2019:150)

As for the sources of information about reproductive health which is obtained by the teachers, mostly sourced from books, information obtained from seminars and also independent information search via the internet. Books are one of the sources of literacy, and the progress of a nation is reflected in the active or not the society with the literacy culture. Therefore, if some teachers have begun to seek information through books, this can be used as a driver of optimism in education quality improvement in Indonesia, as well as patterns of information seeking from other sources such as actively participating in seminars and the like. As for information coming from the internet, Steele stated that the internet is a new media created to benefit the users. This means that a lot of information sourced from the internet can be optimized.

Furthermore, relating to how to deliver information about reproductive health to an adolescent with an intellectual disability used by teachers includes exemplary, habituation, and simple explanations. Exemplary and habituation related to reproductive health can be done

in daily interactions between teachers and students at the school. As for giving a simple explanation about reproductive health, the provision of information should be done by someone who is an expert or who understands reproductive health. This information can also be conveyed to the parties concerned, for example, parents are given an explanation from the school about how to teach about the concept of loyalty if students with these needs marry later. Planting these values will be more easily conveyed to adolescents in order to increase their reproductive health knowledge if through media images and training. Even a study states that learning using Macromedia flash sex education is more effective for children with intellectual disabilities.

The strategy of delivering reproductive health information to adolescents with intellectual disabilities carried out by the teacher is by way of telling stories and directing students to share their experiences and views in certain activities. In principle, sexuality education in children can be done by the teacher by considering the purpose, depth of material, age and media owned. Therefore, giving information to students with intellectual disabilities can use methods: playing, peers, demonstrations/practices, exemplary, direct introduction, and lectures ABDUH & WULANDARI (2014) conducted by the teacher can be said to be appropriate.

In traditional societies, reproductive health information is often associated with local cultural values, so that matters related to sexuality are considered a taboo to be published. However over time,

people are now more open, but for the provision of reproductive health education the material presented must still consider the condition and level of understanding of students, for example by giving a saying about the dangers of improper conduct. Referring to these findings, reproductive health problems should also be socialized to parents, in addition to teachers, so that they are not considered taboo anymore, because the institution that is closest to the students is their family.

The last finding is about the way communication is done by the teacher in the school with the parents of their students, which is conducted by consulting with the parents when their children have problems, asking about their behavior and activities at home, especially before puberty, and sharing information about children's activities and habits at home. In general, knowledge about reproductive health and sexuality will help students with intellectual disabilities to interact socially with the environment, but students with an intellectual disability tend to withdraw from the association of general students because they feel different.

For this reason, the school should bridge this process by holding counseling, so that all students feel equal, and can socialize. This means that there are activities to provide information and guidance to adolescents students with intellectual disability, which can be done by the teachers, as part of educational institutions, in order to prepare their students to be able to become part of the community that has shared

values and culture that must be used as social signs so that no deviations occur will harm the adolescents themselves.

#### **4. CONCLUSIONS**

Based on the results of research and discussion, it can be concluded that communication of reproductive health education for students with intellectual disability consists of the background of providing reproductive health information by teachers to adolescents with intellectual disability, including increasing age of students; behavior shown by the children; limited understanding of adolescents with intellectual disability regarding reproductive health and sexual violence; awareness that adolescents with intellectual disability will grow older and live in society so they must know about reproductive health; and anticipation of deviations.

The source of information about reproductive health obtained by the teacher is a book; seminar and the internet, while the way to deliver reproductive health information to adolescents with an intellectual disability is done through exemplary; habituation; and a simple explanation. Furthermore, the strategy of delivering reproductive health information to adolescents with an intellectual disability is conducted by telling stories; and direct students share their experiences and views.

Other findings indicate that the existence of reproductive health information is associated with local cultural values as something taboo to be published; development of a more open society; consideration of the condition and understanding of students with an intellectual disability; and by giving the explanations about the dangers of improper conduct. Finally, communication conducted by teachers in schools with their students' parents is done by consulting with parents when their children have problems; communication about the behavior of children's activities at home, especially before puberty; and share information about the activities and habits of the children carried out at home.

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