



Research Paper

Sexual Health Education Among Autism Adolescents in Special Schools

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Abstract

Every learner, including those with autism, must be taught about sexual health education. Teachers have a crucial role to play in educating autistic adolescents about sexual health while they are in school. However, many teachers face confusion while teaching sexual education to autistic adolescent students. This research aims to describe the problem of sexual health education in autistic adolescents and the need for learning media to teach sexual health education to autistic adolescents in Special Schools. This study used a qualitative approach. Data was collected through interviews with teachers of autistic students in Special Schools. This research was conducted in 3 (three) special schools in Solo Raya, Indonesia: SLB A, SLB B, and SLB C. The subjects in this study were three teachers of autistic students. The research instrument used interviews with teachers regarding sexual health education issues and the need for instructional media to teach sexual education. The results of the study show that there was a main problem regarding teaching sexual education for autistic students; teachers with autistic adolescents experience confusion in teaching sexual education for autistic adolescents because there are no props or media that are suitable for autistic characteristics. Autism students more easily accept learning using visual-based media. This research's limitation is the sample, which only uses a small sample. This research was only conducted on teachers of autistic students in the Special Schools setting. Based on previous research on sexual education aimed at students with disabilities in general, the novelty of this study is to describe the problems of sexual education in autism students in the adolescent age category.

Keywords: *Sexual Health Education; Autism Adolescents; Special School*

INTRODUCTION

Knowledge about reproductive health and sexuality education is important to be taught to every student. The World Health Organization (WHO) sees that sexual health is part of human development and also a human right, and if sexual health can be achieved, then "the sexual rights of all people must be respected, protected and fulfilled" (Joseph, 2022). Reproductive health is defined as a condition in which humans can enjoy their sexual life and are able to carry out reproductive functions and processes healthily and safely (United Nations Population Funds, 2022). Sexual education begins at birth when parents bathe, change diapers, hold and hug their children and continues when children are just learning to walk, and preschool age when parents dress, toilet-train and teach their children about their body parts (Stein et al., 2018).

Sexual education should aspire to provide an understanding of the implementation of their human rights (which includes respect for gender diversity and equality), promote gender-just norms, and critically examine gender (gender issues) (Mukoro, 2021). All education, including sex education, is connected to the environment and culture and focuses on the environment and culture itself (Mukoro, 2017). All stakeholders in educational institutions, including students, teachers, and school administrators, exist in various contextual sexual ethos, and this is used to regulate policies and behavior (Preston, 2016). Sexual education in schools must focus on the school environment itself and involve all members of the school.

These problems bring us to awareness of the importance of reproductive health education for adolescents with disabilities. Inappropriate sexual behavior is caused by the lack of understanding of normal puberty, lack of appropriate sex education, medications, and problems associated with ASD (Beddows & Brooks, 2016). Along with all the limitations, they still have to

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know about the reproductive system, functions, and processes that will lead them to a sense of responsibility for their health and keep them away from sexual harassment and risky sexual behavior. Age-appropriate sexual interest, limited sexual knowledge and experiences, and social deficits may place adults with ASD at increased risk (Viecili & Weiss, 2014). Developing a safe and healthy sexual relationship is not always easy for teens, and youth with autism are at higher risk for some negative sexual health outcomes, including abuse and sexual exploitation (Viecili & Weiss, 2014). In 2022, there was a case of an Autism child who became the victim of sexual abuse by his neighbor. He was sodomized and got threatened by the perpetrator not to tell anyone (Kompas.com, 2022). Individuals with ASD were between two and three times more likely to experience sexual contact victimization, sexual coercion victimization, and rape than the comparison group. Importantly, the individual with ASD was found to be at a higher risk of sexual victimization regardless of sex, with males with ASD being more likely to be victimized compared to males without ASD and females with ASD being more likely to be victimized compared to females without ASD (Viecili & Weiss, 2014). The facts are that individuals with ASD are more likely susceptible to becoming victims of sex or rape victims. Therefore, sexual education for autism students is important to prevent unwanted risks. They will learn about consent and which parts of their body are allowed to be and not to be touched by others. Sexual education needs to be taught in an individualized manner that is accessible to every individual.

