

Public-private Errors and Stranger-friend Errors: Revealing Sex Education Strategy Based on Islamic Values of Intellectually Disabled Students in Batam City of Riau Islands Province

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ABSTRACT

This research aimed to reveal various experiences, strategies, and obstacles to sexuality education for intellectually disabled students in Special Needs Schools (Sekolah Luar Biasa or SLB) and Islamic Elementary Schools (Madrasah Ibtidaiyah or MI). A qualitative descriptive method was applied. Interviews, observations, focused group discussions, and documentation were used to gather information. Principals, teachers, students, and parents from SLB and MI in Batam City, Riau Islands Province, participated in this study. Data validation was conducted using triangulation sources and techniques. Thematic analysis was used to identify, analyze, and interpret data. The results found that: first, sexuality education for students with intellectual disabilities was challenging, and teachers still encountered difficulties. Intellectual limitations caused students to experience what are called public-private errors and friend-stranger errors, which resulted in inappropriate expressions (activities) of sexuality in private vs. public spaces and difficulty differentiating between familiar vs. stranger people. Even though the teachers had long experience with special needs students and were prepared with various methods and techniques to handle them, they were still constantly looking for ways to adapt to the various conditions of students. Second, the teachers reported some obstacles, such as student characteristics, low parental involvement, and low local governmental support and policies on this issue. Third, the strategies of sexuality education for Muslim students were implemented by integrating religious teaching and values into various methods, techniques, and media.

INTRODUCTION

Students with special needs were formerly known as individuals with disabilities. However, ordinary people often referred to them as handicapped (Paseka & Schwab, 2020). Special needs students are characterized by different features of physical, mental, and socio-emotional disabilities (Mihut et al., 2022; Medvedeva et al., 2020). However, Law Number 20/2003 concerning the National Education System explains that students with special needs are individuals who, due to their physical, emotional, mental, social conditions, and/or special intelligence or talents, require special assistance in learning. From these definitions, it can be concluded that students with special needs are characterized not only by their limitations but also by their extraordinary capabilities.

There are seven types of students with special needs. First, blindness refers to a disorder or disturbance in vision that causes the activity of seeing to be disturbed ([Chokron et al., 2020](#)). Second, deafness refers to a student who has lost some or all of their hearing, so that they are less able to communicate verbally ([Khasawneh, 2023](#)). Third, mental retardation refers to a student who has intellectual obstacles and disabilities, leading to difficulties in academic tasks, social interactions, etc ([Des Portes, 2020](#)). Fourth, physical disability refers to a student who has difficulties optimizing the function of body parts caused by injury, illness, or malformed growth, resulting in decreased ability to perform body movements ([Rajati et al., 2018](#)). Fifth, emotional retardation refers to a student who has emotional or behavioral disorders and an inability to control emotions and behavior that causes negative impacts on academic, social, skills, and personality abilities. Sixth, students with learning difficulties. Seventh, autism refers to a disorder or obstacle in the development of student behavior that occurs before the age of three years. Autism is characterized by impaired socialization, communication, autistic behavior, and difficulty controlling emotions.

Meanwhile, in research conducted by Rapisa et al., ([2021](#)) divided children with special needs into several categories based on the location of their obstacles. First, physical disorders ([Dauwan et al., 2021](#); [Saebu, 2010](#)) include physical disabilities, hearing impairments, speech impairments, and blindness. Second, intellectual disabilities include slow learners, children with specific learning difficulties (dysgraphia, dyslexia, dyscalculia), and children with special intelligence and special talents. Third, emotional and behavioral disorders include emotional disorders or conduct disorder, autism, Attention Deficit Hyperactivity Disorder (ADHD) or attention deficit disorder and hyperactivity. In addition to this classification, there are still many types of children with developmental disorders, both physical and mental, such as Down Syndrome, cerebral palsy, and speech delay.

Students with special needs should receive educational services according to their conditions, limitations, and unique characteristics ([Qorib, 2024](#)). The deficiencies, obstacles, limitations, and even special talents experienced by students with special needs mean they require certain treatment and facilities such as social support, educational facilities, and specific training to live like other normal individuals ([Kahn, 2023](#)). Students with special needs have deficiencies in physical, mental, socio-emotional, or behavioral aspects, requiring special education tailored to their characteristics. The grouping of children with special needs can be based on the location of the barriers (physical, intellectual, emotional, or behavioral) or specific types of disorders, thus requiring appropriate learning approaches and media to support their optimal development ([Ishartiwi et al., 2022](#)).

Wijaya ([2023](#)) stated that sexuality is part of human life, both for neurotypical individuals and those with special needs. Like other neurotypical individuals, students with special needs also experience physical growth, height and weight gain accompanied by the emergence of sexual hormones. Santrock ([2008](#)) referred to this as the puberty period, At this age, students are physically mature but not mentally, so, in this condition can cause some problems. Au Yeung et al., ([2024](#)) stated that autistic students have the same sexual desires and fantasies as 'normal' students in general. Therefore, they need proper guidance to develop healthy sexuality. The production of sexual hormones in the body is accompanied by the same sexual feelings ([Holland & Quint, 2017](#)). Some changes related to aggressive behavior and sexuality of students with autism can be associated with hormonal changes ([Loftin et al., 2021](#)).

Physical changes and sexual organ maturity also occur in students with special needs. Due to inherent limitations, these changes can lead to certain problems if there is no direction and guidance. Handayani et al., ([2019](#)) termed these problems public-private errors and stranger-friend errors.

Public-private errors include taking off their pants in random places, touching or even playing with their sexual organs in public, and masturbating at school. Stranger-friend errors are disorders in expressing sexual urges, which manifest as the behavior of kissing other people carelessly, touching the body, and hugging the opposite sex in an improper way.

