

The reproductive health education to adolescents with intellectual disabilities: Perspectives of parents, teachers, and caregivers

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KEYWORDS

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ABSTRACT Teaching reproductive health knowledge from an early age to children and adolescents with intellectual disabilities is essential. They are more susceptible to sexual abuse and to developing inappropriate sexual behaviour than typical children. This research aims to explore the understanding of parents, teachers and caregivers regarding the reproductive health of children and adolescents with intellectual disabilities and the challenges parents face in providing reproductive health and sexuality education. The research methods are a literature review of 27 articles and group interviews attended by 13 participants consisting of parents, teachers and caregivers of children with intellectual disabilities. Results show that reproductive health issues faced by children with intellectual disabilities are not fully understood by parents, teachers, and caregivers, which contributes to challenges in providing reproductive health and sexuality education to children. Existing intervention programs need to be equipped with tools, while the program's content and method of information delivery need to be improved.

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1. INTRODUCTION

Individuals with intellectual disabilities generally face barriers to obtaining knowledge about sexual and reproductive health (SRH) despite the recognition that having knowledge and understanding about SRH from an early age is crucial for persons with disabilities. The primary reason for this situation is that persons with intellectual disabilities have limitations in their intellectual functioning, such as their ability to learn, solve problems, and judge a situation. They also have barriers to their adaptive functioning, namely in their daily life activities, such as communication and independent living (American Psychiatric Association, 2017). The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V) defines intellectual disability as developmental disorders characterized by mild to severe impairment in cognitive functions and adaptive behaviours (American Psychiatric Association, 2013). Nonetheless, individuals with intellectual disabilities do not have physical barriers (Gibonn, 2022).

In addition to barriers that persons with disabilities face as a result of their limitations, the environment around them, namely parents, teachers, and caregivers, even medical staff, often regard sexuality and reproductive health as taboo topics to discuss (Azhar et al, 2023; ?). There is also an opinion that persons with intellectual disabilities are asexual beings, so their reproductive health knowledge is unimportant (Medina-Rico, 2018; De Wit et al, 2022). (Goli et al, 2022) reported that children and teens with intellectual disabilities are more vulnerable to sexual harassment and

abuse. They are four times more likely than non-disabled children and teens to be victims of harassment (Spencer et al, 2005; Sullivan & Knutson, 2000), and they bear risks of experiencing sexual dysfunction, unplanned pregnancy, sexually-transmitted infections, anxiety, and depression. Not only do disabled children and youth need information about values, morals, the intricacies of friendship, and love, but they also need to know how to protect themselves from becoming victims of immoral acts or other forms of sexual harassment.

Knowledge about sexuality can prevent, as well as protect, children and adolescents with intellectual disabilities from sexual violence. Sexuality is part of reproductive health education, which is education about human sexuality, the reproductive process, human social development, sexual behaviour, marriage, sexual intercourse, and various health and psychosocial aspects that facilitate understanding of reproductive health. Education about reproductive health includes sexual education that aims to equip children with knowledge about sexual and reproductive problems and prepare them to be well-adapted to their environment (A'yun et al, 2019). Guidance is necessary to teach young people healthy and responsible sexual attitudes and behaviour, such as gender roles and interaction with members of the opposite sex (Azis, 2014; Handayani et al, 2019). The objective of sexual education is to prevent children from becoming victims or perpetrators of sexual harassment, and through the materials provided, children are expected to understand the social values and the sexual behaviour that are expected in their community and society

(Astuti & Andanwert, 2016; Handayani et al, 2019). Sexual education also helps children to understand the changes their body undergoes during puberty and to learn about personal care and hygiene (Astuti & Andanwert, 2016; Rowe & Wright, 2017).

