

PUBERTY IN ADOLESCENTS WITH DISABILITIES: WHAT ARE THE LEVELS OF PARENT'S UNDERSTANDING?

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ABSTRACT

Puberty of adolescents with disabilities is a crucial point in the developmental hierarchy. The changes that occurred during this period became fundamental and often encountered many problems. Public-private errors are one of the problems experienced by adolescents with disabilities because they do not understand the boundaries of sexuality for themselves or others. Parents as people who are closest to adolescents' lives, have a very important role in accompanying adolescents during puberty. Therefore, this study aims to describe the objective conditions of parents' understanding of sexual and reproductive health education related to puberty for adolescents with disabilities. The method used in this research is mixed methods research with an explanatory design, in which the first data collection is quantitative data through surveys and followed by qualitative data collection through focus group discussions and depth interviews. The sample used in this study were 98 parents of adolescents with disabilities at puberty period (10-20 years) in West Java, Indonesia. There are 23 questions given in the instrument in the survey to measure the level of understanding of parents towards puberty of adolescents with disabilities. The results of this study indicate that the understanding of parents is still at the moderate (instructional level) in the aspect of understanding puberty in general, which is 61%. However, there are gaps in the understanding of puberty in boys and girls adolescents with disabilities. This is illustrated by the large gap between the level of understanding of puberty in boys which is 38% and the level of understanding of puberty in girls of 90%. In particular, parents have a fairly good understanding such as on the characteristics of physical changes during puberty, behaviors that adolescents can and cannot do in expressing their sexual needs, as well as things that need to be prepared by adolescents with disability in dealing with puberty.

Keywords: adolescents with disabilities, puberty, sexual and reproductive education, understanding of parents.

INTRODUCTION

Humans in the history of their life development generally always pass through the three phases, namely childhood, adolescent, and adult phase. The adolescent phase is a transitional period that occurs in human development between the childhood phase and the adult one. Puberty is the first stage of development that humans go through when they enter the early adolescent phase. In this phase, adolescents experience significant changes from the previous phases, both physically, psychologically, and socially (Dahlan, D., 2001). Physical changes that occur include changes in body dimensions and hormonal changes that specifically occur in men and women (Santrock, 2007: 83). Physical changes become the primary element at this stage of development because they affect the psychological and social-emotional changes experienced by adolescents. According to Wirawan Sarwono (quoted in Suryani, 2013), psychological changes that occur in adolescents are caused by physical changes experienced by adolescents during the puberty phase. One of the psychological changes is sexual behavior in adolescents caused by the development of aspect maturity of the reproductive organs. According to Nurhayati, T. (2016) the maturity of reproductive and hormonal organs in adolescents triggers greater sexual urges than adult sexual urges.

Every adolescent will experience this sexual urges including adolescent with disability. They are individuals who have physical, mental/intellectual, or socio-emotional and behavioral barriers. However, puberty in adolescents with disability is the same as adolescents in general (Roswita, M. Y., & Primastuti, E., 2019). Nevertheless, adolescents with disabilities have more challenges in going through the puberty phase. The National Dissemination Center for Children with Disabilities (NICHCY) explained that there are two social problems that occur in the puberty phase of adolescents with disabilities, namely public-private errors which are indicated by the behavior of touching vital organs or genitals, playing with the genitals with the aim of achieving satisfaction, touch, kiss, or hug other people carelessly, and even masturbate too much in a way that tends to hurt oneself, and the second one is stranger-friend errors tend to be more detrimental to strangers such as kissing or hugging other people suddenly. Similar results are also shown by the results of research conducted by Sastryawan, B. (2021) on adolescents with intellectual disabilities and research by Hasminar, D. (2011) on adolescents with Autism Spectrum Disorder. Adolescents with disabilities are a group that is very vulnerable to sexual harassment behavior. According to Aziz (2014), Such a situation of adolescents with disabilities make them easily manipulated, seduced, so there are often cases where irresponsible people place them as objects of lust. Based on CATAHU data (2021) there were 215 cases of incest (severe sexual violence) on women with disabilities, 77 violence (rape, sexual abuse, and sexual exploitation) on women with disabilities. Based on the analysis of the cases that occurred, it was motivated by their lack of understanding of sexuality. Therefore, it is necessary to accommodate the understanding given to adolescents with disabilities, so that they can go through puberty without any unwanted occurrences.