The importance of learning sexual health education is stated by (Grieve et al., 2007) that children, students, and adults with disabilities have the right to receive education about the natural functions of their bodies and their sexuality so that they can fully understand themselves, they also need and have the right to appropriate and timely sexual education as part of their quest to become whole individuals. It is important for repetitive education to start from an early age, and as every individual is different, education should be taught in an individualized manner that is accessible to each specific individual (Beddows & Brooks, 2016).

The government, through the Ministry of Education and Culture, held an Online Training, "Sexuality Education for Children with Special Needs," in 2020. The aim of the training is that participants are expected to be able to know methods of teaching sex education to children and adolescents with special needs. However, the training provides information on teaching teachers to children with special needs in general, not specifically for autistic children or adolescents. Teachers experience confusion about how to deliver to autistic students to explain how to care for their reproductive organs when they have menstruation for women and wet dreams for men. Teachers have not found the right way of teaching to deliver sexual health education that is specific to the needs of autistic students, for example, by prioritizing the use of visual media. This study aims to identify problems in sexual health education for autistic youth in Special Schools and to find out the need for learning media to teach sexual education for autistic adolescents in Special Schools.

LITERATURE REVIEW

Autism

Autism is described by the Department of Education (US) as a developmental disability that significantly affects social interaction and verbal and nonverbal communication. Autism is a diverse neurodevelopmental condition that encompasses a continuum of abilities ranging from mild to severe difficulties with social communication and interaction and restricted, repetitive patterns of behavior and interest in activities (American Psychiatric Association, 2013). Usually, these symptoms appear before the age of three and have a negative effect on educational performance (Slavin, 2018). Children with autism are usually very withdrawn and experience difficulty with a severe degree of language, so they may be completely mute (Slavin, 2018). Children with autism

have deficits in social interaction and communication and have distinctive and repetitive patterns of behavior. They also exhibit cognitive deficits and abnormal sensory perceptions (Hallahan et al., 2014). (Wicks-Nelson & Israel, 2000) defines individuals with autism as demonstrating impairments in social interaction, communication, and restricted and repetitive behavior and interests, which sometimes refers to a series of primary difficulties. An autistic student is someone who experiences a developmental disorder that affects social interaction and communication and has limited and repetitive patterns of behavior. These symptoms usually appear before students turn three years old. This can result in disturbances in interactions with other people it can affect the next stage of their development.

The diagnostic criteria for autism disorder are upheld by the Diagnostic and Statistical Manual of Mental Disorders (DSM V), namely: (1) having deficiencies in the areas of social communication and social interaction from various contexts; (2) having a limited and repetitive pattern of behavior in an activity; (3) symptoms that appear during the developmental period; (4) clinical symptoms can cause problems in the social sphere, work, and other areas that have social functions; and (5) disorders that arise are not solely due to intellectual disorders and developmental disorders in general, but the basis for diagnostics is social communication development disorders (American Psychiatric Association, 2013).

Based on these definitions, it can be concluded that autistic children are children who experience neurobiological developmental disorders that appear in the developmental period before the age of three and affect reciprocal social interaction skills, communication and language skills, stereotyped behavior, emotional disturbances, sensory and even motor disturbances, accompanied by repeated and limited interests and activities.

Sexual Education

When a child goes through adolescence, autistic children also experience the same things as children in general. Adolescents who develop disabilities and adolescents without disabilities experience the same thing in the development of their reproductive organs (Quint & O'Brien, 2016), both male and female adolescents (Ariantini et al., 2017). Youth without disabilities can meet and maintain their reproductive health independently (Altundağ & Çalbayram, 2016). However, adolescents with disabilities (mentally impaired and autistic) are less responsive (DeBeaudrap et al., 2019) and don't even know how to maintain their reproductive health, especially the health of their reproductive organs (Ramawati et al., 2012), even these teenagers don't understand what to do when hormonal changes occur in their bodies (Yuliyani, 2021). Adolescents with ASD have sexual needs but may don't understand their physical and emotional development resulting in inappropriate sexual behavior (Beddows & Brooks, 2016). To prevent deviant sexual behavior and reproductive health problems during puberty, sexual education is given to children aged in their teens to be used as counseling. Sukinah et al. (2010) explain that autistic adolescents experience confusion when they are teenagers. The confusion that arises can be in the form of confusion about menstruation and confusion because of sexual desire. Teachers have an important role in teaching sexual health education, including for autistic students, so that the lives of students develop well because adolescents with disabilities are sometimes neglected in reproductive and sexual health programs because they are considered unlikely to be sexually active (Addlakha et al., 2017). Furthermore, sexual health education should be taught to autistic adolescents. Government has a responsibility regarding the availability of proper education for children, including sexual health education curriculum. The curriculum for autistic adolescents is needed so that unwanted risks do not occur, such as diseases that arise from not being able to maintain personal hygiene to the risk of premarital pregnancies.

