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Perspectives on Sexuality and Sexual Health Education for Adolescent with Disability in West Java: Analysis of Support and Disagreement

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ABSTRACT

This study investigates the perspectives of teachers, parents, and religious leaders on sexuality and sexual health education for adolescents with disabilities in West Java, Indonesia. It focuses on levels of support and opposition across three key areas: sexuality and sexual behavior, reproductive health, and STI/HIV prevention. The findings reveal strong support for reproductive health education, with 90% of respondents agreeing on its importance, particularly in equipping adolescents with disabilities with essential health knowledge. Support for education on sexuality and sexual behavior is slightly lower at 75%, reflecting some cultural hesitancy. Despite general endorsement, a minority of respondents (10%) voiced disagreement, especially concerning topics of sexuality, citing concerns over cultural appropriateness and the perceived vulnerability of adolescents with disabilities. These results highlight the complexities surrounding comprehensive sexuality education (CSE) for adolescents with disabilities, underscoring the need for culturally sensitive and tailored approaches that involve families and communities in the educational process. This study contributes to understanding how to effectively balance culturally respectful CSE with the unique needs of adolescents with disabilities, offering insights into promoting their sexual health rights in ways that align with local values.

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1. INTRODUCTION

Sexuality and sexual health education (SSHE) play a vital role in equipping adolescents with knowledge and skills necessary to make informed decisions, reduce health risks, and foster respectful, healthy relationships. Comprehensive sexuality education (CSE) programs are designed to address a wide range of topics, from understanding human sexuality and reproductive health to recognizing and preventing sexually transmitted infections (STIs), including HIV, and promoting informed choices about relationships and personal boundaries (UNESCO, 2018). Numerous studies highlight the positive impacts of CSE, noting that it can delay the onset of sexual activity, reduce risky sexual behaviors, and increase adolescents' overall sense of autonomy and self-advocacy, particularly for those with disabilities who may face additional risks and vulnerabilities (Kohler, Manhart, & Lafferty, 2008; Anderson et al., 2017).

Adolescents with disabilities encounter unique challenges in accessing SSHE, as they are often perceived as asexual or are overprotected, both of which can limit their access to crucial information (Emerson & Hatton, 2019). Research indicates that adolescents with disabilities are just as likely as their peers to experience sexual feelings and may even face a higher risk of exploitation and abuse due to societal misconceptions about their sexuality and capabilities (McDaniels & Fleming, 2016). Furthermore, the lack of tailored SSHE leaves these adolescents inadequately prepared to make informed decisions, heightening their vulnerability to unintended pregnancies, STIs, and unhealthy relationships (UNICEF, 2020). CSE that is inclusive of adolescents with disabilities has proven effective in addressing these risks by providing a framework that respects their rights and developmental needs, empowering them to advocate for their health and safety (Anderson et al., 2017).

However, the implementation of SSHE, particularly CSE, is highly context-dependent, influenced by cultural values, religious beliefs, and societal norms. In regions with strong conservative traditions, such as West Java, Indonesia, the inclusion of sexuality education in curricula often encounters resistance from families, educators, and religious leaders. This opposition typically stems from fears that SSHE may conflict with cultural values, encourage premature sexual activity, or challenge local beliefs about modesty and morality (Rahman et al., 2019). Moreover, in communities where religion plays a significant role in shaping norms around sexuality, such as Indonesia's Islamic-majority areas, perceptions of SSHE are even more complex. Some view CSE as a potential threat to moral values, while others recognize its importance for health education (Bennett et al., 2021).

In Indonesia, the national education curriculum has not yet fully embraced CSE, particularly for adolescents with disabilities, due in part to these cultural and religious sensitivities. According to Darmawan (2019), local resistance often results in limited coverage of SSHE topics in schools, especially those considered sensitive, such as discussions around sexual behavior, reproductive health, and STI prevention. As a result, adolescents with disabilities may face significant barriers to accessing accurate information on these topics, leaving them ill-prepared to manage their health and navigate social relationships. This gap in education is further compounded by the misconceptions surrounding the sexuality of adolescents with disabilities, with many educators and parents assuming that such information is unnecessary or inappropriate for them.