Thus, the sexual education is needed to be considered. It is knowledge concerning gender, starting from the growth of sex, the function of sex as a means of reproduction, the development of the genitals of the opposite sex, menstruation, wet dreams, to hormonal changes, even regarding the problems of marriage and pregnancy. For adolescents with disabilities, sex education helps adolescents adapt to biological changes that occur such as menstruation, wet dreams, and so on so as to avoid misunderstandings.

Parents are the main environment in learning sexual education for adolescents, but communication barriers and consider discussing sexuality as taboo. The understanding of sexual education for adolescents with disabilities needs to be explained in a simple manner and by the child's ability to receive information. Therefore, when delivering sex education to adolescents with disabilities, it is necessary to pay attention to the communication process which is often constrained, such as directions regarding maintaining vital organs and touching whether or not it is permissible, knowledge is conveyed by people closest to the child such as mother, grandmother, or teacher, delivery is given by example, concrete carried out routinely and using media that support adolescents' understanding. In addition, parents need to teach preventive measures to avoid sexual violence such as refusing, running, and shouting when someone touches body parts that are not allowed. Therefore, it is important to be open and not consider sex education as a taboo conversation for adolescents with disabilities (Yafie, E., 2017).

In the findings of this study, many parents submit their adolescents' sexual education to schools. According to (Tsuda, 2017) revealing that the teacher's role in increasing knowledge for adolescents is also influenced by the knowledge possessed by the teacher and how the teacher behaves. UNESCO recommends a curriculum such as Comprehensive Sexuality Education (CSE) that focuses on teaching and learning processes about emotional, cognitive, social, physical aspects of sexuality. The goal of CSE is to equip children and adolescents not only for knowledge skills but also to provide attitudes, values to empower them to realize their health, dignity, well being and develop collectively respect in social and sexual relationships, examine the choices that they made affect their own well-being and others, and understand it preservation to their rights through their lives.

However, the curriculum on sex education in schools has not been implemented comprehensively and only focuses on the introduction of sexual organs. The cycle of providing education regarding puberty for adolescents with disabilities continues to cause asynchronous between what is needed by the child and what is conveyed. This study aims to find out how far parents and adolescents with disabilities know about puberty for their adolescents and know how to explain it to theirs.

METHODOLOGY

The research uses the Mixed Methods Research (MMR) method, which is a method that combines quantitative and qualitative methods in a series of research. According to Sugiyono (2014), MMR is a method that combines quantitative and qualitative methods to obtain comprehensive, valid, reliable, and objective data (Maison, A., Kurniawan, D. A., & Sholihah, L. R., 2018). MMR was chosen because it can support the achievement of research objectives in a more in-depth and comprehensive manner by

collecting, analyzing, and mixing quantitative and qualitative data. The research design chosen is an explanatory mixed-method design, which is combination research that combines quantitative and qualitative research methods sequentially. Therefore, the quantitative data collection is carried out first, then the qualitative data is collected after analyzing the quantitative data to clarify the quantitative data obtained at the beginning. The explanatory mixed method design is chosen because it requires explanation, description, and elaboration of quantitative findings.

The research is conducted in West Java Province, which is the province with the largest number of people with disabilities in Indonesia, so that it can represent objective conditions regarding the level of understanding of parents on reproductive health education for adolescents with disabilities. Research respondents are parents who have children with disabilities at puberty phase (between 10-20 years old) in West Java, Indonesia. Respondents amounted to 98 people for questionnaire data which are distributed online and 9 people for FGD (Focus Group Discussion) data and interviews using purposive sampling, namely the technique of determining samples with certain considerations (Sugioyono, 2013). The instrument uses a questionnaire sheet and an interview sheet. The type of questions on the questionnaire are closed-ended questions, namely questions for which alternative answers are provided by the researcher to obtain data from research respondents (Manurung, T. M. S., 2017). The alternative answers provided by the researcher are Yes/No answer choices. The result of the percentage of answers is calculated using the following formula:

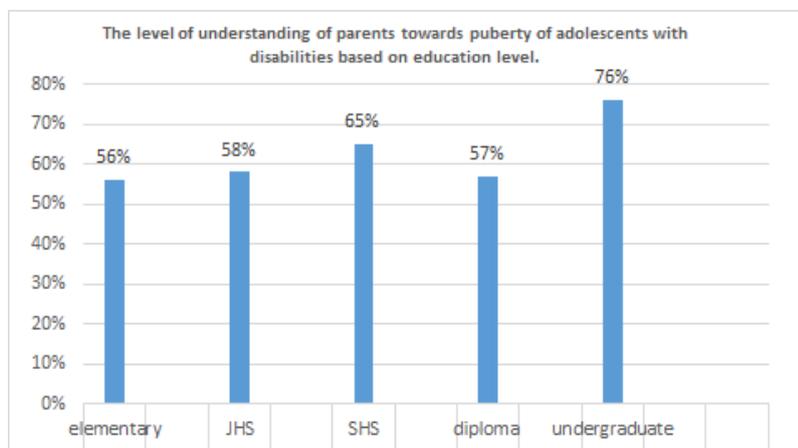
$$\frac{\text{number of YES answers}}{\text{total number of questions}} \times 100\% =$$

Interviews in FGDs are conducted with semi-structured interviews, namely a combination of structured and unstructured interviews with the main questions prepared and free questions from the interviewer modified based on the interview situation (Satori and Komariah, 2014). It aims to obtain in-depth information on the reasons parents have certain answers, reason and attitude. Interviews were selected from several parents with the lowest understanding scores and some parents with the highest understanding scores so that they get the reasons parents had a very good and very bad understanding. The selection of research methods considers the active participation of researchers in reaching the research objectives.

RESULT

Based on the purpose of the research to know the understanding level of parents who have adolescents with disabilities about puberty, we found out several levels on parents’ understanding toward puberty of adolescents with disabilities in male and female not only based on education but also income level. The findings are as follow:

figure 1: graph the level of understanding of parents towards puberty of adolescents with disabilities based on education level



Parents with the latest education at the elementary school level, out of 15 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 92 “Yes” answers and 73 “No” answers. The average percentage of answers is 56%. This means that the respondents at this income level are at the instruction level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. Of the 8 respondents who are parents of adolescents with disabilities with male gender obtained an average percentage of 25% in the frustration level category, while 7 respondents who are parents who have daughters get a percentage of 88% in the independent level category.

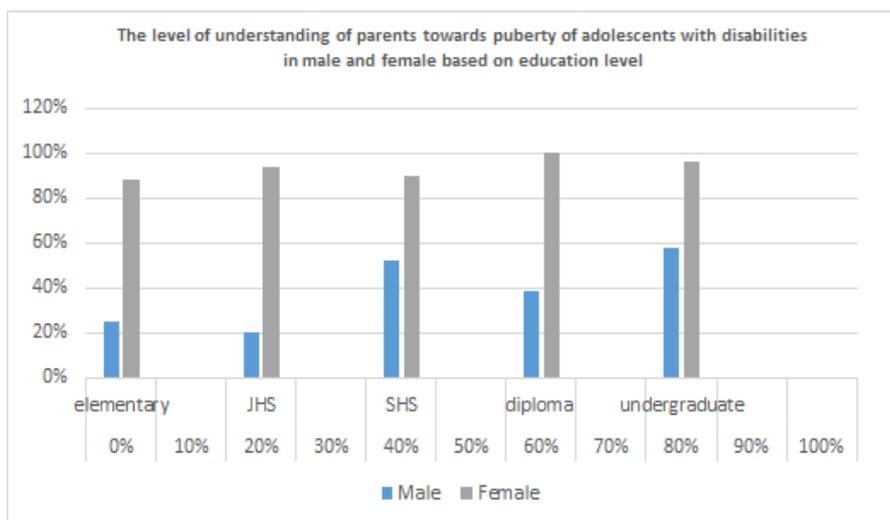
Parents with the latest education at the junior high school level, out of 16 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 102 “Yes” answers and 74 “No” answers. The average percentage of answers is 58%. This means that the respondents at this income level are at the instruction level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. Of the 8 respondents of parents who have adolescent disabilities with male gender obtained an average percentage of 20% with the category of frustration level, while the 8 respondents of parents who have daughters obtained a percentage of 94% with the category of independent level.