When entering adolescence, students also experience physical growth towards maturity. This causes active sexual drive in line with the increase in chronological age. The aspects of emotional and rational maturity, on the other hand, are slower, or even very lagging behind (Sappok et al., 2022). Sala et al., (2019) wrote several explanations related to sexual behavior in autistic children, which could also occur in other students with special needs. First, sexual behavior is carried out to attract the attention of others. Second, sexual behavior is obtained from the behavior of adults around them. Third, sexual behavior is carried out with the aim of building relationships with peers. Fourth, sexual behavior could appear because the child has experienced sexual abuse. Fifth, there are drugs that could affect a person's sexual desire and interest. Sixth, the attraction of others could increase the desire to engage in certain sexual behaviors, including masturbation. Meanwhile, Agnew et al (as cited in Wijaya, 2023) explained that masturbation in autistic children occurs due to tactile sensations in the anus and surrounding area, or because they wanted to relieve itching. Seventh, lack of productive activities carried out by children and excessive self-stimulation habits trigger masturbation behavior.

The results of clinical research in the United States (US) related to issues of disability and sexuality were fully reported in a pediatric journal (Wijaya, 2023), which stated that the puberty phase in children in the US usually begins between the ages of 8.5 and 13 years in women and between the ages of 9 and 14 years in men. However, there are some phenomena occur in people with disabilities. First, children with disabilities are 20 times more likely to experience early pubertal changes in their neurodevelopment. Second, precocious puberty challenges children with disabilities, who are not yet socially mature, by affecting their body image and self-esteem that have changed, causing problems in self-care and hygiene activities, and increasing the risk of becoming victims of sexual violence. Third, children and adolescents with disabilities are more vulnerable to sexual abuse, inappropriate social skills, poor judgment, inability to seek help or report abuse, and lack of strategies to defend themselves from abuse. Fourth, children with disabilities have the right to receive the same sexuality education as their peers, but often there need to be modifications to the program so that information can be presented in such a way that children can understand and learn it (Wijaya, 2023).

The description above leads to the conclusion that every student with special needs experiences sexual growth and development. For students with physical disabilities without mental disorders, sexual development issues are not too risky. However, students with socio-emotional and intellectual disorders often face many problems due to their limited socio-emotional and intellectual capacity. This manuscript focuses on studying students with intellectual disabilities, which can vary between a single disability and comorbidity with other disabilities, such as autism spectrum disorder.

The number of students with special needs has increased year to year. Based on data from the Ministry of Education and Culture which was published in CNBC Indonesia, it was reported that there were 1.6 million students with special needs in 2017 (CNBC, 2019). This data tends to rise in coming years. Klebanov et al., (2024) predicted that students with special needs are approximately twice as likely to become victims of sexual abuse than children without disabilities (this risk is higher for students with intellectual and mental health disabilities), which is why prevention is required to protect them by promoting safety education in school.

Sexuality education encompasses everything from the growth of the sexes (male and female) and how the sexes function as reproductive organs, to the development of genitals in men and women, menstruation and wet dreams, and the emergence of lust due to hormonal changes. Sexuality education essentially provides information about safe and unsafe behavior and the risks of unsafe behavior (Houtrow et al., 2021). Sexuality education is not an overview of how to have sex, but rather how a person positions themselves and adjusts well according to their gender with different tasks and developments in their social environment. Therefore, sexuality education for students with special needs is a comprehensive educational approach that provides knowledge, skills, attitudes, protection, and values to understand their sexuality, relationships, health, and morals.

Pandia & Drew (2023) wrote that there are several stages in providing services for children with special needs. First, identification is an effort to recognize children from physical, intellectual, emotional, and communication ability aspects, as a basis for determining a child to be in a certain special needs category. Second, assessment is the process of collecting information to understand the child comprehensively regarding the child's condition as a basis for planning and implementing programs. Related to this, Wijaya (2023) put forward several aspects that teachers need to know about children before providing sexuality education, namely: (1) language and communication skills; (2) ability to understand abstract concepts; (3) dominant modality in learning (auditory, visual, tactile); (4) physical obstacles experienced; and (5) social, emotional development, and intelligence level. This data, both that needed in the identification session and the assessment, is carried out by involving related parties so that accurate information about the child is obtained. Third, treatment is the implementation of services for children with special needs. In this session, it is formulated based on the results of the assessment of the child's condition. Several aspects that need to be determined at this stage are as follows: (1) The purpose of the activity; (2) the type of behavior that is the target; (3) the child who is the target, the material; (4) strategies and methods; (5) the media needed; and (6) the personnel involved. Fourth, evaluation is an important step in every activity program. This evaluation is a process of collecting information to determine the effectiveness of the activities that have been carried out. The success of a service program can be seen from the changes that occur in children.

According to Tracers and Whitby (as cited in Wijaya, 2023), individual rights related to the implementation of sexuality education comprise six aspects. First, the right to build relationships, marry, and become parents. Second, the right to prevent and report sexual violence. Third, the right to health and cleanliness of reproductive organs. Fourth, the right to self-determination. Fifth, the right to receive specific sexual learning strategies. Sixth, the right to prevent maladaptive behavior and to support adaptive behaviors.

Wijaya (2023) stated that photos, pictures, symbols, writing, dolls, and puzzles could be applied to improve understanding for students with special needs. Wati and Sihkabuden (2017) found that sexual education programs could be taught using human doll media. Ahmad et al., (2021), in her research, wrote about the use of snakes and ladders in sexual education. Meanwhile, some researchers designed animated videos (Yurni et al., 2025; Palupi, 2017). A variety of media could be used to teach sexuality education to students with special needs. Wijaya (2023) provided several suggestions that could be used as strategies and media in delivering sexual education, including: games by adding the names of body parts as targets, dolls to name body parts, taking advantage of moments of daily activities—such as when wearing clothes—, songs, such as "Head Shoulders Knees Toes", coloring activities, and a mirror to point out body parts and their functions.

