Reproductive Health Animations as Efforts to Prevent Sexual Harassment in Deaf Students

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Abstract

Lack of understanding about reproductive health places students with disabilities are at greater risk for sexual harassment. This qualitative research using survey method and aims to obtain information about the needs of developing reproductive health animation media to prevent sexual harassment and deviation in deaf students. The research was conducted at 14 school of special in Jakarta and West-Java Province with quantitative method. Data was taken from 105 teachers through a questionnaire and analyzed using Huberman and Miles models and the process including data reduction, data display, and verification. The results of this research obtain communication barriers which are the main cause of the ineffectiveness of sex education in deaf students can be overcome by developing reproductive health media for deaf students. Animation media is seen as more interesting and more effective in terms of helping deaf students with more easily understood reproductive health material. The study concludes that learning of reproductive health for deaf students provide a good understanding of sex education in reproductive health. The information presented through reproductive health animation media is also very important to reduce and prevent acts of sexual harassment for deaf students.

Keywords: sexual harassment, animation media, and reproductive health.

1. INTRODUCTION

Efforts at protecting persons with disabilities to free from exploitation, violence, and abuse have has become a serious issue in many countries in the world. Based on the 2019 National Commission’s Annual Notes 2019, Sexual violence is the most dominant form of violence against women with disabilities, as many as 64% (57 cases), including rape (35 cases), sexual intercourse (10 cases), sexual abuse (9 cases), sexual harassment (2 cases) and attempted rape. (1 case). The cases of sexual violence against persons with disabilities increased by more than 100% from 2017 which was only 24 cases.

According to UNESCO (2012), sexual harassment is all kinds of behavior that connote or lead to sexual things that are done unilaterally and are not expected by the target person, causing negative reactions, such as shame, anger, hatred, offense and so on. Chomaria (2014) reveals that sexual harassment is not only physical contact but also non-physical and verbal, such as showing the perpetrator’s genitals to children, forcing children to show their genitals, showing images that are sexual in nature, besides that in the form of words, jokes, comments, and invitations that it makes the victim uncomfortable, but the cases we often hear about are only victims of physical contact which are considered serious cases. Paludi (2003) classified sexual harassment into five categories: gender harassment (unwelcome statements and behavior to insult and to provoke negative emotions); Unwanted sexual attention (exhibiting...
indecent and offensive behavior); Sexual coercion (making certain requests for sexual activity by promising something or making threats).

Cecen-Erogul and Kaf Hasirci (2013) revealed that sexual harassment can occur to persons from various social, economic, and age levels, both men and women. However, Women Face Greater Risk for Sexual Harassment because of the views that women are physically weak. Women with disabilities are even four times more likely to experience sexual harassment than normal women (Findley, Plummer, & McMahon, 2016; Ramdhani, 2017).

Persons with disabilities are especially vulnerable to being victims of sexual harassment. The risk largerly comes from those closest to them, including family members, boyfriends, disability service providers, transportation providers, other individuals with disabilities (Liou & Chen, 2016). In school and campus environments, Students with disabilities experienced twice as many cases of sexual harassment by their peers as students without disabilities (Stermac, Cripps, Badali, & Amiri, 2018). Sexual harassment can take place both in public spaces in both public places and isolated places, such as in schools and campuses, workplaces, hospitals, and on public transportation (Cheung, Baum, & Hsueh, 2018; McDonald & Charlesworth, 2016; Mukerjee, 2019; Ohiohin et al., 2018; Stermac et al., 2018).

