

Communication Model for Sexuality Education in Primary Schools in Yogyakarta

Birgitta B. Puspita, Caecilia S. Praharsiwi

Universitas Atma Jaya Yogyakarta
Jl. Babarsari No. 6, Yogyakarta 55281
Email: caecilia.santi@uajy.ac.id

DOI: 10.24002/jik.v23i1.13681

Submitted: Desember 2025

Reviewed: Januari 2026

Accepted: Juni 2026

Abstract: *This study aims to identify the communication model used in sexuality education for children at elementary schools in the Special Region of Yogyakarta. The data were collected through in-depth interviews and passive observation in three schools: a public school, a religion-based school, and an international school. The findings indicate that all three schools have different communication models of sexuality education depending on each institution's character. The public school uses a simpler model, where sexuality education is delivered by teachers in a regular class. The private schools involve external parties as speakers and organize a special session to discuss sexuality education.*

Keywords: *children, communication model, primary school, sexuality education*

Abstrak: *Penelitian ini bertujuan untuk mengidentifikasi model komunikasi dalam pendidikan seksualitas bagi anak di sekolah dasar di Daerah Istimewa Yogyakarta (DIY). Pengambilan data dilakukan melalui wawancara mendalam dan observasi pasif di tiga sekolah dasar: sekolah negeri, sekolah swasta internasional, dan sekolah swasta berbasis agama. Hasil penelitian menunjukkan bahwa tiga sekolah tersebut memiliki model komunikasi pendidikan seksualitas yang berbeda, tergantung pada karakter masing-masing institusi. Sekolah negeri menggunakan model yang lebih sederhana, di mana pendidikan seksualitas disampaikan secara langsung oleh guru pengajar mata pelajaran. Sekolah swasta melibatkan pihak eksternal sebagai pembicara dan mitra dalam menyelenggarakan sesi khusus pendidikan seksualitas.*

Kata Kunci: *anak, model komunikasi, pendidikan seksualitas, sekolah dasar*

In Eastern cultures, particularly in Southeast Asia, the issue of sexuality is considered taboo to discuss in public spaces, and even within the small circle of family (O'donnell, Dwisetyani, and Mcdonald, 2020; Ismail and Hamid, 2016). This has led to a lack of attention to sexuality education, which has resulted in critical issues such as early marriage, unwanted pregnancies, and even the spread of HIV/AIDS (Santhya & Jejeebhoy, 2015, p. 190). However, the advancement of technology

is gradually changing this culture through the consumption of media content.

The advancement of technology has made information easily accessible and searchable by anyone with access and a device, including children. According to a report by United Nations Children's Fund (UNICEF), children use the internet for learning things or acquire information about health, and skills they cannot learn at school, and reading about politics and/or improving their community (especially

for older age groups) (UNICEF, 2017, p. 8). However, sex-related topics have also become part of the information and content freely available on the internet. Sex-related issues freely available on the internet are not only limited to basic education about sex and sexuality, which can be beneficial for children (with parental guidance). Other concerning topics are also available, like pornography and sexual grooming, which can lead to self-generated sexual content by children (Belton & Hollis, 2016, p. 20; Internet Watch Foundation, 2021).

Exposure to sexually explicit content without proper sexual education poses significant risks for underage children. Sexual crimes, such as cyber grooming, child trafficking, and sexual abuse, have become easier to commit with the aid of digital platforms (Chassiakos et al., 2016, p. 2). Mascheroni and Ólafsson (2014, p. 29) state that children encounter sexually explicit content on the internet through pop-ups on websites, social networking services (SNS), and video-sharing platforms. Unfortunately, parents sometimes underestimate the risk that children can interact with unfamiliar adults through these digital platforms (Chassiakos et al., 2016, p. 2).

