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博士論文

Sex Education in Children and Adolescents With Disabilities in Yogyakarta, Indonesia From a Teachers' Gender Perspective

(インドネシア ジョグジャカルタ市における障害のある子ども・青年への性教育
—教師における性意識の視点から—)

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Sex Education in Children and Adolescents With Disabilities in Yogyakarta, Indonesia From a Teachers' Gender Perspective

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Abstract

Children and adolescents with disabilities (CAD) frequently engage in inappropriate sexual behaviors. In Indonesia, the need for sex education for CAD remains unclear. This study investigated teacher attitudes toward providing sex education in special schools to clarify the gender differences among teachers providing sex education. Questionnaires were sent to 180 teachers. The response rate was 72.2%. Eighty-three percent of responders were Muslim. Our findings revealed that teachers in special schools considered sex education to be important.

However, the number of sex education contents was limited, and female teachers were more positive about teaching sex education than male teachers. Equally, female teachers taught a greater number of sex education contents than did male teachers. These findings were consistent with reports from developed countries although cultural and religious background differed from those of Indonesia. Sex education for CAD was accepted by teachers in Indonesia; however, materials and tools for education should be developed further.

Keywords

children and adolescents with disabilities, Indonesia, sex education, sexual behavior, special school

Introduction

In most developed countries, comprehensive sex education is considered to be essential for all children and adolescents. Sex education for children and adolescents with disabilities may well be more appropriate as these children are often involved in displays of inappropriate sexual behaviors. Previous studies have shown that inappropriate sexual behaviors among individuals with disabilities are frequently related to lack of knowledge and skills regarding appropriate sexual behavior.¹ Maart and Jelsma² highlighted the problems of inadequate sex education and reported that only 18% of adolescents with physical disabilities used a condom to protect themselves

from contracting the human immunodeficiency virus (HIV). Another study found a high rate of harmful sexual behaviors (20%-44%) existed in adolescents with intellectual disabilities.³ Furthermore, it was reported that adolescents with learning disabilities (mean age: 14.8 years) experienced sexual abuse (exhibitionism and vaginal penetration) more frequently than those experiencing typical development.⁴ These findings revealed that it is difficult to provide appropriate education of sexual behaviors for children with disabilities and that it is important to provide opportunities for them to gain access to sex education. In developed countries, sex education is recognized as being important for all children. Furthermore, it is widely believed that children should participate in activities relating to sex education programs in order to increase their knowledge and understanding of sexual and reproductive health.⁵⁻⁷ Sex education in schools provides children with knowledge that allows them to develop their decision-making skills about lifelong sexual activities independently.⁸ Sex education is also important as it helps children and adolescents with disabilities in particular to obtain knowledge that would protect them from sexual abuse and or inappropriate sexual behaviors.

Serious health issues stemming from sexual activity, including teenage pregnancy, sexually transmitted disease, and HIV are of increasing concern in both developing and developed countries.⁹ In Indonesia, Hambali¹⁰ reported on the sexual behaviors of 210 unmarried students aged 15 to 24 years who were sexually active. More than half of these students experienced sexual intercourse within 1 year after becoming acquainted with each other. In Africa, 54% of adolescents with physical disabilities had experienced sexual intercourse by the time they reached 15 years of age.¹ However, few studies have focused attention on comprehensive sex education, particularly among children and adolescents with disabilities. The issue of sex education is widely believed to be influenced by cultures and various customs in each community. Previous studies have also reported that knowledge about sexual activity provided to children was also influenced by the teacher's thoughts and attitude.¹¹⁻¹³ Indonesia is the largest Islamic

country to have religious restrictions related to sex education; however, much debate has emerged about sexual activity and associated factors due to the normative standards of Asian countries.¹⁴ Since the 1994 International Conference on Population and Development, there has been increased focus on the need for sex education for youths. At the same time, numerous activities in Indonesia, especially Java, have been directed at young people. Many parents, teachers, and religious leaders considered that sex education should be focused on suppressing youth sexuality.¹⁵ However, the rising number of adolescent pregnancies outside marriage indicates an increase in premarital sex.¹⁶

The Ministry of Education in Indonesia has proposed a comprehensive sex education (CSE) program, which consists of reproductive health, the rights of people with disabilities, the concept of gender, sexuality,¹⁷ violence and diversity, and a positive view of human sexuality. Sex education is integrated into existing school curricula such as biology or science, population education, sport, and religion.¹⁸ Despite increasing interest in sex education, the challenges in providing sex education to children and adolescents with disabilities have not been well recognized in Indonesia. The attitudes and teachers' knowledge are very important in providing sex education effectively. A previous study pointed out that there are significant differences in the sexual behavior and its perception between males and females in Islamic countries. It is possible that consciousness of gender roles and beliefs may be strengthened by religious customs.

