

COMMUNICATION STRATEGY ON SEXUAL AND REPRODUCTION HEALTH FOR ADOLESCENTS DIFFABLE IN YOGYAKARTA

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Abstract

This research is aims to know health communication strategy and inhibitions in the program of sex- ual and reproductive health (KesPro) performed by Sentra Advokasi Perempuan, Difabel dan Anak (SAPDA) in Yogyakarta. The theme of this research is Health Communication and using planning theory by Charles Berger. Qualitative methodology with descriptive approach is applied for this re- search. The results of research found that communication strategy on sexual and reproductive health for disable teenagers is a development of The P-Process, beginning with an analysis of the problems and research, strategy design and curriculum materials, distribution reproductive sexual health mes- sages through interaction and the use of media proponents, and the last is ongoing relationship with the audience as the monitoring measures. Health communication strategy of SAPDA emphasized on strategy of planning and designing messages, also interpersonal messages in communication with control of emotions, the media advocates, and review the message conveyed to achieve the goals of planing strategy. The barriers that exist are suppositions of taboo, clash towards the values and norms in the community, sign language vocabulary for medical term is limited, the absence curriculum stan- dards, the lack of human resources, and an introvert parent of disable teenagers.

Keyword: *health communication strategy, disability, adolescent, sexual and reproductive health.*

INTRODUCTION

Reproductive health programs for teenagers is a topic that needs to known by the people especially the teenagers, so that they have correct information regarding the reproductive process as well as the various factors that exist around them. With the correct information, it is hoped the teens have responsible attitudes and behaviour regarding reproduction process. Knowledge about reproductive health

should be known by teenagers with disability.

The existence of disability in Indonesia is quite high and is noted as one of the countries with the largest number of persons with disability in Asia. Based on data from PT Surveyor Indonesia stated that the number of persons with disability in Indonesia amounted to 4,783,267 people (Gunawan, 2016:408). In one of the provinces of Yogyakarta special region for example there are 25,050 disabilities. That

number with the details of 13,589 persons are male and 11,461 people are female. Of the overall total of 3,708 people such as the age of children and teenager, said the head of the Department of social services Office of Information and Programs DIY in the interview with *Tribun Jogja* newspaper in 2016 (<http://jogja.tribunnews.com/2016/03/18/dinsos-catat-ada-25-ribu-lebih-penyandang-disabilitas-di-diy> accessed on 14 March 2017).

The term adolescence according to Hurloc (Jafar, 2005:1) comes from the word “adolescere” meaning growing or mature. Adolescence begins at the moment the girls experiencing first menstruation and the boys at the time of discharge of liquid cement. Teens are those aged 10-20 years, and marked by changes in the shape and size of the body, psychologists, and functional aspects. The World Health Organization defines adolescence begins at the age of 10-24 years. According to The Health Ministry’s Regulation No.25/2014, teenage are population in the age range 10-18 years. The amount of the age group 10-19 years in Indonesia.

According to the population census 2010 as much as 43.5 million or about 18% of the population. While the disabled or different ability is a term that refers to a

person who has a limitation that is disabled or persons with disability.

Persons with disability or disabled according to UU No.8/2016 are any persons who experiences physical limitations, intellectual, mental, or sensory in a prolonged period of time in interact with the environment may encounter obstacles and difficulties to participate fully and effectively with citizens of other countries based on equality.

In this context disabled teenager is disabled, disability age teenagers that is 10-24 years old. The dramatic growth and development that mark adolescence followed by changes in the intellectual as well as emotional and thought-provoking because the result of the concrete to the abstract. This period was filled with paradox: teenagers facing a situation where they are no longer children but not yet mature. Biologically they can become a father or a mother, but not ready to bear the responsibility as a parent. This time the search was his identity by trying new things, including risky behavior (Jafar, 2005:2).

Generally on teenagers, body and sexual hormone is rapidly growing with menstruation in women and wet dream in males are commonly referred to with puberty. This is a natural process and happens on every teenager in the world.

But the process rapidly change, as well as the lack of information about what happened to the teenager's body sometimes makes a lot of teens are confused and unprepared, as well as many of the myths that circulate, social norms and peer pressure, also widely pornography circulating can put teenagers become vulnerable and at risk against sexual and reproductive health, thus getting the reproductive health education being important and became part of the teen's rights

(<http://www.kisara.or.id/artikel/pentingnya-pendidikan-kesehatan-reproduksi-dan-seksual-pada-remaja.html> accessed on 17 April 2017).