Education has been viewed from different perspectives, with each scholar attempting a

definition to explain a process that involves the impartation of skills, concepts, and critical information to pupils, with the intention of making them informed and useful to the society they belong to (Egdebeyi, 2020). Sexual education can be interpreted as education for good behavior, upholding social values, and helping a person deal with life's problems that are centered on sexual instincts that arise in certain forms and are normal human experiences (Aziz, 2015). According to (Djiwandono, 2008), sexual education can be interpreted as all ways of education that can help young people to deal with life problems that are centered on sexual instincts, which sometimes arise in certain forms and are normal human experiences. Sexuality education (SE) in schools can assist students as they navigate the physical and developmental processes of adolescent sexuality (Brewin et al., 2014). The main goal of sexual education in a child's early years is to provide a strong foundation so that as a sexual being, he can function effectively as a man or a woman in their life.

In terms of Sexual and Reproductive Health Rights (HKRS), the government, adults, and youth organizations should respect and protect the rights and needs of adolescents' sexual and reproductive health, provide information and education to adolescents, the community, leaders, and parents regarding adolescent reproductive health rights; involve youth when developing policies for youth, such as the preparation, implementation, and evaluation of programs; provide sexual and reproductive health services that are friendly and open to adolescents, according to the needs of various adolescent problems, and uphold confidentiality and not judge; as well as providing adequate facilities and infrastructure to support the freedom of youth to express themselves.

According to (Hermawan, 2020), there are three major themes in teaching reproductive health and sexuality education, namely puberty, gender, and relationships. Material related to puberty includes the characteristics of puberty in boys and girls, maintaining personal hygiene, maintaining genital hygiene during menstruation for women, maintaining genital hygiene during wet dreams for adolescent boys, and efforts to go through puberty healthy and happy. The material related to gender includes the concept of men and women and the concept of gender equality. Also, relationships include pregnancy, sexually transmitted diseases and their transmission, as well as violence and efforts to protect themselves.

The subject given to autistic adolescents must pay attention to their intellectual abilities. Material can be modified according to student abilities and using language that is easily understood by autistic students, as well as using real pictures or animations with the aim that autistic students can easily understand the material presented by the teacher.

Empirical Review

Sexual behaviors that occur in these adolescents with ASD include hyper masturbation, public masturbation, inappropriate romantic gestures, inappropriate arousal, and exhibitionism. Such behaviors are thought to be caused by a lack of understanding of normal puberty, the absence of appropriate sex education, the severity of their ASD, and other associated problems (Beddows & Brooks, 2016). Adolescents with autism have expressed some behaviors that did not properly show in public, such as masturbation in front of people. Parents and teachers should help them acquire the necessary skills to navigate their desire. This process may only be possible (or optimally effective) after practitioners establish the accommodations necessary within existing programming, which can then be evaluated empirically (Tullis & Zangrillo, 2013). For their sexuality to be understood, it appears that an individual with ASD must understand what autism is before they can make progress with their social skills and, subsequently, their sexuality. Parents and teachers must recognize the individual's deficits so that realistic expectations can be achieved (Beddows & Brooks, 2016). Teaching sexual education to autistic adolescents is not only the teacher's duty. Parents, as an expert for their autistic children, need access to information from

other resources, such as the internet, psychologist, and parent-to-parent interaction as a support group. It will be beneficial if some parents do such things, and the goals of sexual education for their children can be achieved. Teachers and parents need to work together to make a program that suits for autism children depending on their characteristics.

That is too often that autistic adolescents are provided with sex education only after demonstrating problematic sexual behavior (Tullis & Zangrillo, 2013). In fact, sexual education needs to be taught from an early age, specifically for autistic children. Typical sexual education programs lack needed elements and modifications necessary to make them relevant to individuals with ASD (Ballan & Freyer, 2017). The subjects of sexual education need to meet the criteria of every individual with autism. Every individual with autism has different characteristics and is unique, and it should be added to the Individual Educational Program for the students.

