ISSN: 2460-7185

FACULTY OF EDUCATION & GRADUATE SCHOOL
YOGYAKARTA STATE UNIVERSITY, INDONESIA
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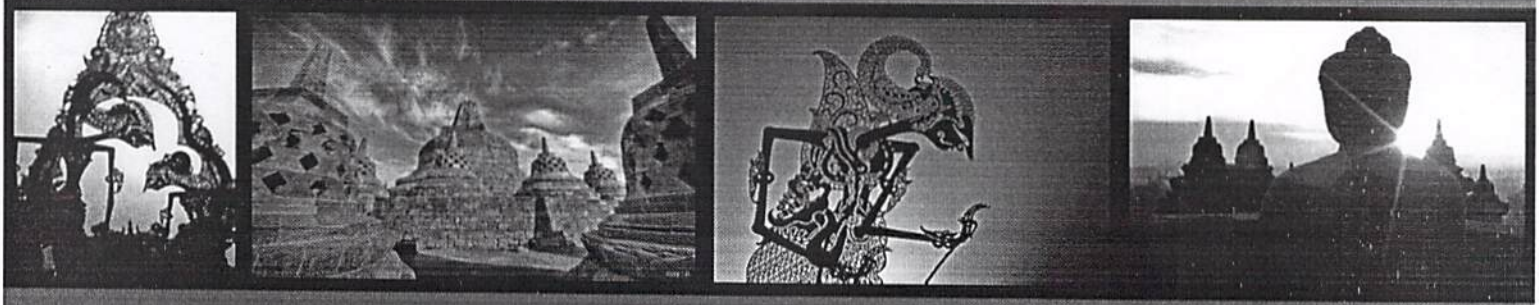
UNIVERSITI KEBANGSAAN MALAYSIA



PROCEEDING

2nd International Conference on Current Issues in Education (ICCIE)

Yogyakarta State University, INDONESIA
25-26 August 2015

Proceeding
2nd International Conference on Current Issues in Education (ICCIE)

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Yogyakarta State University

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ISSN: 2460-7185
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THE NEEDS OF INFORMATION TECHNOLOGY BASED MEDIA TO TEACH SEXUAL EDUCATION FOR CHILDREN WITH AUTISM

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Abstract

Children with autism often gave rise to problems including one for sexual behavior. Sexual education is needed to prevent children with autism from sexual behavior disorder. This study aimed to describe the development of information technology based media needs that can be used by teachers and parents to teach sexuality. This research is a descriptive study that was conducted in seven Special/Autistic Schools in the Yogyakarta Special Teritory. Subject of this study were teachers and parents of autistic children. The data obtained in this study were analyzed quantitatively and qualitatively, and is presented in the form of tables, graphs, or narrative. The results obtained in this study as follows: 1) children with autism have the same sexual development with other children, but some children experience sexual deviant behavior; 2) teachers and parents has taken various measures to deal with it in the form of prohibiting, remind and distract the child; 3) The majority of the teachers have been giving lessons contain elements of sexual education integrated in other subjects; 4) sexual education has also been given by parents in the home in various ways; 5) sexual education learning model used by teachers mostly direct practice, lectures, and question and answer, some teachers have used media such as video and information technology utilizes Internet media; 6) the majority of respondents said that had never developed a specific learning media for sexual education for children with autism; 7) most teachers found the information technology-based learning model will allow teachers to provide sex education for children with autism.

Keywords: autism, sexual education, information technology

1. Introduction

Children with special needs including autism experience the same range of sexual needs and desire as the rest of population. For example, study by Trani and colleagues (2011) found that more than half of adult respondents who had disability reported being sexually active. However, they may experience many difficulties meeting their needs (Eastgate, 2008) such as difficult to communicate their desire (Fegan et al. 1993). For most young people with disability, the appearance of secondary sex characteristics occurs in the same as the adolescent in pubertal age. Like all adolescents, teens with special needs may express desires and hopes for marriage, children, and normal adult sex lives (Murphy & Elias, 2011).

