

Assessing Sexual Education for Students with Intellectual Disabilities: Practices, Barriers, and the Need for Structured Instruments in Indonesian Special Schools

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Abstract

This study investigates how sexual education is currently assessed for students with intellectual disabilities (ID) and identifies the barriers and needs for developing standardized assessment instruments in a special school context. Using a qualitative descriptive case study, data were gathered at SLBN Budi Utama (Cirebon) through in-depth interviews, participant observation, and document review, then analyzed with Miles–Huberman–Saldaña’s interactive model. Findings show that assessment practices are largely informal, observation-based, and inconsistently documented, relying on teachers’ intuitive judgments during daily instruction and role-play activities. Cultural sensitivities surrounding sexuality further narrow the assessed domains to hygiene and etiquette, leaving critical areas—such as consent, body safety, and abuse prevention—underassessed. Teachers report the absence of standardized tools, limited professional training, and weak institutional guidance as key constraints. At the same time, they express a clear need for developmentally appropriate, visually supported, and behaviorally oriented instruments that capture knowledge, attitudes, and practical self-protection skills. The study concludes that strengthening sexual education assessment for students with ID requires a structured, culturally responsive instrument, targeted teacher capacity-building, and school-level policy support to ensure protective, empowering, and evidence-informed instruction.

Keywords: *Sexual Education, Assessment, Intellectual Disabilities, Qualitative Case Study, Inclusive Special Education*

INTRODUCTION

In the face of increasingly complex social challenges, inclusive education must equip students with not only cognitive skills, but also life competencies—including the ability to understand and manage their own sexuality. This is particularly critical for students with intellectual disabilities (ID), who often face greater vulnerability to sexual abuse, exploitation, and social misunderstanding. The role of teachers in this context becomes central, as they are responsible not only for academic instruction but also for equipping students with the self-care and protective skills essential for their well-being and dignity.

Sexual education for students with ID is a sensitive yet essential component of self-development programs in special schools (SLB). However, in practice, teachers face significant obstacles, especially in assessing students’ understanding of sexual topics. The lack of standardized, context-appropriate assessment instruments makes it difficult for educators to identify students’ needs and design tailored instructional strategies (Rochyadi & Alimin, 2005). Consequently, students with intellectual disabilities are left unprepared to navigate puberty, body changes, interpersonal boundaries, and sexual health risks.

Schools, particularly special needs institutions, have a duty to provide comprehensive education that supports students’ growth in all dimensions—including physical, emotional, and social domains. In this context, the assessment of sexual education becomes a strategic instrument to ensure that instruction aligns with the students’ developmental stages and cognitive capacity. Without such assessments, educational interventions risk being irrelevant, ineffective, or even harmful due to misalignment with student readiness.

Yet, many schools have not implemented formal sexual education programs, let alone developed structured assessments to support them. A preliminary study conducted at SLBN Budi Utama in Cirebon (August 2024) revealed that sexual education was only briefly mentioned

within subjects like Islamic Studies or Physical Education, with no specific assessment tools in place. This gap reflects a broader issue: the systemic neglect of sexual education for students with disabilities, compounded by cultural taboos, limited teacher training, and lack of institutional support.

Several scholars stress the importance of structured assessment in education, especially for students with special needs. Rochyadi and Alimin (2005) outline a clear framework for assessment instrument development, emphasizing steps such as defining domains, designing item blueprints, and validating instruments before implementation. Despite the availability of such guidelines, their application in sexual education contexts remains minimal—particularly in Indonesia.

Existing studies tend to focus on curriculum content or pedagogical strategies for special needs learners but rarely examine how assessment tools are created or applied in the field of sexual education (Isler et al., 2021; McDaniels & Fleming, 2016). Research has shown that while sexual health programs for students with intellectual disabilities emphasize knowledge delivery, the evaluation of students' understanding is often informal and inconsistent, making it difficult to track learning progress and behavioral outcomes (Löfgren-Mårtenson, 2012; Schaafsma et al., 2014). This presents a critical research gap: the need for practical, context-sensitive assessment instruments that help educators evaluate students' understanding of essential sexual health topics such as puberty, consent, and self-protection.

