NurseLine Journal

Volume 7, Issue 1, May 2022 p-ISSN: 2540-7937
e-ISSN: 2541-464X

PARENTS EXPERIENCE IN PROVIDING REPRODUCTIVE HEALTH EDUCATION FOR ADOLESCENT WITH VISUAL DISABILITY IN YOGYAKARTA

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Article Info:
Submitted: 2021-03-19
Reviewed: 2021-08-19
Revised: 2021-10-29
Accepted: 2022-02-03

ABSTRACT

Visibility impairment in children with visual disabilities affect their cognitive experiences, reproductive health problems and sexual abuse. One way to prevent negative experiences related to reproductive health and sexuality is to reproductive health education by parents as the closest person to the child. The purpose of this research is to get an idea how parent experience in providing reproductive health education to adolescents with visual disabilities in Yogyakarta. This research is a qualitative research with phenomenology approach. The study was conducted from July to August 2017 in three schools, which are: SLB Negeri I Bantul, SLB Yaketunis and MTs LB Yaketunis Yogyakarta. Participans were selected by purposive sampling based on inclusion and exclusion criterion, and considered the maximum variation sampling. The participants were 10 visual disability parents (father and/or mother). The data was collected through interviews using semi-structured interview guidelines. Data were analyzed using Colaizzi method. Five themes are: 1) reproductive health education is provided in accordance with the needs of children; 2) the parents have barriers in giving reproductive health education; 3) reproductive health education in adolescent with visual disability is given by optimizing the sense of listening, touching and kissing; 4) religion and social norms become the basis of parent's consideration in providing reproductive health education; 5) the visual disability conditions experience by parents will affect the education provided Reproductive health education is important since early age in adolescents with visual disability, by considering media and appropriate methode that is by optimizing the function of the sense of hearing, touch and smell.

Keywords:
Parent, Reproductive health education, Visual disability adolescent

BACKGROUND

Reproductive health education is an effort for adolescents to improve their understanding, knowledge, attitude and positive behavior about their reproductive and sexual health, and to improve the degree of reproduction (Uyun, 2013). Information on sexual and reproductive health to adolescents enhances a positive attitude toward their sexuality (Wilson et al., 2010).

Based on the results of the study, about 50% of sex deviations occurred in adulthood was caused by their lack of knowledge about sexuality (Andika, 2010). Teenager experience various changes including physical changes in the form of hormonal changes, sexual maturity, cognitive changes and social maturity of emotions which make them want to try everything (Santrock, 2011).

Adolescents with visual disability also experienced the process of physical and emotional growth. They experience menstruation, pregnancy, childbirth and breastfeeding for women or producing sperm for men. Adolescents with visual disability has sexual arousal which should be channeled responsibly, satisfactorily and safely (Nugroho & Utami, 2004).

Children with disabilities tend to have a greater risk of experiencing violence than without disability. This is due to social stigma and discrimination, negative traditional beliefs and community rejection, lack of social support and care, the type of disability and increased possibility of developing illness which requiring more care, including attention to treatment (Groce & Peaglow, 2005; Ammermard, 1994). From the socio-cultural point of view of the society, there is a myth that asexual disfigured aside from being considered asexual, there is the assumption that people with disabilities cannot stand with sex drive (Mall & Swartz, 2012).

One type of disability is visual disability or visual impairment. The number of cases of vision and blind according to WHO (2014) is 285 million people with details of 39 million blind and 246 million low vision. 90% of the world's visible impairments are in developing countries. Estimates of 19 million children with vision impaired children have limitations in terms of receiving information. As we know that most information is derived from the sense of sight, whereas in the visual disability, the information is received through other senses, including the sense of smell, touch, and taste (Hidayat & Suwandi, 2013).

One way can be done to prevent negative experiences related to reproductive and sexual health in children with disabilities is by reproductive health education that begins as early as possible (Manu et al., 2015; Ariadni, 2016). The parents have a major role in giving health education, including sexual education (Irianto, 2014).