Contrastingly, people in community believe that people with disability are not sexually active and therefore in little need of sexual and reproductive health services (WHO & UNFPA, 2009). Moreover, parents and health care professionals are often pessimistic regarding the potential of people with autism to enjoy intimacy and sexuality in their relationship. In fact, the only real difference is their access to information about appropriate expression of sexuality and appropriate communication of sexual needs (Fegan et al., 2003).

Moreover children with autism at risk of sexually abused children are higher than normal. The risk of sexual harassment is four times higher for children with special needs when compared to normal children. Although there is no exact figure, children with autism is the biggest victim.

Autism is a severe neurodevelopmental disorder in which affects the way a person to communicate and relate to others (Sutadi, 1996). The term autism or often called Kanner's syndrome is used to indicate a psychotic symptom in children which is characterized by a blank facial expression as if he were daydreaming, losing his mind and it is difficult for others to draw attention to them or invite them to communicate (Budiman, 1998). Meanwhile, according Sasanti (2004) autism is a group of clinical symptoms or syndromes that are very varied and relate to one another and unique because it is not the same for each case.

Basically, autistic children experience changes emotionally, physically and socially similar to normal children, such as: hunger, thirst, need affection, as well as hormonal changes as their peers. Children will experience physical changes at the age of puberty such as: begin to grow hair on the face, armpits in the pubic area, a change in the growth of body hair, voice changes (male), and started to menstruate (women). However, emotional changes for children with special needs (including autism) tend to be more difficult because of their interest in the opposite sex are often opposed by the environment (Schwier & Hingsburger, 2000). In addition, children with autism often do not have the feeling of embarrassment when walking naked,

exposing genitals, opening briefs, and masturbation in public places.

One way to overcome sexual problems in children is to provide appropriate sexual education early on. Unfortunately, such approaches are not generally appropriate for individual with autism spectrum disorders because they do not specifically address the social impairments characteristic of these disorders. Some parents and educators of individuals with autism spectrum disorder may face considerable difficulty in finding developmentally and socially appropriate sexuality education programs (Sulivan & Caterino, 2008).

Sexual education needed by children with autism must be adapted to the characteristics and learning style of children. Children with autism tend to have a visual learning style such as prefer to look at books or pictures or watch TV and generally easier to digest information that they can see, rather than what only they can hear. Because the vision is their strongest senses, no wonder many children with autism are very fond of TV / VCD / image.

However, sex education instructional media for children with autism is still difficult to obtain, including information technology-based media. The above facts indicate that the innovative learning models necessary to provide sex education for children with autism. This study aimed to describe teachers and parents needs about the development of information technology based media that can be used to teach sexuality.

2. Methods

This research was a descriptive study that explore children sexual development, teachers and parents experience on sexual education, sexual education learning model used by teachers and parents, teachers and parents perception about information technology-based learning model to provide sex education for children with autism. The study was conducted in seven Special/Autistic School situated in the Yogyakarta Special Teritory: SLB 1 Bantul, SLB Gunung Kidul, SLB Citra Mulia Mandiri, SLB Bina Anggita, SLB Dian Amanah, SLB Samara Bunda, and SLB Muhammadiyah Dekso. Subject of this study were teachers and parents of autistic children who proportionally acquired by purposive random sampling. The data were collected through questionnaire and in-depth interviews then analysed quantitatively and qualitatively, and is presented in the form of tables, graphs, or narrative.

3. Results and Discussion

Puberty is the time in life when a boy or girl becomes sexually mature (NIMH, 2014). It is a process that usually happens between ages 10 and 14 for girls and ages 12 and 16 for boys. It causes physical changes, and affects boys and girls differently. NIMH (2014) mentioned the signs of puberty in girls are consist of breast development, hair grows in the pubic area and armpits, and menstruation. In other hand, boys will begin the puberty with the testicles and penis getting bigger, then hair grows in the pubic area and armpits. Other signs are muscles grow, the voice deepens, and facial hair develops as puberty continues.