The results of Paulaukaite et al., (2022) research showed that proper sexual education can prevent free sex, unintended pregnancies, abortions, sexual abuse, and disease transmission. This

education aims to help individuals develop healthy, responsible attitudes and respect for themselves and others (Utama & Hutahaean, 2024). Sexuality education is considered a solution to help students with special needs better adapt to puberty and prevent them from experiencing sexual abuse (Jatmika, 2018; Sri Sayekti et al., 2024).

Nuramini (2022) who focused on the Islamic approach through the concept of fitrah implemented at SD IT Insantama Malang, found that sexuality education is integrated into the Bina Syakhsiyah Islam (BSI) curriculum and highlights the important parental role. Utama et al., (2022) who focused on the implementation of sexuality education in early childhood through an Islamic perspective, found that sexuality education in early childhood is an integral part of education in faith, morals, and worship, which is based on the Qur'an and Hadith. Nur Ibad et al., (2024) who focused on the urgency of children's sexuality education from the perspective of the Qur'an and Hadith, revealed that sexuality education from this perspective emphasizes preventive efforts in preventing sexual activities before marriage, and addresses morals and ethics related to sexual expression and behavior. The study also found that synergy is needed between educational institutions, families, and communities in delivering effective sexuality education in accordance with the values taught by the Qur'an. Therefore, for the Indonesian Muslim community, sexuality education aims not only to foster students' health and well-being but also to safeguard them in this life and the afterlife, aligning with their religious beliefs. Consequently, teachers frequently integrate Islamic teaching and values into their instruction and interactions with students in their daily activities in school.

In reality, several previous studies have shown that not all teachers possess adequate competence to provide sexuality education for students with special needs (Yamtinah et al., 2019; Nadirah et al., 2021). Even Sari et al. (2019) even concluded that it was necessary to conduct socialization regarding sexuality education in schools, considering that not all schools are aware of the importance of sexuality education for students with special need. On the other hand, data on students with special needs or children with special needs who have experienced sexual abuse are difficult to obtain, particularly in Batam City, Riau Islands Province. There are several explanations for this situation. First, the lack of insight among the parties involved in handling cases of sexual abuse. Second, it is not easy to identify some characteristics of children with special needs, especially those with intellectual disorders (almost indistinguishable from neurotypical students). Third, students with special needs who might experience sexual abuse have limitations in communicating, absorbing information, and voicing their suffering (e.g., sexual abuse). In addition, it is also possible that they are not aware that they have become victims of sexual violence due to their cognitive-emotional-social limitations.

Amandine (2024) quoted a statement from the Women's Empowerment, Child Protection, Population Control, and Family Planning Service of Batam City that cases of violence against children in this city remain quite high. In 2024, up to August, 33 cases had been recorded, with details of 13 cases of violence against children and 20 cases against women, which included physical, psychological, sexual, and online-based violence (Saritri, 2024). Thus, the authors considered that it was necessary to conduct descriptive qualitative research to understand the experiences, strategies, and obstacles of teachers regarding sexuality education implementation for students with special needs. This research is expected to be useful as initial information about the practice of sexuality education for students with intellectual disabilities in schools. The research findings can be used as a basis for making policies on sexuality education for students with intellectual disabilities, especially in special needs schools and inclusive schools.

METHODS

This study used a qualitative descriptive method to thoroughly understand social problems in natural settings (Moleong, 2011). This research was conducted in Batam City, Riau Islands Province. Data were collected using Focus Group Discussions (FGD), interviews, observations, and documentation. Focus Group Discussions (FGD) were conducted at the beginning by inviting several related parties, such as three principals and 13 teachers. The activity took place in SLB Kartini. The FGD was guided by a facilitator (one of the research team). There were two purposes of the FGD: first, to get acquainted with the principals and teachers. After getting to know each other, good relationships could be formed (develop rapport), which then facilitated further data collection. Second, the purpose was to map issues surrounding sexuality education for students with special needs.

Data discussed in the group were organized, reduced, and analyzed into five themes: First, teachers' experience when teaching students with special needs (in general). Second, their opinions on why sexuality education needs to be provided for students with special needs. Third, what difficulties they faced when teaching sexuality education. Fourth, how they overcame these difficulties and which parties helped overcome these difficulties. Fifth, what changes occurred after implementing different ways of teaching sexuality education. For further information, interviews were conducted in the next phase.

Semi-structured interviews and non-participatory observations were intended for informants consisting of school principals, teachers, students, and parents to reveal experiences, obstacles, and strategies used by schools in implementing sexuality education. These activities took place in two schools. Observations involved teachers, students, and teacher-student interactions in school activities. Then, data were organized, reduced, and analyzed into three themes: First, principals' experiences, obstacles, and strategies to implement sexuality education in school. Second, teachers' experiences, obstacles, and strategies when interacting with and instructing students with intellectual disabilities to implement sexuality education. Third, parents' expectations about sexuality education for their kids. Parents' information was additionally used to support primary data, which this study focused on.

Interviews were conducted with two school principals, four teachers, and two parents. On the other hand, the documentation technique supported primary data through school reports, school and government websites, and photos. The final stage of data analysis used The Miles and Huberman model (Sugiyono, 2023), which includes data condensation, data presentation in descriptive narratives, and drawing conclusions. The validity of the data was verified through triangulation, both of sources and data collection techniques (Bachri, 2010).

RESULTS AND DISCUSSION

Overview of Students with Special Needs in Batam City

The theoretical definition of special needs includes the condition of students who have disabilities from physical and mental aspects. The physical aspect includes disabilities in the form of functional disorders, suffering from illness, to physical disabilities. The mental aspect involves cognitive disabilities (such as those which affect intellect, concentration, way of thinking, way of learning, and way of processing information), emotional domains, and psychomotor.

