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EDUSEX FOR MENTAL RETARDATION

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EDUSEX FOR MENTAL RETARDATION

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Abstract

Adolescents with mental retardation have normal sexual development like teenagers in general. Lack of information obtained by adolescents with mental retardation will result in ignorance and abnormal or trivial behavior. Another problem faced is the absence of adolescents with mental retardation to tell everything that happened to him, especially sexual problems, which he considered a good taboo for normal teenagers, especially teenagers with mental retardation. This is due to not obtaining information about sexual education from parents. The purpose of this study was to obtain an overview and design of a sexual education training program for parents with children with mental retardation. This research method uses an open questionnaire method and observation checklist, with research subjects namely parents, especially mothers of adolescents with mental retardation with a moderate category of 86 people. The results showed that as much as 44.9% lacked material and knowledge about sexual education in adolescents, many parents felt embarrassed and considered taboo to teach sexual education to adolescent mentally retarded and lack of understanding and knowledge of parents about sexual education. Thus, the results of the study were followed up by drafting a sexual education training for parents of mentally retarded adolescents.

Keywords: *Parents, Sexual Education, Mentally retarded Adolescents.*

Introduction

Adolescence is a period of transition from childhood to adulthood. At this time there were rapid changes and developments both physically, mentally and psychologically (Klinton and Comellis, 2008). In adolescence there were many changes that experienced both biological, cognitive, and social change. One significant change experienced by adolescents is a physical change that is indicated by the maturation of sexual organs in adolescence caused by hormonal changes that will have an impact on the emergence of sexual desire or drive (Santrock, 2007). The lack of adolescent knowledge about sex has caused various problems among adolescents.

The results of the Nurul 2017 preliminary study found that 250 adolescents in the city of 2014 obtained 95% of teenagers watching pornographic films; 97% ever kissed, *petting, oral sex*; 52.6% of teenagers in junior high school have intimate relationships; and 11.5% of middle school students have aborted their womb (Nurul, 2017). The causes of sexual behavior in adolescents are, among others, not knowing sexually education properly and lacking correct sexual education information. In reality there are still many adolescents who admit that sexual education is not obtained from parents, but is obtained from reading books and there are no subjects about sexual organs, so adolescents do not know and cannot discuss two ways (Sulistiyorini, 2016). These problems do not only occur in normal adolescents, but also occurs in mentally retarded adolescents. Adolescents with mental retardation are individuals who have special needs, with a level of intelligence below the average, so that adolescents with intellectual disabilities experience delays when compared with normal individuals their age. Adolescents who are mentally retarded are less able to adapt to the social environment and lack vocabulary, but mentally retarded children have the same physical development and characteristics of sexual development as normal teens (Machmudah, 2013).

Educational services for children with special needs not only in academic aspects such as reading, writing, and counting. Education *Non-* academic such as community life skills is needed because children with special needs as part of the community need to understand the prevailing norms, so that children with special needs can be accepted in society. One of them is sexual education, especially for *children with special needs*, in this case especially adolescents *with mental retardation* in the medium category who are teenagers. Adolescent adolescents generally lack information related to the development of sexuality. This is due to not obtaining *information about*

sexual education from parents. Parents are less interested and say taboo to provide an understanding of sexual education to mentally retarded adolescents, for fear of causing problems in adolescents. As a result, mentally retarded adolescents do not have sufficient knowledge about sexual education information. Therefore, mentally retarded adolescents often experience problems of sexual violence because of the limitations of adolescent mental retardation in knowledge, often underestimated, considered stupid and can be lied to because of their ignorance. Sexual education regarding parts of the body, uses, and how to care for the limbs is still often considered taboo or unnatural to be taught by parents to mentally retarded adolescents. Parents, especially mothers, are the closest and most time with children. For parents who have mentally retarded children in the moderate category and adolescent problems, an understanding of the conditions and needs of children must be owned. One of them is an understanding of the stage of adolescent sexual development. If you have this education, parents will know the needs of adolescents in filling out the values in their sexual development process. According to (2002), free sexual behavior of mentally retarded adolescents tended to be twice as high as normal adolescents because mentally retarded adolescents had a higher curiosity than normal adolescents, because adolescent retardation could not control their desire to channel sexual needs. This causes the occurrence of mental retardation free sexual behavior tends to be higher.