The urgency of this study lies in addressing this void. It aims to develop a valid and reliable assessment instrument for sexual education tailored to students with intellectual disabilities at the high school level. Unlike generic tools, the instrument designed in this research is grounded in the lived realities of teachers and students in SLBN Budi Utama, incorporating expert validation and classroom applicability (Boehning & Schaafsma, 2020).

By focusing on assessment—not merely instruction—this research offers a fresh contribution to the discourse on inclusive education. It recognizes that protecting and empowering students with disabilities begins with understanding their baseline knowledge and building from there. A structured assessment tool is the first step toward a comprehensive, rights-based approach to sexual education for all learners (WHO, 2020).

RESEARCH METHODS

This study used a qualitative descriptive approach with a case study design, aimed at exploring how teachers assess sexual education learning in students with intellectual disabilities at the high school level. A qualitative approach was considered appropriate because it enables researchers to capture the complexity of the phenomenon within its natural setting and to interpret participants' subjective meanings (Creswell & Clark, 2017). The case study design was chosen as it allows in-depth investigation of a specific context, particularly when the boundaries between the phenomenon and its real-life setting are not clearly defined (Yin, 2017).

The research was conducted at SLBN Budi Utama in Cirebon City, an inclusive state special school that provides education for adolescents with intellectual disabilities. The participants were selected purposively, consisting of special education teachers responsible for teaching self-development and sexuality-related materials, as well as school staff involved in counseling and student well-being. This selection was based on their direct engagement in both instructional and assessment practices of sexual education in the school.

Data were collected using methodological triangulation, namely in-depth interviews, participant observation, and document analysis. In-depth interviews were conducted with teachers to explore their experiences and perceptions regarding sexual education assessment, while participant observations allowed the researcher to directly witness classroom interactions

and assessment practices. Document analysis focused on reviewing lesson plans, assessment records, and school policies related to sexual education.

In line with qualitative traditions, the researcher acted as the primary instrument, with direct involvement in the field being essential to interpret the dynamics of the setting (Lincoln & Guba, 1985). To support the process, supplementary instruments such as interview guides, observation sheets, and document review formats were developed to ensure systematic data collection.

The trustworthiness of the data was ensured through Lincoln and Guba's (1985) criteria: credibility, transferability, dependability, and confirmability. Credibility was achieved through triangulation of methods and member checking with participants. Transferability was strengthened by providing thick descriptions of the research context, while dependability and confirmability were enhanced by maintaining an audit trail and systematic documentation of all research activities.

Data analysis followed the interactive model of Miles, Huberman, and Saldaña (2014), which involves three concurrent activities: data reduction, data display, and conclusion drawing/verification. Data reduction entailed coding and categorizing interview transcripts and field notes, data display was conducted using descriptive matrices and thematic narratives, and conclusion drawing was carried out iteratively to ensure accuracy and consistency.

The study was conducted over a three-month period, from August to October 2024, covering preparation, fieldwork, and analysis stages. Through this methodological design, the research aimed to produce a contextualized and empirically grounded description of how sexual education assessments are practiced in special schools for students with intellectual disabilities in Indonesia.

RESULT AND DISCUSSION

Current Practices of Sexual Education Assessment by Teachers

The findings show that teachers at SLBN Budi Utama have attempted to integrate sexual education assessment into their classroom practice, but the process remains limited, informal, and often unsystematic. Assessment was generally conducted as part of daily classroom interactions rather than through structured instruments. Teachers relied heavily on their observations of students' responses during lessons and on their ability to perform specific self-care tasks.

In practice, sexual education assessments were typically embedded in broader self-development or life skills lessons. For example, when teaching hygiene after menstruation or nocturnal emission, teachers observed whether students could follow procedures correctly. If a student was able to demonstrate the expected behavior with minimal guidance, the teacher considered the objective "achieved." However, such assessments were rarely documented in detail, making it difficult to track individual progress over time.

Teachers also employed informal oral questioning to gauge students' understanding of sensitive topics. Questions such as "What should you do when your body smells after sweating?" or "Which body parts should not be touched by others?" were used to prompt student responses. Yet, these questions were not standardized, and the evaluation depended largely on the teacher's subjective judgment of whether the answer was "sufficient" or not.