RESEARCH METHOD

This study used a case study qualitative approach, which aims to explain and describe various aspects of an individual, a group, a community, a program, or a social situation (Mulyana, 2001) (. A case study is an approach capable of examining a simple or complex phenomenon, with unit analysis varying from single individuals to large comparisons and businesses; it entails using a variety of lines of actions in its data gathering segments and meaningfully making use of a contribution to the application of theory (Berg, 2006). This present study aimed to describe the problem of sexual health education in autistic adolescents in Special Schools and the need for learning media to teach sexual health education to autistic adolescents in Special Schools. Data was collected by interviewing teachers of autistic students in Special Schools. The interview was conducted for one month in October 2022. This research was conducted in three special schools, SLB A, SLB B, and SLB C. All these three schools are located in Solo Raya, Indonesia. The subjects in this study were chosen by purposive sampling. They were three teachers of autistic students at Special Schools. The characteristics of the subjects are shown in Table 1. The author only interviews teachers in Special Schools because it has different setting teaching experience from Inclusive Schools. Data sources in this study are primary and secondary data sources, the data and information obtained directly from research subjects. Meanwhile, secondary data sources are additionally supporting data and information that come from various sources or literature, such as theories from textbooks, scientific journals, or the results of previous research.

Table 1. Characteristics of the Subjects

Subjects	Characteristics		
	Age of Teacher	Year(s) of Teaching Experience	How Much Autism Students (s) in their Class
A	49	25 years	2 autism students of 5 other disabilities students
B	39	16 years	2 autistic students of 4 other disabilities students
C	45	20 years	2 autism students

The interviews in this study contained two main topics, which are regarding the problem of sexual health education and the need for learning media to teach sexual education. Interviews with teachers include the learning process of sexual education, sexual education learning outcomes, evaluation of sexual education, and constraints in learning sexual education. Data is analyzed by thematic analysis in order to identify, analyze, organize, describe, and report themes discovered within the data set (Braun & Clarke, 2006). The triangulation process used is triangulation with methods, i.e., comparing data acquisition from the same data collection technique with different

sources.

FINDINGS AND DISCUSSION

The findings of this study identified two main themes, i.e., the problem of sexual health education for autistic adolescents in special schools and the need for learning media to teach sexual education for autistic adolescents in special schools. The purpose of this research is to describe the problems of sexual health education for autistic adolescents in Special Schools. Interviews have been conducted with teachers regarding the learning process of sexual health education, sexual education learning outcomes, evaluation of sexual education learning, and constraints of learning sexual education, as well as topics regarding media needs for learning sexual health education for autistic adolescents in special schools.

Based on the interview results, the teacher at SLB A said that the learning process for sexual health education at the Special Schools was only an orally because no curriculum for autistic students discussed sexual health education. Teacher A said that "We only give some explanation about sexual education when we studied IPA or PE (Physical Education). When studying Sciences (IPA) related to reproductive health, the teacher advises on maintaining personal hygiene, keeping a distance between women and men, etc.". Common problems faced by adolescent autism students are menstruation for girls and wet dreams for boys. When female students are menstruating, they feel uncomfortable, so they will take off their pads in public. As for male students who have reached puberty, they will touch their genitals in public. There are even students who kiss a male or female friend of the opposite gender. The obstacle faced by the teacher is confusion when conveying because the characteristics of autistic students are different from other students regarding the comprehension of each student. Non-abstract media is needed to teach sexual health education to autism students. Teachers hope that there will be media that makes it easier for teachers to convey sexual health education to autistic students, such as real media or real objects because students' levels of understanding are different. The teacher added a statement that "*We need a media that can help us to deliver sexual education not in "pornography" ways. We need an animation video or pop up pictures that can help autism students understand sexual education subject*". Media must be adapted to the characteristics of autistic students who prefer visual learning.

The results of interviews with teachers at SLB B said that the learning process for sexual health education at the SLB contained lectures to students about positive and negative things about sex, the risks that occur with free sex, and telling about pregnancy. In addition, the teacher also shows the physical and emotional changes that occur during puberty. Teachers received provisions for learning sexual health education from BIMTEK through the Ministry of Education and Culture in 2015. The obstacle faced by teachers when teaching sexual health education was that learning had to be repeated so that students understood because each student had different intellectual abilities. The teacher hopes that the media has lots of pictures and explains sequentially so that students understand the process. The teacher hopes that they get help from other experts/specialists, such as doctors or nurses. Teacher B said, "*It will be easier to teach sexual education if we get helped by another specialist, such as Doctor and Psychologist, they can teach about sexuality matter on their capabilities*". Tullis & Zangrillo (2013) stated that in constructing curricula to address sexuality for adults and adolescents with ASD, two main strategies may be useful. First, clinicians and researchers can adapt sex education curricula to account for the specific needs of ASD. Such modification may be appropriate for some learners on the autism spectrum, but others may benefit from more targeted approaches that are tailored to their specific needs from the start.