Diagnostic and Statistic Manual for Mental Disorder 5th or DSM-5 ([American Psychiatric Association, 2013](#)) explains that intellectual disability (ID) is a term used in the medical, educational, and other fields to replace the term mental retardation. Intellectual disability is a condition in which an individual experiences impaired general intelligence function, and adaptation in both conceptual, social, and practical domains. There are three indications of ID. First, weaknesses in intellectual functions such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience. Those weaknesses are confirmed by individual clinical assessments or standard intelligence testing. Second, weaknesses in adaptive functions result in failure to fulfil developmental tasks and sociocultural norms in the aspects of independence and social responsibility. Individuals have difficulty performing one or more adaptive functions in daily activities without the help of others. These functions include communication, social participation, independent living in the home, school, work, and community environments. Third, the conditions described the first and the second points occur during the individual's growth and development period. Intellectual disability is categorized into four levels: mild, moderate, severe, and profound.

The American Psychiatric Association ([2013](#)) outlines five criteria for Autism Spectrum Disorder (ASD). The first criterion highlights difficulties in social communication and social interaction, detailed as follows: 1) Difficulties with reciprocal socio-emotional interaction range from inappropriate social approaches and a failure to engage in back-and-forth conversations to a low interest in sharing interests, emotions, or concerns, and an overall failure to initiate or respond to social interactions. 2) Difficulty in nonverbal communication for social interactions, ranging from lack of alignment of verbal and nonverbal communication to inappropriate eye contact and body language, or trouble understanding and using gestures, such as difficulty utilizing facial expressions and nonverbal communication. 3) Difficulty developing, maintaining, and understanding relationships, involving struggles with adjusting behaviour appropriately for various social contexts, to difficulty sharing pretend play, making friends, to lack of interest in interacting with peers.

The second criterion involves a certain pattern of behavior, interests, or repetitive activities, which must appear in at least two of the following forms: 1) Stereotypic or repetitive motor movements, such as in arranging toys, turning objects, echolalia, and idiosyncratic speech. 2) Insisting on doing the same habits repeatedly, adhering to routines and difficulty adjusting to change, or rituals. For example, the same food every day, the same greeting ritual every day, and taking the same route every day. 3) Interests are very limited and fixated on something that is unusual in intensity. For example, a strong interest/preoccupation with unusual objects. 4) Hypersensitivity to sensory stimuli or unusual interest in sensory stimuli, including indifference to pain, extreme temperatures, dangerous responses to certain stimuli, excessive touching or smelling of objects, and unusual interest in lights or movement. The behaviour of students with special needs described by teachers shows that they face physiological and psychological changes when entering adolescence. They have sexual urges and feel attracted to the opposite sex like other normal students. This is in line with what Stokes et al., ([2007](#)) who stated that adolescents with autism have the same sexual desires and fantasies as "normal" adolescents in general. It is triggered by the maturity of sexual hormones and sexual organs within their bodies.

The condition of students with special needs who have intellectual disabilities makes it difficult for them to adjust to puberty, which significantly increases the responsibilities of both family and school. For instance, teaching and getting 'normal' ABG (New Teenage Boys/Girls) girls to wear sanitary napkins and taking care of their sanitary napkins during menstruation is relatively easier for parents (mothers) to do at home. However, for parents of the girls with special needs, this task

becomes more challenging. The condition of the special needs leads to a weak ability to control and choose the the behaviour that is in accordance with social norms. They express sexual urges without considering the right place, other people, and time. This situation is known as the phenomenon of public private errors and stranger-friend errors (Terzi, 2005). These terms describe a condition where an individual struggle to distinguish appropriately between private versus public spaces, and familiar individuals (friends/family) versus strangers. As a result, the individual's behaviour becomes inappropriate or not in line with the norms that apply in their social environment. For example, the behavior of taking off pants is normal, but it becomes unusual (unnatural/inappropriate) if it is done in a public place in front of others. Students with special needs have difficulty distinguishing this appropriateness due to their limited intellectual abilities.

The phenomenon of public private errors and stranger-friend errors is actually not only applied to special needs groups with intellectual disabilities and autism, but is also used to describe normal individuals who have difficulty distinguishing when to open up and when to close themselves off from unknown parties/people (strangers). This phenomenon is often experienced by normal teenagers when they are active in cyberspace/social media. This situation increases the vulnerability of adolescents, especially students with intellectual disabilities, to harassment, sexual violence, sexual exploitation, and other forms of cruelty. Therefore, providing sexuality education for students with special needs is very necessary. Such education for students with DI and autism certainly requires extra effort and strategy.

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Based on interview and documentation sources, Batam City has a quite high number of students with special needs. Official data released by the local government has not been found yet. However, one government school alone in 2022 had accommodated 249 students. The oldest private school for special needs students in Batam City in 2025 could only accommodate 107 students. Another private school for special needs students had 79 pupils. Based on the official website of The Ministry of Education of the Republic of Indonesia, there are 828 special needs students in Batam City, where there are 224,545 students in this city (0.37%). Most of the children had been identified as having intellectual disabilities, autism spectrum disorder, and ADHD (Attention Deficit Hyperactivity Disorder). But these schools no longer have the capacity to accommodate more students. Meanwhile, there were still quite a lot of children who registered for the school, but they were rejected. So, where do all the kids go?

According to one of the Principals of Islamic Elementary Schools in the Nongsa District of Batam City, the rejected children were enrolled in Islamic Schools and public schools. This was confirmed by three teachers from three different Islamic Elementary Schools: their school accepts students with special needs every year. Based on the results of interviews, observations, FGD, and documentation, it was revealed that at least 30 students were identified as having special needs in elementary school, and many more students were found at the preschool level. At the preschool level, it was also reported that there were increasing cases of students experiencing speech delay.