To gain an understanding of sexual behaviour and reproductive health, special needs children and adolescents need assistance from their parents, caregivers, and teachers. For children with intellectual disability, sexual education starts at home (Isler et al, 2009), but can also be provided in school, within the community, in a hospital, as well as in places where children receive interventions (Breuner & Mattson, 2016). The purpose is to help children better understand through continuous and repeated daily exposure to information (Breuner & Mattson, 2016). Teachers and other staff are expected to provide education, information, and supervision on sexuality (A'yun et al, 2019).

However, parents, caregivers and teachers do not necessarily know how to appropriately guide a child and improve their reproductive health understanding and skills. Parents, teachers, as well as caregivers face their own set of unique challenges in this area, and a previous study (Handayani et al, 2019) reported how parents and teachers are unsure how to broach the subject of sexuality best even when they frequently discover intellectually-disabled children behaving in ways that do not comply with society's social norms. There is also a view that sexual and reproductive health education is dangerous as it may evoke the desire to engage in inappropriate sexual behaviour (Goli et al, 2022). On the other hand, there are concerns that without proper knowledge, children will not be able to position and protect themselves appropriately and may be vulnerable to sexual abuse (A'yun et al, 2019; Hallahan et al, 2014).

There have been efforts to educate and equip parents and teachers with knowledge on reproductive health and sexuality. However, the educational materials and modules have limited application as they are not specific to the intended target audience are unclear or too technical (McDaniels & Fleming, 2016). The Indonesian Ministry of Education and Culture (Kemdikbud) has developed modules designed to help teachers provide sexual and reproductive health education to adolescents with disabilities (Kementerian Pendidikan dan Kebudayaan, 2020). However, preliminary interviews with parents and teachers performed in February 2022 revealed that there are persistent struggles in understanding and providing education on sexuality to children with intellectual disabilities.

Based on the above situation, this study was conducted to determine the understanding of teachers, parents, and caregivers about sexual and reproductive health education for adolescents with special needs, efforts and interventions that have been made to provide SRH education to children with intellectual disabilities, as well as challenges that have been encountered to obtain a complete picture of the matter that will inform the development of improved interventions in the future.

2. METHODS

This qualitative study was conducted in two stages, i.e., a literature review and a group interview. The study design was submitted to the Scientific Ethics Committee of Atma Jaya Catholic University for review, and activities commenced after approval from the Committee was obtained.

2.1 Literature Review

The literature review was performed on various documents ranging from research report reviews to modules on reproductive health geared explicitly for persons with disabilities. A total of 27 papers were reviewed, consisting of 23 journal articles, two modules, and two review articles on the reproductive health of persons with disabilities, including intellectual disability. The purpose of the literature review was to 1). Understand the sexual and reproductive health situation of persons with intellectual disabilities and the support that parents and teachers need to guide best and assist children with their reproductive health needs; 2). Obtain information about various reproductive health programs and interventions for children and adolescents with intellectual disabilities that have been carried out in and outside Indonesia, evaluate the programs and use the findings as a basis for developing interventions tailored to the reproductive health needs of young persons with intellectual disabilities. The common themes in the articles and modules were identified, synthesized, and summarized as a conclusion from the literature review.

2.2 Group Interview

Group interviews were performed with selected parents, caregivers, and teachers using a convenience sampling technique. The interviews aimed to explore barriers encountered by persons with disabilities in accessing reproductive health information, strategies employed in training and in providing disabled young people with a good understanding of reproductive health, and knowledge among parents, caregivers, and teachers about policies that support/impede reproductive health education for children and adolescents with disabilities. The interview participants were three fathers and five mothers who are parents to teens with intellectual disabilities, two caregivers and three teachers. Thematic analysis was also employed to analyze the interview results.