Among the disability group, deaf people are among the most sexually abused. Deafness can be defined as a hearing loss that is so severe that the sufferer experiences a disturbance in processing linguistic information through hearing, with or without amplification (Billingsley, Brownell, Israel, & Kamman, 2013). Menurut Gargiulo and Bouck (2019), speech and language skills are the main obstacles for deaf people, because they usually: have a very difficult time learning to use speech, cannot receive information through speech unless they have learned to read lip movements, and the sounds produced by deaf people difficult to understand. People who are deaf show significant problems with articulation, voice quality, and tone discrimination. Jones et al. (2017) explain that limited communication skills are a factor in the causes of perpetrators of sexual harassment to exploit persons with hearing disabilities from sexual harassment. Barriers to communication to reveal their abuses make this group vulnerable to victims of abuse. Franklin, Raws, and Smeaton (2015) stated that another factor is the lack of a basic understanding of sex and the limits of an act that can be categorized as sexual harassment, and the inability to understand their own bodies identified as problems related to protecting persons with hearing disabilities from sexual harassment.

Wakeland, Austen, and Rose (2018) found that more than 50% of cases of violence against people who are deaf are related to violence and sexual harassment. Lacson Jr (2019) reported that one in three deaf women in the Philippines experienced sexual harassment. thus, it is very important to protect deaf students from sexual harassment by providing them knowledge and skills about sexual and reproductive health from an early age. In addition to reducing their risk of sexual and reproductive health problems and being exposed to sexual violence, deaf students must also learn how to refuse inappropriate, recognize and handle dangerous situations, and which people they can notify if sexual harassment occurs (Rusinga, 2012; Yu et al., 2017).

However, there are many obstacles in providing health information to persons with hearing disabilities. In many countries, sex education is still considered a taboo subject, including in Turkey, Japan, India and Indonesia is no exception (Çuhadaroğlu, 2017; Manivasakan & Sankaran, 2016; Nishioka, 2018; Safitri, 2018). Another factor is the language and
communication barriers experienced by deaf people as previously described. The research of Yasin, Tahar, Bari, and Manaf (2017) found that the teacher's level of sign language mastery as an effective medium of instruction for students with disabilities who are still at the intermediate level. This condition certainly hinders effective interaction between teachers and students, especially in explaining new terms related to reproductive health.

Handayani, Yamthinah, and Kristiyanto (2019) found that there was no special program on sexual education for students with disabilities. Sex education has only been given implicitly in lessons with related materials, such as in science subjects when it comes to reproductive systems, through briefings during school ceremonies, in religious lessons, or through socialization from the GERKATIN (Movement for the welfare of the Deaf Indonesia) and GAPAI (Indonesian Inclusion Care Movement). Supposedly, sex education must be provided systematically and comprehensively through an integrated curriculum (Ihwani et al., 2017), and to be effective, delivered through appropriate media for deaf students. Schirmer and Ingram (2003) stated that the use of multimedia such as the internet, video phones and e-mails can improve the ability of deaf person to communicate from afar. In line with this, one of the learning media that can be used to facilitate deaf students to get information and education about sex education, especially regarding reproductive health, in this study is visual media in the form of animation. The theory that is used as the basis for this research is the combination of the theory of the dangers of sexual harassment that befell deaf students and prevention efforts through sex education with reproductive health animation media. Learning media in the form of animation is expected to be easier for deaf students to understand than students having to search directly from the internet. Not only positive things, sometimes through the internet students are also shown many negative things, so it would be better if lessons on reproductive health were taught through schools.

Many researches showed that animation media is very effective for deaf students. Among of them an experimental study conducted Santoso (2017) on dental hygiene material using animation media which can increase knowledge while reducing the subject's dental plaque significantly. To overcome the obstacles for deaf students is by developing multimedia-based learning materials that integrate learning principles for students with special needs. A series of developments in the elements of audio, visual and digital technology to facilitate learning activities of deaf students with so that their passion, quality, and achievement can be improved (Hidayat, Gunarhadi, & Hidayatulloh, 2017).

Based on the description on the background, this study aims to obtain information about the need for developing reproductive health animation media in order to prevent sexual harassment and deviations in deaf students. Through these media, it is hoped that deaf students can gain knowledge in order to prevent sexual harassment.