Every year many families feel depressed because their children experience premature puberty, plus social media that is growing so rapidly. Various kinds of information received by teenagers today must get *filters* from parents. This is the responsibility of parents and school educators. Many parents feel uncomfortable when discussing sex issues with their children both parents who have normal children and mentally retarded children. For parents who have mentally retarded children who have adolescents, their anxiety and anxiety levels will increase each year.

Research Methods

This study used a *purposive sampling technique*, namely the selection of subject groups based on certain traits or traits that are considered to have the same characteristics as desired (Hadi, 2004). The research subjects were selected based on certain criteria according to the problem and research objectives. The criteria for the subject of this study are: Parents of mentally retarded adolescents with a moderate category who attend SLB in Surabaya with the age limit of 12- to 20-year-old adolescents and unmarried. From the criteria of the research informants mentioned above there were 47 informants from parents of moderate mentally retarded adolescents. Data collection in this study used an open questionnaire and observation *checklist*. The questionnaire is a list that contains questions that must be answered or worked on by the respondents who want to be investigated (Nursalam, 2012).

Research Results and Discussion

1. The ability to care for reproductive organs (genitals)

Based on the caring ability associated with reproductive organs (genitals) for teenagers is the ability of respondents to be divided into 3 levels, namely (1) good ability to obtain a score of 76-100%, (2) sufficient ability if you get a score of 56-75%, and (3) lack of ability if you get a score of <56%

Table 1. Distribution of respondents according to their caring ability related to reproductive organs (genitals)

No.	Capability	Frequency	Percentage
1.	Good	0	0
2.	Sufficiently	2	4
3.	Less	45	96
Total		47	100

Source: Recapitulation of questionnaire data in August 2017

Based on the above table from 47 respondents almost all (96%) or with the highest frequency are respondents who have washing ability less hands are 45 respondents (96%). Information on the introduction of the reproductive system in children

Based on the information on the introduction of the reproductive system in children through the mother, it is divided into 3 levels, namely (1) Providing a score of 76-100%, (2) Giving enough if the score is 56-75%, and (3) Provide less if you get a score of <56%

Table 2. Distribution of respondents according to information on the introduction of the reproductive system in children

No.	Information given	Frequency of	Percentage
2.	Good	5	11
2.	Sufficiently	13	28
3.	Less	29	61
Total		47	100

Source: Recapitulation of questionnaire data in August 2017

Based on the above table from 47 respondents most (61%) or with the highest frequency are respondents who have level of knowledge is less than 29 respondents.

2. Level of knowledge

Based on the level of knowledge of the respondents divided into 3 levels, namely (1) the level of knowledge is good if you get a score of 76-100%, (2) The level of knowledge is enough if you get a score of 56-75%, and (3) Less knowledge level if you get a score < 56%

Table 6. Distribution of respondents according to level of knowledge

No.	Knowledge	Frequency	Percentage
3.	KindGood	7	15
2.	Sufficient	14	30
3.	Less	26	55
Total		47	100

Source: Recapitulation of questionnaire data in August 2017

Based on the table above from 47 respondents most (55%) or with the highest frequency are respondents who have a level less knowledge is 26 respondents (68%).