3. RESULT & DISCUSSION

3.1 Literature Review

The result of literature review in Table 1 and 2

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A review of the above literature identifies the following themes:

3.1.1 Sexual and reproductive health issues in children and adolescents with disabilities

Indonesia has published legislation and policies that protect children and persons with disabilities. These include Law of the Republic of Indonesia number 23/2002 about child protection; Law of the Republic of Indonesia number 36/2009 about health, specifically article 71 clause one that explains reproductive health as being healthy physically, mentally, and socially with regards to the reproductive system, function and process, also article 7 that states that every individual has the right to obtain balanced and responsible information and education on health; Law number 19/2011 that talks about persons with disabilities and contains articles that talk about discrimination against women with disabilities with unmet health needs, and call for elimination of discrimination related to marriage and starting a

TABLE 1. Literature Review Results

No	Source of Literature and Research Method	Finding
1.	(Kelrey, 2020)	Pre-experiment with Pre-test -Post-test Using audio-visual media in health education significantly (p-value between 0.00 to <0.05) improves the reproductive health knowledge of children with intellectual disabilities.
2.	(Rokhmah & Warsiti, 2015)	Qualitative study with in-depth interviews and Focus Group Discussion Most intellectually-impaired adolescent girls' comprehension of reproductive health is not comprehensive and is limited to sexual behavioural issues. Parents and teachers have not played an optimal role in helping teenage girls with intellectual disability gain a good understanding of reproductive health. At the same time, current educational programs and policies have not placed reproductive health as a priority topic in the education curriculum for individuals with intellectual disability. As a result, 80-90% of information on reproductive health that adolescents have is obtained from sources other than their parents.
3.	(Setianti et al, 2019)	Quantitative and qualitative study with data collected through questionnaire distribution, observation, and literature study Comic is used as a medium to guide teachers and parents in communicating reproductive health information to children with intellectual disabilities. Through a story about anticipatory steps in the case of sexual abuse, combined with colourful pictures, the message contained in the story is easily understood. Comics are a suitable medium for conveying messages about reproductive health, specifically in an inclusive educational program. However, improving information delivery using audio-visual media such as film will be necessary.
4.	(Haryono et al, 2013)	Qualitative study with observation, Focus Group Discussion, and in-depth interview Many women with intellectual disability do not understand how to properly care for their reproductive system, which in turn affects their health. They also become victims of sexual violence that results in unintended pregnancies without the ability to get justice since a statement from an intellectually disabled individual is not considered an acceptable testimony in the legal system. Societal stigma, discrimination, injustice, and violence that persist from childhood to adulthood further exacerbate the situation. Persons with disabilities often have their rights to information and specific healthcare denied, causing them to be even more vulnerable to violence in private as well as public places. Existing policies have not fully addressed the needs and specific disability-related issues that women with disabilities face. Parents of disabled children also are not sufficiently equipped with the information and knowledge that they need to provide care, particularly reproductive health care for their disabled children and adolescent girls.
5.	(Nurasa & Hidayati, 2019)	A qualitative study with literature review To allow individuals with disabilities to be aware of and maintain personal hygiene, attention should be paid to hygiene status assessment, practical oral health education programs, and personal hygiene improvement.
6.	(Qibtiyah et al, 2021)	Module A training module that guides facilitators and participants of training on reproductive health and anti-violence against women with disabilities and older people.
7.	(Botfielda et al, 2021)	Training for Trainers, project evaluation, baseline - endline survey, interview In a project that was implemented from 2016 to 2018, teachers reported feeling more confident in teaching about sexuality and social relationships, while students gained knowledge about puberty and physical changes. This project helps overcome stigma against persons with disabilities and contributes to individuals' safety and protection.
8.	(Schaafsma et al, 2014)	Quantitative study with self-reported data Out of 163 staff at a health facility, only 39% provide sex education to their clients, primarily due to perceived social norms toward teaching sex education.
9.	(Swango-Wilson, 2011)	A qualitative study with interviews Sex education should cover topics about friendship, social relationships, and safe sex behaviour. Information can be delivered as a video, but practice opportunities should be provided. Children should also be taught how to report cases of violence safely.
10.	(Kelrey & Kusbaryanto, 2021)	Pre-experiment with pre-test-post-test design Reproductive health (RH) education with flashcards as a teaching medium improves the knowledge and behaviour of children with intellectual disabilities more than RH education using audio-visual media.
11.	(Sensus & Yunitasari, 2022)	Research and development (R & D) Presents a mentorship model for parents conceptually proven by professional experts through focus group discussions and is deemed feasible for implementation. The model's effectiveness still needs to be tested.
12.	(Rosalina & Pratomo, 2022)	Qualitative study (literature study) The use of health educational media, even when presented through a distance learning platform, can improve the life skills of adolescents with intellectual disabilities.
13.	(Ernawati et al, 2020)	Qualitative study (video and interview) Female students understand the concept of menstruation, self-care during menstruation, the procedure to dispose of sanitary napkins properly and to clean their private parts properly.
14.	(Fasya et al, 2019)	Quantitative (quasi-experimental one-group pretest-posttest design) and qualitative study Through psychoeducation, teachers can develop empathy, identify students with problematic behaviour who may need help, and take action using suitable intervention techniques in class.
15.	(Roden et al, 2020)	Presents interventions in the form of pictures, video, activity-based learning (e.g. role play), discussion on issues around reproductive health, introduction to the concept of reproduction (limit the information that is delivered for easier absorption), handouts, reduced use of words (increased use of visuals focusing on critical points).
16.	(Fasya et al, 2019; Ratnawati et al, 2019)	Qualitative study Not all stakeholders are on board in the development/formulation of policy about reproductive health education for adolescents with mental impairments. Even when a policy is in place, implementation is not yet optimal.

