

Sex Education for Autistic Adolescents

Ria Dwi Ismiarti, Munawir Yusuf, Zaini Rohmad

Universitas Sebelas Maret, Indonesia
E-mail: bukuusangria@gmail.com

Abstract: The first adolescent developmental tasks associated with sex that must be mastered is the formation of new relationship and more mature with the opposite sex. The development of interest in the opposite sex follows a certain pattern, likewise for autistic adolescent who experience growth in their sexual side. Sexuality is the integration of feelings, needs, and desires that shape a person's unique personality, revealing a person's tendency to be male or female. Sex, on the contrary, is defined as sex or other activities/events from physical relationship sex itself. Adolescent with autism do not like the adolescent age. Parents who have children with autism have different challenge, especially in providing sexual education to their children. Sexual education for adolescents with autism is very important they are more prone to experience sexual harassment. Sexual education is also important for autistic adolescent to them give an adequate understanding regarding changes in physical, mental, and the emotional maturity associated with sexual problems and provide knowledge about the mistake and sexual perversion so that they can protect themselves against the exploitation that can disrupt the physical and mental health.

Keywords: sexual education, autism, adolescent with autism

INTRODUCTION

Sexuality is the integration of feelings, needs, and desires that shape a person's unique personality, revealing a person's tendency to be male or female. Sex, on the contrary, is defined as activities / events from the physical relationship sex itself. There are two aspects of sexuality, namely sex and sex in the narrow sense and in a broader sense. Sex in a narrow sense consists of genitals, limbs and other physical characteristics that differs male and female, glands and hormones in the body that affect the function of genitalas, and sexual intercourse. In a broader sense, sex is everything that happens as a result of (the consequences) of their gender which includethe differences in behaviour (e.g. rude, flirtatious, gentle, etc., the differences in attribute, such as clothing or name, the differences in roles and jobs, and the relationship between men and women in social manners, romance, courtship, marriage, and others.

This definition of sex education by Djiwandono (2008) essentially has been presented and shelled by various experts in various ways. That is because sex is a sensitive material. Sex education is intended to explain all things related to sex and sexuality in reasonable ways, not limited to anatomy, physiology, venereal disease, and aberrant sexual behaviour.

The term youth or adolescence comes from the Latin word (*adolescere*) (the noun, *adolescencia* meaning teenagers) which means "growing" or "grow up" (Hurlock, 1981). The term adolescence, as used today, has broader meaning, covering mental maturity, emotional, social, and physical.

Desmita (2010) states that teen age restriction commonly used by experts is between 12 to 21 years. The time span of adolescence is usually divided into three, namely: 12-15 years = early adolescence, 15-18 years = adolescence mid, and 18-21 years = late adolescence.

The first adolescent developmental task associated with sex that must be mastered is the formation of new relationships and more mature with the opposite sex. The development of interest in the opposite sex follows a certain pattern, likewise with autistic adolescents who experience growth in their sexual side.

Autism is a developmental disorder that is very complex neurobiological / weight in a long life, which includes disorders in the aspects of social interaction, communication and language, behavioural and emotional disorders, and sensory perception as well as in the motor aspects.

The term autism comes from the word *autos* meaning self and *ism* means a stream; when combined it becomes a notion that is interested only in his own world. According to Chaplin (1999), autism is a way of thinking that is controlled by a personal need or by themselves, respond to the world based on the vision and expectations of their own, deny the reality, extreme preoccupation with their own thoughts and fantasies. Autism can be defined as broad and severe disorders. The symptoms begin to appear in children before the age of three.. Disruption of this development includes the fields of communication, interaction, and behaviour.

Disturbances mentioned above make parents of autistic children are more focused on improving communication skills and other academic fields. Meanwhile, the autistic child will also grow to be a teenager and started to like things such as sex. That is the reason why autistic children are also required to receive sexual education from an early age. It is inversely proportional to the parents' ways of thinking. Those parents prefer to avoid sexist speech with autistic children.