However, the Indonesian government, through the Ministry of Education, Culture, Research, and Technology, is making efforts to protect children from sexual predators and sexual violence, particularly in the educational environment. This is being done through the establishment of the Task Force for the Prevention and Handling of Sexual

Violence, whose responsibilities include raising awareness and addressing cases of sexual violence in schools, including gender-based violence that occurs online. These efforts are supported by the issuance of Regulation of the Minister of Education, Culture, Research, and Technology of the Republic of Indonesia Number 46 of 2023 concerning the Prevention and Handling of Violence in the Environment of Education Units (Kementerian Pendidikan Dasar dan Menengah, 2026).

The Ministry of Education, Culture, Research, and Technology not only established the task force but also included Education of Reproduction Health in 2020 into the curriculum from primary school, junior high, and high schools, and the equivalent degrees. This Education of Reproduction Health includes cognitive, emotional, physical, and social aspects. It is not only about health aspects but also about social relations, self-boundaries, consent, norms, values, cultures, genders, healthy life skills, healthy living behaviours, and access to support and health services (Tim Direktorat Sekolah Dasar, 2020, p. 3). However, the desktop research reveals that information on the implementation of this program in Indonesia remains limited.

Information about sexuality is still often considered taboo in society and is deemed inappropriate to be openly discussed, even by teachers and educational institutions (Mediana, 2021). Data in 2017 shows that 54 percent of adolescent boys and 20 percent of adolescent girls in Indonesia had never discussed issues of sexuality with anyone

before entering puberty. Furthermore, many viewed sexuality education as promoting free sex and believed it would expose children to negative influences, such as pornography (Kurniawati, 2023, p. 724; Rahadian & Fatoni, 2022). In fact, sexuality education can serve as a way to provide early understanding of sexual and reproductive health, adjusted to the child's age. This education equips children with the knowledge needed to make informed decisions and fosters awareness about boundaries, consent, and personal health.

Internationally, there is already a guide for sexuality education for children and adolescents developed by UN agencies, known as the International Technical Guidance on Sexuality Education (ITGSE). This guide provides comprehensive sexuality education (CSE) aligned with the Sustainable Development Goals (SDGs). The ITGSE identifies key characteristics of effective sexuality education, recommends relevant topics and learning objectives, and outlines approaches for planning, delivering, and monitoring sexuality education programs. This framework ensures that education is holistic, inclusive, and appropriate to the developmental stages of young learners (UNESCO, 2018, p. 16).

In Indonesia, there is also a sexuality education guide similar to the ITGSE, which serves as a reference for junior high and senior high school (or equivalent) teachers in delivering sexuality-related materials in schools, known as the Modul Pendidikan Keterampilan Hidup (Life Skills Education Module) (Tim Direktorat

Sekolah Dasar, 2020). At the elementary education level, the Directorate of Primary Education of the Ministry of Education and Culture has developed another module specifically for younger students, called the *Buku Panduan Pelaksanaan Pendidikan Kesehatan Reproduksi di Sekolah Dasar* (Guidelines for Implementing Reproductive Health Education in Primary Schools) (Tim Direktorat Sekolah Dasar, 2020).

Research on sexuality education conducted by Fardhani and El-Yunusi (2025, p. 92), examined the role of teachers in delivering sexuality education to prevent sexual violence at SD Santa Maria Sidoarjo. Their study shows that implementing sexuality education at the primary school level is essential, yet it faces several challenges, including limited teaching materials, social stigma, and insufficient teacher training to effectively deliver the subject. Teachers also recognize that sexuality education is highly sensitive and must be communicated carefully. Therefore, sexuality education at the primary school level requires appropriate methods of delivery. The school further emphasizes the importance of collaboration among stakeholders in developing an age-appropriate sexuality education curriculum.

The digital era adds more complexities to sexuality education issues, which is covered by Puspita and Utami (2023, p. 224) who explored the implementation of sexuality education in SD Muhammadiyah 1 Surakarta. Their research shows that the school has implemented a specialized curriculum that includes sexuality

education, which varies at each grade level. The researchers emphasize that in this digital era, teachers need to prioritize respect for privacy, stress the importance of understanding consent, promote the safe use of technology, and possess strong health communication skills when delivering sexuality education materials.