Parents sometimes find difficulties to talk about reproductive health and sexuality, choosing not to talk about it for a number of reasons, such as; the children are too young to know, ruin their thinking, not knowing exactly what to talk about, not knowing how to talk, the children will not understand, children will learn it in school, feeling shy, mother's role, or having no time (Emelumadu, et al., 2014; Wilson et al., 2010).

The qualitative research on reproductive health education given by parents in adolescent with visual disability has not been existed yet, therefore the researcher is interested to conduct research by title "Parents Experience in Providing Reproductive Health Education for Adolescents with Visual disability in Yogyakarta". The purpose of this research is to get an idea how parent experience in providing reproductive health education to adolescents with visual disabilities in Yogyakarta.

METHODS

The design of this study is a qualitative research with phenomenological approach as researchers want to describe the experience of parents in providing reproductive health education in adolescent visual disability as observed phenomenon.

The population in this study was all parent who have children with disabilities who are attending school in SLB (Sekolah Luar Biasa) in Yogyakarta. Participans were selected by purposive sampling based on inclusion and exclusion criterion, and considered the maximum variation sampling. The inclusion criteria in this study were willing to be a participant by signing of informed consent as evidenced, parent (father and/or mother) of teenager with visual disability aged 10-18, the condition of the teenager without other abnormalities or dual disability, the teenagers are living with their parent. The number of participants in this study was 10 parents, consisting of 8 mothers and 2 fathers.

Instrument in this study were the researchers themselves. In this study, researchers used the method of in-depth interviews and observation. Researchers used structured art interview techniques. The interviews with participants were conducted by the researchers. Researchers used interview guides as a guide and explore participants' experiences. In making interview grids based on references related to reproductive health education. The references used in

making the question grid include: Monks & Knoers (2001), Desmita (2006), Perry et al (2010), Marmi (2014), Muhwezi, et al (2015), Ballan (2012), Wilson et al (2010) and Ariadni (2016). The interview guideline consists of 9 questions that were developed (probing) during interviews with participants. For the example, the question number 1, 2 and 3 is to exploring parents' perceptions and knowledge about reproductive health education. Before conducting the interview, the researcher conducted the experiment using interview guide. The interview trials were conducted on one participant who fit the inclusion criteria but were not included in the research participants. Improvements include modifying the sentences in the questions using language that is easier to understand and creating a list of questions for probing.

The tools used during the interview process were hand phone as the voice recorder and field notes The researchers were assisted by a research assistant who were a diploma nursing graduate. The research assistants observed non-verbal responses from participants, interview situations, environmental conditions, and unrecorded body move in voice recorder which will be written later in field notes.

The interviews were conducted at the agreed time and place between researchers and participants. The venue for interview was selected by considering the convenience, privacy and security of participants and researchers. The interview time lasts for 45-90 minutes, 2 up to 3 times. Researchers conducted a confirmability test by conducting member checking with participants at the second or third meeting to confirm the results of the interview to further add to the accuracy of the research data. The researcher restated an outline of the participant's statement which was then corrected and validated by the participants. The researcher ended the interview after getting the data to reach saturation.

In this study, the dependability test was conducted by conducting an audit of the entire research process. In this study, the audit process was carried out by experts, namely supervisors starting from determining the research problem, collecting data, consulting the results of interview transcripts, determining themes in data analysis and compiling research results.

In this research, researchers used source and method triangulation technique. Source triangulation is done by interviewing participant children with visual disabilities and school teachers. Method triangulation is done by means of observation during the interview process and during the researcher's interaction with the school environment.

