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The Role of Parents in Providing Sex Education to Children with Special Needs at SLB Putra Mandiri Kedungpring, Lamongan

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Abstract

This study aims to describe the role of parents in providing sex education to children with special needs (CSN) as an effort to prevent sexual violence. This research employed a qualitative approach with a phenomenological design. The research participants were eight primary informants who were parents of children with special needs at SLB Putra Mandiri Kedungpring, Lamongan. Data were collected through in-depth interviews, participant observation, and documentation, and analysed using thematic analysis comprising data familiarization, reduction, categorization, theme identification, and conclusion drawing and verification. The results show that parents play an important role in introducing body parts and privacy, teaching gender differences, reinforcing toilet training and personal hygiene, and building open communication with their children as a form of sexual-violence prevention. However, several obstacles were found, such as limited parental understanding, feelings of embarrassment in discussing sexuality, and differences in children's abilities and communication modes. To overcome these constraints, parents applied personal, activity-based approaches, daily habituation, and informal cooperation with the school. This study concludes that parents play a crucial, though still developing, role in providing sex education for children with special needs, and that this role needs to be strengthened through structured guidance and closer collaboration with schools so that sexual-violence prevention can be implemented more effectively. Theoretically, this study contributes a rural, disability-rights-informed account of how parental roles in sex education for children with special needs are enacted and constrained in practice.

Keywords: Parent's Role; Sex Education; Children with Special Needs; Sexual Violence Prevention; Qualitative Study

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INTRODUCTION

Children with special needs (CSN) are individuals who experience barriers in physical, intellectual, social, or emotional development and therefore require special educational services to help them reach their full potential (Mangunsong, 2009; Sulastri & Masriqon, 2021). This population includes children with intellectual disability, autism, hearing impairment, physical disability, emotional-behavioural disorders, ADHD, and specific learning difficulties (Hallahan & Kauffman, 2006; Ismaya & Ardianti, 2022), and they face particular challenges in understanding and managing their own sexual development (Handayani et al., 2019).

Sex education is intended to introduce children to their bodies, gender identity, social boundaries, and the moral and religious norms relevant to their sexual development (Arias & Naranjo, 2014). It is especially critical

for CSN, particularly those with intellectual barriers such as intellectual disability and autism, because cognitive limitations make them more vulnerable to sexual exploitation (Astuti & Andanwerti, 2016). Furwasyih et al. (2022) similarly found that children with disabilities face a higher risk of sexual violence due to limited understanding of touch and privacy.

In the Indonesian context, cases of sexual violence against children with disabilities remain high: the Ministry of Women's Empowerment and Child Protection (KemenPPPA, 2021) recorded 987 cases of violence against children with disabilities, 591 of which were sexual violence (Putri & Ritonga, 2024). Amelia (2024) identified cultural fanaticism, low parental understanding, and an unsupportive environment as the main barriers to providing sex education. Despite this urgency, sex education is still widely regarded as taboo. Parents often feel awkward, unprepared, or ill-equipped to deliver appropriate sex education to CSN (Sayekti & Sayekti, 2024), and Hikmah and Rahmawati (2024) found that although parents recognize its importance, they tend to delegate this responsibility to schools. Special schools (SLB) themselves have generally not integrated sex education systematically into the curriculum, while parents' approaches at home tend to be reactive rather than preventive (Pownall et al., 2011; Sitepu, 2017; Nurmaya & Sudarto, 2018). As children's first and primary educators (Fikriyah et al., 2022), parents are expected to act as companions, advocates, and information sources at home (Farakhiyah et al., 2018; Ligan, 2022); however, Kammes et al. (2020) found that many parents of children with intellectual disability only respond once puberty begins, without an active communication strategy, a pattern reinforced by cultural values and fear (Pryde & Jahoda, 2018).