The purpose of this study is to investigate teachers' beliefs and attitudes regarding the provision of sex education to children and adolescents with disabilities from a gender perspective. It also aimed to evaluate the sex behaviors of children and adolescents with disabilities from selected special schools in Yogyakarta, Indonesia.

Methods

Study Design and Participants

This study used a cross-sectional design. Participants were male and female teachers caring for children with disabilities in Yogyakarta. The children cared for in special schools were aged from 4 to 18 years. One hundred and thirty teachers (the mean age of 47.0 ± 10.2 years; proportion of female teachers: 72.3%) were enrolled in this study from 3 special schools (SLB 1 Bantul, SLB 1 Yogyakarta, and SLB 4 Yogyakarta). In Indonesia teachers, in SLB may educate the children who have different types of disabilities, and educate different aged children by year. There are 563 children with different types of disabilities (hearing, 44.0%; intellectual, 43.8%; physical, 5.3%; emotional, 4.6%; visual, 2.3%) in 3 special schools. Yogyakarta is one of the provinces in central Java with a

population in excess of 3 million, 91.4% of whom are Muslim. In Indonesia, the special public schools include kindergarten, primary school, junior high school, and senior high school. Children and adolescents with disabilities are medically checked in a hospital or medical clinic and are then recommended to attend a particular school that is considered suitable to meet their educational needs. Most children with disabilities (ie, hearing, visual, physical, intellectual, and emotional disabilities) follow the advice of medical doctors. There are 76 special schools for children with disabilities in Yogyakarta, and we selected participants for our study from 3 of these schools based on school size and location, including urban and rural areas.

Instruments

The questionnaire was originally developed based on previous studies.^{19,20} The questionnaire consisted of 3 domains: (a) sexual behaviors of children and adolescents, (b) contents of sex education, and (c) difficulties in educating children with disabilities. The domain of “sexual behaviors” consisted of 7 items related to sexual behaviors shown by children and adolescents. The domain of “contents of sex education” consisted of 23 items, and the domain of “difficulty in teaching children with disabilities” was designed for the topic of sex education. The questionnaires in English version were translated into official Indonesian language (Bahasa Indonesia) by a translator, then back-translated by another native speaker. Both translations were checked by native speakers of Indonesian.

Data Collection

This study was conducted in three special public schools in Yogyakarta Province from December 1, 2013 to May 1, 2014. Each school accepted children with various disabilities from kindergarten to senior high school. Children and adolescents were checked by the medical staff at the hospital to determine their level of impairments (visual, hearing impairment, intellectual, physical, and other impairments). At the beginning of the study, the procedures were explained to the teachers, and informed consent was obtained in writing. The total number of teachers in 3 special schools was 181, and, of these, 130 (71.8%) responded to the questionnaire.

Ethical consideration

This study was approved by the Ministry of Education and Culture, Faculty of Medicine, Universitas Gadjah Mada, Medical Research Ethics Committee (MHREC). Permission

for the research was issued by the local government of Yogyakarta Region and also granted by the local government of Daerah Istimewa Yogyakarta, Indonesia.

Data analysis and Pretest

Demographic variables and sexual behavior were analyzed using the Statistical Package for Social Science (SPSS) version 21.0 (for Windows). Teachers' cognition about sexual behaviors of children was compared based on the type of children's disabilities (visual and hearing impairment, intellectual disability, physical disability, and others), age, and gender using the chi-square test. Contents of sexual education and difficulty in educating children were compared based on the type of disability using chi-square. A pretest was completed to measure the validity and reliability of this questionnaire. Forty-three teachers of children with disabilities participated in the pretest. The validity and reliability was analyzed using the Pearson product-moment coefficient and Cronbach's alpha. The study revealed that the questionnaire has high internal consistency ($r = 0.95$) and that all items have good validity. All items in the questionnaire have significant correlation with the total score (sexual behavior = 0.33-0.65, topic of sexual education = 0.40-0.86, and difficulty to teach = 0.57-0.91).