Data analysis in this research was done by ongoing analysis. The data analysis was done from the beginning of the data collection process, during and after data collection. It was also done manually using the steps of Colaizzi (1978) cit method Pilot & Beck (2010): 1) the result of the interviews were made in the form of verbatim transcripts by the researchess,, wich were equipped with fielad notes to describe the experience of parents in providing reproductive health education; 2) the second stage is reading the interview transcript repeatedly to get significant sentences; 3) the third step is to formulate the meaning or describe the meaning of the participant's significant statements by detailing the meaning of each statement using the terminology used by the participants; 4) the fourth step is to classify the interpretation and coding results to determine the category or sub-theme / theme; 5) the fifth activity is grouping and arranging themes that have close meaning to get a description of the participant's experience; 6) the sixth activity is to present the data in the form of a complete narrative description of the phenomenon under study; 7) the last activity is to validate interviews with research participants.

RESULTS

This research produces five themes: reproductive health education is provided in accordance with the needs of children, the parents have barriers in giving reproductive health education, reproductive health education in adolescent with visual disability is given by optimizing the sense of listening, touching and kissing, religion and social norms become the basis of parent's consideration in providing reproductive health education, the visual disability conditions experience by parents will affect the education provided.

Theme 1. Reproductive health education is provided in accordance with the needs of children.

Parents provide reproductive health education materials gradually to children. According to the parent, the right time in providing reproductive health education is in accordance with the stage of child development, as revealed by the following participants.

"Probably depends on the process, as something depends on the process. Such as small child, we start to educate not being often together with her sister. For example; sleeping, we separate them, as well as taking shower. We begin to get used to when the age is still small, it may also depend on the development of children. So if I am asked, when does the right time (in what age) I think, it depends on its develop-

ment ......" (P6, 41 years).

The statement of the participant is reinforced by the statement of the school teacher as follows:

"... for junior and elementary students, of course, the level of material is different from the material in high school, not too deep, because if they are not mentally ready then we give them a lot of the material, the effect will be contra-productive, they do not understand, they many find out for by themselves, and we cannot control. So, that's no better impact......" (G4, 41 years old).

Parents of this study did not provide reproductive health education which he thought was inappropriate given to children of a certain age, parents tend to explain to children that children will know in due time.

"The way ya tomorrow if you've time given to know, I'm so pretentious. This time is not the time you were a kid .... He never asked so keep not clear anyway the point is not his time nek not too much, tomorrow he knows in time, when it's time to know must be told, nek now kayak so you have not need to know, ya know if husband and wife but for howgimananya do not always time ... " (P2, 37 years old).

Theme 2. The parents have barriers in giving reproductive health education.

Parents' perceptions of reproductive health education are incomplete, character and condition of children with disabilities inadequate, parental characteristics and patterns that do not support reproductive health education, and parental knowledge related to reproductive health education is still limited.

Parents who are emotionally close to the child will facilitate the provision of reproductive health information, such as the following phrase:

"Yes, it may be like that. Maybe, for example, why did Nabil really dare to ask me when I first experienced wet dreams, that would indicate that I can build trust with him, so no problem, whatever the problem is just delivered ....." (P6, 41 years old).

"....because sometimes his father also works and maybe his father also feels that he (the child) is closer to me, maybe. So, for his father such personal things sometimes are not (are not important to explain) .... "(P2, 37 years).

Parents do not pay much attention to the child's development or condition; parents tend to allow their children to seek their own experiences, as revealed by the following participants:

"Yeah but this kind of boy, even though he is guided constantly sometimes he still does not understand, mending children iku diumbarno sak karepmu sak polahmu .... (it's better that this child be left just like that)" (P1, 47 years)

One of the limitations felt by parents in providing reproductive health education to children is the limited knowledge they possess, as illustrated by the following participant statements:

"... limit, for a child of this age, he should know about what, to where. For this matter, I have not really understood, so the limit is age. For example; the age of 12 years, knowing about what, about anatomy or about why women can get pregnant. Things related to those. The limit is where it is…" (P2, 37 years)

Girls are more susceptible to experience reproductive health problems and if they are sexually abused, the trauma experienced more deeply, it is expressed by the following participants:

"For women, for example, there is a case of harassment; the risk of trauma can be until tomorrow. Then, for example, such a blunt object is going into it (the genital organ), it will damage the hymen ... ..." (P2, 37 years)

Theme 3. Reproductive health education in adolescent with visual disability is given by optimizing the sense of listening, touching and kissing.