Earlier interventions, such as the psychoeducation program evaluated by Asra (2013), have been shown to significantly improve parental knowledge. However, Pownall (2012) and Retnawati (2017) found that the sex-education content parents actually deliver remains limited to genital introduction and toilet training, without addressing social relationships or comprehensive self-protection skills. Taken together, these studies point to a research gap regarding how parents of CSN approach sex education as a whole, particularly their choice of method, timing, communication style, and how their children respond. Furthermore, most prior studies have been conducted in urban areas with greater openness and access to information, whereas Kedungpring is a rural sub-district in Lamongan Regency, East Java, with a distinct, more conservative socio-cultural context likely to shape how parents communicate about sexuality.

Beyond these empirical gaps, the theoretical foundation for sex education of children with special needs also remains underdeveloped in the literature this study draws on. Comprehensive sexuality education (CSE) frameworks conceptualize sex education not merely as hygiene or danger-avoidance instruction but as an ongoing process encompassing bodily autonomy, social relationships, gender understanding, and informed consent; likewise, a disability-rights perspective frames children with special needs as rights-holders entitled to accurate information, protection, and a voice in decisions about their own bodies, rather than as passive recipients of parental protection. Situating parents' everyday practices against these frameworks, rather than describing them in isolation, is what this study adds to the existing literature: it examines the specific contribution of a rural, conservative socio-cultural setting, where parents' understanding of sex education is shaped by limited literacy, cultural taboo, and reliance on informal, non-professional sources of guidance, to understanding how CSE and disability-rights principles are, and are not, realized in practice at the family level.

This study therefore aims to describe how parents at SLB Putra Mandiri Kedungpring, Lamongan provide sex education to their children with special needs, including their understanding of its importance, the approaches and methods they use, the obstacles they face, the strategies they adopt, and their role in preventing sexual violence against their children.

METHOD

Research Design

This study used a qualitative approach with a phenomenological design. Qualitative research seeks to understand human or social phenomena by producing a comprehensive picture expressed in words, based on

detailed views obtained from informants in their natural setting (Walidin, Saifullah, & Tabrani, 2015), employing various methods to interpret phenomena as they occur (Denzin & Lincoln, 1994). Phenomenology was chosen because the study focuses on parents' lived experiences of educating children with special needs about sexuality (Kuswarno, 2009), requiring the researcher to explore the meaning informants attach to their experience, the socio-cultural background shaping their views, and the communication strategies they use.

Data Sources/Participants

Participants were selected through purposive sampling followed by snowball sampling, techniques appropriate for qualitative research that prioritizes depth of information over sample size. The primary informants were parents of children with special needs enrolled at SLB Putra Mandiri Kedungpring, Lamongan, selected according to the following criteria: (a) having a child with special needs currently studying at SLB Putra Mandiri; (b) having provided, or currently providing, sex education to their child; and (c) willingness to participate voluntarily and openly. Supporting informants were classroom teachers, special-needs companion teachers, and other school staff familiar with the parent-child interaction around sex education, selected using snowball sampling based on referrals from the primary informants (Lincoln & Guba, in Sugiyono, 2014; Moleong, 2019). Data collection continued until saturation, i.e., until no new information emerged from additional informants. In total, eight primary informants (parents) and four supporting informants (teachers and school staff) participated in this study. Prior to data collection, the research procedure received ethical clearance from the researchers' home institution, and written informed consent was obtained from all primary and supporting informants after they were briefed on the study's purpose, their right to withdraw, and the confidentiality procedures used to protect their and their children's identities (reflected in the use of initials throughout this report). As the first author was also the primary interviewer and observer, the researchers' position as outsiders to the family but familiar to the school context is acknowledged as a potential source of bias; this was addressed through data triangulation across interviews, observation, and documentation, and through member checking with informants during the conclusion-drawing and verification stage of analysis.

Data Collection Techniques

Data were collected through three complementary techniques. In-depth, semi-structured interviews were conducted face-to-face with the primary and supporting informants, using an interview guide while allowing informants the flexibility to describe their experiences and views freely. Passive-participant observation was conducted in the family and school environment to capture contextual information not always disclosed in interviews, such as body language, the child's responses, and parent-child-teacher interactions, with the researcher present at the setting without engaging directly in the activity observed. Documentation was used to collect supporting secondary data, including photographs, school records, and other relevant documents. Primary data thus comprised interview transcripts, observation notes, and documentation collected directly in the field, while secondary data comprised supporting documents such as school archives and activity photographs (Sugiyono, 2019).