This study focuses on the perceptions of educators, parents, and religious leaders in West Java regarding SSHE for adolescents with disabilities, assessing levels of support and opposition across specific SSHE topics. These perspectives reveal both areas of consensus and contention, shedding light on the challenges and opportunities for implementing culturally responsive SSHE in the region. The findings show that while there is substantial support for educating adolescents with disabilities about reproductive health (90%)—often viewed as essential for preventing health risks and ensuring basic awareness—there is less agreement on the inclusion of sexuality and sexual behavior topics, with support standing at 75%. This indicates a shared understanding of the health benefits of SSHE but also highlights cultural hesitancy regarding discussions around sexual behaviors, with some viewing it as potentially harmful or incompatible with local values.

Existing research supports the need for culturally sensitive SSHE approaches that address community concerns while fulfilling the educational needs of adolescents. A study by [McKee and Karasz \(2006\)](#) found that SSHE programs that involve community stakeholders, including parents and religious leaders, are more likely to gain acceptance, as they create a collaborative approach that respects local values. In Indonesia, involving religious leaders, who are influential community figures, may be key to enhancing SSHE acceptance, as it provides reassurance that SSHE content aligns with moral and ethical standards ([Rahman et al., 2019](#)). Additionally, studies suggest that incorporating cultural values into CSE materials can make the information more relatable and acceptable, increasing its effectiveness among conservative communities ([UNESCO, 2020](#)).

This study also highlights the importance of tailoring SSHE content to address the specific needs of adolescents with disabilities. Adolescents with disabilities require CSE that is accessible and adapted to different learning needs, ensuring inclusivity, and understanding ([McDaniels & Fleming, 2016](#); [Rizqita et al., 2024](#)). By emphasizing topics that foster self-respect, boundary recognition, and informed decision-making, SSHE can help adolescents with disabilities better navigate social interactions and advocate for their rights. Programs that provide straightforward, relatable explanations and use inclusive, respectful language have been shown to increase knowledge retention and engagement among students with disabilities ([Anderson et al., 2017](#)).

To balance community values with the rights and needs of adolescents with disabilities, this study suggests that SSHE programs in West Java should emphasize core health topics, such as reproductive health and STI prevention, which receive higher levels of support. Additionally, culturally sensitive training for educators could enhance their ability to teach SSHE effectively, addressing community concerns while respecting the rights and developmental needs of adolescents with disabilities. According to [UNESCO \(2018\)](#), training programs that guide educators on culturally respectful approaches to SSHE can improve confidence in delivering these programs, thereby bridging the gap between educational goals and community values.

In conclusion, while there is significant support for SSHE in areas like reproductive health among West Java's educators, parents, and religious leaders, cultural and religious values contribute to a more cautious approach to topics involving sexuality and sexual behavior. This study underscores the need for culturally responsive and inclusive SSHE, particularly for adolescents with disabilities, emphasizing collaboration with community leaders and tailoring content to address specific cultural sensitivities. This approach not only aligns with the values

of the local community but also ensures that adolescents with disabilities receive essential education that promotes their health, autonomy, and well-being. Such balanced implementation could serve as a model for other regions facing similar cultural considerations, ensuring that all adolescents, regardless of ability, have the knowledge and skills to make informed decisions about their sexual health.

2. METHODS

This study employed a mixed-methods approach to explore perspectives on sexuality and sexual health education (SSHE) for adolescents with disabilities among teachers, parents, and religious figures in West Java, Indonesia. A total of 99 participants were surveyed, representing a broad cross-section of stakeholders. The survey was designed to capture levels of support, partial agreement, or disagreement regarding SSHE topics, specifically covering sexuality and sexual behavior, reproductive health, and the prevention of sexually transmitted infections (STIs) and HIV. These topics were selected based on UNESCO's Comprehensive Sexuality Education (CSE) framework to ensure alignment with global standards and relevance to adolescent health needs.