family, planning for families and fertility, access to public facilities, efforts to obtain health information, also call for

equal opportunities and access to health care for women with disabilities. Indonesia also passed Law about Sexual

TABLE 2. Literature Review Results

No	Source of Literature and Research Method	Finding
17.	(Andriani et al, 2019)	Module Application of the module includes an explanation of disability, an introduction to reproductive health education, and information related to reproductive health (reproductive system, sexuality, pregnancy, HIV/AIDS, facilitation technique and practice).
18.	Aziz (2014)	Qualitative study (literature review) The practical explanation starts by providing people with an understanding of the concept of sex education for children with special needs, the characteristics of special needs children, and theories of sex education. Then, the explanation will guide teachers/parents to teach sex education to special needs children and discuss the competencies that teachers must have to teach sex education.
19.	Emile (2015)	Qualitative study Almost everyone in society has doubts about the sexuality of persons with intellectual disabilities, even when there are often reports of inappropriate sexual behaviours in public. Persons with intellectual disabilities do crave intimate relationships, which will positively affect their mental health and well-being. Women's wellness screening (breast cancer and cervical cancer screening) is rarely performed on women with intellectual disabilities. Most reproductive health interventions or educational programs are developed for non-disabled persons and do not cover topics about intimate relationships.
20.	(Harisa & Wahyuni, 2020)	Quantitative study (pre-experimental and pre-test post-test) An instructional video about self-hygiene practice during menstruation produces an effect (increase in average score from pre-test to post-test).
21.	(Puspitasati et al, 2020)	Quantitative study (quasi-experimental with time-series research design) Participants' knowledge of reproductive health is not in-depth and tends to focus on concrete, practical information even when they are already aware of changes occurring to themselves or people around them.
22.	(Helda, 2017)	Quantitative study (quasi-experimental with time-series research design) Intervention for children with intellectual disabilities in the form of education about health and sexual behaviour produces an increase in knowledge.
23.	(A'yun et al, 2019)	Qualitative study using Focus Group Discussion Caregivers generally are not familiar with the term reproductive health education for persons with intellectual disabilities. Their understanding is limited to health in general, namely information provided during Posyandu (integrated health service post) services. Caregivers do not understand what reproductive health education means. They agree that early education on reproductive health is essential but believe that education has to be tailored to a child's ability to help the child gain independence. Education should be provided to children with and without special needs. Signs of puberty are not well understood, and caregivers only rely on increasing incidences of misbehaviour. Challenges are seen in teaching children self-care skills (bathing, toilet training, controlling emotion). Schools have inadequate facilities and infrastructure and a high student-teacher ratio. Reproductive health education children with intellectual disabilities receive is limited to practical skills such as using sanitary napkins, putting on clothes, wearing a robe when leaving the bathroom, and self-hygiene and modesty. Caregivers have taught children how to behave toward the opposite sex.
24.	(Setianti et al, 2019)	Qualitative study Teachers can communicate reproductive health information to adolescents with intellectual disabilities in various ways, including short explanations, developing reproductive health care habits, story-telling, and encouraging students to share their experiences, opinions, behaviour, activities, and habits at home.