2. METHODS

Research on the prevention of the risks of sexual harassment through health animation media for deaf students uses a quantitative approach. The method of analysis was using descriptive. This research was conducted from April-June 2019 on 14 special schools in the Jabodetabek region. The instrument used in the study was a respondent test questionnaire. The questionnaire was used to see how the teacher
responded to using visual learning media in the form of health learning for deaf special school students. The questionnaire contains questions about the implementation of sex education learning that has been implemented and the need for developing animation media for health education.

This research was preceded by finding information about problems related to health learning. Furthermore, conducting a needs analysis, namely the health learning process that focuses on the use of existing media in the field. The next step is compiling a product design for the development of health learning media.

Data is presented in the form of a frequency distribution. The response test to the health animation media research product involved a sample of 105 teachers with hearing disabilities from 14 special schools in the Greater Jakarta area using an incidental sampling technique. This questionnaire is a means of obtaining information about the current implementation of health education and through this questionnaire animation learning media is approved for implementation in learning or not, as well as conveying about the dangers of sexual harassment and the importance of providing sex education for deaf students. The expectation that is expected from the response of the special school teachers mostly agrees, that health using animated media can provide sex education for deaf students to reduce the risk of the dangers of sexual harassment.

The questionnaire measurement system in this study uses a Likert scale that has departed with 5 choices and the calculation of the score uses a frequency distribution. The poll measurement system uses a Likert scale with 5 options and its scoring calculation using the frequency distribution.

<table>
<thead>
<tr>
<th>Description</th>
<th>Strongly Disagree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

(Sugiyono, 2017).

3. RESULT DAN DISCUSSION

Result

Dimensions of Reproductive Health Learning Implementation

The data presented is data from the results of the dimensional score of the implementation of reproductive health learning from 105 respondents in 14 special schools in the Jabodetabek region. The statistical description table can be seen in Table 1.

<table>
<thead>
<tr>
<th>Real Limits</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 – 46</td>
<td>1</td>
<td>0.94</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>47 – 52</td>
<td>20</td>
<td>19.05</td>
<td>Agree</td>
</tr>
<tr>
<td>53 – 59</td>
<td>65</td>
<td>61.91</td>
<td>Neutral</td>
</tr>
<tr>
<td>60 – 66</td>
<td>16</td>
<td>15.24</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>67 – 71</td>
<td>3</td>
<td>2.86</td>
<td>Disagree</td>
</tr>
<tr>
<td></td>
<td>105</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 1. Frequency Distribution of Reproductive Health Learning in the Jabodetabek Region
Data on Table 1 shows that of the 105 respondents with 18 items on the dimensions of the reproductive health program, 65 respondents (61.91%) agreed to the implementation of learning reproductive health for deaf students and only 1 respondent (0.94%) rated Strongly Disagree. The results of the respondent's test meant that most of the special school teachers in the Jabodetabek perceived positively to the implementation of reproductive health learning for deaf students in special schools in the Jabodetabek region.

**Dimensions of Reproductive Health Media Development**

The data presented is data from the results of the dimensions of reproductive health media development scores from 105 respondents in 14 special schools in the Jabodetabek area. The statistical description table can be seen in Table 2.

| Table 2: Reproductive Health Media Development in the Jabodetabek Region Special Schools |
|-----------------------------------------------|---------|-----------------|----------|
| Real Limits | Frequency | Percentage | Scale |
| 21 – 26 | 0 | 0,00 | Strongly Agree |
| 27 – 31 | 1 | 0,94 | Agree |
| 32 – 38 | 31 | 29,53 | Neutral |
| 39 – 44 | 49 | 46,67 | Strongly Disagree |
| 45 – 50 | 24 | 22,86 | Disagree |
| **105** | **100,00** | | |

Data on Table 2 shows 49 respondent (46.67%) considered very much Agree on the development of reproductive health media for deaf students 1 respondent (0.94%) rated disagree. Thus it can be interpreted that special school teachers in the Jabodetabek area have a positive opinion about the development of reproductive health media for deaf students in special schools in the Jabodetabek region.