Parents with the latest education at the high school level, out of 54 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 371 “Yes” answers and 201 “No” answers. The average percentage of answers is 65%. This means that the respondents at this income level are at the instruction level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. Of the 31 respondents who are parents of adolescents with disabilities with male gender, an average percentage of 52% is obtained in the category of instruction-level, while 21 respondents who are parents who have daughters get a percentage of 90% with the category of independent level.

Parents with the latest education at the Diploma level, out of 4 respondents indicated that in the aspect of Puberty for adolescents with Disabilities, of the 11 questions asked there were 25 "Yes" answers and 19 "No" answers. The average percentage of answers is 57%. This means that respondents at this income level are at the instruction-level regarding the understanding of reproductive health for adolescents with disabilities. Adolescents with Disabilities. Of the 3 respondents of parents who have adolescent disabilities with male gender obtained an average percentage of 39% in the category of frustration level, while 1 respondent of parents who have daughters obtains a percentage of 100% with the category of independent level.

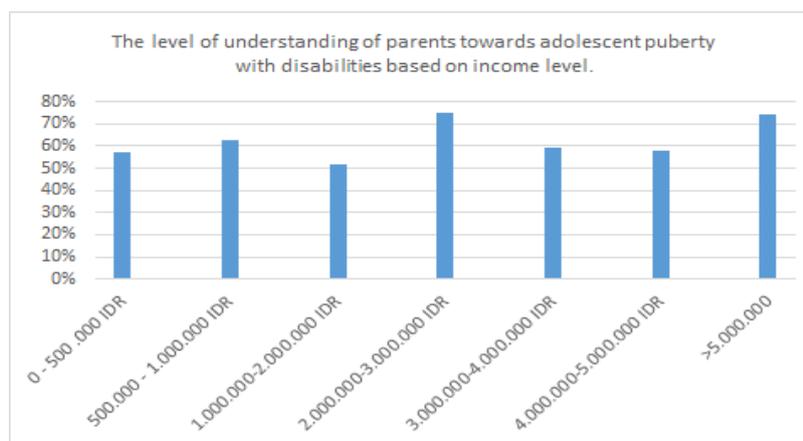
Parents with the latest education at the undergraduate level, out of 11 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 92 “Yes” answers and 29 “No” answers. The average percentage of answers is 76%. This means that the respondents at this income level are at the independent level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. Of the 2 respondents who are parents of adolescents with disabilities with male gender, the average percentage is 58%, while for 9 respondents, parents who have daughters get a percentage of 96%.

figure 2: graph the level of understanding of parents towards puberty of adolescent with disabilities in male and female based on education level.



Parents with a final primary school education level who have adolescents with disabilities with male gender get an average percentage of 25% (frustration level), while parents who have girls get a percentage of 88% (independent level). Parents with a final junior high school education level who have adolescents with disabilities with male gender obtained an average percentage of 20% (frustration level), while parents who have girls obtained a percentage of 94% (independent level). Parents with a senior high school education level who have adolescents with disabilities with male gender obtained an average percentage of 52% (instructional level), while parents who have daughters get a percentage of 90% (independent level). Parents with a Diploma level of final education who have a disabled teenager with a male gender obtained an average percentage of 39% (frustration level), while in 1 respondent parents who have daughters obtained a percentage of 100% (independent level). . Parents with a final Bachelor's level of Education. Parents who have adolescents with disabilities with male gender obtained an average percentage of 58% (instructional level), while in 9 respondents, parents who have daughters obtained a percentage of 96% (independent level).

figure 3: graph the level of understanding of parents towards adolescent puberty based on the level of income level.



Parents with income above IDR 5,000,000, from 6 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 49 “Yes” answers and 17 “No” answers. The average percentage of answers is 74%. This means that the respondents at this income level are at the independent level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. From 5 respondents of parents who have adolescents with disabilities with male gender, the average percentage is 58%, while in 1 respondent, parents who have daughters get a percentage of 17%.