Interviews with teachers at SLB C said that the learning process for sexual health education at the SLB had not gone well. Teachers do not have media and curriculum guidelines to teach sexual health education to autistic students. Teachers only give advice and suggestions for maintaining

personal hygiene during menstruation and keeping a distance from friends of the opposite gender, as well as the risks that arise when having premarital sex. Teacher C said that "*Sexual education is really important for autistic students. It can help them understand their body functions as well, but to teach sexual education is not only the teacher's duty. We need help from parents, other experts, and of course, from the government. We do hope that government has a curricula standard about sexual education for autistic or other disabilities students*". Teachers have never included sexual health education in their subjects, even though it is really necessary. Teachers hope that there will be standard curricula from the government and media that can be easily accepted by autistic students in learning sexual health education and are easy for teachers to operate.

In the interviews with three teachers from three different special schools, there are problems in general that the ignorance of students can lead to unwanted risks, which is why sexual health education is important and must be taught to autistic students. As stated by (Davies et al., 2022), sexual education prevents negative health events, establishes a safe learning environment, and provides children and youth with the knowledge and skills to form healthy relationships that enhance well-being, preparation for adult life, and life expectancy. In reality, individuals with autism spectrum disorders are often seen as asexual; that is, they do not have any sexual desire or feelings for other people, or their sexuality is problematic because "the sexual rights of individuals with autism are often limited under the guise of protection, resulting in dangerous indolence" (Gougeon, 2010). Therefore, sexual health education for autistic students is very important to deliver to prepare autistic students in the future to practice self-reliance.

Children and adolescents with autism spectrum disorders need general sexual education that is the same as their peers, and it must be recognized that teaching children with autism spectrum disorders requires an explicit approach and teaching (Davies et al., 2022). The media used must follow the characteristics of autistic students; they require a different approach from other students. Autism students prefer visual learning, as stated by Christopher et al. (2021), explaining that the involvement of visual attention in learning in autistic children contributes to the development of children's cognitive functions. Audio and audio-visual media are a form of learning media that is cheap and affordable (Rifmasari, 2021). Visual and dynamic learning is easier for autistic children to accept than not using pictures or using static pictures. Thus children with autism spectrum disorders who are in general education classes may benefit from teaching that uses more visuals and more predictable structures (Slavin, 2018). Therefore, media with a visual basis will make it easier for teachers to teach sexual health education and help autistic students receive learning more easily because it fits the characteristics of autism who like things visually.

CONCLUSIONS

Due to several problems being encountered by the teachers, it is not easy to deliver sexual education for autistic adolescents in special schools. The obstacles being encountered include the absence of sexual education curricula. Teachers need help from other experts like Doctors and/or Psychologists to deliver proper sexual education for autistic adolescent students. Generally, the problems in sexual health education have similarities, namely around menstruation in teenage girls and wet dreams in teenage boys. When entering puberty, autistic adolescents are required to understand how to maintain personal hygiene and know the changes that occur to them, including physical changes and emotional changes. Learning sexual health education for autistic adolescents has obstacles, such as different levels of understanding from other students and the characteristics of autistic students who prefer visual learning. Teachers complained about sexual education curricula which led to problems with how to deliver sexual education to autistic students. Current practice for addressing sexuality in the ASD population includes some curricula that may be beneficial for teaching skills related to sexuality, but scientific support for such curricula is absent.

Therefore, teachers need visual media to teach sexual health education to minimize the risks that occur due to students' lack of understanding during puberty.

LIMITATION & FURTHER RESEARCH

The limitations of this study are the small sample size and only teachers in special schools. The author hopes that further research will have a larger sample not only for Special Schools teachers but also reach teachers in the inclusive education setting. Further studies are required to develop research about media that helps the teacher to teach sexual education subjects that can be adapted for autistic characteristics to ease teachers while explaining sexual education to autistic adolescent students.

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