Such peculiarities occur in the methods and media used in reproductive health education.

The condition of visual disability with vision limitations requires different educational methods than normal/without disability, so the information provided can be fully understood. According to parents, appropriate methods other than oral and practiced directly, in the visual disability should be added by touching and kissing, this is expressed by the following participants:

"For Firman, added by touching, must be touched. So ever, for example, going to the store, in the store, there is a mannequin. Sometimes he acts as if he touched ......" (P2, 37 years old)

One of the children also revealed that one way to know menstruation by fingering underwear.

"Yes, she knows. In order to know the menstruation by touching, or if she was washing and looking something red (blood), and felt it went out rather fast ....." (A2, 16 years)

According to parents in this study, the appropriate media in providing information to children with disabilities is a media that can maximize the sense of touch and listening, such as dolls, mannequins or mobile phones with speech applications.

"This kind of child should be able to imagine. Sometimes, he cannot, there must be a display. At home, it is impossible if he cannot. At schoo,l there is a statue, there is a model. At the store, sometimes I tell him to

hold, ki if guy ki ngene lho le (this should be like this, son!), there is a mannequin in the store ......" (P7, 41 years)

Theme 4. Religious and social norms become the basis of parent's consideration in providing reproductive health education.

All participants in this study are Muslims, providing reproductive health education to children by linking the value of Islam that they believe. The parents associate reproductive health education with sin, unclean in worship and obligation of children after stepping on adolescence.

"Enggih enggih enggih (yes yes yes) said that there is no need to open such a thing, it is sinful, said anything, cah cilik ora ngono ngono (children, no need to be like that) saru, sin ngaten kulo, kid nggih di kasih pengertian ngaten (gitu)(provide them the understanding) ...... " (P9, 44 years old)

"Yes, it was told, if he was already circumcised then he got baligh now, already have his own responsibility as a Muslim. If he already has his own responsibility, then he should pray. The pray is no need dioprak-oprak ngaten (to always be ordered) ..... " (P9, 44 years)

In this study some parents say that it is very taboo to talk about reproductive health or express the reproductive organs with its original language.

"So, it does not look like, though in public, that people will not think that "noni" is a vagina, no, if her hand does not lead to it ......" (P1, 47 years old)

Theme 5. The disability conditions experienced by parents affect the reproductive health education provided.

Three participants in this study were parents with neutral disabilities. Based on the similarity of these conditions parents better understand the condition of the limitations experienced by children because it also experienced these limitations. As revealed by the following participants:

"No no. I also realize to me also blind have limitations if left behind and so forth we can not follow them, already aja so so never never asked. My own thoughts say so ......" (P1, 47 years old)

Parents with neutral disabilities tend to nurture children and educate children independent of others.

"Yes but the child gini mbak it turns out that the child if guided continue sometimes do not understand, mending children iku diumbarno sak karepmu sak polahmu ......" (P1, 47 years old)

In terms of reproductive health education, parents with disability in neutrals tend to let children obtain reproductive health information from other sources such as schools, the internet, television, radio and friends.

"You know, with the passage of time niku, so the experience from where so, from mobile, from the internet what from TV so, from the radio so may be ......" (P9, 43 years old).

DISCUSSION

Based on the results of the analysis in this study, all parents have provided reproductive health education, although the completeness of reproductive health information provided by one parent with another parent is different. Parents provide reproductive health education materials gradually, in the sense that there is reproductive health material given starting from the child is still small, but there is also material reproductive health given when there are certain moments.

Essentially, reproductive health education in children with disability or not disability should be given early. One way can be done to prevent negative experiences related to reproductive and sexual health in children with disabilities is by giving reproductive health education that begins as early as possible (Manu et al., 2015; Ariadni, 2016).