Results

Participant's background

One hundred and thirty teachers of children and adolescents with disabilities were enrolled in this study; 54.6% were from SLB 1 Bantul, 23.1% were from SLB 1 Yogyakarta, and 22.3% were from SLB 4 Yogyakarta. The majority of teachers were women with more than 10 years of teaching experience (Table 1). Most teachers were Muslim (81.5%); 17.7% were non-Muslim, and 0.8% did not disclose. The majority of the teachers (96.9%) had an educational background of more than a bachelor's degree.

The need for sex education and satisfaction with current sex education by gender of teachers

Teachers' need for sex education differed significantly by gender ($P < 0.01$). The reasons teachers considered sex education to be important are shown in Table 2. Female teachers considered sex education to be more important than male teachers did in 4 items: to be shown some sexual independence by children ($P < .01$), to be shown some sexual development by children ($P < .05$), to be shown some harmful sexual behaviors by children ($P < .01$), and because parents are confused about how to teach their children

about sex ($P < .01$) (Table 2). On the other hand, 83.1% of teachers felt that current sex education was inadequate. Female teachers thought more frequently that it was “not enough to receive a sex education lesson from a teacher” than did male teachers ($P < .01$), and they indicated more “hope to receive a sex education lesson for themselves” than did male teachers ($P < .05$).

Contents of sex education for children with disabilities in Indonesian schools

Figure 1 shows the percentage of the contents that teachers taught the students in special schools. The topic of sex education most frequently taught was “male and female bodies and sexes,” and the least was “sex of the elderly.”

Gender difference in the contents of sex education

We studied the contents of sex education and analyzed the difficulties in teaching sex education to children with disabilities by contents. Female teachers had experience teaching larger numbers of contents to children than did male teachers. The contents included parenting, family love, reproduction and birth, abuse and harassment, abortion, homosexuality, divorce, puberty, and menopause (Table 2). We also studied the difficulty of teaching sex education content based on the teacher’s gender. There was no significant difference in difficulty teaching contents between male and female teachers and lengths of professional career.

Sexual behavior of children with disabilities based on teachers' observations

The sexual behaviors often observed in children and adolescents with disabilities are shown in Table 2. Among 7 items, children and adolescents with disabilities most frequently showed the behavior of touching their sexual organs in a public. Female teachers observed “touching of the sexual organ in public” and “affectionate hugs with people of the opposite gender” more than male teachers ($P < 0.01$ and 0.02 , respectively). (Table 2)

Discussion

This is the first study on sex education for children and adolescents with disabilities in Indonesia. There are previous studies on sex education in Europe and the United States; however, there are few studies in developing countries, especially in Muslim countries. In this study, we found that 95.4% of teachers consider sex education for children and adolescents with disabilities to be necessary. These findings are consistent with the results of several previous studies.^{9,21} Although the cultural and historical backgrounds differ

from study to study, there is a universal trend in teachers to agree on the need for sex education in children with disabilities. The contents of sex education taught by teachers are limited in Indonesia. The most popular contents of sex education taught by teachers were “mechanism of the bodies and difference between male and female” and “sexually transmitted diseases.” Eighty-three percent of teachers answered that the current curriculum of sex education for children and adolescents with disabilities was insufficient. This result was consistent with the results of several previous studies in developed countries.^{22,23} Furthermore, Indonesian researchers pointed out that the time given for reproductive health education was less than 10 percent of total curricular designed, and mostly cover only topics of anatomy and physiology of reproductive organs.²⁴ The limited number of contents taught may be related to the absence of guidelines and proper tools to teach children with disabilities in Indonesia as well as in other developing countries. UNESCO²⁵ and The International Planned Parenthood Federation²⁶ recommend Comprehensive Sex Education (CSE) as a holistic approach to human development and sexuality. In most developed countries, the governments introduced CSE guidelines involving not only sexual structure (anatomy, physiology, birth control, pregnancy, etc) but also sexual relationships concerning humanity or moral problems, such as knowledge of human rights, skills for HIV prevention, and gender equality. Tsutsumi²³ insisted that sex education for children and adolescents with disabilities should contain knowledge not only about sex organs but also about human relationships. The sex education program should be designed based on students’ experiences in daily life and the needs of their surrounding people.