Meanwhile, these schools were not ready for this. Thus, the local Ministry of Religious Affairs is struggling to cope with this problem. Inclusive education in public and Islamic schools is inevitable. The local government has responded, but it has not been properly planned and implemented.

Therefore, given this school condition, instead of implementing strategic sexuality education, they are not yet ready to provide appropriate educational services for students with special needs. The local government should be aware that Batam, as a special region that is advanced in the industrial sector, must face challenges that are the inevitable impacts of modernization and industrialization.

Several hopes were expressed by teachers from madrasahs and Islamic preschools, addressed to the government, especially the Ministry of Religious Affairs of the Republic of Indonesia. First, training, guidance, and assistance in the education (handling) of students with special needs should be provided for teachers. Second, teachers with special expertise in the education of students with special needs should be appointed. Third, learning facilities and school facilities that are friendly to students with special needs should be provided. Fourth, a curriculum for students with special needs should be prepared. Fifth, cooperation with agencies related to the education of students with special needs should be established. Sixth, special schools for students with special needs should be established. Seventh, inclusive madrasahs should be developed.

Teachers' Experiences: Puberty and Sex of the Students with Intellectual Disabilities

Based on the first teacher's experiences, students with special needs who experience puberty tend to behave more intensely and uncontrollably. Here are the examples of their behavior. First, what is in their hearts or minds is expressed immediately. When they like another boy or girl (the opposite sex), they seem more aggressive and very blatant (feeling no shame) in showing and expressing love. Second, taking off their pants in random places. There were even several incidents where students with autism took out their genitals, so that the other students screamed. Third, open dating between fellow students with special needs also occurs. They were caught kissing at school, so they needed special guidance. Fourth, teachers are also not spared from the pursuit of love from students with special needs. They have a crush on the teacher or like the teacher who wears lipstick, even wanting to marry their teacher. Fifth, they are prone to sexual harassment and bullying from both people they are familiar with and strangers. Sixth, teachers are not exempt from being the target of love from students. They have a crush on Mr. Teacher or like Mrs. Teacher who wears lipstick. There were some teachers who were often chased by female students; some even wanted to marry their teacher.

The second teacher from different schools told their stories. There was a handsome teacher who was often chased by female students in their school. It was also observed that there were some male students who often rubbed their genitals against female students' bodies, and there were also those who kissed their friends and then ran away. Another instance is that, there were students dating at school. Then, there were autistic students who were quick to respond to things that were not yet appropriate. Next, there was a student who was absent during the morning flag ceremony. When the teacher searched for him, they found two boy students soaking in the bathtub, screaming with joy loudly. Another day, he invited a girl to do the same again. This student was still sleeping accompanied by his parents; he might have witnessed his parents' sexual activity and imitated it.

The third teacher told different stories. There was a male student with autism who was entering puberty. He kept staring at the teacher's breasts and wanted to unbutton her blouse. The teacher, with a calm attitude, took advantage of the situation to teach what behaviors were allowed and what not to do. Another observation was that female students with autism who always did not go to school every time they got their period. The teacher also described a sensitive conversation with a male student discussing why he did not write the task into his book gently. He said that his genitals keep waking up. Then, this teacher gently told him to talk to his little brother to sleep first. There was also an incident when, there were male students who often rubbed their genitals against the bodies of

female students. Finally, a female student experienced sexual abuse repeatedly. The incident occurred after school. The perpetrator was known to be married.

Teacher's Strategies of Sexuality education in Students with Intellectual Disabilities

The Indonesian Ministry of Education does not regulate in detail how to implement sexuality education for students in general and for students with special needs. But all teachers in this study had several views on sexuality education: First, sexuality education is important for all students, including students with special needs. Second, the main goal of sexuality education is to protect students from the risks and impacts of sexual abuse (perpetrated by themselves or by others against them). Third, the presentation of sexuality education material must be adjusted to the student's level of understanding and level of education. Fourth, considering that Indonesian society is religious, sex ueducation is integrated with religious moral values in accordance with the religious teachings of the students. Fifth, considering that there are no technical instructions on sexuality education from the government yet, schools leave it up to teachers how to technically implement sexuality education for students with special needs.

Sexuality Education Materials

Sexuality education materials consisted of toilet training, gender differences, body parts that can and cannot be touched by others (protection from sexual abuse), characteristics and preparation for puberty, reproductive organs and health, and managing menstruation for girls (how to wear sanitary napkins, cleanse during their period, and wrap used sanitary napkins before disposal). It also includes purification from hadas (hadas is dirt that comes out of body orifices, namely the anus, genitals, and vagina), covering *aurat* (*aurat* are body parts which should be covered for self-protection), and ethics. Ethics encompass attitude, behaviour, and sexual relationship.

Types of Sexuality Education

Three types of sexuality education were identified, including integration into subjects, spontaneous interactions with students in the school environment, and incidental school activities collaborated with other institutions.

The first type of sexuality education was planned and implemented by teachers in the classroom. Sexuality education material integrated into three subjects: Science Islamic Religious Education, and Self-Development. Self-development for students with intellectual disabilities requires more effort because they have difficulty understanding and forget easily. The sexuality education materials were provided according to the students' level and understanding. This type could be referred to as sexuality education classes and will be described further in the next part.

The second type occurred spontaneously on various occasions, such as during break time, when students interacted with their friends, and in other situations where the teacher could monitor. Teachers were required to be responsive to students' needs and were expected to provide extra supervision to anticipate unwanted incidents. The delivery strategy in this type of sexuality education involved using simple language appropriate to students.