25.	(Goli et al, 2022)	Qualitative study School instructors, educators, and counsellors do not have the training and critical experience that they need to educate adolescents with intellectual impairment and handle sexual issues and various constraints. Participants believe that the most common sexual behaviours adolescents with intellectual disabilities have are masturbation and exposing their genitals and private parts in public, namely to teachers, educators and counsellors. Schools do not have sufficient skills and knowledge to manage students' sexual behaviour appropriately, and teachers, counsellors and educators who participated in this study have misperceptions and negative attitudes about the sexuality of adolescents with intellectual disabilities. They feel that these adolescents have a higher sexual urge than their non-disabled peers and that sex education will boost their libido and increase the prevalence of abuse and high-risk sexual practices. They incorrectly think that adolescents with intellectual disabilities tend to be "hypersexual" with poor control over their sexual urges. Their concern is that sex education will encourage these adolescents to practice what they learn, increasing the risks of inappropriate relationships, unintended pregnancy, or sexually transmitted diseases.
26.	(Salinas-Escobar et al, 2020)	Qualitative study Sexual Health and Hygiene Care Application – ItaCaS – is an inclusive educational tool that allows youth with intellectual disabilities access content about sexual health and sexual abuse prevention. This application can be an excellent tool for teaching sexual health at home and in school.
27.	(Handayani et al, 2019)	Qualitative study (Interview, Focus Group Discussion, observation) In working with special needs children, one of the challenges faced by Wahana Inklusif Indonesia Foundation (YWII) is in providing sexual education to their students, who are not aware of their sexual development and do not know how to respond to the changes they are experiencing. Training was then provided to parents of special needs adolescents. Overall, the training participants feel they have gained many benefits and express hope for more training in the future. After the training, significantly more parents regard sex education as necessary for special needs children, while before the training, several parents stated that they would not give their special needs child sex education as they believe it is unnecessary.
28.	(De Wit et al, 2022)	A qualitative study (systematic review) Various views and approaches toward the sexuality of persons with intellectual disabilities. Support and sex education are necessary for persons with intellectual disabilities.

Violence Crimes on 12 April 2022, and has a National Action Plan (RAN) on Disability for 2021-2025, incorporated

in Presidential Regulation number 53/2021. The scope of reproductive health has also been broadened, as stated in

reproductive health policy and strategy. However, the current scope of reproductive health is still normalized and designed for non-disabled individuals. In reality, persons with disabilities still have less access to services – for example, reproductive health services – than people in general. Access to justice for persons with intellectual disabilities who experience sexual violence is also limited, as their statement is not considered an acceptable testimony in the legal system.

Children and adolescents with intellectual disabilities, due to their limitations, are more at risk of experiencing problems such as anxiety during puberty, sexual abuse and violence, unintended pregnancy, and infections brought about by sexual behaviours. Sexual abuse may be frequent as persons with disabilities have difficulties recognizing the types of touch that are inappropriate. They also may lack information about various sexuality-related aspects such as masturbation, pregnancy, safe sex, reproduction, and same-sex sexual relations. Disabled women are not only more likely to experience sexual violence, resulting in unintended pregnancy, but they also frequently do not have an adequate understanding of personal and genital hygiene, which subsequently affects their health.