Second, our comparison study between both genders revealed that the ratio of female teachers who considered sex education important was higher than that of male teachers. The female teachers more frequently pointed out the importance of sex education. Furthermore, female teachers more frequently noticed improper behaviors of children or adolescents with disabilities, such as touching their own sex organs in public and engaging in affectionate hugs with others. The number of female Indonesian teachers who participated in this study was more than that of male teachers (72.3% vs 27.7%). In general, the number of female teachers is also greater than that of male teachers in Indonesia (percentage of female teachers at primary school, 63.2%; percentage of female teachers at junior high school, 53.2%).²⁷ Female teachers are dominant in special schools in many countries, including the United States and Japan.^{28,29} The difference might be due to the underlying consciousness that nursing and caring for children has long been universally considered the role of women. Previous studies also reported the differences of attitude toward sex education between male and female teachers. In general, female

teachers revealed a more positive attitude in favor of teaching selected contents in Catholic countries.^{20,30} On the other hand, most of the Indonesian population is Muslim (87.2% of total population).³¹ As the sexual violence against women increases each year, Indonesia can be considered as being in a state of sexual violence emergency.³² In particular, sexual violence is a serious issue for females with disabilities.³³

In 2014, SAPDA (a nongovernmental organization in Indonesia: Advocacy Center for Women, People with Disabilities and Children: Sentra Advokasi Perempuan Difabel Dan Anak) conducted a baseline survey on sexual and reproductive health issues among the youth living with disabilities in 5 Central Java cities.³⁴ Seventy-four percent of the teens surveyed reported that they had been victims of severe violence. Furthermore, only 37.8% of the youths had ever heard of reproductive health services. It might be considered that female teacher seems to have a greater awareness for the need of sex education in order to protect girls from sexual abuse. Muslim people are generally taught that talking about sex before marriage is “immoral” or “un-Islamic.”³⁵ In most Muslim countries, due to cultural norms, talking about sexual content in public is considered taboo; formal sex education about such issues in schools is nonexistent.³⁶ In

Indonesia, the attitude of the Indonesian Government about sex education has changed in response to the needs of the society. Islam regards reproductive health as not being taboo.³⁷ However, Muslim communities or families have a strong belief that they do not receive services or care support for individuals with disabilities.^{38,39} Therefore, it is possible that teachers still do not encourage students to debate sex to gain knowledge relating to birth control (including contraception) for religious reasons. These situations are thought to be important factors limiting sex education, especially in children with disabilities. It might be necessary to study why male teachers are less likely to provide sex education than female teachers in Indonesia from the viewpoint of cultural background and religion.

Limitations of this study

This study was limited to the Yogyakarta area, located in Central Java; therefore, results may not be indicative of all Indonesia. There are children and adolescents with many types of disabilities in this study that were difficult to define. The disabilities found in children and adolescents were so varied in this study that the definition of disabilities was very difficult. A clear standard definition might be required for future studies.

Conclusion

Most teachers of special schools in Indonesia considered sex education to be important.

They concluded that the present sex education lags behind developed countries. They require CSE guidelines in order to protect the human rights of children and adolescents with disabilities. Furthermore, awareness of the need for sex education and teaching experience differed by gender in Indonesia. Therefore, educational administrators should develop and introduce guidelines based on national culture. It might be very important for societies of developing countries, including Indonesia, to accept the concept of gender equality. The change might reduce the difference between male and female citizens.

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Table Legends

Table 1. Participant Backgrounds (n = 130)

Table 2. Comparison of the Need for Sex Education, the Reason for the Importance of Sex Education, Sexual Behaviors of Children, and Gender Differences in Topics of Sex Education Taught by Teachers. (n = 130)

Figure Legends

Figure 1. Experience teaching sex education by topic (n = 130).

Table 1. Participant Backgrounds (N = 130).