This study show that children with autism experience some sexual development problems in puberty. Teachers and parents has taken various actions to deal with it include providing sexual education. Finally, there is also a need to develop specific learning media to teach sexual education in children with autism including the information technology-based learning media. We explore each of these findings below.

3.1 Sexual Behavior Disorder

In general, this study found that all respondents whether from a group of teachers and parents stated that students/ children of those who have entered the age of puberty have similar sexual development as children in general. This is evident from some of the physical traits that appear to girls like breast development, hair grows around the genitals and menstruation. While the boys indicated by the appearance of the Adam's apple, the hair around the genitals and having a wet dream.

However, most of these children showed deviant sexual behavior. Fifty percent of teachers stated that students showed aberrant sexual behavior, 46% did not see any deviant sexual behavior and 4% of respondents said that they still need to make further observations to determine whether there is a deviant sexual behavior in children. Meanwhile, the data obtained from the parents also shows that 40% of parents found the sexually deviant behavior.

Sexual behavior disorder of autistic children obtained in this study were varied. Some boys showed deviant behavior such as playing their genitals and swiped-grit to other objects such as walls and floors as well as showing his genitals and masturbate in public. Dalldorf (1983) in Realmuto and Ruble (1999) stated that masturbation is one of behavior that exhibited by some individuals with autism because of a lack of alternative outlets for sexual tension and a predisposition for self-stimulatory behavior. Additionally, there was a boy who showed behavior like holding the breast female teacher and a friend, kissed a female friend and helper pursue women who work at home. Whereas in girls deviant behavior that appears was hugging and kissing a male friend as well as holding her genital. Some behaviors that indicated disorder lead to sexual behavior also looks like love smiling cheekily to the boys and love kissing image or photograph of men.

Study by Ruble and Dalrymple's (1993) in Realmuto and Ruble (1999) found the range of inappropriate sexual behaviors experienced by persons with autism. These included touching private parts in public, removing clothes in public, masturbating in public, touching the opposite sex inappropriately, and presenting other behaviors such as discussing inappropriate subjects, looking up shorts or down shirts, and touching parents inappropriately.

3.2 Teacher and Parents Reaction to Sexual Behavior Disorder

Teachers and parents has taken actions to deal with inappropriate sexual behaviors exhibited by autistic children. Some teachers choosed prohibit and provided a verbal warning. For example, when there were children who scratching his genitals, the teacher immediately admonished the child stop doing these actions and told that it should not be done. Several other teachers provided sports activities for children as a form of diversion of child sexual desire. In addition, some teachers have worked with the other parties involved in the school service, such as psychologists, doctors, and experts in education of children with autism to prevent and deal with inappropriate sexual behavior in children with autism. Teachers also provided information on the behavior of children in school to parents and encourage parents to work together to overcome the problem of sexual deviant behavior of children. However, there were cases which show that the treatment had been carried out by teachers had not managed so that the child should be taken to the toilet to masturbate in the toilet.

Handling by parents is similar to that have been done by the teachers, such as prohibits, remind and distract children. Most parents have been working with teachers, psychologists, and physicians in dealing with sexual behavior disorders in children. A parent also stated that teachers have a great influence in preventing and addressing sexual deviant behavior of children because in a day almost half the time spent by children in school. Actions taken by parents in dealing with sexual behavior in children with autism is in accordance with their level of knowledge. Research by Sholihatinah, Mardhiyah, and Simangunsong (2013) showed that only a minority of parents who have enough knowledge about sexual education for adolescents with autism.

