



REPRODUCTIVE HEALTH EDUCATION FOR THE ADOLESCENT WITH HEARING IMPAIRMENT AT ALFATIH FOUNDATION

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Abstract **Background:** A qualitative study conducted in Denpasar revealed that adolescents with hearing disabilities possessed limited knowledge about reproductive health. This was attributed to the absence of specific topics addressing reproductive health within the school curriculum. Teachers did not explicitly deliver reproductive health education, and the school's health service unit was underutilized for this purpose. Additionally, the provision of reproductive health services was hindered by a lack of healthcare professionals proficient in sign language.

Objectives: This community service aimed to increase the adolescent knowledge about reproductive health

Method: The community service program provided reproductive health education to 25 adolescents with hearing disabilities utilizing the "Peer Educator Module for Reproductive Health and Premarital Counseling" developed by Udayana University's Public Health Study Program and the Ministry of Health's "Out-of-School Reproductive Health Module." We are using various methods and sign language interpreter in every session.

Results: This community service program was conducted at the Alfatih Deaf Foundation, West Bandung Regency, Indonesia, from June to October 2024. It included eight sessions attended by 25 participants. Post-program assessments using questionnaires showed significant improvements in participants' understanding, demonstrated through accurate responses and enhanced analytical skills in addressing reproductive health and sexual violence prevention issues. **Conclusion:** The community service program on reproductive health education for deaf adolescents at the Alfatih Foundation was well-received, as reflected in high attendance rates and positive evaluation outcomes. The inclusion of sign language interpreters and interactive educational methods facilitated effective material delivery, resulting in improved reproductive health knowledge among participants. A key recommendation following this program is the establishment of peer educators for the deaf community.

Keywords: community service; reproductive health; deaf disability

Bandung, November 2025

BACKGROUND

The Ministry of Health's health transformation initiative prioritizes primary health care to establish an equitable health system, particularly through health promotion and prevention efforts. Maternal and Child Health (MCH) remains a national priority, encompassing services from pregnancy and childbirth to infancy, early childhood, school age, and adolescence.¹ The Convention on the Rights of Persons with Disabilities (UNCRPD) and Law Number 8 of 2016 ensure the right of persons with disabilities to accessible information and communication in health services. Consequently, the government, society, and other stakeholders must provide universally understandable information media. Persons with disabilities—those with long-term physical, mental, or intellectual impairments—face challenges in interacting with their environment and overcoming societal attitudes, limiting their ability to participate fully and equitably. This group is particularly vulnerable in economic, educational, skills development, and social domains.^{2,3}

Deafness is a condition of hearing loss that causes them to be unable to capture various stimuli that enter through the sense of hearing. According to the WHO, a person is said to have a hearing impairment if they are unable to hear as well as someone with normal hearing, meaning a hearing threshold of 20 dB or better in both ears. This can be mild, moderate, moderately severe, severe or profound, and can affect one or both ears. Currently, almost 20% of the global population lives with hearing loss, and it is estimated that by 2050, more than 700 million people will have hearing loss.⁴

In Indonesia, 7.03% of people with disabilities are deaf, based on the 2018 basic health research (Riskesdas), the proportion of deafness since birth was 0.11%. The prevalence of deafness increases with age. In productive age, this prevalence increases to 2.3% in the 45-54 year age group.² Based on the results of research conducted by Oktaviani 2019 on deaf people in the Batununggal area of Bandung City, it was found that deaf people still have difficulty in carrying out social interactions caused by various internal factors such as feelings of inferiority, limited language and vocabulary, not understanding sign language, not being able to read other people's lips and external factors including health conditions both from the deaf and from parents who are in poor health so that they affect the ability of deaf people to interact socially.³ Problems in health knowledge in deaf people include not knowing the disease process and health knowledge due to lack of access to sources of health information specifically for the deaf, as well as limited access to mass media and health information due to communication and language barriers. Therefore, they have limited knowledge about medical conditions and symptoms of the disease, awareness of disease prevention, medical screening tests and lack of information on preventive health services.^{5,6}

A qualitative study conducted in Denpasar revealed that adolescents with hearing disabilities possessed limited knowledge about reproductive health. This was attributed to the absence of specific topics addressing reproductive health within the school curriculum. Teachers did not explicitly deliver reproductive health education, and the school's health service unit was underutilized for this purpose. Additionally, the provision of reproductive health services was hindered by a lack of healthcare professionals proficient in sign language.⁷

Communication barriers between health workers and deaf people are a challenge in implementing relevant health education guidelines and interventions to improve the contribution of the community, including deaf disability groups, to various health issues including stunting prevention with the aim of informing, providing capacity and enabling

Bandung, November 2025

critical reflection on the causes and problems, as well as the actions needed to resolve them.