**Dimensions of Development of Animation-Based Reproductive Health Media**

The data presented is data from the results of scores related to the response to the development of animation-based media for reproductive health learning from 105 respondents in 14 special schools in Jabodetabek region. The statistical description table can be seen in Table 3.

| Table 3: Overall Frequency Distribution of Responses to Animation-Based Media Development for Reproductive Health Learning in the Jabodetabek Region Special Schools |
|-----------------------------------------------|---------|-----------------|----------|
| Kelas Interval | Frekuensi | Persentase | Keterangan |
| 100 – 108 | 3 | 2,84 | Sangat Tidak Setuju |
| 109 – 117 | 23 | 21,91 | Tidak setuju |
| 118 – 126 | 44 | 41,91 | Setuju |
| 127 – 135 | 24 | 22,86 | Sangat Setuju |
| 136 – 144 | 11 | 10,48 | Sangat Setuju Sekali |
| **105** | **100** | | |

Data on Table 3 shows that 44 respondent (41.91%) agreed with the development of animation-based media only 3 respondents (2.84%) stated Strongly Disagree. Thus it can be interpreted that most of the teachers of the Jabodetabek Region Special Schools perceived positively on the development of an animation-based media for teaching and learning reproductive health for deaf students. With the development of this animation-based media, it is hoped that deaf special school students can understand about sexual harassment and be able to overcome its risks.
DISCUSSION

Equipping deaf students with sex education has proven to be a concern of special school teachers in the Jabodetabek region. Apart from being able to provide students with knowledge and understanding of growth and development related to physical, psychological, or sexual function, students are expected to be able to cope with the changes that exist within them as they age. The majority of respondents also stated their agreement that providing sexual education from an early age is a preventive effort so that students are able to control their sexual urges so that they do not fall into behavior that is detrimental to themselves or others, sexual education is also considered to prevent students from acts of sexual harassment due to their ignorance of health reproduction.

McDaniels and Fleming (2016) found that inadequate sex education in schools and a lack of student understanding of reproductive health put students with disabilities at greater risk of sexual abuse. Basile, Breiding, and Smith (2016) concluded that men and women with disabilities are at higher risk of experiencing sexual violence, compared to those who are normal. This explains the importance of providing sex education to persons with disabilities from an early age, because sexual harassment in the long term will have negative effects such as depression and self-destruction, anxiety, feelings of inferiority and feeling tarnished, lack of self-esteem, difficulty trusting others, and sexual behavior which is not normal (Firman & Syahniar; Turner, Finkelhor, & Ormrod, 2006).

Communication barriers are a concern for teachers in teaching deaf students, because the use of body language or sign language can be a barrier to effective delivery of material so that the use of visual media, animation, simulation is seen as the right approach to teach deaf students (Almutairi & Al-Megren, 2017; Sotelo, Solano, Duque, & Cano, 2016; Yuksel & Unver, 2016).

Razalli, Yusuf, Kassim, and Mamat (2017) who conducted a survey of 50 special education teacher respondents in nine deaf schools in Hulu Selangor concluded that the use of visual learning media is one of the most effective methods for conveying all types of knowledge and is an important tool in special education for deaf students. Besides being able to increase student and teacher interest in learning, visual media help and provide a means to achieve goals by emphasizing certain things or explaining new concepts or phenomena.

The use of relevant visual media for deaf students can increase their understanding of the media presented, facilitate learning, strengthen knowledge, explain ideas and create excitement. Schaafsma, Kok, Stoffelen, and Curfs (2015) identified effective strategies for teaching students with disabilities that could be done by modeling or guided practice because for some reason they do not have exposure to a specific curriculum on sex education, and sometimes they need special learning media to support them. their special needs.