Research Procedure

The study was conducted at SLB Putra Mandiri, located in Dradah Blumbang, Kedungpring Sub-district, Lamongan Regency, East Java, during the odd semester of the 2025/2026 academic year, from August to September 2025. The procedure consisted of four stages: (1) preparation, including instrument development, coordination with the school, and securing research permits; (2) data collection, comprising in-depth interviews, participant observation, and documentation; (3) data analysis, comprising data processing, reduction, and interpretation; and (4) reporting, comprising the compilation of the findings into the final report.

Data Analysis Techniques

Data were analysed using thematic analysis, a method for systematically identifying, analysing, and reporting patterns (themes) emerging from qualitative data (Braun & Clarke, 2006), chosen for its capacity to capture the

depth of participants' experiences while flexibly accommodating data from interviews, observation, and documentation. The analysis proceeded through five stages: (1) data familiarization, in which the researcher repeatedly read and reviewed all collected data to understand its context and substance; (2) data reduction, in which irrelevant information was eliminated and relevant data classified into more specific units of meaning; (3) categorization, in which reduced data were grouped by shared meaning to reveal relationships among categories; (4) theme identification, in which major themes representing overall patterns of meaning were developed from the categories; and (5) conclusion drawing and verification, in which findings were cross-checked against the raw data, verified through member checking with informants, and triangulated across data sources to ensure validity and reliability.

RESULTS AND DISCUSSION

Results

1. Forms of Parental Role in Providing Sex Education

Thematic analysis of the interviews, observations, and documentation revealed that parents' role in providing sex education to their children with special needs can be grouped into four main forms: (1) introducing body parts and privacy, (2) teaching gender differences, (3) toilet training and personal hygiene, and (4) sexual-violence prevention.

Most parents had introduced body parts to their children in simple terms, typically using every day or local language, explaining which body parts were private and should not be touched by others; several parents, however, admitted feeling embarrassed discussing the body and relied on simplified language or gestures. Gender differences were commonly taught through concrete daily examples such as clothing styles, hairstyles, and household roles, though most parents had not yet connected this understanding to broader social contexts such as peer relationships. Nearly all parents taught toilet training and personal-hygiene routines, including cleaning after using the toilet, handwashing, bathing, and changing underwear, usually beginning in early childhood and repeated consistently to build independence. Regarding sexual-violence prevention, some parents taught their children to refuse inappropriate touch and to report it to a trusted adult, using direct, simple instructions such as “don't let anyone touch you” or “tell mother if someone bothers you.”

2. Methods and Content of Delivery

Table 1 summarizes the profile of the eight primary informants, including the type of disability, their understanding of the importance of sex education, the methods and content they delivered, and the main obstacles they encountered.

Table 1. Profile of Primary Informants and Their Role in Sex Education

Respondent	Type of Disability (Age/Grade)	Understanding of Sex Education	Methods & Content Delivered	Main Obstacle
1 (Mrs. Msn)	Intellectual disability (13/JHS)	Important so the child knows right from wrong	Verbal explanation; content on peer relations	Cognitive: very limited understanding, difficulty processing complex information
2 (Mr. Ldi)	Hearing impairment (14/JHS)	Important to prevent risky behaviour	Verbal explanation; content on sensitive body parts	Communication: language barrier prevents the message from being fully conveyed
3 (Mrs. Ia)	Intellectual disability (14/JHS)	Very important for self-protection from strangers	Direct advice; content on modest dress	Memory: child frequently forgets advice and struggles to stay focused