The unfamiliarity of the sexual and reproductive health that is caused by the lack of access and information, can be a source of sexual violence that occur in persons with disability. From the results of the Research Institute Center for Women and Children Disabled Advocacy (SAPDA) in 2014 is done to 217 respondents with disability in Aceh, Yogyakarta, Klaten, Malang and Kupang, 74% of them is the victim of violence, including sexual violence

([http://news.okezone.com/read/2016/02/17/510/1314430/74-penyandang-difabel-](http://news.okezone.com/read/2016/02/17/510/1314430/74-penyandang-difabel-alamidiskriminasi-layanan-seks)

accessed on 31 March 2017. Another problem is public awareness of reproductive health education for adolescents with disability is still minimal. Many parents are confused to explain about sex when the teenager with disability showed their sexual desire. Most parents also still angry when his son was taught about sexuality (<https://kabarkota.com/remaja-disabilitas-masih-memandang-tabu-soal/> accessed on 31 March 2017)

SAPDA as an institution that concentrated against health problems, try doing a transfer of knowledge about reproductive health for adolescents with a disability. The information provided is related to how they understand about their reproductive organs, as well as how to take care of them, so that later the teenager was able to increase defense themselves from parties outside of themselves, either the shape of the harassment or violence. SAPDA had a special program on reproductive health (Kespro) to transfer the knowledge.

The program consists of several activities such as the manufacture of booklet, training, workshops, and socialization about reproductive health and sexual practice is structured and planned by a special division and directed at the disabled along with his parents, as

well as the general public. The mission of this program is to dig the knowledge of adolescent with disability reproductive health, and improve understanding of adolescent disability against abuse and sexual violence. As for the results to be achieved in these training activities is the knowledge of adolescent reproductive health disability about a deeper, and the existence of a concept of self defense of disability abuse and teenage violence (source : SAPDA document – Laporan Pelatihan Kesehatan Reproduksi dan Seksual bagi Remaja Disabilitas on 2016).

To achieve that goal needed a proper health communication strategies, considering there are several types of disabled may cause differences in strategy planning and delivery of messages, as well as the language used both verbal and non-verbal. Researchers want to find out more about health communication strategy in SAPDA “Sexual and reproductive health for adolescents in Yogyakarta Diffable” which in practice partners with some of the disabled community in Yogyakarta and DIY. It is done to achieve their goals, namely the existence of juvenile disability knowledge about reproductive health is more profound, and the existence of a concept of self defense of teenage with disability abuse and violence. As well as how SAPDA do anticipation and handling

of the disturbance (resistance) in the communication process to the target that is diffable.

This research focused on teenagers who experience mental retardation, and mute-deaf, because based on the previously mentioned, both the disability were the most vulnerable to reproductive and sexual health issues. This research aims to know the strategy and communication barriers to Sentra Advokasi Perempuan, Difabel dan Anak (SAPDA) in sexual and reproductive health programs for teenager with disability in Yogyakarta.

Method

This type of research is qualitative research with a descriptive approach. Qualitative research methods are methods used to examine the condition of a natural object, where the researcher becomes a key instrument, techniques of data collection conducted in triangulation, the inductive nature of data analysis, and research results more emphasis on the qualitative significance of on generalizations (Sugiyono, 2008:1). In this study, researchers did in-depth interviews and observations in the field with various parties including institutions SAPDA, mental retardation teenager, mute-deaf teenager, as well as a companion and parents of teenager with disability.

Researchers also acted as observers and work directly in activities conducted by the Division of Sexual and Reproductive Health (KesPro) of SAPDA, then describe, noting, analyze, and interpret the conditions that occur on the subject of research, that is health communication strategy in order to get an overview of SAPDA how communication strategy on sexual and reproductive health for adolescents diffable conducted by SAPDA.

Data analysis techniques used in this research is the technique of analysis models, Miles and Huberman, there are three main components in the qualitative research, (1) data reduction, (2) data and cereal, (3) summary of withdrawal and verification (Sugiyono, 2008:92).