Reproductive health education provided by parents is influenced by internal and external factors. One such factor is the parent's closeness to the child. Communication between parents and children is needed to instill the values that parents believe, as Kirby et al (2011) points out in Ariadni (2016), communication between parent and child affects child's behavior, and it is also a form of supervision and monitoring of children.

The parents say that they do not fully understand yet about reproductive health, what limit should be given to the child so that the reproductive health information provided does not have a negative effect on the child. They also sometimes find it difficult to talk about reproductive health and sexuality, or choosing not to talk about it for a number of reasons; such children are too young to know, ruining their thinking, do not know exactly what will be discussed, do not know how to deliver, children will not understand, children will study it at school (Emelumadu et al., 2014; Wilson et al., 2010), parents never provided reproductive health education by their parents as well (Pilot & Beck, 2010).

The external factors that affect reproductive health education in adolescent with visual disability are the sex of the child as well as the child's character. External factors are the factors that come from

outside the parent.

Almost all parents express that they are more comfortable talking about reproductive health and sexuality with children of the same sex. Mothers communicate more frequently about reproductive health with girls, whereas fathers communicate more often with boys than girls (Muhwezi et al., 2015; Kamangu et al., 2017). The biggest reason for this is that both parents feel embarrassed and find it difficult to talk openly about reproductive health with children (Motsomi et al., 2016).

Reproductive health education in disability has its own peculiarities. Parents in this study revealed that there is a difference in providing reproductive health education in adolescent disability, such as using more lecture, discussion, and practice methods. The methods of practice are more emphasis on the practice of touching and kissing against something learned.

In terms of education, Ardhi Widjaya (2012) mentions that a person is said to be blind if for his learning activities he needs special tools, specific methods or certain techniques so that he can learn without sight or with limited vision. Lecture and demonstration methods are the most commonly used method of learning for the visually impaired, this is because children rely more on voice and tactile media and do not use images or illustration media (Bandura, 1971).

Three-dimensional media is very suitable for learning for blind students, because blind students need artificial media to learn a big appearance. In addition, three-dimensional media not only rely on the sense of sight, but also rely on the sense of touch. Audio media can also be used for learning visual disability; however, as it relies on the sense of hearing, this medium can only be used for the blind without hearing problems. Another medium which can be used is the environment media, where visual disability explores the surrounding environment (Bandura, 1971).

The last theme found in this research is religion and social norms become parental considerations in providing reproductive health education. Parents said it would be easier to provide reproductive health education to their children if children had been previously introduced to some rules of religion. This is in line with research conducted by Wilson et al (2010) that there are some parents who refer to the teachings of religion in providing sex education that parents use religious teachings and religious communities as support in providing sex education.

Some participants mentioned that sometimes they limit reproductive health information provided because religion does not recommend talking about specific reproductive health materials in children, such as masturbation, lesbian, and gay. This is in line with research conducted by Matsomi et al (2016) which states that religion becomes barrier for parents in talking about reproductive health with children, virtue and prohibition and exclude discussion of sexual activity until they get married.

The experience of parents with disabilities in neutral makes parents better understand the conditions of disabilities in children with disabilities, so that what is experienced by parents is given a lot to the child. Albert Bandura (1971) in his theory of social learning reveals that people understand the world symbolically through cognitive images. The experience of parental condition with disability netra is stored in its memory as a cognitive image, then the parents react with the same attitude based on the experience when having children with the same condition ie disability netra.

CONCLUSION

The conclusion are: 1) parents already provide reproductive health education to children and are provided in accordance with the needs of children; 2) parents have barriers in providing reproductive health education to children; 3) there is a difference in providing reproductive health education in adolescent disability neutrals compared to adolescents with no disability netra, the difference in the methods and media used; 4) religion and social norms become the basis of consideration in providing reproductive health education; 5) the condition of parents with disabilities in neutral tends to self-contain children included in access to information on reproductive health

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