METHODS

The community service program provided reproductive health education to 25 adolescents with hearing disabilities, utilizing the "Peer Educator Module for Reproductive Health and Premarital Counseling" developed by Udayana University's Public Health Study Program and the Ministry of Health's "Out-of-School Reproductive Health Module."^{8,9} The program employed a variety of implementation methods, including:

Theme	Methods
Overview of reproductive organs	Interactive discussion
Maintaining reproductive hygiene	Demonstration
Understanding and preventing sexually transmitted infections (STIs)	Interactive discussion
Addressing risky sexual behaviors in adolescents	Interactive discussion
Building values and setting personal boundaries	Interactive games
Managing sexual desires responsibly	Case study and self reflection
Preventing bullying and sexual violence	Case study
Communicating effectively about reproductive health	Role play

RESULT AND DISCUSSION

This community service program was conducted at the Alfatih Deaf Foundation, West Bandung Regency, Indonesia, from June to October 2024. It included eight sessions attended by 25 participants, focusing on improving adolescents' knowledge of reproductive health. Topics covered reproductive anatomy, puberty changes, self-efficacy, sexual violence prevention, managing sexual desires, sexually transmitted diseases, self-image, and effective communication. Each 120-minute session, facilitated with a sign language interpreter, incorporated health education and follow-up monitoring. Post-program assessments using questionnaires showed significant improvements in participants' understanding, demonstrated through accurate responses and enhanced analytical skills in addressing reproductive health and sexual violence prevention issues.

In general, the stages of educational activities are carried out in 3 stages, namely planning, implementation and evaluation.

1. Planning

This stage involved identifying educational needs and preparing materials sourced from the "Peer Educator Module for Reproductive Health and Premarital Counseling" by Ni

Luh Putu Suariyani et al. (Udayana University, Public Health Study Program) and the Indonesian Ministry of Health's "Out-of-School Reproductive Health Module."

2. Implementation

Educational sessions were conducted from June to October 2024 over eight meetings at the Alfatih Foundation in West Bandung Regency.



Figure 1: Explanation session

3. Evaluation

Each session concluded with an evaluation using methods such as case studies and role play. Overall reproductive health knowledge was assessed through a questionnaire.

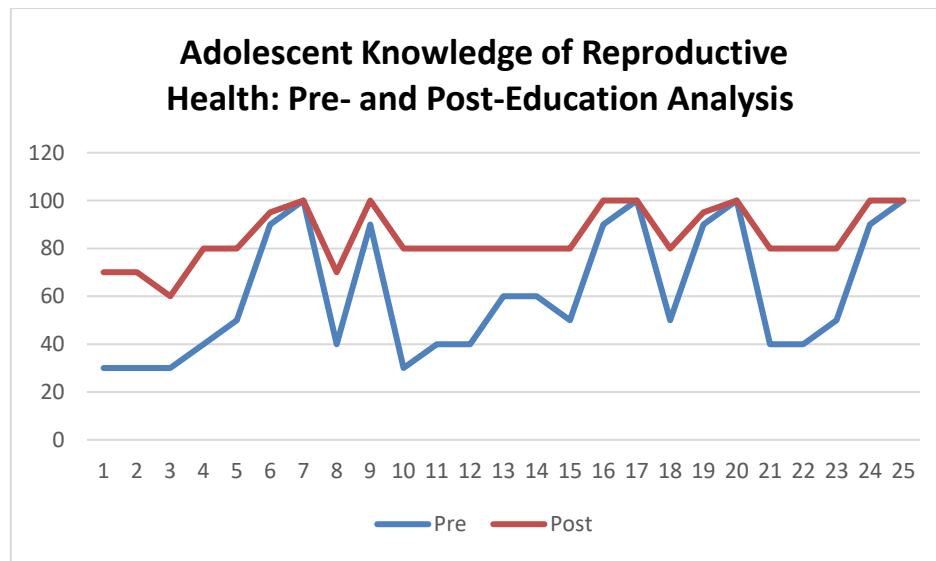


Fig 2:

The graph illustrates a notable improvement in knowledge scores following the

Bandung, November 2025

educational intervention. The average overall knowledge score increased significantly, rising from 61 before the program to 86 afterward.

CONCLUSION

The community service program on reproductive health education for deaf adolescents at the Alfatih Foundation was well-received, as reflected in high attendance rates and positive evaluation outcomes. The inclusion of sign language interpreters and interactive educational methods facilitated effective material delivery, resulting in improved reproductive health knowledge among participants. A key recommendation following this program is the establishment of peer educators for the deaf community.

COMPETING INTERESTS

All authors had none to declare

AUTHOR'S CONTRIBUTION

All authors contributed to the final manuscript.

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