

Needs for sexual and reproductive health education for students with hearing impairment in Buleleng District, Bali Province

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ABSTRACT

Background and purpose: Adolescents with hearing impairment face a number of exclusion due to their limitation, including lack of access to information on reproductive health. This study aims to explore needs for sexual and reproductive health education for students with hearing impairment at Singaraja.

Methods: A qualitative study was conducted at Buleleng District. Data were collected through in-depth interviews to 19 informants. Informants were purposively selected based on their specific roles. Our informants included students with hearing impairment, head of school, teachers and parents or carers. Data were analysed using a thematic approach.

Results: The majority of students with hearing impairment had low level of knowledge associated to sexual and reproductive health. However, sexual and reproductive health practices between adolescents with and without hearing impairment were generally

comparable. Needs for sexual and reproductive health education must cover several elements: (1) education material must be tailored based on age, (2) learning methods should be tailored based on their intellectual ability, and (3) learning methods must use contextual and real model approach to allow better transfer of information. Teachers faced difficulty to provide sexual and reproductive health education for students with hearing impairment even though some modules are already available.

Conclusions: The provision of sexual and reproductive health education for students with hearing impairment requires tailored material, simple and attractive learning methods, and visual media. Further analysis of the existing reproductive health education curricula for students with hearing impairment is required in order to ensure fulfilment of reproductive rights of adolescent with special needs.

Keywords: need assessment, reproductive health, education, hearing impairment, adolescent

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INTRODUCTION

Statistic Bureau of Indonesia in 2010 reported that as many as 4.47% of population aged >10 years in Indonesia were disabled, of those 1.58% were hearing impairment.¹ Data from Bali Province Social and Welfare Office showed that the total number of people living with hearing impairment was 3,694 in 2016, of those a total of 1,689 were living in Buleleng District.

Adolescents with disabilities generally face some degree of challenges to access health associated information, including reproductive health.² They receive limited amount of information related to sexual and reproductive health. As a result, they are more vulnerable to experience sexual abuse and sexually transmitted infections (STIs).³ This is due to the existing sexual and reproductive health education programs target mainly mainstream schools with little attention is paid to create tailored programs for students with special needs.³

The Indonesia Government Regulation No. 61/2004 on reproductive health stated that sexual and reproductive health services must be made

available for all adolescents without discrimination. Despite this regulation, reproductive health education program for school-age adolescents is mainly targeting mainstream schools. Adolescents with hearing impairment are rarely targeted by such programs. This can be seen from the existing curricula, facilities, and limited trained teachers to provide adequate reproductive health education for students with hearing impairment.⁴

Buleleng District is one out of nine districts in Bali Province that have a high number of productive-aged population with hearing impairment – considered as the highest in Bali Province. This study aims to explore needs for reproductive health education for students with hearing impairment at public schools for adolescents with hearing impairment in Singaraja. The school also called Sekolah Luar Biasa (SLB) B Negeri Singaraja.

METHODS

A qualitative study by adopting phenomenology approach was conducted in Buleleng District. Data were collected through in-depth interviews

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in March 2017 with 10 students with hearing impairment, five teachers, the head of school, and three parents or carers. Informants were purposively selected based on their ability to provide rich information. Selection criteria for students were: currently enrolled at SLB B Negeri Singaraja, mentally stable and healthy, able to communicate, and willing to participate in our study. Selection criteria for teachers were: currently involved in teaching activities at SLB B Negeri Singaraja and willing to participate in our study. Parents or carers must be able to communicate and be willing to involve in our study. In-depth interviews with students took place at school and were assisted by a sign language expert to translate questions from the researcher and responses provided by our informants.

Data were analysed using a thematic approach. Data were presented using a narrative approach. Data analysis was started by developing codes from the interviews. Several codes were merged to develop some categories. These categories were further analysed to identify themes. Triangulation of sources was performed to ensure data validity. Participant information sheet was provided to all participants and informed consent was obtained prior to data collection. Our study protocol has been approved by the Human Research Ethics Committees, Faculty of Medicine Udayana University and Sanglah General Hospital Denpasar.

RESULTS AND DISCUSSION

Themes evolved in this study: level of knowledge related to reproductive health among students with hearing impairment, sexual and reproductive health practices, barriers to provide reproductive health education to students with hearing impairment, needs of reproductive health education for students with hearing impairment, and supports from school as well as from parents or carers in relation to provision of reproductive health education for students with hearing impairment at SLB B Negeri Singaraja.

Knowledge on reproductive health among students with hearing impairment

Our in-depth interview with students revealed that the level of knowledge on reproductive health among students at SLB B Negeri Singaraja was poor. The majority of students reported that they received very little information related to sexual and reproductive health at school. This can be seen from the following quotes:

“What? Pregnancy? I don’t know... [while shaking her head]” (Student, SMPLB, F/15 years)

“Wet dream, yeah I experienced it before, but I don’t know what I wast... hehe...”