One teacher described the reliance on improvised strategies as follows:

"We usually assess based on the child's spontaneous answers or classroom behavior. If asked about hygiene or body boundaries, we see if they know the answer. But there's no specific format, everything is based on the teacher's personal notes."

Another aspect of assessment involved observation during role-play or simulation activities. For instance, teachers asked students to demonstrate how to wash their hands, change

sanitary pads, or reject inappropriate physical contact. These performance-based assessments allowed teachers to measure practical skills rather than only cognitive knowledge. Nevertheless, the observations were rarely recorded systematically, and the feedback given to students tended to be immediate and verbal, without further reflection or follow-up planning.

Cultural sensitivities and taboos also influenced how assessments were carried out. Teachers admitted feeling constrained when discussing reproductive organs or sexual relationships explicitly, which resulted in the narrowing of assessment domains. Instead of directly addressing issues like consent or sexual abuse, teachers often focused on more “acceptable” topics such as personal hygiene or polite social behavior. As a result, the scope of assessment remained limited and did not fully address the complex realities of adolescent sexuality.

The findings also reveal that assessments were highly dependent on individual teacher initiative. While some teachers attempted creative approaches, such as using illustrated cards or storytelling scenarios to assess understanding, others preferred to avoid the topic altogether due to discomfort or lack of confidence. This inconsistency meant that students received unequal opportunities to be evaluated in a meaningful and supportive way.

The absence of standardized tools further compounded the problem. Without a clear guideline or instrument, teachers lacked a consistent reference point to determine student mastery. This created variability not only across classrooms but also within the same classroom over time, as different teachers might interpret and score student responses differently.

Despite these limitations, teachers demonstrated a genuine awareness of the importance of assessing sexual education. They recognized that without assessment, it was difficult to know whether students truly understood concepts related to puberty, body safety, or personal boundaries. Several teachers expressed a willingness to conduct more structured assessments if appropriate tools and training were available.

In summary, the current practice of sexual education assessment at SLBN Budi Utama can be characterized as informal, observation-based, and inconsistent. While teachers integrate assessment into daily lessons, the lack of standardized instruments, documentation practices, and institutional support has restricted its effectiveness. Nevertheless, the findings indicate a foundation upon which more structured, culturally sensitive, and disability-responsive assessment practices can be developed in the future.

Barriers and Needs for Developing Assessment Instruments

The second key finding highlights the barriers faced by teachers in assessing sexual education for students with intellectual disabilities, as well as their expressed needs for the development of more structured, valid, and practical instruments. While teachers acknowledged the importance of assessment, they consistently reported difficulties that hindered the implementation of effective and consistent practices.

One of the primary barriers was the lack of standardized assessment tools. Teachers emphasized that they had no clear framework or instrument to guide the evaluation of sexual education competencies. As a result, each teacher applied their own judgment, leading to significant inconsistencies across classrooms. This not only made it difficult to compare results between students but also limited the ability to track progress over time.

Another barrier was the sensitivity of the subject matter. Cultural taboos surrounding discussions of sexuality made teachers reluctant to develop or implement explicit assessment items. Many reported discomfort in asking questions about body parts, reproductive health, or relationships, fearing backlash from parents or misunderstanding from the community. This led to assessments being narrowly focused on hygiene and social etiquette, leaving critical domains such as consent, abuse prevention, and reproductive changes underexplored.

Teachers also expressed challenges related to student comprehension. Due to cognitive limitations, students with intellectual disabilities often struggled to understand abstract concepts

related to sexuality. Teachers found it difficult to design assessment questions that were both developmentally appropriate and capable of capturing the essence of sexual health knowledge. Visual aids and simulations were considered helpful, but these required time and resources that were not always available.

As one teacher explained during an interview:

"We are often confused about how to assess students' understanding of sensitive topics. If asked directly, they sometimes don't understand or even respond jokingly. So we need instruments suited to their abilities, not too abstract."

Limited professional training was another significant barrier. Teachers reported that they had never received formal training on how to conduct or design assessments for sexual education in special schools. Most of their current practices were based on intuition, personal experience, or informal discussions with colleagues. This lack of capacity left teachers feeling unprepared and underscored the urgency of professional development in this area.