It is important for schools to provide sexuality education in their curriculum and for teachers who are able to deliver it. Research conducted by Syofiyanti, Mudjiran, Asnah, and Jasrial (2021, p. 48) explain that the school does not prepare specific materials, such as a guidebook, to teach sexuality education. As a result, sexuality education is only provided voluntarily by teachers and only when it is relevant to the subjects they teach. The study also found that teachers recommend three core topics if the school were to offer a specific sexuality education subject. First, the biological dimension, which helps students understand their own body anatomy. Second, the psychological dimension, which includes material on puberty and the ways to handle emotional changes as students transition into adolescence. Third, the sociological dimension, which focuses on the relationships between students as individuals and the people around them.

Another study found that the gender aspect is crucial in giving sexuality education. Safitri (2018, p. 217) concluded that a different approach is needed in giving sexuality education to female and male students. The data shows that the male students' understanding of the

material on sexuality education is lower than the female students' because they tend to experience more distractions during the lesson. The communication model in sexuality education has not been a focus of prior research. Thus, this research aims to explore this matter at the primary education level, providing options and descriptions that may be useful for primary schools in Indonesia, especially in the Special Region of Yogyakarta.

This research is qualitative and aims to explore, map, and describe the communication model of sexuality education in primary schools in the Special Region of Yogyakarta. The study examines the processes of message preparation and delivery, student feedback, and potential noise or obstacles that may arise during communication. As an initial exploration of sexuality education, this research can provide significant benefits in at least two ways. First, as an evaluation of existing practices that are already applied by teachers or schools. In addition, this research can elaborate on good practices and offer a critical note for improvement. Second, this research can serve as a policy basis in formulating sexuality education models for elementary school students.

Communication refers to the shared meaning between the sender and the receiver of the message. In the communication process, the primary goal is to establish shared meaning so that the message conveyed is understood as intended by the sender (Schramm, 1960, p. 6). At least three elements are involved

in the process: (1) source, (2) message, and (3) receiver. Source refers to an individual or institution that conveys the message. A message can be in the form of sound, text, or gesture. Receiver refers to the individual to whom the message is conveyed; it can be a member of a discussion group, students in the class, or the audience of mass media.

Generally, the process of establishing shared meaning begins with the source who conveys a message (encoding), and the message can then be transmitted to others. In this message-delivery process, the source attempts to craft a message that is easily understood by the recipient. When a message is conveyed, it will be fully owned by the receiver, who can interpret it freely (decoding). The receiver will then interpret the message and generate a response. Schramm (1960, p. 8) calls the process a mediatory response, which constitutes the meaning of the message for the recipient. This response will then affect the next action the receiver takes.

At this point, the receiver will also encode by creating a message based on the interpretation of the message they received. Schramm (1960, p. 7) emphasizes that the

receiver is not a passive entity, as each person in the communication process is both an encoder and decoder who receives and transmits. The communication model in Figure 1 shows that it is a never-ending process, in which individuals continually interpret signs in their surroundings and respond to those interpretations. In this situation, feedback appears (Schramm, 1960, p. 9). Feedback plays a pivotal role in indicating the way of the message is interpreted by others. Schramm's communication model serves as a starting point for analysing communication in each primary school.

Children cannot be treated as an adult audience in mass communication (Potter, 2016, p. 161). Although this research is not specifically about mass media, we assume that the characteristics of children as message recipients, based on their cognitive, emotional, and moral developmental abilities, are crucial to consider. Understanding developmental stages is important to ensure that the delivery of messages, particularly in sexuality education, aligns with children's ability to process and internalise information effectively.