Parents with an income of IDR 4,000,000, up to 5,000,000, from 9 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 57 “Yes” answers and 42 “No” answers. The average percentage of answers is 58%. This means that the respondents at this income level are at the instruction level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. From the 3 respondents of parents who have adolescents with disabilities with male gender obtained an average percentage of 28%, in the category of frustration level, while 6 respondents of parents who have daughters get a percentage of 89% with the category of independent level.

Parents with an income of IDR 3,000,000, up to 4,000,000, from 13 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 84 “Yes” answers and 59 “No” answers. The average percentage of answers is 59%. This means that the respondents at this income level are at the instruction level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. From the 7 respondents of parents who have adolescents with disabilities with male gender obtained an average percentage of 33% in the category of frustration level, while 6 respondents of parents who have daughters obtain a percentage of 83% with the category of independent level.

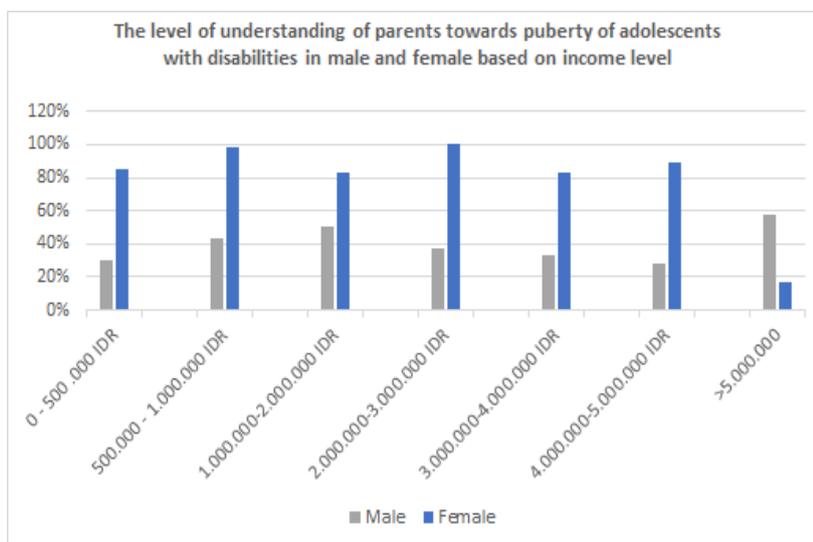
Parents with an income of IDR 2,000,000, up to 3,000,000, from 15 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 123 “Yes” answers and 42 “No” answers. The average percentage of answers is 75%. This means that respondents at this income level are at the independent level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. From 10 respondents of parents who have adolescents with disabilities with male gender obtained an average percentage of 37% in the category of frustration level, while in 5 respondents, parents who have daughters get a percentage of 100% with the category of independent level.

Parents with an income of IDR 1,000,000, up to 2,000,000, out of 13 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 74 “Yes” answers and 69 “No” answers. The average percentage of answers is 52%. This means that respondents at this income level are at the instruction level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. From 9 respondents of parents who have adolescents with disabilities with male gender obtained an average percentage of 50% instruction level, while 4 respondents of parents who have daughters obtained a percentage of 83% independent level.

Parents with an income of IDR 500,000, up to 1.000.000, out of 17 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 118 “Yes” answers and 69 “No” answers. The average percentage of answers is 63%. This means that the respondents at this income level are at the instruction level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. From 8 respondents of parents who have adolescents with disabilities with male gender, obtained an average percentage of 43% in the category of instruction-level, while the 9 respondents of parents who have daughters get a percentage of 98% in the category of independent level.

Parents with an income of IDR 0. up to 500,000, from 24 respondents indicated that in the aspect of Puberty for Adolescents with Disabilities, of the 11 questions asked there were 150 “Yes” answers and 114 “No” answers. The average percentage of answers is 57%. This means that the respondents at this income level are at the instruction level regarding the understanding of the reproductive health of adolescents with disabilities aspects of puberty for adolescents with disabilities. From 14 respondents of parents who have adolescents with disabilities with male gender obtained an average percentage of 30% with the category of frustration level, while in 10 respondents of parents who have daughters obtained a percentage of 85% with the category of independent level.

figure 4: graph the level of understanding of parents towards puberty for adolescents with disabilities in males and females based on the level of income level.