In fact, teens with autism do not have the ability to easily identify the problems due to the limitations of their sex. It all leads to the issues of sexuality in children with autism. For example, they are not embarrassed to walk naked in front of the crowd, take off their pants, or see and hold their own genitals. Children with autism rarely touch private parts of the body of others when in fact they do need to masturbate. If it is not performed, they will feel depressed. New parents will know the big problem when children do it in public.

According to Wulansari (2007) physical development in individuals with autism is more less the same with individuals who are not susceptible to interference. This means they also need a special education about sexuality. However, sex education for children with autism is not an easy thing to do because it is associated with the disruption they experience. Communication disorder, in which individuals with autism are not able to communicate both verbally and non-verbally with others, makes it difficult to convey information.

Social interaction disorder causes difficulty in a relationship or to interact positively with others. It also makes them unable to translate between the lines and rules in society. The problems they face are difficult for them to adapt to the environment so often and prevent people with autism to mingle with the people (Wulansari, 2007). As quoted by Wulansari (2007), providing education to individuals with autism are also linked with their trademark in information processing and perceiving the world. Each individual with autism has manifestations of varied disorders. Therefore, in providing the education it needs a different way for each individual depends on the ability to digest the information and their responses to the teaching process.

Compared to teens in general, autistic adolescents are more prone to experience sexual harassment because of their ability to withstand disturbances others are very weak instinct. Accordingly, it is necessary to specifically teach autistic adolescents about sexual education.

This article provides information about the importance of giving sex education to autistic individuals at an early age, presents some insights about things that should be done to avoid the sexual abuse, and how to provide sex education for young children with autism appropriately.

METHOD

The research was conducted at an autism school in West Java and a therapy clinic for people with autism in the region of Central Java. The data were collected using observations, interviews, and literature. Observations were conducted to some adolescents with autism who have entered into puberty, while interviews were administered to a teacher, a parent, and a therapist. The research was to determine how to communicate sex education to adolescents with autism.

This is a qualitative research with case study approach. Case study is a real-life research exploring every detail through the collection of data involving multiple sources of reliable information (Creswell, 2015). Case study design used in this research is a case study for analyzing and comparing the cases or problems in two different places. This study sought to uncover how teachers and parents in two different regions communicate sexual education to adolescents with autism. The data collected in this study is qualitative data. Data collection techniques used are interview, observation, and literature review.

According to Denzin and Lincoln (2011) interview the data collection techniques used to explore and expand the information disclosed used using open-ended questions. In-depth interviews in this research is addressed to parents of autistic teens, teachers, and therapists who deal with autistic adolescents with interview guides open questions aimed at obtaining depth data on how parents, teachers, and therapists to communicate sexual education to adolescents with autism. (1) Observations was conducted by researchers to observe the sexual behavior of adolescents with autism. (2) To collect the data and theory in the study, a wide variety of data and theories are acquired through books, the Internet, newspapers, and other non-human resources to support research.

As stated by Creswell (2015), qualitative data analysis is a process that involves organizing the data (text, transcript, image data or photos), reading the introduction to the data base, coding, organizing theme, data presentation, and interpretation of the data during the process research. It can be concluded that the data analysis in qualitative research is started from the collecting the data, systematically compiling the data, and interpret the data to others.

Steps in the analysis of qualitative data according to Moleong (2014), are: (1) The entire depth interviews with informants either record or tape. The recorded interview was interpreted in a complete typewritten transcript; (2) Results of typed transcript were read as a whole to understand the full interviews from informants and do the editing process including writing and summarizing documents relevant to the theme of the research; (3) Researcher makes coding and finds

topics on the interview to be the key word to fit with the research topic; (4) The data were classified by giving codes on the keywords that appear and categorize those keywords. Categorization is groupings or compiling the thoughts and opinions of the informants; (5) Interpreting the data was been obtained by making a classification scheme for determining the theme; (6) Interpreting the analysis results by comparing with the theme.