3.3 Sexual Education for Children with Autism

Most of the teachers (71%) had provided learning which includes elements of sexual education, while 29% of respondents said that they had never provide learning which includes elements of sexual education. Sexual education or reproductive health education had not been given specifically but integrated in other subjects such as science subjects, activity daily living training, and religion.

Some of the materials that had been given were a description of the child's body organs including sex organs, the notion of the body parts of a personal nature, and understanding of the opposite sex. Sexual education had also been given by parents in the home in many ways. For example, parent introduced sex education starting from child sexual identity recognition, followed by things that should and should not be done by children. Another respondent stated that sexual education is given continuously, repeatedly, and incidentally given every chance.

One curriculum can be used as a reference in reproductive health education for children with autism is a model curriculum developed in the TEACCH program (Schopler, 1997 in Sullivan, 2008). Educational curriculum developed by TEACCH is composed of four levels adjusted to the level of cognitive development of children. Children who have a high cognitive level will get the education at all levels, while those who are at low cognitive level is only going to get education at the lowermost level of the curriculum.

Hatton (2010) also developed an integrated curriculum on sexual education within eight blocks associated with the development of social skills which are necessary for sexual understanding based on a review of health and social relationships. The block covers about who actually naturally is understood by young people in general, but for children with autism require a special understanding and learning. Eight blocks which are developed consist of: hygiene, safe touch, public and private, health, masturbation, menstruation, intercourse with the opposite sex, and sexual intercourse. Moreover, comprehensive approach to sexual education according to Sullivan (2008) should be given to individuals with autism. Topics that need to be included in education are: parts of the body and its functions; physical development, personal health and self-care; health; social and sexual behavior as appropriate; privacy issues; understanding emotions; self-image; prevention of sexual crimes; interest; and interpersonal relationships.

3.4 Spesific Learning Media to Teach Sexual Education in Children with Autism

This study found that sexual education learning model used by teachers were direct practice, lectures, and question and answer. Various media that had been used were pictures, posters, dolls / mannequin, and concrete media such as bras and pads. In addition, some teachers used information technology media such as video and utilizing the Internet to download the materials needed in providing the material in order to attract the attention of children. However, 93% of

respondents said that they had never developed a specific learning media for sexual education because schools do not have special curriculum on sexual education.

Most teachers (68%) stated that information technology-based learning model will help teachers to provide sexual education for children with autism. A common reason advanced by the teachers is a medium based on information technology will attract more children because there are a variety of visualization that will be more easily understand by students. Previous research identified that many persons with autism spectrum disorder experience benefits on using personal tablet computers as learning media (Autism Spectrum Australia, 2013). Nowadays, applications on Android and iPad has been used by teachers to develop core competencies of children with autism. Many applications can be easily customised to the needs of the user, as well as personalised around the individual's interests and circumstances. Study by Autism Spectrum Australia (Aspect) in 2013 showed that student educational goal achievements can improve when compared to what the teachers would expect when using traditional teaching methods.

However, 32% of respondents in this study disagreed with technology-based learning media because it is difficult to adjust the characteristics and capacity of the students. Reviews on the use of mobile devices such as iPads for teaching individuals with autism in Australia found that the Apps in iPad should be programmed very differently from each other (Autism Spectrum Australia, 2013).

4. Summary

The results obtained in this study as follows: 1) children with autism have the same sexual development with other children, but some children experience sexual deviant behavior; 2) teachers and parents has taken various measures to deal with it in the form of prohibiting, remind and distract the child; 3) The majority of the teachers have been giving lessons contain elements of sexual education integrated in other subjects; 4) sexual education has also been given by parents in the home in various ways; 5) sexual education learning model used by teachers mostly direct practice, lectures, and question and answer, some teachers have used media such as video and information technology utilizes Internet media; 6) the majority of respondents said that had never developed a specific learning media for sexual education for children with autism; 7) most teachers found the information technology-based learning model will allow teachers to provide sex education for children with autism. Further studies are required for the preparation of a model of sexual learning media based on information technology.

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