DISCUSSION

Programs reproductive health and sexual for adolescent diffable based on fact that the community awareness about sexual and reproductive health are still relatively low. This is evidenced by the data of the health problems associated with sexual reproduction obtained by SAPDA in some cities. The survey results in the 2014 States that knowledge of teenagers with disability about reproductive health and sexuality is still very limited, the stigma of a taboo in talking about sexual

stuffs for parents as well as the community, lack of the amount of information and the difficulty of accessing reproductive health services that are already provided.

In addition many of the complaint as well as information about the existence of sexual perversion, and violence in teenagers diffable retrieved from results of sharing information, or complaint directly to SAPDA by the victims also the perpetrators. As well as lack of knowledge and understanding are also of concern in this program “The problem in the community there are several high sexual violence against disabled. The violence was committed by the person closest to them, lack of knowledge of teenagers and parents about sexual reproductive health, the difficulty of delivering material by parents with his child who bore the disability, then there is also the stigma of taboo about sexual reproduction and the lack of parent education. Sexual reproductive health is services in clinics or hospital actually being there but the service is present on the hours learning school so it remains inaccessible to the disabled teenager. Then the program in an effort to present KeSPro preventif to prevent it, the violence and incomprehension about sexual and reproductive health for adolescents diffable” (Interview with the coordinator

of the division of KesPro SAPDA, Sholih Muhdlor on 09 June 2017).

SAPDA has four program activities, related efforts address the issue of sexual and reproductive health of adolescents the disabled as in Figure 2. There are (1) the activities of advocacy to the Government and networking, as well as being the brazing, however it is not scheduled and routine activities performed. (2) the activities of school sexual reproductive health, gender and disability, which does not only cater for the disabled, things that are submitted with regard to gender, disability, and sexual and

reproductive health. (3) the activities of konsuling and the handlers of the case as an attempt to combat the problem of sexual and reproductive health. This activity more privacy between the victim/perpetrator or the family and its relatives with a team of KesPro SAPDA. (4) the activities of mentoring to both individuals and communities and is devoted to disabled teenagers, parents/guardians, or teachers. As preventive efforts with small group socialization shapes using interpersonal communication. Material presented is adapted to disabled teenagers and more capabilities are basic.



Figure 1. Activities in Sexual Reproductive Health Program by Sexual Reproductive Health (KesPro) Divison of SAPDA

(Source : Result of the research)

Basically, SAPDA form to sexual reproduction health programs in an effort to anticipate the presence of sexual perversion and sexual assaults on teens disability. As well as helping disabled teenagers to better know and understand their body parts and their function in hopes of creating awareness and forming self-defense if later there is a less pleasant events such as sexual harassment.

Communication Strategy on Sexual and Reproductive Health for Adolescents Diffable in Yogyakarta

Effort in communicating messages of sexual reproductive health and then assembled SAPDA into a strategy. Based on the analysis carried out by researchers, there are linkages between health SAPDA communication strategy consisting of several steps which coincided with “The P-Process”. I.e. the steps in strategic and participatory programs to change someone’s behavior in health communication. “The P-Process” in the e-brochure *The P Process: Five Steps to Strategic Communication* (www.thehealthcompass.org/.../P%20Process%20Eng%20%26%20F... Retrieved 1 August 2017. Page 3) which consists of a five-step strategy. The following chart describes the communication strategy for reproductive health, and sexual for the

disabled conducted by divisions of KesPro SAPDA institutions in Figure 2.

It’s just that “The P-Process” in health communication strategy is not fully adaptable by SAPDA in implementation of their strategy, the first step is the analysis of the problem (inquire), the second is to make the strategy (strategy design), the third distribution sexual reproductive health messages (create and test), and the last is the ongoing relationship with the audience to monitor State after training and socialization (mobilized and monitoring). Evaluation process conducted by SAPDA quite different with “The P-Process”, where the evaluation process is in the final stages. But in the process the health communication strategy undertaken by SAPDA, activities no specific evaluation is at the end of the process.

This step begins with finding problems, and then confirming the problem (inquire). SAPDA doing research to find out the existing conditions in the field. In this baseline survey as well as perform SAPDA activities sharing with various parties, both government agencies, such as the networking community and schools, the general public, fellow NGOs, as well as with parents who have children disabled to find out the condition of the field in order to establish the next steps.

