

# I Love My Body: A Sex Education for Female in Pre-teen Age With Intellectual Disability (ID)

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**Abstract:** Sex education is not only necessary for non-disabled children. Children with ID, who face some difficulties in daily life, also need it. This study aimed to explore the effect of basic sex education for female pre-teens with intellectual disabilities. This study was a case report qualitative study involving one female participant aged 11 years with a moderate intellectual disability. Moreover, the intervention was designed based on the needs of the participants and it was divided into 6 sessions. Based on data obtained from observations and interviews, participants have understood sensitive body parts which other people should not touch without their consent including how to cover parts of his body fully clothed, as well as being more assertive to show disapproval when he wants to be touched without his consent. Thus, it can be concluded that basic sex education interventions for pre-teen girls with intellectual disabilities can be said to be effective.

## 1 INTRODUCTION

Sex education is an important step to protect and prepare children before they go through puberty. In this case, it includes children with intellectual disabilities (ID) who have problems making decisions and do not have sufficient skills or experience to set certain boundaries in establishing relationships with the surrounding environment (Swango-Wilson, 2009). Apart from their need to be accompanied in conducting their daily activities, they are also very dependent on those closest to them; such as, parents in order to gain new knowledge regards to sexual education (Schaff & Mohamad, 2019). Parents mainly have an important role in providing sexual education by being friends for children, as well as observers (Widayati, 2015).

However, not a few people have the wrong view regards to the importance of sexual education for children with special needs. One of them, children with ID often seen as individuals who are asexual or hypersexual (Holland-Hall & Quint, 2017). It becomes a barrier in providing sexual education to them. In fact, given the dependence of children with ID on their surroundings in their activities can make them become victims of sexual harassment. They may be able to perceive that the help of others in their Activity of Daily Living (ADL); such as,

dressing, bathing, and physical touch when socializing is something which is acceptable. As a result, they are unable to recognize dangerous situations and take action (Kamaludin et al., 2022).

Sex education itself is an important component to minimize the risks which can be caused by increasing the capacity of children and adolescents with special needs to seek the help they need (McDaniels & Fleming, 2016). In addition, SE allows children with ID to learn about their body parts and the developments they will experience in the future. It is not only expected to help them deal with future crisis situations, but it is also expected to increase their responsibility and love for each other's bodies (Johan et al., 2019).

Based on the explanation above, the focus of this study is that to determine the effectiveness of sex education given to children with ID. In addition, this study involves parents as educators as well as role models for children in the intervention process.

## 2 THEORETICAL REVIEW

Education and knowledge about sex is important for children with ID in order to minimize the possibility of sexual abuse, develop their ability to make

decisions, as well as self-defense skills (Hollomontz, 2009; Collings et al., 2020).

Kriswanto in Novita (2007) emphasized the importance of sex education which parents can give their children by considering the child's cognitive capacity. Children in their age of 0-5 years, parents should help them to feel more comfortable with their bodies. Children can be taught to understand what is allowed and what is not allowed; such as, the importance of covering the body with completes clothing. In addition, they can be taught to understand sensitive and personal body parts which should not be touched by other people. It is also important to get parents to put themselves in their child's position to make the educational process more effective.

### 3 METHOD

This study was a qualitative case report study. The participants in this study were students from SD SLB X in Yogyakarta who had previously conducted a series of psychological assessments. Based on the results of the initial assessment, it shows that through the Binet test, the participant's IQ was 43 (moderate intellectual disability) with a mental age of 4 years and 3 months. Test results by using the Vineland Social Maturity Scale (VSMS) show a level of social maturity equivalent to the age of 4 years and 9 months.

Sex education interventions were designed by considering the results of psychological assessments; besides, observations and interviews conducted at school or at home with significant others. From the results of observations and interviews, it shows that the participants do not want to wear underwear unless they are at school. Moreover, participants still depend on their father to clean their genitals after urinating and defecating. In addition, parents state that they had found that some male students touched the participants' hands and cheeks without permission, but the participants just kept quiet.

Not only education, but researchers also used positive reinforcement which was intended to increase the enthusiasm of participants to conduct a series of interventions. The intervention was then designed with the following details:

Table 1. Design of Sex Education for Children with ID.