Participants responded to structured statements designed to gauge their comfort and support for each topic. To capture deeper insights, follow-up in-depth interviews were conducted with a subset of participants across each category (teachers, parents, and religious figures). These interviews allowed for a nuanced understanding of the cultural and individual factors that influenced participants' attitudes, including any concerns or reservations they held.

Survey responses were statistically analyzed to assess overall trends in support and opposition, while qualitative data from interviews were thematically analyzed to identify recurring patterns in beliefs, values, and concerns about SSHE for adolescents with disabilities. This mixed-methods approach provided both quantitative measures of support and rich qualitative insights, offering a comprehensive view of community perspectives and identifying areas where educational interventions could be culturally tailored to improve acceptance and support.

3. RESULTS AND DISCUSSION

In recent years, the conversation around sexuality and sexual health education (SSHE) for adolescents, particularly those with disabilities, has grown in significance. Given the unique social, emotional, and educational needs of these adolescents, understanding community perspectives is essential for designing effective and culturally appropriate educational frameworks. This study examines the level of support and opposition to sexuality education in West Java, Indonesia, with insights gathered from educators, parents, and religious leaders. By focusing on aspects of sexuality and sexual behavior, reproductive health, and STI/HIV prevention, this study highlights areas of consensus and disagreement, shedding light on the sociocultural dynamics that influence support for SSHE in Indonesia.

The high level of support for sexuality education within certain domains suggests an increasing awareness of the importance of equipping adolescents, including those with disabilities, with the knowledge and skills necessary for informed decision-making. However, opposition remains in specific areas, particularly regarding sexuality and sexual behavior, revealing underlying cultural and religious influences.

Understanding these complexities is critical for creating a balanced and respectful approach to SSHE, as education can play a significant role in promoting both physical and emotional well-being, self-respect, and mutual respect among adolescents (Lansford & Bornstein, 2011).

3.1 Support and Opposition to Sexuality and Sexual Behavior Education Support (75%)

The study reveals that 75% of respondents support the inclusion of topics related to human sexuality and sexual behavior, indicating a growing acceptance of discussing sexuality openly. Supporters acknowledged the importance of adolescents understanding natural sexual feelings, curiosity, and having trusted adults available for questions. According to Walker et al. (2011), sexuality education that normalizes these feelings can help adolescents develop healthier attitudes and behaviors, promoting open dialogue and reducing feelings of shame or secrecy that can otherwise accompany these topics. In addition, the recognition of sexuality as a natural part of human life is in line with global standards on Comprehensive Sexuality Education (CSE) (UNESCO, 2018), reinforcing the need for an educational approach that integrates emotional and psychological aspects of human sexuality.

Partial Agreement (15%) and Disagreement (10%). Despite broad support, 10% of respondents voiced opposition, with 15% expressing only partial agreement. Concerns revolved primarily around the appropriateness of addressing sexuality education with young adolescents. This group emphasized the need for age-appropriate content that respects cultural and religious sensitivities. Previous studies have shown that these concerns are common in conservative regions, where discussing sexuality with young people can be perceived as prematurely encouraging sexual behavior (Bhana et al., 2016). This highlights the importance of adapting CSE to local cultural contexts, ensuring that information is presented in ways that align with community values and developmental stages.

3.2 Sexual and Reproductive Health Education Support (90%)

Support was highest in reproductive health education, with 90% of respondents endorsing its importance. This category covers essential topics such as pregnancy, contraception, and safe reproductive practices, which respondents widely viewed as fundamental to reducing early pregnancies and closely spaced births. Most participants agreed that adolescents with disabilities should have access to comprehensive reproductive health information, including contraception education, without facing judgment or barriers. Research shows that early access to reproductive health education reduces unplanned pregnancies and improves health outcomes for adolescents, underscoring the societal benefits of broad community support (Santelli et al., 2017).