Teacher Backgrounds	Female Teacher (n = 94)	Male Teacher (n = 36)	<i>P</i>
Age (years), n; mean $\pm$ SD	94; 47.08 $\pm$ 10.0	36; 46.08 $\pm$ 10	.26
Educational background, n (%)			
Undergraduate	90 (95.7)	33 (91.7)	.83
Graduate (master)	3 (3.2)	1 (2.8)	
No answer	1 (1.1)	2 (5.6)	
Length of experience, n (%)			
<10 years	19 (20.2)	10 (27.8)	.24
At least 10 years	64 (68.1)	22 (61.1)	
No answer	11 (11.7)	4 (11.1)	
Religion, n (%)			
Muslim	78 (83.0)	29 (80.6)	.46
Non-Muslim	16 (17.0)	7 (19.4)	
Type of disabilities at school, n (%)			
Visual	2 (2.1)	1 (2.8)	.86
Hearing	42 (44.7)	15 (41.7)	
Intellectual	41 (43.6)	16 (44.4)	
Physical	4 (4.2)	3 (8.3)	
Emotional	5 (5.3)	1 (2.8)	

Table 2. Comparison of the Need for Sex Education, the Reason for the Importance of Sex Education, Sexual Behaviors of Children, and Gender Differences in Topics of Sex Education Taught by Teachers (N = 130).

	Teacher's Gender				Number		<i>P</i>
	Female (n = 94)		Male (n = 36)				
	n	(%)	n	(%)	n	(%)	
The need for sex education	94	(100.0)	30	(83.3)	124	(95.4)	<.01 ^a
The reason for the importance of sex education							
To teach them correct knowledge	71	(75.5)	22	(61.1)	93	(71.5)	.08
To understand and respect each other (male and female)	53	(56.3)	15	(41.6)	68	(52.3)	.09
To be shown some sexual independence by children	51	(54.2)	10	(27.7)	61	(46.9)	<.01 ^a
To be shown some harmful sexual behaviors by children	52	(55.3)	9	(25.0)	61	(46.9)	<.01 ^a
To be shown some sexual development by children	37	(39.7)	8	(22.2)	45	(34.8)	.04 ^a
Because parents are confused about how to teach them about sex	37	(39.3)	6	(16.6)	43	(33.1)	.01 ^a
To teach how babies are made	31	(32.9)	8	(22.2)	39	(30.0)	.16
To teach them about life	27	(28.7)	7	(19.4)	34	(26.1)	.19
To encourage the holistic development of children	18	(19.1)	4	(11.1)	22	(16.9)	.20
Because children have an interest in sexual topics	14	(14.8)	2	(5.5)	16	(12.3)	.12
To avoid children being the victims and/or perpetrators of sexual violence	6	(0.63)	0	(0.0)	6	(4.6)	.13
Observation of sexual behaviors of children based on teacher's gender							
Touching the sex organ in a public area	65	(69.1)	14	(38.9)	79	(60.8)	<.01 ^a
Kissing others in a public area	46	(48.9)	18	(50.0)	64	(49.2)	.53
Talking with someone of the opposite gender at a close distance	39	(41.5)	12	(33.3)	51	(39.2)	.26
Masturbating in a public area	36	(38.3)	9	(25.0)	45	(34.6)	.11
Affectionate hugs with someone of the opposite gender	34	(36.2)	6	(16.7)	40	(30.8)	.02 ^a
Removal of underwear in a public area	21	(22.3)	7	(19.4)	28	(21.5)	.46
Inability to take care during menstruation	20	(21.3)	3	(8.3)	23	(17.3)	.06
Gender difference for topics of sex education taught by teachers							
Male and female bodies and sexes	67	(71.3)	20	(55.6)	87	(66.9)	.06

Sexually transmitted diseases	50	(53.2)	14	(38.9)	64	(49.2)	.10
Sex as part of a love relationship	36	(38.3)	9	(25)	45	(34.6)	.11
Parenting	36	(38.3)	5	(13.9)	41	(31.5)	<.01 ^a
Family love	36	(38.3)	7	(19.4)	43	(33.1)	.03 ^a
Family planning	35	(37.2)	10	(27.8)	45	(34.6)	.21
Gender equity in a love relationship	35	(37.2)	8	(22.2)	43	(33.1)	.07
Masturbation	31	(33.0)	9	(25)	40	(30.8)	0.25
AIDS	30	(31.9)	7	(19.4)	37	(28.5)	.11
Reproduction and birth	30	(31.9)	3	(8.3)	33	(25.4)	<.01 ^a
Abuse and harassment	25	(26.6)	4	(11.1)	29	(22.3)	.04 ^a
Homosexuality	21	(22.3)	2	(5.6)	23	(17.7)	.01 ^a
Sexual intercourse	21	(22.3)	4	(11.1)	25	(19.2)	.11
Puberty	21	(22.3)	1	(2.8)	22	(16.9)	<.01 ^a
Contraception and safe sex	20	(21.3)	4	(11.1)	24	(18.5)	.13
Abortion	20	(21.3)	0	(0.0)	20	(15.4)	<.01 ^a
Divorce	19	(20.2)	2	(5.6)	21	(16.2)	.03 ^a
Sexuality and the media	17	(18.1)	2	(5.6)	19	(33.1)	.05
Prostitution	16	(17)	3	(8.3)	19	(14.6)	.27
Menopause	16	(17)	0	(0.0)	16	(12.3)	<.01 ^a
Sex in a person with a disability	12	(12.8)	2	(5.6)	14	(10.8)	.19
Fertilization	6	(6.4)	1	(2.8)	7	(5.4)	.37
Sex in the elderly	4	(4.3)	0	(0.0)	4	(3.1)	.26