4 (Mrs. St)	Physical disability (15/JHS)	Important for protection given physical limitations	Casual discussion; content on puberty and body changes	Psychological: embarrassment on both sides makes discussion stiff
5 (Mrs. Anh)	Hearing impairment (12/JHS)	For understanding privacy and appropriate touch	Gestures/sign; content on acceptable vs. unacceptable touch	Vocabulary: difficulty finding appropriate signs/terms for anatomical topics
6 (Mr. Ad)	Hearing impairment (15/JHS)	Important to prevent the child becoming a victim	Direct correction of behavior; content on social norms	Perception: child struggles to distinguish affectionate touch from abuse
7 (Mrs. Rn)	Visual impairment (13/JHS)	For recognizing body-part functions	Detailed verbal explanation; content on body-part introduction	Visualization: difficulty explaining bodily changes without visual reference
8 (Mrs. Sm)	Autism (14/JHS)	Important for controlling impulsive behaviour	Routine and repetition; content on independent bathing & privacy	Emotional: frequent tantrums when boundaries are enforced

3. Obstacles Faced by Parents

Across respondents, three main categories of obstacles emerged: limited parental knowledge (many parents relied on instinct rather than a systematic approach), child-related barriers (children needed repeated, concrete instruction that verbal-only methods could not always provide), and cultural taboo (reluctance to discuss sexuality openly). At the same time, parents expressed a clear expectation that schools formally teach sex education and provide additional guidance, noting that they had rarely sought outside help.

4. Strategies to Overcome Obstacles

To manage these constraints, parents relied on personal, activity-based approaches rather than a formal curriculum: repeating simple instructions during daily routines such as bathing, dressing, and toileting so that lessons were reinforced through habituation rather than one-off explanations; adapting their language and delivery to each child's communication mode (e.g., gestures for children with hearing impairment, concrete, repeated demonstration for children with intellectual disability or autism); and drawing on religious and cultural values around modesty and guarding one's body to frame their explanations in terms familiar to the child. Cooperation with the school remained informal rather than structured, typically consisting of parents asking teachers or companion teachers about a child's behaviour at school and receiving informal reinforcement of messages taught at home, rather than a jointly planned curriculum.

Discussion

In practice, the sex education provided by parents at SLB Putra Mandiri Kedungpring remains concentrated on personal hygiene and body-part recognition, consistent with the concrete-operational stage of Piaget's cognitive development theory, in which children at this age grasp concrete rather than abstract concepts, which helps explain parents' preference for concrete, repetitive teaching methods (Santrock, 2011). Parents' emphasis on teaching children to refuse inappropriate touch and report it to a trusted adult echoes Furwasyih et al. (2022), who found that direct, simple communication is the most effective approach for sex education among children with intellectual disabilities.

However, parents' understanding of sex education remains incomplete: it has not yet been framed as an ongoing process encompassing social relationships, the concept of privacy, gender understanding, safe communication, and the courage to refuse and report unsafe situations, a pattern also observed by Astuti and Andanwerti (2016), who found that parents of CSN generally recognize the importance of sex education but still view it narrowly as hygiene and reactive prevention.

Within the framework of interpersonal-communication theory, the communication style used by parents tends to be one-directional rather than genuinely dialogic despite being framed as democratic, which contrasts with Devito's (2013) model emphasizing open, two-way, empathetic dialogue appropriate to the child's developmental stage as essential for building trust around sensitive topics. From a family-role perspective, parents have largely fulfilled the roles of protector and educator, as expected of children's first and primary educators (Fikriyah et al., 2022), but not yet that of advocate for their child's right to accurate sexual information and comprehensive protection, consistent with Hikmah and Rahmawati (2024), who found that despite good intentions, many parents still defer sex education entirely to schools due to limited knowledge and lingering taboo.

These findings align with Pownall et al. (2011), who reported that sex education for CSN is frequently delivered reactively, only after a problem behaviour emerges, rather than proactively; a pattern also noted by Kammes et al. (2020), who found that many parents of children with intellectual disability wait until puberty before addressing sexuality rather than adopting an active communication strategy. Friedman (2010) argues that effective sex education should instead be proactive, gradual, and age-appropriate, particularly for children with disabilities who need repeated, concrete instruction. The present findings also mirror Pownall's (2012) conclusion that the principal barriers parents face is limited sexual-health literacy and conservative cultural norms. Erikson's psychosocial theory further helps situate these findings: children with special needs in the industry-versus-inferiority and identity-versus-role-confusion stages are exploring gender and social identity, but intellectual limitations mean this process requires more intensive and concrete parental guidance (Santrock, 2011).