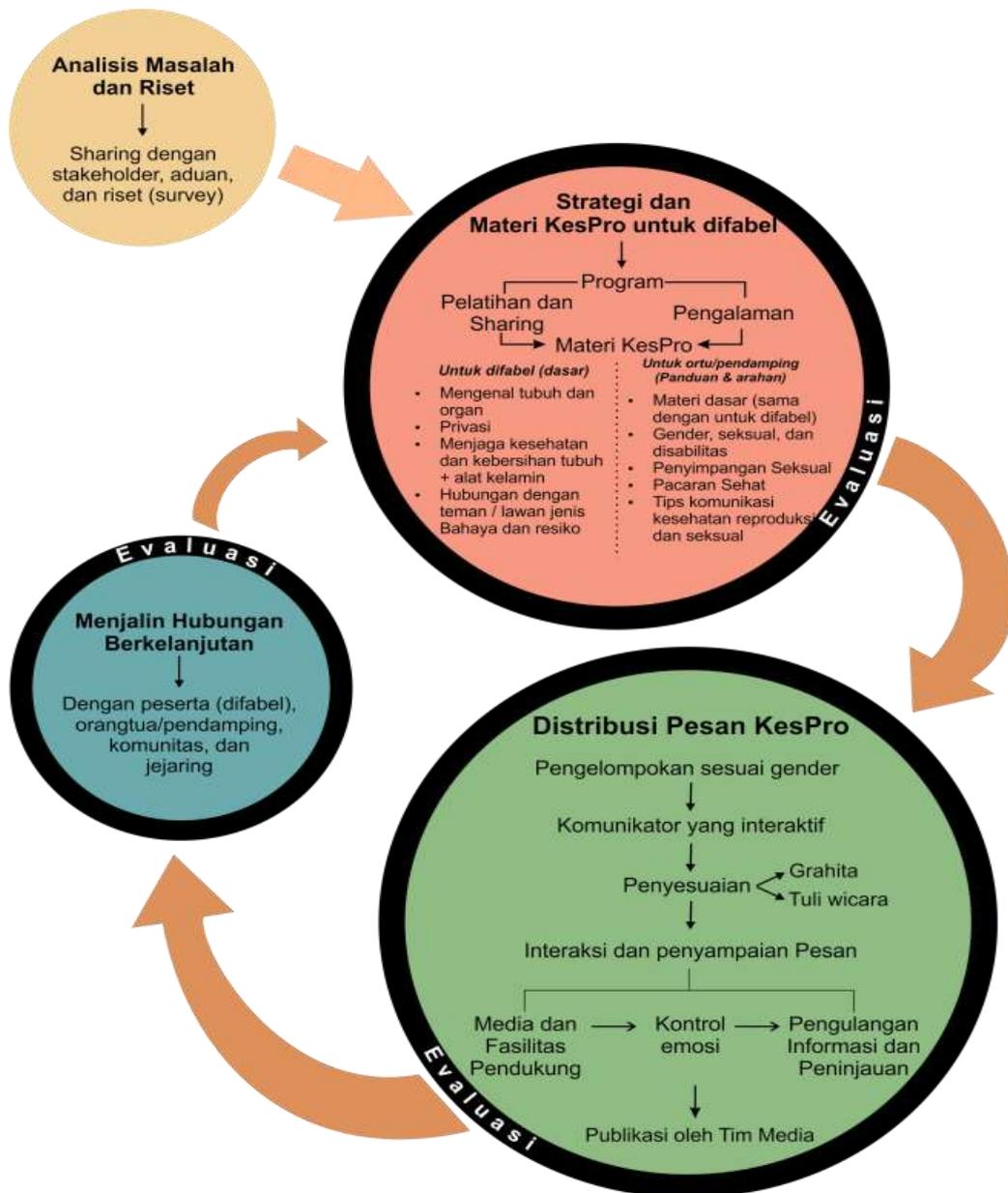


Figure 2. Communication Strategy for Reproductive Health and Sexual Abuse by SAPDA

(Source : Result of the research)

The second step is to create a framework strategy (strategy design). SAPDA make strategy by determining your target audience and initiated several programs, establish networks with other agencies such as the Department of Health Office, PKBI, social, the Akar Tuli Malang community and others. This research has a relation with the theory of planning. In this context is in the design of messages made by SAPDA through curriculum, and material selection of sexual reproductive health for adolescents diffabled and their parents which found on the steps of the manufacturing strategy. In the theory of planning, said that the plan was a mental picture of a number of strategic measures to achieve objectives (Morissan, 2015:108).