^a Statistically significant ($P < .05$).

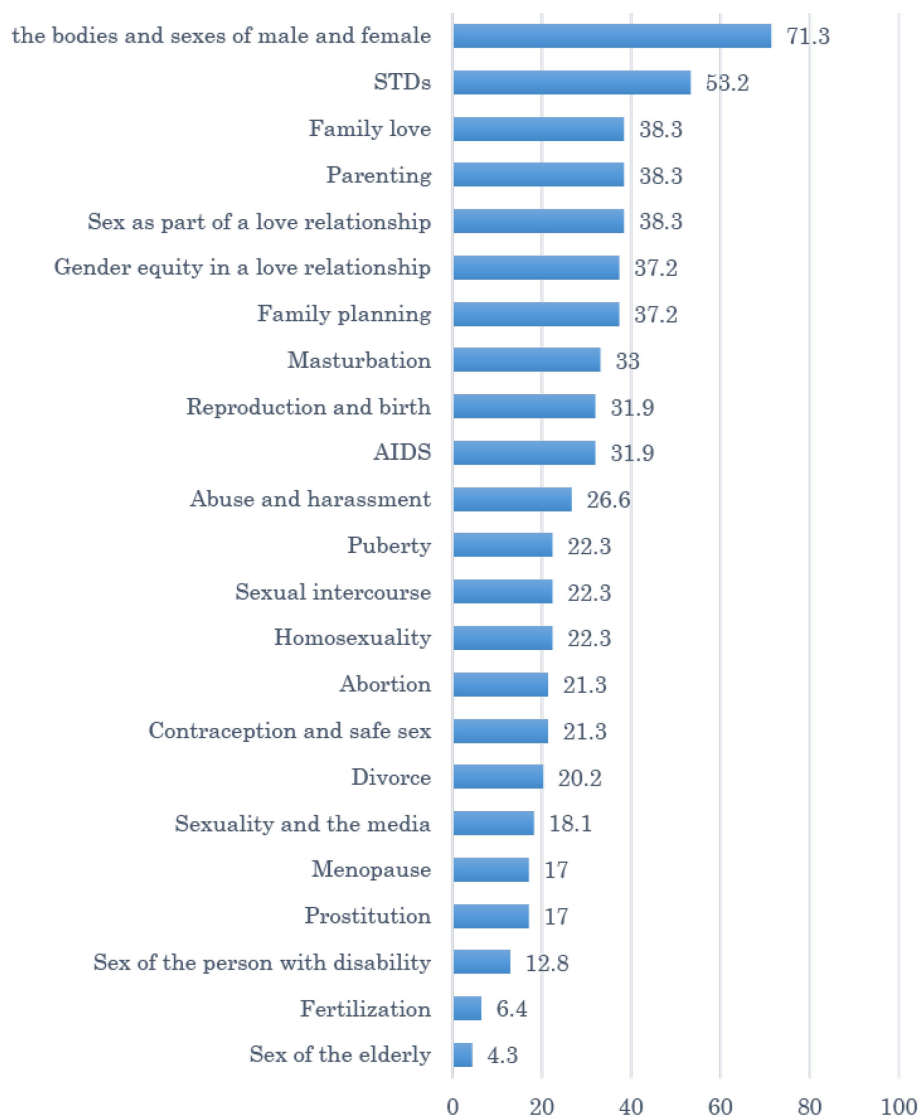


Figure 1. Experience teaching sex education by topic (n = 130).