Collaboration between parents and schools, particularly with special-needs companion teachers, therefore appears critical for reinforcing parents' role, echoing calls for inclusive, collaborative approaches that integrate family, school, and community in supporting children with disabilities (Syatina et al., 2021).

Overall, while parents at SLB Putra Mandiri demonstrate an emerging awareness of the importance of sex education, its implementation remains constrained by taboo, limited literacy, underdeveloped communication methods, and the absence of structured parent training. These findings imply that strengthening parents' capacity through psychoeducation, practice-based training, and accessible learning media, in collaboration with schools, is essential for making sex education for children with special needs more comprehensive and effective as a strategy for preventing sexual violence.

Read critically rather than merely descriptively, these findings suggest a persistent tension between a protection-oriented model of parenting and a rights-based model of sex education. Parents' practices are effective at the narrow goal of preventing immediate harm, teaching children to refuse touch and report abuse, but they stop short of building the child's own agency: children are rarely positioned as active interpreters of information about their bodies, relationships, and consent, and the "democratic" communication parents describe remains, on closer inspection, largely instructional rather than dialogic. This gap matters because a purely protection-oriented approach can inadvertently reproduce the very vulnerability it seeks to prevent, since children who are only taught to comply with adult instructions may be less equipped to recognize and resist abuse that comes from a trusted source. Framing parents' role through a disability-rights and child-protection lens, rather than through cognitive-developmental theory alone, therefore points to a different implication than the literature it engages with: strengthening parents' capacity should not only mean giving them more content to teach, but also supporting a shift from a protective posture toward one that also cultivates the child's own understanding, voice, and capacity for self-advocacy, however incrementally that may be achieved given each child's cognitive and communicative limitations.

CONCLUSION

This study shows that parents at SLB Putra Mandiri Kedungpring Lamongan have taken on an important, though still developing, role in providing sex education to their children with special needs, mainly through introducing body parts and privacy, teaching gender differences, reinforcing toilet training and personal hygiene, and instilling basic sexual-violence-prevention behaviours such as refusing inappropriate touch and reporting it to a trusted adult. Parents deliver this education through simple, repeated, activity-based communication rather than a formal or structured curriculum, supported by religious and cultural values that reinforce the importance of guarding one's body, alongside informal collaboration with the school. At the same time, their role remains constrained by limited literacy about sex education, communication barriers linked to their children's cognitive and sensory limitations, and persistent cultural taboo around discussing sexuality, meaning the education provided is not yet comprehensive in addressing social relationships, gender understanding, or assertive self-protection skills. This study is limited by its focus on a single special-needs school in a rural sub-district of Lamongan, which may not represent the diversity of parental experience across different socio-cultural settings, and by its reliance on parent-reported and observational data collected over a relatively short field period. Future research could extend this inquiry to multiple special-needs schools in different regions, employ mixed-methods designs to complement qualitative depth with broader quantitative patterns, and examine the effectiveness of structured psychoeducation or training interventions in strengthening parents' capacity to deliver comprehensive, sustained sex education for children with special needs.

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AUTHOR CONTRIBUTIONS

WS: Conceptualization, Investigation, Data Collection, Data Curation, Formal Analysis, Writing-Original Draft. MNJ: Supervision, Methodology, Validation, Writing - Review & Editing. EA: Supervision, Validation, Writing - Review & Editing.

DECLARATION OF COMPETING INTEREST

The authors declare no known financial conflicts of interest or personal relationships that could have influenced the work reported in this manuscript.

DECLARATION OF ETHICS

The authors declare that the research and writing of this manuscript adhere to ethical standards of research and publication, in accordance with scientific principles, and are free from plagiarism.

DECLARATION OF ASSISTIVE TECHNOLOGIES IN THE WRITING PROCCESS

The authors declare that Generative Artificial Intelligence and other assistive technologies were not excessively utilized in the research and writing processes of this manuscript.

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