FINDINGS AND DISCUSSION

Findings

Adolescents with autism do not like the adolescent age. Parents who have children with autism have a different challenge, especially in providing sex education. Sex education for adolescents with autism is very important because they are more prone to experience sexual harassment. It is also essential to give an adequate understanding regarding changes in physical, mental, and the emotional maturity and provide knowledge to protect themselves against the exploitation that can disrupt the physical and mental health.

Each individual with autism has varied characteristics. It makes each individual with autism is unique so that in providing the education a different way is needed for each individual depending on the ability to understand the information. According to a parent of an autistic teen (St), since the child entered school age, the parent has begun to teach toilet training to their child. He taught the child to be able to bathe themselves, waste water and clean independently. He explained that as the child is growing up they feel embarrassed when they were ushered into the bathroom, accompanied and assisted by parents.

However, for sexual education-related to interest in the opposite sex, he claimed that he was late to give it to the child. He started giving sexual education after discussing with teachers because the child suddenly kissed a woman in public and made the woman screamed hysterically. At 19 years old, the child started to feel an affinity with the opposite sex. It is not easy to give an explanation that kissing an unknown female is inappropriate. The child gave an angry response and did not speak with the parent for a few days.

The parent eventually collaborated with teachers to provide the same material for the child in a predetermined time. Not only were the insight and explanation given verbally, the parent and also teacher gave a visual media using a video that is easily understood. Videos that provide materials on the difference of body parts of men and women makes it easy for the parent and the teacher to explain what is allowed and not allowed to be shared with others.

According to the teacher (E), the challenge for him to provide sexual education to students is that he is unable to generalize the material to all students although all of them have autism because they have different characteristics.

The easiest sex education is toilet training because he can directly ask the students to practice it. Once the students are able to do toilet training activities, the stage is enhanced by the teacher to sexual education about the condition and physical changes. For this matter the teacher tries a little hard because students have to be separated between men and women. By using a video to explain gently with a language that is easily understood by their students about the vital parts, the teacher explains that the vital part should not be shared with others and should not be shown to others., It is beneficial for students to avoid sexual harassment.

Not only explain which parts should not be touched by other people, but the teacher also tried to explain part of the body of the opposite sex that the students should not touch. The teacher gave rational explanation that will not scare the students. He explained why and what would happen if their vitals are touched by another person and if they touch the vitals of others.

It takes long a time to get the hang of students, so that the teacher should work together with the parents and invite them to be more concerned because it is uncommon that parents tend to be indifferent to their child's development. The teacher also gave the parents an understanding about what to do if their children ask about matters relating to sexuality, about what they should do if the children masturbate..

Lastly, according to a therapist at an autistic clinic (D), he said that it is not easy to provide sex education to the patient. The toughest challenge was when one of his patients began to feel an affinity with the opposite sex. Patients several times embrace the opposite sex suddenly. He seeks a way to provide an explanation that it was a wrong behavior, but it was not accepted. The therapist feels rather difficult to advise the patients because their parents are rarely involved in the therapy.

Until finally the therapist changed the way he provided an explanation to the patient. He provoked the patient to be more open in expressing their feelings. He asked the patient to tell her daily activities. That way, the therapist can make the patient understand the sexual education materials. The therapist also gave the material gradually. After making sure the patient really understands the materials, he will replace with other materials in higher level of understanding. Now his patient is able to control the sense of attraction to the opposite sex, not touching the vital parts in public, and some other things related to the patient's sexuality.

Discussion

Access to information related to sex and gender should also be available to adolescents with autism. Because of their conditions, it is important address the problems they may hinder their understanding on sex education (Sinclair et al., 2015). There are certainly many ways to give sex education to autistic adolescents which include the participation of parents, teachers, and therapists to achieve the same goal for their children.

Due to the fact that some parents have limited understandings on how to give sex education to their children, collaboration with teachers is certainly needed. Girgin-Büyükbayraktar et al. (2017) argued that teachers need to provide detailed information related to hygiene and other sexual related materials. In addition, teachers should be supported by continuous training in order to give their best in providing sex education to students with autism (Maia et al., 2015). However, Schaafsma et al. (2015) argued that it is important to design a detailed procedure of the method in giving sex education for adolescents with autism. Therefore, the decision in designing curriculum for sex education should involve the participation from all stakeholders (Travers & Tincani, 2010).