(Student SMPLB, M/20 years)

“HIV? I don’t know [while shaking his head]”

(Student SMPLB, M/18 years)

Students with hearing impairment were lack of knowledge related to reproductive health such as puberty, pregnancy, or sexually transmitted infections (STIs). Students with hearing impairment often have several cognitive issues associated with information retention ability, limited vocabulary, and difficulty to comprehend abstract knowledge. Lack of ability to comprehend abstract concepts is attributed by limited language capacity of students with hearing impairment and is not associated with mental disability – improvement in language abilities is followed by improvement in abstraction skills as well.⁵

Adolescents with hearing impairment face difficulty in receiving information, but they often have similar intelligence when compared to adolescents with normal hearing ability. However, their functional intelligence is influenced also by language skills, adequate information exposure, as well as abstraction skills. Lacking in these qualities contributes to the lack of knowledge acquisition among adolescents with hearing impairment.⁵

Sexual and reproductive health practices among students with hearing impairment

Our study revealed that reproductive health practices among students with hearing impairment at SLB B Negeri Singaraja are relatively similar with adolescents in general – characterized by a strong desire to explore their sexuality. Several common practices among students with hearing impairment were romantic relationship, personal hygiene and sanitation including reproductive organs, peers pressure, and watching adult videos (porn). These can be seen in the following quotes:

“Girlfriend? Yes I have a girlfriend. She is at year 10 now. It is normal, I knew her from black-berry messenger, saw her pictures then met her in person... Soon after we become boy and girl friend”

(Student, SMPLB, 16 years, male)

“Yeah we holding hand, kissing, hugging ... We do these activities almost everytime we met, its normal...”

(Student, SMPLB, 18 years, male)

The majority of students with hearing impairment stated that they already have a boy or girl

friend. They also stated that they did several activities with their boy or girl friend which included having a chat at school, holding hand, kissing, and hugging. Their hearing impairment is not associated with their sexual desire. Sexual growth and development are not associated with hearing impairment. Physiological changes among adolescents, including sexual maturity, lead to sexual tension as well as sexual desire.^{6,7}

Personal hygiene and sanitation of reproductive organs among adolescents with hearing impairment were generally good. The majority of them understood how to care their reproductive organs. This can be seen from the following quotes:

"...changing the pad? During my period, I replaced my pad four times per day – in the morning, midday, afternoon, and at night. If I did not replace it, it felt itchy and smell bad... My mom told me to change it regularly as well as how to change the pad"

(Student, SMPLB, 17 years, female)

"my underwear? I showered in the morning and also in the afternoon, I changed my underwear everytime I had a shower, my father told me to change it twice per day, if not it will smell bad"

(Student, SMPLB, 16 years, male)

Our study found that parent plays significant roles to provide information to students related to sexual and reproductive health. They do these roles through providing advice and active communication so that confusion as well as mistake associated with sexual and reproductive health practices can be prevented.⁸

Several students with hearing impairment said that they can access internet through their personal mobile phone. They admitted that they watched adult videos (porn) previously and said that it was due to curiosity as can be seen in the following quote:

"... I did watch it with my friends and keep the video in my phone..."

(Student, SMALB, 18 years, male)

Adolescent is a phase in life where they seek their identity and explore their curiosity, including sexuality, freedom, and peers.⁹ Adolescents with hearing impairment have similar sexual development as adolescents with normal hearing ability, however their hearing issue leads to limited information access resulting in higher probability to engage in unsafe sexual behaviours.⁹

Barriers to provide reproductive health education – teachers' perspective

Our study found that the main barrier to provide reproductive health education for students with hearing impairment from teachers' perspective is communication barrier. In addition, teachers also stated that reproductive health information is no longer provided as a stand alone subject, but rather is integrated into other subjects. Not all teachers want or able to integrate sexual and reproductive health information into their subject, especially for students with hearing impairment as can be seen in the following quotes:

"So we face some general difficulties here because our students are deaf, it is really difficult to deliver the information to them. But, it is available in the text book, so I described it... Because it is part of the subject, they must know about it"

(Teacher, SMALB, 34 years, female)

"Actually, sexual and reproductive health education must be provided as a stand alone subject with dedicated hours per week. Back in 2009, we already allocated specific hours just for reproductive health subject, but now is integrated into other subject, I don't know why... But in my opinion, it should always be provided so that they know about it, because it is really important..."