Partial Agreement (7%) and Disagreement (3%). With only 3% expressing disagreement, there was minimal opposition to reproductive health education. However, 7% of respondents raised concerns about certain aspects of contraception education, often emphasizing the role of parental involvement in discussing these topics. Similar findings have been reported in other cultural contexts where family dynamics play a central role in decision-making regarding sexual health (Shah et al., 2018). These perspectives indicate that while reproductive health education is generally accepted, there may be a need for guidance that supports parents and educators in initiating these conversations.

3.3 HIV and AIDS Stigma Reduction, Care, and Support

Respondents generally showed support for reducing stigma related to HIV/AIDS and providing a supportive environment for individuals living with the condition. Key points of agreement included the importance of offering a safe space for people to discuss their HIV status and the need to respect their right to love, form families, and express themselves without facing discrimination. This aligns with global health guidelines that promote a supportive and non-stigmatizing approach to HIV/AIDS education (UNAIDS, 2020). Addressing stigma within SSHE not only benefits individuals with HIV but also fosters a more inclusive and compassionate community for all adolescents, including those with disabilities.

3.4 Understanding and Reducing STI and HIV Risks

Respondents also widely supported education on STI and HIV risks, including understanding transmission, preventive measures like condom use, and the importance of regular testing. Educating adolescents on these topics helps them make informed health decisions and reduces their vulnerability to STIs (Kirby & Laris, 2009). Respondents emphasized the need for adolescents, especially those with disabilities, to have access to sexual health services, such as HIV testing and treatment, as well as preventive options like PrEP and PEP where available. Informed decisions about sexual health are essential for adolescents with disabilities, who often face greater health disparities and accessibility challenges in obtaining health information and services (Griffiths et al., 2016).

3.5 Implications for Comprehensive Sexuality Education (CSE)

The findings of this study suggest that while there is substantial support for CSE, specific aspects of sexuality education—particularly those addressing sexual behaviors—require careful, culturally sensitive approaches. This is especially relevant for adolescents with disabilities, who are often viewed as more vulnerable by their caregivers and communities. In regions with conservative cultural norms, such as West Java, implementing CSE effectively depends on tailoring educational content to address community concerns while still upholding adolescents' rights to accurate and comprehensive sexual health information (Rosenberg et al., 2015). Research emphasizes that culturally responsive SSHE can be instrumental in bridging gaps between community values and adolescents' health needs. For instance, Bhana et al. (2016) highlight that engaging parents and religious leaders in SSHE development and delivery can foster trust and reduce opposition by ensuring that content aligns with community values and respects religious beliefs. This approach not only supports the acceptance of SSHE but also contributes to a more collaborative and inclusive educational process. Engaging community leaders, parents, and educators in the development and implementation of SSHE can create a supportive environment that respects local cultural values while promoting adolescents' sexual health rights. These findings contribute to the broader discourse on how to balance culturally respectful CSE with the specific needs of adolescents with disabilities, aiming to enhance their health literacy and empower them with knowledge that fosters well-being and informed decision-making.

4. CONCLUSION

This study shows that support for sexual health education for adolescents with disabilities in West Java varies. Most respondents support reproductive health education (90%), recognizing its importance in preventing unintended pregnancies and improving health access. However, support for teaching about sexuality and sexual behavior is lower (75%) due to cultural sensitivities. Despite concerns about conflicting with local values, many believe that open education can help adolescents make healthier choices.

Respondents also strongly support education on STI and HIV prevention and reducing stigma, highlighting the need for inclusive health education. For successful implementation, it is important to involve religious and community leaders to ensure the content aligns with local norms. The findings emphasize the importance of a culturally sensitive approach that respects local values while improving health literacy among adolescents with disabilities in West Java.

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6. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. Authors confirmed that the paper was free of plagiarism.

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