Children and adolescents with intellectual disabilities tend to be less familiar with the concept of privacy and rules regarding intimate relationships with the opposite sex. Their engaging in intimate relationships may be rejected by society even though studies have documented that intellectually disabled persons do date and watch sexually explicit videos. Easy access to various information coupled with limited sex education from their parents encourages them to imitate what they see.

The above situation demonstrates the importance of developing interventions to prevent sexual violence. Survivors of sexual assault may endure long-lasting effects such as disturbance in sexual relationships and social as well as emotional decision-making. They may also perceive their sexual identity negatively and develop some aggressive behaviours, as reported by (Swango-Wilson, 2011).

3.1.2 The understanding among parents and teachers about the reproductive health and sexuality of children and the need for support

Barriers to sexual and reproductive health education and the lack of a suitable solution have limited parents' and teachers' ability to help adolescents with intellectual disabilities optimally gain a good understanding of reproductive health. Consequently, these individuals often obtain information elsewhere.

Current educational policy does not regard reproductive health as a priority topic that should be incorporated into the educational curriculum of students with intellectual disabilities. Many academic institutions and families have not recognized the importance of conveying messages about reproductive health. In fact, to some parents of special needs children, sexual education is unnecessary and undesired.

Based on the literature review findings, it can be concluded that special needs children do need support in the area of sexual and reproductive health, but parents, caregivers and teachers have not been able to meet those needs optimally. To address this, parents and teachers must im-

prove their understanding of reproductive health and sexuality issues that children with intellectual disabilities have.

3.1.3 Reproductive health intervention program

To help persons with intellectual disabilities and other forms of impairment be less vulnerable to sexual harassment, education is essential so that these individuals can develop positive attitudes and behaviour, as well as have decision-making capabilities concerning their sexuality. While intervention programs have been developed, significant gaps are seen in the modules' content and delivery. Information regarding best practices in developing reproductive health interventions must also be disseminated broadly to cover more targets. Findings from the literature review show that current educational programs can be made more effective through continuous effort, multi-party engagement, and various teaching tools like audio-visual media and comics.

3.2 Group Interview

The objective of group interviews was to explore the situation in the field regarding 1). The level of understanding that parents, teachers, and caregivers have about sexual and reproductive health education for children with special needs, specifically children with intellectual disabilities; 2) Challenges that are faced in teaching reproductive health issues to adolescents with disabilities and ways to overcome those challenges. Analysis of the group interview results generates the following themes:

3.2.1 Knowledge of parents, teachers and caregivers about the reproductive health and sexuality of children with special needs

Sexual and reproductive health education for special needs children, specifically children with intellectual disabilities, is considered necessary, but the information that should be provided is limited to sexual behaviour.

"Knowledge of parents and teachers is fundamental so the child will develop".

"..... in my experience, reproduction is related to intellectual menstruation..".

"Just the most basic information, maybe just limited to teaching them what is allowed or not allowed to be seen or touched".

A previous study conducted by (Salsabil et al, 2020) reported that mothers of adolescents with intellectual disabilities do know the signs that their child is going through puberty, but they do not have comprehensive enough knowledge to teach their child reproductive health. Previous studies have also shown that while teachers see the need for education about sexuality, some parents' negative opinions about sex education have caused them to be cautious (Rahmasari, 2017). Sexual education for children should, therefore, be a collaborative effort that involves teachers, parents, and caregivers (Puspita, 2023; Rahmasari, 2017).

3.2.2 Challenges in teaching reproductive health to adolescents with disabilities

Parents, teachers, and caregivers face many difficulties in their teaching efforts due to a disabled child's limited ability

to understand and remember information. Yet, the child's physical growth is on par with the development of typical children.