SAPDA devise strategies with program planning, curriculum and materials about sexual reproductive health for adolescents and disabled parents, of course, to achieve a particular goal. That goal is none other than an increase in knowledge and understanding of KesPro good for teen parents or disabled, even that goal grew until on a change in attitude and increased vigilance as well as independence for teens diffable.

Sexual reproductive health knowledge possessed is the result of

sharing, training, and experience in interaction and deal with cases of sexual assaults on teenage diffable. The knowledge that later developed into the draft material and curriculum in conveying information on disabled teen KesPro. The following excerpt of an interview with Sholih Muhdlor, coordinator of the division of KesPro SAPDA:

“Specify the material of the experience. For example, usually children will quickly understand this material with this method in this way ... They will understand at this level if not this way ... It is a still-developing”

(Interview with the Coordinator of the Division of KesPro SAPDA-Sholih Muhdlor on 09 June 2017).

In the planning process this material, of course, also through the trial phase then encountered obstacles, such as material about sexual reproductive health are very diverse and they are all important. But the primary audience that is diffable teenager has certain limitations both intellectual shortcomings by mental retardation teenage, or physical limitations experienced by mute-deaf teenage. For example, on adolescent with mental retardation, they have limitations in understanding and remembering something, such as a mother’s of teenage with metal retardation that said :

“Convey to the child that way (grahita) should be simple and often repeated because if they do not quickly forgotten., sometimes they left briefly later be forgotten again.” (Mrs Hany, interview on 02 August 2017)

Then it takes an adjustment in order to achieve the objectives can be met. It is recognized by the person in charge of accompaniment activities while communicators in training activities and socialization, namely Sutijono aka Abas “If teaching grahita friends that ya like we teach kindergarten, so should be patient and repeat the material is then often we ask again that they may remember. “ Then the communicators must be able to customize the message corresponds to the ability of the audience.

A move made after the design strategy is the implementation of health messages and distribution of sexual reproduction on adolescence diffable and their parent. This step begins with grouping disabled adolescents based on gender, to minimize noise, and to better focus on the issues of each gender. In this stage of the highly interactive Communicator is needed. Communicators must be able to able to create a conducive atmosphere, so that viewers can receive the material well.

Communicator also claimed to be able to know and analyze the audience’s

capability in receiving material based on the type of disability, since the conditions of delivery are carried out will also be different. For example if explained to a teenager disabled deaf, many medical terms that have no counterpart in sign language, so the material must be described repeated to understand or reproduce the visual information.

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The next activity is the ongoing relationship with the participants (disabled), parents/escorts, and networking. Here lies the difference between SAPDA communication strategy and “The P-Process” of health communication. Evaluation in SAPDA strategy was not always at the end of the program, but over the program from the stage of design strategy, implementation, and also the ongoing relationship with the participants, orangtua/ escort and networking. The evaluation then conducted through the activity of sharing with networking, parents, or teenagers diffable. With weaves closeness with these parties then SAPDA able to design and improve strategies that can bridge these parties to work together.

The role of planning or designing your message, as well as the role of communicators in sexual reproductive health communication strategy SAPDA play an important role to achieve the strategic objective, in order to convey information in a chain to the parties There are (information relays). As well as giving accurate information to the possibility of decision-making (enable informed decision making) by the audience. In this aspect is to the parents/guardians, the Builder in your organization/community,

and especially to teenagers diffabel like mute-deaf and mental retardation.

The study entitled “Communication Strategy on Sexual and Reproductive Health in Adolescents Diffable in Yogyakarta “ coupled with the theory of planning. In this context is in the activity of designing messages that do SAPDA through curriculum, material selection and sexual reproductive health for adolescents and disabled parents. In the theory of planning, said that the plan was a mental picture of a number of strategic measures to achieve objectives (Morissan, 2015:108).