Session	Agenda	Details
Session 1 and Session 2	Psychoeducation for parents	Explaining the participant's condition with parents including the goal, intervention procedure, reinforcer and monitoring process
Session 3	Sex Education : Body Parts	Introducing sensitive body parts, including changes which can be experienced in that part
Session 4	Sex Education : Let's Protect Your Body	Introducing the importance of protecting our bodies, who can touch them, and how to create boundaries. In addition, learning on how to cover the body parts properly with mother as role model and doll for practice
Session 5	Sex Education : Be Assertive	Learning on how to deal with unwanted situations which could lead to sexual harassment, including who cannot touch her body, how to say no, and seek for assistance.
Session 6 – 8	Repeated sessions of session 3 – 5	
Session 9	Termination	

This study used a descriptive qualitative analysis method to compare the differences which appear in the participants, before and after the intervention.

Meanwhile, interviews were conducted with parents as a form of monitoring and evaluation after the intervention.

#### 4 RESULT

The interventions was conducted by using observations and interviews conducted throughout the process up to two weeks after the entire series of interventions had been completed.

The participant's parents previously did not provide any direction regards to the behavior of the participant who refused to use underwear at home. They also did not persuade the child or find out more about the reasons for the child's refusal to wear underwear. Moreover, parents still allowed the participant's request to let the father be responsible for cleaning his genitals, although participants can do it themselves.

In addition to emphasizing the role and limitations of parents in children's daily activities (ADL), the role of parents as role models, as well as companions, who can direct children on matters related to sexual education that are needed is also optimized in the 2 initial psychoeducation sessions with parents. Furthermore, changes in behavior and increased participant knowledge can be seen in the following table:

Table 2. Results of sex education interventions for children with ID.

Before Intervention	After Intervention
Participants refused to wear underwear unless at school	Participants are willing to wear underwear gradually, starting from 2 hours on the first day, up to the next 24 hours
Participants still always asked for their father's help to help clean their bodies	The participants no longer ask their parents for help, start closing the door when taking a shower, or changing clothes
Participants did not know which body parts were sensitive and could not be touched by others	Participants are able to mention three sensitive body parts; such as, breasts, buttocks, and genitals
Participants were still mostly silent and had not been able to say no when other people	In the roleplay session, participants begin to be able to say "No", move away, and ask for help

Before Intervention	After Intervention
touch their bodies without permission	from parents or teachers

During the intervention process, many children are involved in expressing their thoughts. The child expresses that she feels uncomfortable since the underwear felt tight, she is invited to choose the color and shape of the underwear she likes, and she is asked for opinions in situations where she is touched by other people without her permission. The child also begins to be introduced to the shame and responsibility she has to take care of his body.

Parents especially mothers have many roles as role models and they have to accompany children in the learning process. The use of human-shaped doll media is quite helpful in the educational process for children. In addition, through this media, children learn on how to protect and cover their body parts properly.

#### 5 DISCUSSION

Adolescence is a transitional period, biologically, psychologically and socially (Julistia et al., 2019). In the process, it is possible that sexual education is one of the important things which should be prepared before entering adolescence. Furthermore, this interest includes children with ID who have problems making decisions and do not have sufficient skills or experience to set certain boundaries in establishing relationships with the surrounding environment (Swango-Wilson, 2009). Research shows that compared to other children who do not have disabilities, children with ID do not receive adequate education regards to sex or puberty (Sinclair et al., 2015).

Sexual education interventions can be adjusted according to the abilities and age of the child. Children in their age of 0-5 years, parents should help them to feel more comfortable with their bodies. Children can be taught to understand what is allowed and what is not allowed; such as, the importance of covering the body with completes clothing. In addition, they can be taught to understand sensitive and personal body parts which should not be touched by other people.

In sexual education interventions, the use of visual media can increase children's understanding of sexual knowledge. Moreover, modeling and role playing can help to improve the intervention process to be more effective (Rowe & Wright, 2017). Positive reinforcement in intervention programs can also help to strengthen children's learning motivation;

besides, maintaining adaptive behavior when faced with situations which have been studied (Martin & Pear, 2014).

## 6 CONCLUSION

Based on the results described above, it can be said that sex education has proven effective in increasing children's basic knowledge regards to sexuality; besides, it is effective in increasing adaptive behavior in children with ID. The interventions designed in this study are adjusted to the mental age and ability of children to absorb information where it can be a consideration for practitioners and further research to develop sexual education for children with ID.

Future study should involve the school in the intervention process in order to obtain maximum results in the sexual education of children with ID. In addition, follow-up can be conducted with a longer time interval in order to see if the effects are long-lasting.

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