The third type involved incidental activities organized by schools in collaboration with other institutions, both external and internal. These collaborations included: Public Health Centers to provide seminars on reproductive health education for teenagers; the City Health Department for socialization and education on reproductive organs and health; the Women's Empowerment and Child Protection, Population Control and Family Planning Service to provide training for teachers on

reproductive health education methods and techniques; an internal unit such as The Health School Unit (UKS—Unit Kesehatan Sekolah) and parents to conduct training for female students on how to wear and clean sanitary napkins; and school collaboration with parents to deliver sexuality education.

Sexuality Education Class: Stages, Materials, Methods, Media, and Techniques

Teachers are the focal point in the implementation of sexuality education classes. Furthermore, observations and interviews conducted found that learning is carried out in stages according to the level of education. The implementation of sexuality education is carried out in stages from kindergarten, elementary school, and junior high school levels.

The materials for kindergarten to third grade include introduction to body parts, gender differences, toilet training, and what can and cannot be touched. When students are in third grade, toilet training must be completed. Preparation for puberty is a topic for elementary students starting from fourth grade and onwards; materials are provided to prepare them for entering puberty. The material for junior high school students covers the introduction of private body parts and public areas, as well as the ethics of socializing with the opposite sex. Junior high school students must be able to bathe themselves; parents only instruct. The emphasis for junior high school students is to maintain and preserve the cleanliness and health of reproductive organs.

Learning methods include tutorials, Q&A (Question and Answer or conversations), advice, examples, direct reprimands, demonstrations, storytelling, and direct practice. These diverse methods can be simplified into two categories: indirect practical methods and direct practical methods. Indirect practical methods refer to all methods used by teachers to explain, teach, and demonstrate sexuality education materials. Direct practical methods are methods in which teachers guide students to directly practice sexuality education materials, for example, toilet training, and how to use, clean, and dispose of sanitary napkins for female students. The learning media used by teachers in sexuality education include pictures, dolls or puppets to demonstrate reproductive organs (male and female dolls), melted starch to introduce sperm, sanitary napkins for learning about menstruation, as well as educational videos, pictures, and songs such as "I Take Care of Myself" or "Ku Jaga Diriku." Learning media also utilize existing facilities at school, such as toilets and personal hygiene equipment, for toilet training.

Some techniques were used to teach sexuality education. First, explaining with expressions that are easy for students to understand. For example, a student is reprimanded by the teacher for not doing his homework. The student replied that his genitals were always standing up, so they could not do his homework. The teacher then said, "If he's doing his homework, his younger sibling should go to sleep first. Second, the delivery of material containing sexuality education is adjusted to gender, where female teachers are with female students, while male teachers are with male students. Classes for female students are separated from male students if necessary. Third, there should be no quiet places or corners so that no one does anything obscene at school. Fourth, teachers always monitor students to prevent indecent acts. Fifth, teachers are adept at diverting students' sexual behavior through physical activities such as bathing, washing their faces, taking books, and so on. Sixth, building communication with parents to facilitate conveying what is happening and what should be done for their children. Seventh, socializing parents of students about the importance of training students to sleep separately from their parents. Eighth, teaching students to cover their genitals and not to reveal them in public.

Several Obstacles to Sexuality education for Students with Intellectual Disabilities

Based on the data collected above, several obstacles were found that teachers faced in implementing sexuality education. First, it is related to the children's low level of comprehension. They tend to forget easily. This condition is inherent in students with intellectual disabilities. Second, the role of parents is still low and more responsibility is handed over to school. Third, there is no specific government policy on sexuality education for students. Fourth, there are no clear technical instructions or the manuals on how sexuality education should be provided to students with special needs. The issues surrounding sexuality, student protection, and the fulfillment of students' rights in general are increasingly occurring. Fifth, teachers' competencies vary widely in implementing sexuality education because they do not receive specialized training. Information obtained from the field shows that teachers conduct sexuality education based on instinct and prior experience.

Schools also collaborate with parents of students in sexuality education materials. Unfortunately, the role of parents is still low and more responsibility is left to the school. The lessons teachers teach should ideally be reinforced by parents at home. Some simple things that teachers expect parents to teach at home include: how to treat teacher respectfully, prohibitions (such as forbidding to touch certain parts of another person's body), getting children accustomed to sleeping separately from their parents, reinforcing positive habits, and fostering habits of worship.

The obstacles in sexuality education for students with intellectual disabilities are very complex, aligning with research carried out by Ekawati et al. (2021) who mentioned that educating children with special needs requires a high level of professionalism and complete dedication. The interviews with several school principals and observations revealed that there were challenges such as low parental participation, limited student comprehension, and insufficient specialized teacher training for handling children with special needs. Low parents' participation indicates that a lack of integration between schools and parents. This integration is very crucial so that learning development can be evaluated in line with the needs of each child with special needs (Riyadi et al., 2023; Lisyawati et al., 2023; Wihara et al., 2024).

Research findings show the emotional role of parents towards children so that children with special needs are able to absorb knowledge effectively. Further research conducted by Ulfasari & Trimulyaningsih (2024) emphasize that the role of parents is emotionally needed particularly in light of parents' potential ingratitude towards the condition of their children who have special needs. This was reinforced by observation activities. It was revealed that several students with special needs in Batam City needed different habituation approaches. For examples, there were students who cried when their parents did not accompany them to school; however, this could be overcome after at least 22 days of accompanying their children to school, which suggests that student's habituation to the new environment needs accompaniment.

These findings were in accordance with the results of research conducted by Triwardhani (2021) explained that adaptation of special needs students takes a longer time span and parents have a vital role in this situation (Komara et al., 2024). Suci et al. (2020) explained that integration between schools and guardians or parents of students is very necessary. This was considered capable of maximizing the education received by students because of the ongoing supervision in the formal school environment and the social or family environment. This interpretation was strengthened by other research conducted by Pratiwi et al. (2022) mentioned that the presence of integration between parents and schools for children with special needs, especially in sexuality education, will be able to function as a supervisor for the development of children's behaviour, prevent deviations, and provide appropriate guidance if potential problems are found.