Related to that, SAPDA devise strategies with program planning, curriculum and materials about sexual reproductive health for adolescents and disabled parents, of course, to achieve a particular goal. That goal is none other than an increase in knowledge and understanding about sexual reproductive health for teens as well as parents, even disabled the purpose also is expected to evolve with changes in attitude and an increasing vigilance as well as independence for the disabled adolescents. Investigators then discovered the link between communication strategy, sexual reproductive health for adolescents and parents with a disabled model “Process Of Behavioral Change” (PBC) or the model

described by the Population Communication Services/ Center for Communication Programmes in the USA, as a model that recognizes the communication as a process in which people can move between stages (Corcoran, 2013:21). The model describes

the stages of behavior change seserorang or a group of people of which initially did not understand about certain health issues to decide to change the typically after exposure to specific health issues or information.

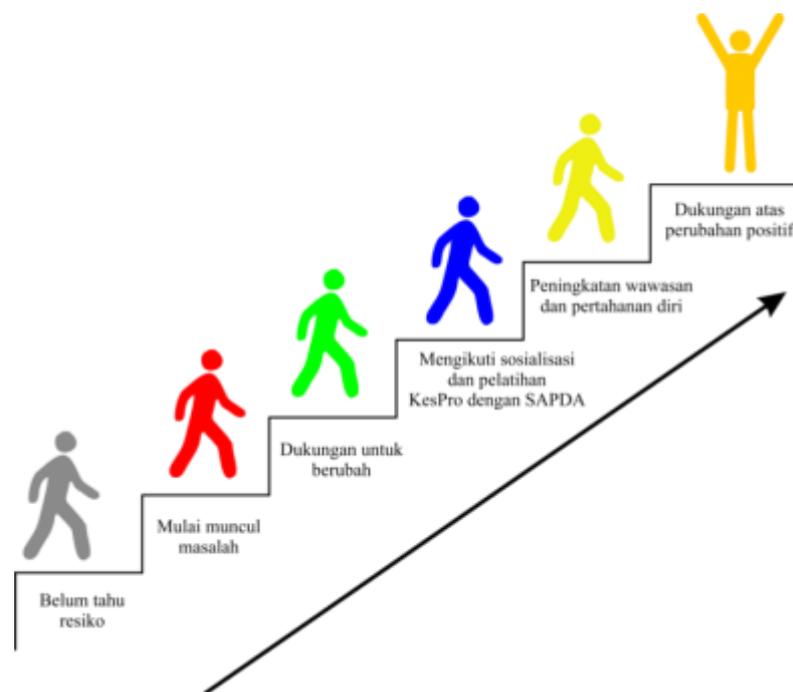


Figure 3. Adolescence Diffable Model of Behavior Change

(Source : Result of the research)

According to the analysis, the researchers found the fact that the participants of the training and socialization of sexual reproductive health, either parent or disabled teenagers experiencing the development of attitudes,

behaviour and after following the activities of the team of KesPro SAPDA as in Figure 3. At first both teenage parents or disabled equally unaware of the risks of poor sexual and reproductive

health information, even likely to consider taboo (pre-knowledge).

At some point, the rampant abuse and sexual violence against disabled teens start making restless parents. In addition the association with friends who are not supervised as well as the emergence of sexual desire but no can tersalurkan also make teenagers diffable confusion and start looking for information (knowledgeable). ntil finally the family or school/community trying to seek support and facilitator to help provide sexual and reproductive information especially for adolescents diffable (approving).

The increase of the knowledge that we are delivering on this attitude changes experienced by the disabled adolescent mental retardation Dian, who was initially not too familiar with what it is sexual and reproduction, but later could fortify himself from existence of premarital sex. Until finally the family or school/community trying to seek support and facilitator to help provide sexual and reproductive information especially for adolescents diffable (approving). The increase of the knowledge that we are delivering on this attitude changes experienced by the disabled adolescent mental retardation Dian, who was initially not too familiar with what it is sexual and

reproduction, but later could fortify himself from existence of premarital sex.

“Previously I didn’t know, mom just teaches the basics, do not want to know of the phone or the internet, because my girlfriend doesn’t like that. Sexual reproductive health that same sex relation, how girls relate, guys have to wear a condom, but I do not want to do that before merriege because my mother and Mr. abas said like that.

... If sex relations should not replace a couple or we can got AIDS, continues to also know, masturbation should be in bed, we have to closed the doors but I never do it, It’s disgusted.