Based on the economic level, the understanding of parents at an income level of 5,000,000, is 58% (instructional level) for parents who have sons and 17% (frustration level) for parents who have daughters. At the income level of IDR. 4,000,000-5,000,000 is 28% (Frustration level) for parents who have sons and 89% (Independent level) for parents who have daughters. At the income level of IDR. 3,000,000-4,000,000 is 33% (frustration level) for parents who have sons and 83% (independent level) for parents who have daughters. At the income level of IDR. 2,000,000-3,000,000 is 37% (Frustration level) for parents who have sons and 100% (Independent level) for parents who have daughters. At the income level of IDR. 1,000,000-2,000,000 at 50% (instructional level) for parents who have sons and 83% (independent level) for parents with daughters. At the income level of IDR. 500,000-1,000,000 which is 43% (instructional level) for parents who have sons and 98% (independent level) for parents who have daughters. At the income level of IDR. 0-500,000 by 30% (frustration level) in parents who have sons and 85% (independent level) in parents who have daughters.

DISCUSSION

Based on the results of data processing, it is known that the level of understanding of parents towards puberty of adolescents with disabilities shows the figure of 61% which is quite good so that it is sufficient to meet the needs of adolescents during puberty. This is indicated by the understanding of parents regarding the characteristics of adolescents' physical changes during puberty, at the beginning and end of puberty, needs at puberty, and what adolescents can and cannot do to fulfill their sexual needs, such as the right time for adolescents to have sex. touch. their sensitive parts. Similar results were also shown in a study conducted by Sholihatina, A. (2012) which was conducted on parents of autistic adolescents. This shows the awareness of parents about puberty as the achievement of a child's developmental milestones, although in some aspects of development there are obstacles.

Although the parents' understanding was quite good, the biggest obstacle was the communication aspect that was explained by the parents during the FGD. Parents are often confused about how to explain aspects of sexuality to their adolescents at puberty. This is not only because of the disability conditions in adolescents that require adjustment in communication but also because of norms in society that make discussing sexuality taboo, especially for adolescents. This is supported by the statement of Amaliyah, S. (2017) in her journal entitled Exploration of Mothers' Perceptions of Sex Education in adolescents that most Indonesian people still feel very taboo and are not used to talking about matters related to sexuality, especially with adolescents. their child. . This prevents parents from understanding more deeply about puberty in adolescents with disabilities so that parents interpret it based on personal experience without knowing how to communicate it to their adolescents. In communicating, parents have difficulty choosing the right diction or a detailed and straightforward description for fear of misinterpreting the message by the child.

In fact, in explaining sexual education to adolescents, effective communication is needed. According to Tubss and Moss (in Damayanti, I., & Purnamasari, S. H., 2019), communication is said to be effective if the stimuli given and received can be understood by both the sender and the recipient. Through effective communication, parents are able to convey sexual education to their adolescents, but it will be difficult for parents who have adolescents with disabilities, especially those who are deaf. These

difficulties are in accordance with those described in the study entitled "Communication Barriers and Stress for Parents of Deaf Elementary School Students.", it was explained that based on observations, parents complained that they often did not understand their adolescents' words, parents had difficulty choosing the right diction because of a lack of understanding of adolescents' vocabulary, and adolescents had difficulty understanding messages from parents. Another study conducted by Negeri (2013) found that difficulty in communicating causes differences in the understanding of parents and adolescents with special needs for hearing impairment in conveying thoughts, feelings, ideas, needs, desires which have an impact on not meeting the needs of adolescents. One of the unmet needs is regarding reproductive health and sexuality in adolescents with disabilities (Damayanti, I., & Purnamasari, SH, 2019).

1. The Education Aspect of Parent on Understanding the Puberty of Adolescents with Disabilities

The data above shows that there is a relationship between the education level of parents and the understanding of puberty in adolescents with disabilities. The graph shows that the higher the education level of parents, the higher their level of understanding about adolescent puberty with disabilities. This is in line with research conducted by Dwimati, E. & Anisa, N. (2018) which explains that the education level of parents influences providing an understanding of sexual and reproductive health for adolescents, especially in this study, namely disability (special needs). Based on the parents' exposure, the results of the FGD showed that parents with higher education tend to develop themselves more than those with low education. They are more likely to be open, flexible, follow social developments, and tend to be aware of the changes that adolescents experience during the puberty phase so that they know the initial steps that need to be prepared to face the puberty phase.

