

Parents of Disability-Teenage Communication Forming Positive Attitudes about Sexuality

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ABSTRACT

Parents with disabilities lack knowledge about reproductive health. Low knowledge affects the provision of information to adolescents. Unopen communication between parents and adolescents can give rise to a child's negative attitude toward sexuality. This study aims to determine the relationship between parents with blind disabilities and adolescents' attitudes toward premarital sexual relations. The *cross-sectional* study included 83 adolescents aged 14-19 from parents with disabilities in the Banda Aceh City area. The technique of sampling the total population according to the criteria of inclusion and exclusion. The results showed a meaningful relationship between communication between parents with disabilities-adolescents and attitudes about premarital sexual relations ($\rho=0.000$). Parent-to-adolescent communication plays a role in shaping positive attitudes in adolescents about premarital sexual intercourse. It is hoped that parents with visual impairments will increase their knowledge about sexuality and explain what is known to adolescents openly.

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INTRODUCTION

The Risk of sexual behavior in Indonesian adolescents is increasingly concerning. There is an increase in cases of premarital sexual relations by adolescents every year. WHO reports 38 million girls are at risk of becoming pregnant at the age of 15-19 years. The number of teenagers who get pregnant is around 21 million every year, and 49% of them are unwanted pregnancies (World Health Organisation, 2018). Research conducted in the city of Debreabor Ethiopia on 480 adolescents aged 15-19 years showed the results, the cause of adolescents having premarital sex was falling in love at 48.1%, sexual desire at 22.2. The results also show that adolescents who do not receive religious education are 7.4 times more likely to have premarital sex and adolescents who consume alcohol are 9.43 times more likely to have sexual relations than those who do not consume alcohol (Arega et al., 2019). Risk sexual behavior does not only occur in teenagers who live in big cities but has also spread to other areas, including Aceh Province. As revealed by

Phongluxa et al (2020) that adolescents living in rural areas have lower sexual health knowledge than adolescents in urban areas.

The results of research conducted by the Aceh Provincial Health Office in 2012 concluded that after the tsunami in Aceh, 70% of adolescents in Lhokseumawe City engaged in risky sexual behavior, while in Banda Aceh City, the capital city of Aceh Province, 50% of adolescents were identified as having risky sexual behavior. Meanwhile, the results of a survey conducted by PKBI in Aceh Province showed that 90% of teenagers had accessed pornographic media, 40% admitted to petting or touching their partner's intimate organs and 12.5% had had free sex (Kasim, 2014).

In the structure of the Acehnese society, religion and culture greatly affect interactions and daily life. As reported by Merdeka.com media, the cause of the problem of juvenile delinquency in Aceh is the shallowness of aqidah. Many teenagers are involved in promiscuity, drug abuse, and brawls. Family, community, school environment, social networks, and internet media also influence adolescent problems (Merdeka.com, 2014). Anwar et al (2019) also stated that the internal factors that cause juvenile delinquency in Banda Aceh City are self-control, self-awareness, religious values, and lifestyle. Many teenagers who behave deviate from the demands of religion because religious activities are no longer followed.

The knowledge possessed by adolescents has an impact on positive attitudes about premarital sex. By Following per under the results of research conducted on 106 high school teenagers in Jakarta. Factors that influence premarital sex behavior are gender, knowledge, and attitudes (Kadarwati et al., 2019). Teenagers who are active on social media have a greater chance of engaging in risky behavior. Full parental supervision and communication with children can prevent adolescents from having risky sexual relations, even though children are exposed to the internet (Landry et al., 2017).

According to Rosengard et al (2016) sources of sexual health information are obtained from schools, family members, friends, media (films, television, internet), and from their own sexual experiences. There are different sources of information accessed by adolescent girls and boys. For girls, families, and schools, while for boys, sexual health information is more often obtained from schools and the media. According to Lindberg & Kantor (2022) knowledge about sexuality through formal education is still lacking, and not meeting the standards. Acceptance of sex education is influenced by gender, ethnicity, and sources of information. Othman et al (2020) revealed that sexual health information obtained from peers, the internet, and social media is dubious. This can adversely affect adolescent sexual behavior.

While Badu et al (2019) divide reproductive health information sources through formal and informal sources. Formal sources were obtained from radio stations, hospitals, information centers, schools, places of worship, NGOs, and disability associations. While informal sources are through friends and relatives. Parents must provide clear and accurate knowledge about sexuality. Communication will foster values, beliefs, information, and expectations. But there are still many parents who do not provide sexual information from an early age. Shy culture is also one reason parents are uncomfortable communicating sexual topics with their children (Othman et al., 2020). Barriers to parent-adolescent communication occur due to cultural norms, religion, and lack of parental knowledge and communication skills (Usonwu et al., 2021).

The physical limitations of blind women make it difficult to access reproductive health services. The services that women with disabilities receive are not on par with "normal" society. Discriminatory treatment continues to occur in almost all fields. Plus the stigma of society places people with disabilities as a less productive group of people (Wm et al., 2021). The same thing was also revealed by Mahmood et al (2022) that women with disabilities received less getting in sexual and reproductive health services. Discrimination still occurs in almost all areas. Many women with disabilities are poorly educated and have a large number of children. Low education, causing women's autonomy in decision-making about their health to be low (Kalpakjian et al., 2020).