Educators of children with special needs in Batam City face several additional obstacles. These include the limited number of trained teachers and facilitators, the lack of appropriate materials, social and cultural stigma that considers the topic of sexuality as taboo. Consequently, sexuality education does not receive sufficient priority and the lack of policies that support sexuality education for children with special needs because its implementation depends on the initiative of schools or local communities. The challenge of students' limited comprehension abilities often sparks teachers' creativity. However, student comprehension is a complex issue, particularly for children with special needs. Therefore, the ability to engage students with special needs and help them focus represents a professional skill requiring specialized training. The capabilities of teachers working with students with special needs and the students' comprehension are inherently linked. Addressing this obstacle urgently requires providing specialized training to teachers of students with special needs in Batam City to enhance their competence.

Islamic Values as Reference Norm for Sexuality Education Strategy

The inability to protect themselves and lack of proper understanding of sexuality students with intellectual disabilities vulnerable to sexual exploitation (Estruch-García et al., 2024). Sexuality education becomes important to prevent students from sexual abuse because it aims as follows: to provide correct, clear, and accurate knowledge about sexuality; to manage sexual urges well; to behave healthily to care for and maintain one's sexuality; to live one's sexual life in accordance with religious teachings to prevent adultery and promiscuity; and to prevent deviant sexual behavior such as masturbation, onani, sodomy, and incest (Sriyanti, 2009; Wijaya, 2023).

Children with special needs, like teenagers in general, experience puberty as a result of sexual hormone maturity (Santrock, 2008). However, this physical maturity is not balanced with their psychological development, so that difficulties often arise in behaving according to norms. Based on the Focus Group Discussion, it is known that students with intellectual disabilities and autism experience the phenomenon of failure to understand how to behave according to the place and who they are facing. Fatimatuzzahra et al., (2022) termed this problem as *public-private errors* and *stranger-friend errors*. For example, children with special needs may undress in public places (Nor & Malaya, 2024), engage in playing with sexual organs (Shahid et al., 2024), or masturbate at school (Akdemir, 2024). Additionally, they may exhibit behaviours such as inappropriately kissing, touching, or hugging others (Sinaga et al., 2024).

The observation results found that the puberty phase in children with disabilities is accompanied by unique challenges. This is in accordance with research conducted by Wijaya (2023) which noted that they are more likely to experience early puberty, body image issues, and low self-esteem, which affects self-care and increases the risk of sexual violence. Observation results found that children with special needs in Batam City have inadequate social skills, have difficulty seeking help, and do not have strategies to protect themselves. Therefore, like children in general, children with special needs also have the right to receive sexuality education that is equal to their peers, but the material often needs to be modified to be understood according to their needs.

In Batam city, sexuality education strategies for children with special needs are integrated into subjects such as science, Islamic education, and self-development. Observation results show that there is a strategy for using media such as dolls, videos and songs to help deliver sexuality education, or what is known as multisensory learning (Hijab et al., 2024). The use of dolls is an effective strategy for children with special needs, a point confirmed by research which states that sexual education can be taught using human dolls (Wati & Sihkabuden, 2017). Apart from using puppets, sexuality

education can be taught using the Snakes and Ladders game (Sari & Susanti, 2024) and animated videos (Palupi, 2017). Learning media is the main point in sexuality education for children with special needs because, as the research carried out by Fajrie and Masfiah (2018) explains, learning media is able to bridge the communication and understanding difficulties of children with special needs. The use of media such as puppets, videos, and songs can convey information in a more visual and interactive way compared to verbal explanations alone. These media can also be adapted to the varying learning styles of children with special needs, helping to create a more inclusive and enjoyable learning environment (Kania, 2024).

The strategy of sexuality education based on Islamic values in Batam City is evident in the references to religious teachings, particularly those found in the book written by Ulwan (2011). More concretely, the strategy for Islamic value-based sexuality education includes aspects of purification (*taharah*) and signs of puberty (*baligh*) to manners in interacting, proposing, getting married, and taking care of oneself. Observations at the location found that sexuality education was carried out using puppets as a medium regarding etiquette in covering the genitals (QS Al-Ahzab: 59; An-Nur: 31), guarding your gaze, prohibiting being alone together or approaching adultery (*zina*) (QS Al-Isra: 32), and understanding abortion (QS Al-An'am: 151). The observation also found out that children with special needs in Batam City were taught to knock on the door before entering their parents' room (QS An-Nur: 58), to sleep separately from parents after the age of five, and the prohibition of sharing blankets for boys. However, other research has found that Islamic law as a basis for comprehensive sexuality education is not implemented properly because it is considered a taboo topic (Awaru, 2020).

Islamic teachings can be a strong foundation in sexuality education for children with special needs because they include comprehensive guidance and are in accordance with moral and ethical values. Islam provides guidelines on personal hygiene, signs of puberty (*baligh*), and manners of interaction that can help children with special needs understand behavioural boundaries, take care of their bodies, and respect others. The Islamic norms such as covering one's private parts, guarding one's gaze, prohibiting male and female together, and etiquette of knocking before entering parents' bedroom, provide a clear framework for building awareness and responsibility for sexual activities. This approach can also be integrated with existing methods and media, making it easier for educators to understand and implement.

The Formulation of Teacher Needs for Sexuality Education

Based on the analysis that has been described previously regarding the strategy of sexuality education based on Islamic values, sexuality education based on Islamic values for children with special needs in Batam City can offer a comprehensive understanding of sexuality that aligns with religious teachings, social norms, and their individual needs. This program can help children with special needs understand the concept of personal hygiene, the ethics of inter-gender interaction, and how to protect themselves from the risk of sexual harassment. In addition, an Islamic-based approach can also build spiritual awareness, instil good manners, and provide practical guidance in dealing with puberty and biological changes so that they are better prepared to live life independently, with dignity, and in accordance with religious values.