"their understanding is more limited, so I find it more difficult. Personally, as a parent, my options are.. since she's not yet able to clean her private parts herself, so I do it for her".

"reproduction is too advanced. This is just about hygiene ... it's too advanced already ... we have to look at the needs too ... she may be 20 years old, but her understanding may not be necessarily at that level ... it'll depend on her need".

"...for example, he says he'd like to get married, hey where did he get the idea from ... but when we ask him again, he doesn't understand it either ... he has a girlfriend ... he doesn't even understand what it means to have a girlfriend".

"In my opinion, it's difficult to teach mentally-retarded children. What is conveyed may be understood differently".

Parents and teachers need to be more involved in helping children with intellectual disabilities gain an understanding of reproductive health. Mothers tend to play a more substantial role than fathers.

"The ones who should be engaged in the design and delivery of reproductive health information to children/teens with special needs is the parents of those children. We may have the education and the reasoning ... from upper middle to lower middle level ... the parents' characteristics ... sometimes I'm not as tech-savvy ... parents are not necessarily able to use telecommunication gadgets, not all of them know. We sometimes are also tech-challenged".

According to teachers, sexual and reproductive health education can start with personal hygiene, anatomy and body parts that can and cannot be exposed, as well as behaviours that are not allowed when interacting with a member of the opposite sex they are attracted to.

"I teach her anatomy. I show her everything one by one. When it's about genitalia, you must not touch it. Mom doesn't touch Dad's. Dad doesn't touch Mom's. It'll be dangerous. I give her an understanding of anatomy".

Materials that parents believe to be important are those that focus on the prevention of sexual violence and self-protection. Current school programs teach children self-care and proper behaviours when there is attraction to members of the opposite sex. Without parents' contribution to children's understanding of reproductive health and sexuality, the task will fall solely on teachers at school, so teachers and parents must work together to educate children, repeating at home what is taught by teachers at school.

"...parents have to repeat it. If the information is already taught at school, it must be repeated at

home. It can't only be done at school. If it's only taught at school, it won't work".

"Even when it's taught at school if it's not repeated at home, there won't be any change. We won't see results".

Future programs that focus on reproductive health education by parents will need to incorporate strategies for teaching information to children and for modifying the program to suit the needs of the children. Media such as pictures will help children grasp information more easily.

"As a start, there should indeed be pictures because you can't use abstract things with mentally-impaired children. Especially when you're introducing the concept of gender".

"Gadget use by teens becomes a challenge when they use it to watch pornographic content".

"His imagination will immediately run wild when he sees a video with women in it".

Previous studies have found that the main challenge in educating persons with intellectual disabilities is the need to adapt the educational module and curriculum and select a communication strategy tailored to the characteristics of children and adolescents with intellectual disabilities (McDaniels & Fleming, 2016).

4. CONCLUSION AND RECOMMENDATIONS

Persons with intellectual disabilities are vulnerable to various stigma, discrimination, injustice, and violence. At the same time, they have a right to accurate knowledge and to access health services. Sexual and reproductive health education for children and adolescents with disabilities is therefore essential. Teachers, parents, and caregivers are important figures in their children's sexual and reproductive health education, but without fully understanding the issues that children with intellectual disabilities face, their role in SRH education is limited. Training will be necessary to build the reproductive health knowledge of parents, teachers, and caregivers, strengthen their capacity to deliver the information and support their children better.

Sexual and reproductive health educational programs, modules and interventions have been developed and implemented. However, they lack the necessary tools, such as infographics and other teaching tools, while the program content and the method of information delivery need to be improved to make the modules more user-friendly. Reproductive health education must be a collaborative effort between school educators and parents, and parents must support the training and information provided at school. As a starting point, parents need to accept and understand their intellectually disabled children's condition/capability, and based on that understanding, repeat the SRH materials taught at school so that the information will be easily and better understood through repeated exposure.

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