Communication individuals with physical limitations such as the visually impaired requires special techniques (Agaronnik et al., 2019). According to Badu et al (2019), the methods used in providing reproductive health knowledge to persons with disabilities are limited. The choice of methods used did not vary because only the five senses of hearing and sight were involved. The same opinion was also expressed by Nilsson & Schenkman (2016), that the main five senses as a tool for capturing information are hearing. The hearing ability of blind people is superior to normal people.

Lack of access to and knowledge of reproductive health will affect the provision of information to families, especially their teenage children. Whereas parents play an important role in preventing premarital sexual relations through communication. WHO (2011) reports that the number of people with disabilities in the world is quite high, around 10 out of 100 people. Two out of four people have severe disabilities. Based on the 2015 Data Collection Survey on Disability and Development in Indonesia, the number of persons with disabilities in Aceh Province was 219.017, or 5.12% of the total population (Tekizaitekisho LLC, 2015).

The HWDI organization (Indonesian Women with Disabilities Association) in Banda Aceh City consists of women with various physical disabilities. Interviews conducted with five mothers who are members of the Aceh Province HWDI said that it was difficult to communicate with their teenage children. Problems regarding reproductive health are rarely discussed with their children, due to shame and taboos. Lack of knowledge about reproductive health is also recognized as a deficiency, so they do not know what information to pass on to their children. The knowledge about reproductive health that they have taught their children is limited to menstruation and prohibits their children from dating. From some evidence and facts about risky behavior in adolescents, it was found that the most dominant factor causing problems in adolescents is communication between parents and children due to a lack of parental knowledge about sexuality.

RESEARCH METHOD

This research is an analytic survey research with a cross-sectional approach. The research was conducted at the HWDI Organization (Indonesian Women with Disabilities Association) in Aceh Province. The population is middle and late teens, aged 14-19 years from parents with visual impairments who are in the Banda Aceh City area and are registered as HWDI members. Sampling using the total population technique with a sample of 83 people. As for the sample criteria, a) living with both parents; b) normal adolescents physically and mentally; c) agreeing and signing the informed consent. The research instrument used to collect primary data was a questionnaire and an interview guide. This research was assisted by one enumerator with a DIII Midwifery education background.

RESULTS AND DISCUSSIONS

Table 1. Frequency Distribution Characteristics of respondents

No	Variable	n	%
1	Gender		
	- Male	24	28,9
	- Female	59	71,1
2	Education level		
	- Basic education	8	9,6
	- Middle Education	66	79,5
	- Higher education	9	10,8
3	Mother's Education Level		
	- Basic education	73	88
	- Middle Education	6	7,2
	- Higher education	4	4,8

4	Father's Education Level		
	- Basic education	71	85,5
	- Middle Education	10	12,1
	- Higher education	2	2,4

Based on gender characteristics, most of the adolescents who were in the sample of the study were women (71.1%). For characteristics based on age, the majority of respondents aged 15 years and 19 years were 20.5%. As for the education level of parents, the majority of the father and mother's education is at the elementary level, respectively 88% (mother) and 85.5% (father).

Table 2. Analysis of the Communication Relationship of Parents with Disabilities-Adolescents with Attitudes about Premarital Sexual Relations at HWDI Banda Aceh City

Communication	Sexual Behavior				χ^2	<i>P</i>
	Negative		Positive			
	n	%	n	%		
Not good	35	72%	9	26%	16,287	0,000
Good	14	28%	25	74%		

The distribution of the frequency of communication between parents with disabilities and adolescents, out of 44 adolescents who did not communicate well with parents with disabilities, had more negative attitudes towards premarital sexual relations (72%) than positive attitudes (26%). The results of the statistical test in Table 2 show a significant relationship between parental communication with disabilities-adolescents with adolescent attitudes about premarital sexual relations ($p=0.000$). This study shows that the communication quality of parents with visual impairments is still low. This is supported by the negative attitude of adolescents towards premarital sex. Physical limitations are an obstacle to obtaining knowledge and delivering information to their teenagers. This study also found a low level of parental education. On average, parents with disabilities have basic education. The level of education taken affects the acceptance of information/knowledge. The provision of information about sexuality to adolescents in this study was only limited to the prohibition of dating, the value of virginity, and religious norms. There are still many teenagers who do not get information about HIV/AIDS, sexually transmitted diseases, and the risk of premarital sexual behavior.

The lack of knowledge gained by the visually impaired is due to limitations in access to services. The reproductive health service program has not yet touched the needs of marginalized groups. Media information about reproductive health for blind people is still limited. Delivering information to blind people by relying on the five senses of hearing is an advantage they have. Parents who have minimal knowledge about sexuality can lead to lack confidence in conveying information to adolescents. If they have sufficient knowledge, then parents can convey information well.

CONCLUSION

Communication between parents and adolescents plays a role in forming positive attitudes in adolescents about premarital sexual relations. The results of this study are expected to be a guide to the importance of increasing reproductive health knowledge for people with visual impairments. If parents with visual impairments have correct and sufficient knowledge about reproductive health, then the delivery of information to adolescents will also be maximized. This study did not examine communication techniques between parents with disabilities-adolescents, so further research is needed.

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