Discussion

From the results of this study explain about sexual education by parents to mentally retarded adolescents. Parents here are expected to provide sexual education to mentally retarded adolescents. In this case the researcher will describe the results of the research that has been done to find out the opinions of informants about self-development education in mentally retarded adolescents, about methods of delivering sexual education to mentally retarded adolescents, about the obstacles faced by parents in introducing sexual education, and forms of sexual behavior appear in mentally retarded adolescents. From the results of these studies, it will be recommended as needs in the design of sexual education training by parents for mentally retarded adolescents. It can be seen that the responses of informants about the ability of self-development in adolescents with mental retardation are in a fairly good category. The supporting factors for the success of adolescents recognize reproductive health are determined by themselves with parents as a companion and educator of reproductive health abilities in adolescents with mental retardation, so that adolescents with intellectual disabilities are able to achieve the expected success. In addition to the existence of supporting factors, there are also inhibiting factors in the ability to develop adolescents with mental retardation, namely thinking slowly. This is because the level of intelligence or intelligence that is classified as below average. Some self-learning learning material that must be mastered and possessed by young and mild mentally retarded adolescents, so that every mentally retarded teenager can live naturally in accordance with the functions of independence (Apriyanto, 2012), namely: especially about reproductive health.

In reproductive health education learning for students at Extraordinary Schools (SLB), it is expected that students have been able to do their own self-development activities at a minimum to meet their needs in order to prepare themselves for puberty. At puberty, adolescent retardation will experience physical changes such as adolescents in general. The emergence of biological needs in adolescents with mental retardation, namely sexual needs. Sexual needs in normal adolescents they can control or control, in contrast to mentally retarded adolescents who cannot control their desire to channel their sexual needs. For this reason, mentally retarded adolescents who have entered puberty and have been able to carry out self-development activities independently need to be continued with sexual education. Sexual education for mentally retardant includes: distinguishing gender, maintaining self and reproductive organs, and guarding themselves from the touch of the opposite sex.

Sexual education here will be explained about the methods or methods of parents in delivering sexual education to mentally retarded adolescents. The responses from informants included aspects of how to maintain, care for, and introduce reproductive organs, provide an explanation of the differences between men and women both psychologically and physically and how to interact with the opposite sex, and behavior that often appears in mentally retarded adolescents when entering *akil baliq* is to start liking or being interested in the opposite sex. For this reason, parents also provide understanding and direction about the impact of sexual behavior. In addition, tools or methods used to explain sexual education by parents for mentally retarded adolescents by explaining and giving examples and learning from information obtained, namely from the internet, social media, friends, and books. Sexual education is the delivery of information about the introduction (name and function) of members of the body, understanding of gender differences, the description of sexual behavior (relationships and intimacy), and knowledge of values and norms in the community related to gender (Nawita, 2013). Sex education also works on how to build attitudes.

In educating and conveying about sexual education for mentally retarded adolescents, parents, especially mothers as informants, encountered various obstacles faced, namely the ability to capture, lack of material and knowledge, physical disturbances, unstable emotions, etc. However, from some of the above constraints, the highest factor can be an obstacle that lacks material and knowledge about sexual education in mentally retarded adolescents. This is in accordance with the phenomenon that occurs in the field that the lack of knowledge and understanding of sexual education for adolescents with intellectual disabilities is an obstacle for parents to provide direction and understanding to mentally retarded adolescents. so that parents have very little guidance and understanding of sexual education. So that adolescent mentally retarded often experience problems of sexual violence because of the limitations of adolescents with mental retardation in knowledge, adolescents with mental retardation are often underestimated, mentally retarded adolescents are often considered stupid and can be deceived because of the disability of mentally retarded teenagers. The observation results *checklist* that have been carried out and received responses from informants can be known about the forms of sexual behavior that many adolescent adolescents do are: (1) mentally retarded adolescents use HP to communicate with opposite sex friends as much as 18.6%; (2) mentally retarded adolescents use HP to open image features, videos that smell like pornography as much as 23.3%; (3) and mentally retarded adolescents like to hold their own genitals as much as 4.7%. This is in accordance with the phenomenon that occurs in the study area that many adolescent mental retardation who behave violates the norms that apply in the community, namely in the form of sexual behavior that has been described.

Conclusions and recommendations

Based on the results of the discussion it can be concluded that Sex education for teenage children should also be given during early childhood such as providing reproductive health education to normal children, with the hope that parents and the surrounding environment have good knowledge to provide reproductive health. education.

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