As for parents with low education, they are still closed minded about further knowledge about puberty, especially on aspects of sexuality which are still considered taboo. This is supported by the findings of Ningsih, Nurfadillah, Yebruan, and Ramadani (2021) that parents with lower levels of education tend to be of the view that providing an understanding of puberty, particularly with regard to sexuality, is taboo. In addition, this perception is also supported by the results of the FGD that parents experience very high confusion about how to give a good understanding to adolescents, so that adolescents do not experience misunderstandings from the message conveyed. Therefore, parents have a tendency to leave education about puberty only to school.

2. The Economic Aspects of Parents on Understanding the Puberty of Adolescents with Disabilities

When referring to the data that has been presented, it can be seen that parents have sufficient to very good knowledge regarding the general understanding of adolescent puberty. In general, the economic level does not drastically affect the level of understanding of parents regarding puberty, because if we refer to Notoatmodjo (2007) said that knowledge is the result of human sensing, or the result of someone knowing about objects through their senses (eyes, nose, ears, and so on). Because puberty has been seen and felt by parents during their teens, naturally parents have general knowledge about puberty.

Among the 11 questions about knowledge of puberty posed by parents, they have very good knowledge about the characteristics of physical changes in adolescents during puberty, explain the behaviors that adolescents can and cannot do to fulfill their sexual needs, as well as things that need to be done. prepared by adolescents in the face of puberty. This is very likely to happen because Yuliana (2017) explains that although economic status determines the availability of the facilities needed for certain activities, so that it may affect one's knowledge, there are many other factors such as the availability of information on mass media and the internet, socio-culture in the community that describes the habits and traditions that a person does without going through reasoning whether what he did was good or not. As well as personal experience or the experience of others which is a way to obtain the truth of knowledge.

Furthermore, different and more specific questions regarding the level of understanding of parents regarding puberty for boys and girls with disabilities show different graphs. The graph that goes up and down shows that the higher the economic level does not affect the level of parental understanding of puberty for both boys and girls. The results of the FGD revealed that this was caused by obstacles in communicating openly with parents to their adolescents regarding aspects of sexuality. In addition, parents also experience confusion about the limits of what can and cannot be conveyed to their adolescents. This is also in line with research conducted by Salsabil, A., Novianti, L. E., & Agustiani, H. (2020) which shows that there are limitations of parents in obtaining specific information about puberty in adolescents with disabilities.

CONCLUSION

Based on the research conducted on parents' understanding of puberty on adolescents with disabilities, the current understanding of them are at the moderate level or can be categorized as an instruction-level with percentage of 61%. This research focuses on the parents' understanding about puberty from the aspect of education and income level. The study is conducted on parents with various income levels, ranging from IDR. 0.00 to above 5,000,000.00. The result is that the understanding of parents varies and is not related to the amount of parental income. This proves that the economic level of the family has no impact on parents' understanding of the puberty of adolescents with disabilities. In view of the fact that parents' understanding of puberty can come from their experiences. Meanwhile, the parents' level of education, based on the results of research that has been carried out, there is a connection. The higher the level of education of parents, the higher their understanding about puberty in adolescents with disabilities. This happens because parents with a high level of education can be more flexible and open-minded. Parents with higher education tend to develop themselves and are more aware of their adolescents' sexual and reproductive education. The current level of parents' understanding can imply the impact on a child's understanding of puberty which is not comprehensive. A better understanding of parents will have a positive impact on sexual and reproductive education of adolescents with disabilities.

RECOMMENDATION

Based on the research conducted, the following recommendations can be taken for the parents to increasing their level of understanding toward the topic of puberty for adolescents with disabilities are:

1. attending the counseling service with topic of puberty
2. creating collaboration program, space and communication with school with topic of sexual education of children with disabilities
3. making a clear and easy information and knowledge management about sexuality regularly together with school, government and communities

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