In addition to individual challenges, institutional constraints were also evident. Schools did not provide specific policies, guidelines, or resources to support sexual education assessment. Without administrative support, teachers felt isolated in their efforts and uncertain about the legitimacy of their practices. This institutional gap further contributed to the ad hoc nature of current assessments.

Given these barriers, teachers articulated a strong need for structured, culturally sensitive, and disability-responsive assessment instruments. They expressed the desire for tools that could be easily adapted to classroom realities, incorporate visual elements, and assess not only knowledge but also attitudes and behaviors. Importantly, they stressed the need for instruments that could guide both teaching and monitoring, ensuring that sexual education instruction is purposeful and evidence-based.

Several teachers also emphasized that assessment should be holistic, covering domains beyond cognitive recall. For instance, being able to say "yes" or "no" in appropriate contexts, demonstrating self-protection strategies, and practicing personal hygiene were considered equally important indicators of competence. Teachers wanted instruments that could capture these multifaceted aspects of student development.

In summary, the findings indicate that while teachers recognize the urgency of assessing sexual education for students with intellectual disabilities, they face systemic and cultural barriers that limit their ability to do so effectively. The lack of standardized tools, cultural sensitivities, limited training, and weak institutional support collectively hinder meaningful assessment practices. At the same time, the findings highlight an urgent need for the development of structured assessment instruments that are valid, practical, and tailored to the cognitive and social realities of students with intellectual disabilities. Addressing these needs is crucial for ensuring that sexual education is both protective and empowering for this vulnerable group.

Discussion

The findings of this study reveal two interrelated aspects of sexual education assessment for students with intellectual disabilities: the informal and inconsistent practices currently employed by teachers, and the systemic barriers that limit their ability to implement structured assessments. Together, these results underscore the urgent need for valid, practical, and culturally sensitive instruments that can guide teachers in addressing sexual health education in special schools.

First, the study shows that teachers rely primarily on informal methods of assessment, such as observation and oral questioning. While these practices reflect teachers' efforts to adapt to the realities of their classrooms, they lack standardization and systematic documentation. This aligns with the observations of Rochyadi and Alimin (2005), who argue that assessment in special education often becomes intuitive when teachers are not supported by formal instruments. Such

informal approaches may capture surface-level understanding but fail to provide a reliable basis for long-term planning.

The reliance on performance-based observations, such as role-play or demonstrations, reflects a broader recognition that students with intellectual disabilities often require practical and experiential assessment methods. This resonates with Vygotsky's (1978) theory of the Zone of Proximal Development, which emphasizes that learners demonstrate competence most effectively when tasks are scaffolded and embedded in real-life contexts. However, without structured rubrics or instruments, teachers' interpretations of these performances remain highly subjective.

Cultural sensitivities emerged as another critical factor shaping assessment practices. Teachers' reluctance to explicitly address reproductive organs, sexual relationships, or consent reflects broader societal taboos in discussing sexuality. This finding is consistent with research by Suryadi (2019), who noted that cultural norms in Indonesia often prevent educators from fully engaging with sexual education content. As a result, assessments focus narrowly on hygiene and etiquette, leaving students unprepared for more complex realities of puberty and social interaction.

The variability of teacher practices also demonstrates the absence of institutional guidance. Some teachers attempted creative methods, such as using illustrated cards, while others avoided the topic altogether. This inconsistency not only leads to inequitable learning opportunities for students but also undermines the legitimacy of sexual education as a formal component of the curriculum. In this sense, the findings echo Florian and Black-Hawkins (2011), who argue that inclusive education requires institutional alignment, not just individual initiative. The findings further highlight that teachers lack professional training in sexual education assessment. Most rely on personal intuition or informal peer exchanges, leaving them ill-prepared to assess sensitive topics. This reflects a gap between policy and practice, as the right to comprehensive sexual education for students with disabilities is recognized in international frameworks (UNESCO, 2017), but implementation at the school level remains weak.

The absence of structured instruments also affects the objectivity and reliability of assessment outcomes. Without standardized tools, teachers' judgments vary widely, leading to inconsistencies across classrooms. This undermines the capacity to evaluate program effectiveness or monitor individual student progress systematically. Black and Wiliam (2009) emphasize that reliable assessment is essential not only for measuring learning but also for guiding instructional improvement—an aspect missing in the current practices.