Animation media is a tool that can bridge the limitations of persons with disabilities in obtaining knowledge about reproductive health Ibrahim, Alias, and Nordin (2016). This is in line with the results of this study, which show that around 50% more special school teachers (teachers of deaf students) agree with the development of sex education material on reproductive health into animation media. Ahmadi, Abbasi, & Bahaadinbeigy, (2015), revealed that the use of animation media can help teachers and student families to provide education about health to students with hearing impairments to be able to learn more effectively. The choice of animation media is reinforced by the results of research that humans process visual information 60,000 times faster than text-based information (Raugust, 2006). Animated media is seen as more interesting to watch and helps deaf students more easily understand the material presented, because they can watch it through video. In addition, the use of animation media has a positive impact on students' self-confidence in evaluating sexual risk (Eleftheriou, Bullock, Graham, & Ingham, 2017), reforming their perceptions of the practice of premarital sex (Afifah & Faidah, 2018).
Several studies related to the development of animated media for sex education include the research of Hanum, Huda, and Kurniawan (2018) which developed learning videos about materials dealing with menstruation for students with hearing disabilities. Next is the research of Nurhusni and Fatmawati (2019) which developed sex education using PowerPoint for students with mental disabilities. As in this study, these two studies both see the need for animation media for learning sex education for students with special needs. However, the first research developed media for learning menstrual material, while the second research developed media about the dangers of sex for adolescents. In addition, the media developed are asynchronous, while the animation media for learning reproductive health materials developed through this study are synchronous which allows two-way interaction between students and the media. This explains that there are various knowledge and skills that students need to learn related to sex education. In addition, there are various media choices that researchers can develop to deal with sex education materials. This research is expected to contribute to the development of appropriate materials and media for learning sex education for deaf people. Gartrell (2013) found that the right media and technology are needed for certain materials that are appropriate to the age, culture, language and characteristics of the students themselves.

Equipping students with reproductive health knowledge is seen as crucial way to prevent students from acts of sexual harassment due to their ignorance of reproductive health. The increasing number of cases of sexual harassment against deaf persons has further emphasized how important it is for persons with disabilities to have information and education related to reproductive health. This is in line with the research of the Romulo, Akbar, and Mayangsari (2016) which states that knowledge of reproductive health has a negative relationship with early adolescent sexual behavior, namely the higher the level of adolescent knowledge about reproductive health, the lower the sexual behavior is deviant. Therefore, reproductive health animation media for deaf students is very necessary and urgent to be developed. Animated media is seen as effective tool to reduce communication barriers in learning and effectively fostering understanding of sexual and reproductive health, animated media can increase student and teacher interest in learning, help and provide means to achieve learning objectives, explain new concepts or phenomena better, and be relevant to students. deaf people can improve their understanding of the material presented. The development of this animated media is also expected to reduce and prevent the occurrence of sexual harassment with deafness students, because sex education policies and programs should be developed based on scientific evidence-based theories relating to contemporary adolescent development theories (Leung, Shek, Leung, & Shek, 2019), using a viable approach to introduce the issue of sexual violence, with potential future applications (Gilliam et al., 2016), and removing the boundaries of the success of sex education which provides learning opportunities by providing inauthentic knowledge to deaf students (Thianthai, 2019).

4. CONCLUSION AND RECOMMENDATION

Conclusion

Sex education is very important to reduce and prevent the occurrence of acts of sexual harassment and sexual deviation among deaf students. This study concluded that the majority of special school teachers in the Jabodetabek region perceived positively to the development of animated media for learning reproductive health for deaf students, to foster a good understanding of sex education in reproductive health. Communication barriers that are the main cause of ineffective sex education for deaf students can be overcome by developing reproductive health media for deaf students. Animated media is seen as more attractive and more effective in helping deaf students understand reproductive health material more easily. Therefore, the development of reproductive health animation media for deaf students is very
necessary and urgent to be developed in order to provide an understanding of sexual and reproductive health to deaf students

Recommendation

Increasing the knowledge and skills of students with hearing disabilities about reproductive health is part of the effort to prevent sexual abuse and sexual abuse against them. In order to create effective sex education learning, it is necessary to develop appropriate learning media that are appropriate for the age, culture, language and characteristics of students and can solve problems related to language and communication limitations which are the main obstacles for people with hearing disabilities.

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