The benefits of giving sexual education to children with autism at early age are: (1) Forming attitudes and providing understanding of sex in all manifestations; (2) Giving an understanding that human relationships can bring satisfaction to both individual and family life; (3) Presenting an understanding of the needs of moral values essential to provide a rational basis in making decisions related to sexual behavior; and (4) Reducing prostitution, irrational sexual fear, and excessive sexual exploration. Sex education also provides insight and conditions that can make individuals engaging in sexual activity effectively and creatively.

CONCLUSION

Sexual education is very important to be given to adolescents with autism even since their early age. Sexual education is not only concerned with sex between men and women but also on how they can conduct independent toilet training and recognizing their physical development so that not anyone can touch their vital parts. Sexual education for adolescent with autism can determine the boundaries between behaviours that can and cannot be done.

Adolescents with autism should be given social skills to handle more complicated relationships, not just inter-human relationship. It is important to provide sexual education to adolescent with autism from an early age. Sexual education is not just an addition to a subject but must be given independently and specifically. Teachers, parents, and therapists should

work together to provide sexual education materials so that adolescent experience repetition of true idea about the material. If a material is understood, then it can proceed to other materials.

REFERENCES

- Djiwandono, S. E. (2008). Pendidikan Seks Untuk Keluarga. *Jakarta: PT Macanan Jaya Cemerlang.*
- Chaplin, J. P. (1999). Kamus Lengkap Psikologi. (Edisi 5). *Jakarta: Raja Grafindo.*
- Creswell, J. W. (2015). Penelitian kualitatif & desain riset: memilih diantara lima pendekatan. *Yogyakarta: Pustaka Pelajar.*
- Denzin, N.K., & Lincoln, Y. S. (2011). The Introduction: The Discipline and Practice of Qualitative Research The Sage Handbook of Qualitative Research Fourth Edition. *California: Sage.*
- Desmita. (2010). Psikologi Perkembangan. *Bandung: Remaja Rosdakarya.*
- Hurlock, E. B. (1980). Psikologi perkembangan suatu pendekatan sepanjang rentang kehidupan edisi kelima. *Jakarta: Erlangga.*
- Moleong, L. J. (2007). Metodologi penelitian kualitatif edisi revisi. *Bandung: PT Remaja Rosdakarya, 103.*
- Wulansari, T. D. (2007). Studi Deskriptif Mengenai Pendidikan Seksualitas oleh Orangtua pada Individu Autistik Remaja. (*Unpublished master's thesis*) Universitas Sanata Dharma, Yogyakarta, Indonesia
- Sinclair, J., Unruh, D., Lindstrom, L., & Scanlon, D. (2015). Barriers to sexuality for individuals with intellectual and developmental disabilities: A literature review. *Education and training in autism and developmental disabilities, 50(1), 3-16.*
- Girgin-Büyükbayraktar, Ç., Konuk-Er, R., & Kesici, S. (2017). According to the Opinions of Teachers of Individuals with Intellectual Disabilities: What Are the Sexual Problems of Students with Special Education Needs? How Should Sexual Education Be Provided for Them?. *Journal of Education and Practice, 8(7), 107-115.*
- Maia, A. C. B., Reis-Yamauti, V. L. D., Schiavo, R. D. A., Capellini, V. L. M. F., & Valle, T. G. M. D. (2015). Teacher opinions on sexuality and Sexual Education of students with intellectual disability. *Estudos de Psicologia (Campinas), 32(3), 427-435.*
- Schaafsma, D., Kok, G., Stoffelen, J. M., & Curfs, L. M. (2015). Identifying effective methods for teaching sex education to individuals with intellectual disabilities: A systematic review. *Journal of sex research, 52(4), 412-432.*

Travers, J., & Tincani, M. (2010). Sexuality education for individuals with autism spectrum disorders: Critical issues and decision making guidelines. *Education and Training in Autism and Developmental Disabilities, 45*(2)284-293.