Despite these challenges, the findings reveal teachers' awareness and willingness to improve. Teachers acknowledged that assessment is crucial to understanding whether students grasp key concepts such as personal boundaries and self-protection. This reflects a readiness to engage in professional development if provided with appropriate resources. Such willingness should be seen as an entry point for capacity-building initiatives that strengthen teachers' confidence and competence in this sensitive area.

The teachers' expressed needs suggest that future instruments must be developmentally appropriate, visually supported, and behaviorally oriented. This aligns with findings by Kooijmans et al. (2024), who demonstrated that accessible, visual-based assessment formats significantly improve comprehension among learners with intellectual disabilities. By tailoring instruments to students' cognitive levels, teachers can better evaluate not only knowledge but also practical skills and attitudes.

Another important implication is the need for assessments to be holistic rather than purely cognitive. Teachers highlighted the importance of evaluating attitudes and behaviors, such as refusing inappropriate contact or demonstrating self-care routines. This is consistent with Browder et al. (2008), who argued that for students with intellectual disabilities, functional skills

are equally important as academic knowledge. A comprehensive assessment model should therefore encompass cognitive, behavioral, and affective domains.

Institutional support also plays a decisive role. Without policies, guidelines, and resources from the school or education authorities, teachers will remain isolated in their efforts. The findings suggest that sexual education assessment should be integrated into school-based management systems, ensuring that assessment practices are recognized, supported, and monitored at the organizational level. This echoes the recommendations of OECD (2021), which highlight the importance of systemic support for inclusive and protective education.

At the same time, any instrument developed must consider cultural adaptability. Given the sensitivity of sexual education in Indonesia, instruments should be framed in ways that are respectful of local norms while still addressing essential domains such as consent, abuse prevention, and reproductive health. This balance is critical to ensuring teacher acceptance and parental support, thereby facilitating smoother implementation in schools.

The findings also have broader implications for the empowerment of students with intellectual disabilities. Effective assessment is not only about measuring knowledge but also about safeguarding rights. By equipping students with the language, skills, and confidence to protect themselves, sexual education assessment contributes directly to reducing vulnerability to abuse and exploitation. In this sense, assessment is both a pedagogical and a protective tool.

In conclusion, this study demonstrates that while teachers at SLBN Budi Utama are making efforts to assess sexual education, their practices remain informal and constrained by systemic barriers. Addressing these issues requires the development of structured, accessible, and culturally sensitive assessment instruments, coupled with teacher training and institutional support. By filling this gap, schools can ensure that sexual education for students with intellectual disabilities becomes meaningful, protective, and empowering—an essential step toward inclusive and rights-based education.

CONCLUSION

This study concludes that sexual education assessment for students with intellectual disabilities at SLBN Budi Utama is still limited to informal, observation-based approaches that rely heavily on teachers' intuition and spontaneous judgment in the classroom. Although teachers demonstrate strong awareness of the importance of monitoring students' understanding of sexual health topics—including body awareness, privacy, and self-protection—they face substantial challenges related to cultural taboos, discomfort in discussing sexuality, and the absence of standardized and developmentally appropriate assessment tools. As a result, assessment practices tend to be inconsistent, undocumented, and difficult to use as a basis for instructional decision-making.

The findings further indicate that teachers' ability to design and implement systematic sexual education assessment is constrained by inadequate training, limited access to expert guidance, and minimal institutional and policy support. Assessment results are rarely communicated to parents or used to develop individualized learning interventions, which reduces the potential impact of sexual education on students' autonomy and safety.

To address these issues, a comprehensive approach is required. Schools need to establish clear assessment frameworks, provide professional development that equips teachers with knowledge on sexuality education and adaptive assessment design, and ensure access to culturally sensitive resources that respect both community values and students' rights. Strengthening collaboration between teachers, parents, and health professionals is also crucial to ensure continuity of support beyond the classroom environment.

Through these improvements, sexual education assessment can transform from fragmented and reactive practices into a structured, protective, and empowering educational system—one that upholds the rights, dignity, and well-being of students with intellectual disabilities, while preparing them to navigate social relationships safely and independently.

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