.... My Ex invite me to do that (sex), I don’t want to. I have a friend who do free sex and she get pregnant first. It’s not cool” Dian Adi Saputra, interview on 09 June 2017)

Thus several school and community in collaboration with the team of KesPro SAPDA to provide related training and socialization of sexual reproductive health and which can be understood by teenagers diffable. Health communication strategy undertaken SAPDA turns out to be able to grow the intention to form self-defense in order to not engage free sex (intending). The intention is there to motivate teens disabled in order for the initiative to dare to refuse if invited to sexual intercourse outside of marriage, or distorted sexual behaviors (practicing). The courage as well as a change in attitude that gets positive support from parents, teachers, or friends

of the community, this does not cover the possibility that teenagers diffable also later can share information and be an example for his friends.

This proves that the communication, knowledge of health results particularly effective health communications, can help us to raise awareness about the risks and solutions to the health problems faced by the community, it also motivates in order to develop the skills to reduce risk (Liliweri, 2013:55).

Assumptions and taboos against the clash of values and norms among the public is still the biggest problem for the team of KesPro SAPDA in disseminating information on sexual and reproductive health. It is experienced by both parents, and SAPDA recognized also by the parent of adolescence diffable, Mrs Erni. "Initially awkward, but after I meet SAPDA at least parents better understand because it is obliged to pass on to children" (Mrs Erni, interview on 11 August 2017). He did indeed admit that to deliver a message to his son a diffable kespro is indeed quite awkward, however information kespro delivered it is important to parents to children.

Other problems that become barriers in communication strategy is a matter of language. Remember the

audience is teenagers SAPDA diffable deaf speech, then in the process, SAPDA using non-verbal communication or symbolic good through sign language, pictures, or videos but it is need for updates as additional subtitle on the video. For this fact revealed by the Lia, deaf adolescence who became participants of the accompaniment. The following interview excerpt:

"Preferably added with pictures and video, because deaf rely more on visual. If the video could also come with subtitles so that friends can better understand deafness" (Lia Nur Rochma, interview on 24 August 2016)

However, in practice, also trouble if communicators should clarify information with medical terms such as names of the organ like the uterus, vagina, penis, and others. Deaf sign language vocabulary either SIBI commonly used in academic circles, as well as BISINDO which is used by the deaf community is quite limited and not load the cue for medical terms. Even the difficulty of explaining medical terminology also applies when explaining to people with mental retardation. For it is in this regard Communicator like KesPro team from SAPDA, must explain the use of the local language or terms that are understandable but still polite.

In addition SAPDA has no special standard in determining sexual and reproduction health materials for adolescents diffable. There is plenty of material that can be submitted and of the material SAPDA must determine where exactly should be understood by disabled teenagers in all level based on experience and training. In addition none of the team which has the SAPDA KesPro background of science education, so it has no technical SAPDA curriculum may be academic standards are not eligible.

The lack of an openness to audience also became an obstacle coming from the audience factor. Some parents feel confident and tended to her State surrendered diffable, so that awareness about the importance of communicating information on sexual reproductive health and become low. Finally obtained the results unexpected from an effort to increase understandings SAPDA, teen with dsability and their parents about seksual and reproductive health. In addition to the large number of requests for training and socialization of KesPro turns out is not worth the amount of power that is able to fill the request. So not all platforms can be touched and the information can not be distributed with more maximum.

CONCLUSION

Communication strategy on sexual and reproductive health for adolescents diffable is a development of The P-Process “but the evaluation activities are not performed on the last stage but in every stage of the design strategy, distribution, and monitoring to develop a strategy. Other results are found is the communication strategy on sexual and reproductive health for adolescents diffable conducted SAPDA apparently insist on the strategy of planning and designing of messages, as well as interpersonal message delivery. Communicators should seinteraktif possible with the audience to create a closeness, as well as promoting the control of emotions. Deliver a message to teenagers cause diffable requires patience and diligence so that the audience can focus and be able to achieve the objectives of the strategy itself. Then it takes repetition as well as review the message up to the audience to understand.

In addition efforts conducted by SAPDA turns out to be able to grow the intention to form self-defense so as not to get involved in free sex teen diffable. The intention is there to motivate teens diffable to make changes in attitude, with a bold initiative to refuse if invited to sexual

intercourse outside of marriage, sexual behavior or distorted.

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