(Teacher, SDLB, head of academic affair, 35 years, female)

The lack of language skills among students with hearing impairment makes them difficult to understand symbols or language rules. Cognitive problems experienced by students with hearing impairment are mainly contributed by their limited experience of or exposure to the real world as well as limited abstraction skills.¹⁰

Needs for reproductive health education for students with hearing impairment

The majority of students with hearing impairment at SLB Negeri Singaraja expected that information should be delivered by using simple methods to allow better transfer of information. They preferred if information delivered using videos or pictures. It is easier for them to understand the information through video or picture. In addition, using picture or video results in longer retention of information as can be seen in the following quote:

"I like pictures and videos, if they [teachers] talk only I feel bored and easy to forget what they said too"

(Student, SMALB, 21 years, male)

Teachers also agreed that students can understand the information better if real models or experiences were used. They also stated that it is easier to transfer information by using demonstration, pictures, and videos. Furthermore, specific teacher with adequate knowledge related to sexual and reproductive health is required at SLB B. Information should also be tailored based on physiological development of the students, especially among students with special needs including hearing impairment. This can be seen in the following quote:

“We should provide more educational videos about reproductive health because our students knowledge about it is very limited. Videos are needed because it is easier to understand than conventional method. Videos use simple languages, if we explain to them by classroom seminar, they will forget about it quickly...”

(Sport Teacher, 32 years, male)

Reproductive health education for children must be provided in sustainable and gradual manner, and tailored based on their intellectual capacity.¹¹ Sexual and reproductive health education must cover at least the following elements: healthy lifestyle, personal hygiene and sanitation including reproductive organs, physical growth and psychological development, self-adaptation, critical thinking and fulfilment of reproductive rights.¹² However, education material for students with hearing impairment should be adjusted to more fundamental and practical elements because they might face difficulty to understand abstract concepts.⁵ Furthermore, education methods are also as critical as tailored education material especially among students with hearing impairment. Visual media should be used to allow better understanding.¹³ Creative learning methods and visual media can stimulate attention, interest, thought, and feeling of students to achieve objectives of the subject.⁵ Students with hearing impairment require appropriate tools or instruments to guide them in understanding information delivered by the teachers.¹⁰ Teachers stated that the most effective method is role model or demonstration using real objects as well as role playing. Through these methods students are encouraged to actively participate during the education process. The most attractive learning methods must be applied when dealing with students with special needs, including hearing impairment. This can be seen in the following quote:

“We must explain using language that they can comprehend, for example if some of them are boy and girl friends, we use role playing method – by pointing at them as an example.

What do they do when they are in a relationship? We ask them this question, we use simple words but still capture the same meaning, but if there are some information that I don't know I will ask other teachers to explain it to my students”

(Teacher, SMPLB, 36 years, female)

Supports from parent and school on provision of reproductive health education

Adequate supports especially from parents and schools are required to provide sexual and reproductive health education to students with special needs including hearing impairment. Supports from parent are essential as family is the first educational institution for children to learn the whole aspects of life including sexual and reproductive health. This can be seen in the following quote:

“Reproductive health education is very important for children with special needs, but we need to work hard enough to make them understand about the concept of reproductive health, we must explain it in great depth using simple words to make sure they understand it... If we provide them with wrong information they might do something wrong too. In principle I provide information if they ask”

(Parent, 42 years, female)

Information provided by parents or adults are essential to ensure that adolescents receive correct information related to reproductive health.¹⁴ In addition, sexual and reproductive health information should be provided from early childhood. Because children are grown in the family, parent plays significant role in providing reproductive health education for children including effective support during adolescent phase.¹⁵ Schools are formal places for children to gain knowledge facilitated by teachers,¹⁶ including for students with hearing impairment as can be seen in the following quote:

“We must explain using language that they can comprehend, for example if some of them are boy and girl friends, we use role playing method – by pointing at them as an example. What do they do when they are in a relationship? We ask them this question, we use simple words but still capture the same meaning, but if there are some information that I don't know I will ask other teachers to explain it to my students”

(Teacher, SMPLB, 36 years, female)

Teachers have essential roles in providing reproductive health education for students with hearing

impairment because students spend most of their time at school. Students with hearing impairment should be equipped with adequate sexual and reproductive health information or knowledge so that they can avoid negative consequences of unsafe sexual and reproductive health practices.

CONCLUSION

The provision of sexual and reproductive health education for students with hearing impairment requires tailored material, simple and attractive learning methods, and visual media. It should be designed as clear and simple as possible to allow better transfer of information. Information should also be tailored based on physiological development of the students. In relation to learning method, sexual and reproductive health information should be delivered by using simple delivery strategies and by providing real examples (or role model). Further analysis of the existing reproductive health education curricula for students with hearing impairment is required in order to ensure fulfilment of reproductive rights of adolescent with special needs.

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