The obstacles faced by educators in Batam City sparked an important formulation according to the needs of professional teachers. Therefore, based on the obstacles that have been explained previously, the sexual education program for children with special needs must be tailored to their characteristics, abilities, and needs. Formulating the characteristics or needs of each child with special

needs is important, as the research written by Nurhastuti (2022) indicates that the formulation provides a starting point for addressing the diverse requirements of each child with special needs.

The results of the strategies and constraints explained above suggest that the three (3) stages are essential for formulating a more synergistic and comprehensive Islamic value-based sexuality education model. The first stage is to identify, assess, implement, and evaluate. Identification is done to recognize the physical, intellectual, emotional, and communication aspects of children, while assessment collects in-depth information as a basis for program planning. The second stage is to design sexuality education based on the results of the assessment by setting goals, behavioural targets, materials, strategies, methods, media, and parties involved. The final stage is evaluation, which aims to measure the effectiveness of the program through changes that occur in children that include the ability of children with special needs to interact with the opposite sex, purify themselves, morals, manners, and self-protection behaviour in the school and social environment. These stages encourage integration and synergy between schools and parents, highlighting the need for a curriculum that concretely combines these two aspects to maximize Islamic value-based sexuality education for children with special needs in Batam City.

Sexuality education for students with special needs based on Islamic values is mostly rooted in Islamic jurisprudence principles (*fiqh*) (Ulwan, 2011). Research conducted by Yusufi et al., (2024) found that Islamic values can shape the understanding of sexuality education not only in the physical realm but also in the emotional realm. Similarly, research conducted by Gunawan and Riani (2024) revealed that sexuality education based on Islamic values and principles raises awareness of self-protection from all forms of sexual abuse.

Teachers in special needs schools and schools for students with special needs have implemented sexuality education. Their strategies consider several aspects: 1) The vulnerability of students with special needs that might lead to bullying, harassment, and sexual violence. This awareness influences teachers' anticipatory attitudes and the materials needed to prevent students from becoming victims. 2) The intellectual disabilities/disorders suffered by the students with special needs. The strategies used differ between those who experience intellectual disabilities/disorders and those who do not. 3) Characteristics of students with special needs, including their gender and their age (grade level). 4) Parental Collaboration: Teachers recognize the crucial need for parental involvement. They understand that sexuality education materials require reinforcement, practice, and confirmation from parents at home. 5) Ethics are considered important by teachers to be taught and practiced in sexuality education. These ethics are adjusted to the students' backgrounds. For normal students, generally applicable politeness procedures are taught. For Muslim students, ethics are added to Islamic Religious Education, encompasses the topics such as purification, the obligations of individuals who have reached puberty, covering the aurat, and noble morals.

When the research was conducted, the informants tend to highlight their experiences of mentoring students with special needs who have intellectual disabilities. This implies that the sexuality education that caught their attention was indeed in the group of students with intellectual disabilities, especially students with mental retardation and autism. According to Wijaya (2023), students with special needs without intellectual disabilities also experience problems related to sexuality, only the problem is not in the aspect of understanding sexuality education material, but in the aspect of lack of self-confidence. Their condition has an impact on the difficulty of adjusting in developing relationships with the opposite sex. Muhimmah & Miftahuddin (2021) observed the integration of sexuality education into the Science and Fiqh subjects in one of the private MIs that had not yet formally declared itself as inclusive madrasah in Salatiga Although explicit integration

was found in the Learning Implementation Plan (RPP), it was not yet purposive or intentionally planned. At the madrasah management level, sexuality education has not yet become a planned awareness or program.

CONCLUSION

Teachers' experiences in implementing sexuality education for students with special needs in Salatiga and Batam reveal several crucial aspects. Firstly, most special needs schools do not have a specific curriculum on sexuality education, causing teachers to integrate it informally into lessons when relevant. Teachers respond naturally to students' sexual behavior, which often resembles that of typically developing adolescents going through puberty. However, students with intellectual disabilities and autism exhibit difficulties in distinguishing between public and private behavior, such as undressing in public or openly expressing affection inappropriately. Teachers recognize that these students are vulnerable to sexual harassment, exploitation, and bullying, and sometimes direct their romantic attention toward teachers, which needs to be addressed ethically. Sexuality education is implemented through both intracurricular integration—particularly within Self-Development and Science subjects—and extracurricular collaborations with external agencies. The use of multisensory media such as dolls, images, and videos helps simplify complex ideas. Strategies also include adapting communication to the student's level, gender-based grouping, avoiding secluded school areas, and fostering parental engagement. Instruction begins with body part identification and toilet training for younger students, transitioning to puberty preparation and hygiene for older students, and emphasizing reproductive health, social boundaries, and the dangers of premarital sex for adolescents.

In Batam, implementation reflects a contextualized approach that aligns with religious and social norms, using inclusive methods and partnerships with health and social institutions. Yet, various challenges remain. Teachers face difficulties due to students' limited comprehension and parents' lack of involvement—whether due to denial, neglect, or inadequate parenting knowledge. Furthermore, the lack of formal teacher training and persistent social stigma around sexuality education exacerbates these barriers. The study suggests that a structured, Islamic-values-based curriculum supported by periodic evaluations and inter-institutional collaboration is essential for effective delivery. Parental participation is especially critical, as their detachment often hinders students' development. The study concludes by recommending that special needs schools enhance their sexuality education programs, parents become more involved, and future research explore practical interventions or structured guidelines. One major limitation of the study is the lack of official school documents on the subject, leaving data to rely solely on interviews, focus group discussions, and field observations.

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