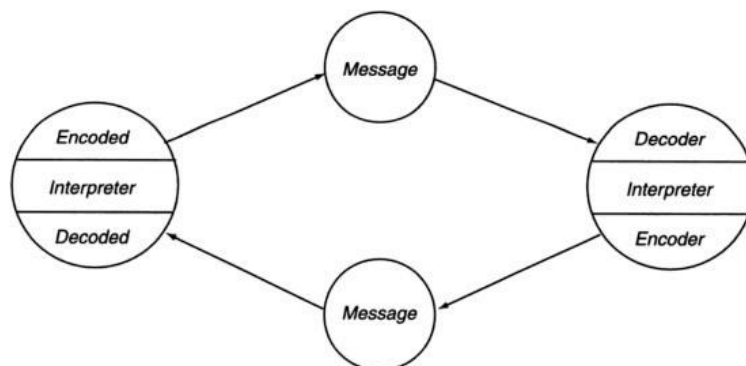


Figure 1 Communication Model by Schramm
Source: Schramm (1960, p. 8)

According to Potter (2016, p. 164), there are two reasons to treat children as a special audience. First, children do not yet have sufficient real-world experience to protect themselves from the effects of mass media. This lack of experience is related to the knowledge structure formed by life experiences, media experiences, and education. Children's understanding of the world depends on their daily experience (Traub, 2016). As a result, children are not well equipped to evaluate mass media messages, making them more vulnerable to believing the reality they see in the media (Potter, 2016, p. 164). Second, children are not yet mature enough to process the numerous elements of messages in mass media. It becomes the caring adults to provide a positive world for them through good communication and interaction practices. Maturity in the media literacy context is related to cognitive, emotional, and moral development, which occur with age. Therefore, based on Potter's key points, communicators may need to adjust their message, in terms of the elements or modality, the vocabulary, and gestures, with their primary school students.

Traub (2016) states that conducting effective communication with children requires appropriate styles and behavior for their age. This study focuses on primary students, who have a high level of curiosity and a keenness to seek explanations for the way things are. Traub (2016) adds that school-age children are able to process more pieces of information at once and engage in goal-setting or problem-solving with help from

adults. However, previous study on children found that environmental conditions facilitate rather than inhibit communication, children show abilities that exceed the practitioner's expectations for their age (Lefevre, 2018, p. 18). Lefevre (2018, p. 60) added that every child has a unique developmental phase that affects their communication with others, including internal factors such as feeling safe or motivated to participate in a discussion. As a consequence, every individual who wants to communicate with children must be aware that children may have barriers around themselves or their safety zone. Thus, when they seem obedient or cooperative in a communication process, they may just say something the adults want to hear because they feel disempowered or in a disadvantaged situation (Lefevre, 2018, p. 60).

METHOD

This is qualitative research with an interpretive paradigm. A multi-case study approach is used as the research method. The data will be collected through in-depth interviews and passive observation. In order to get comprehensive data on the research objective, three primary schools in the Special Region of Yogyakarta are chosen based on four criteria: (1) public primary school, (2) religion-based primary school, (3) international school, and (4) having a sexuality education program or subject regularly.

This research observed public schools because they were expected to follow the education curriculum that had been set by the government. Second, religion-based

school had been chosen to see the curriculum influenced by the religious context. Since 83.85 percent of students in public schools were Muslim (Jayani, 2022), the researcher chose a Catholic faith-based school as the subject of this study to provide data diversity from other religious perspectives. Finally, international schools should provide insight into the implementation of sexuality education if they have a global perspective. Based on those criteria, Table 1 lists the schools selected as research locations. The research subjects are the teacher/tutor for the sexuality education. The classes observed depend on the program availability during the research period and permission from the school.

The interview participants were selected based on their involvement in the school's sexuality education program. They consisted of individuals responsible for program planning and management, as well as those directly involved in delivering sexuality education as educators. Consequently, the number of participants

in this research varied across schools depending on the organizational structure of this program. At SDN 1 Ungaran, one participant was interviewed because the program was managed and delivered solely by the homeroom teacher. At SD Kanisius Klepu, interviews were conducted with the vice principal of student affairs, who served as the program coordinator, and with two sexuality educators who were medical doctors. At Kinderstation Primary, data were collected from members of the Curriculum Developer (CD) team who were responsible for designing the program, and from representatives from external agencies who delivered the material to the students.

FINDINGS

Communication Model of Sexuality Education in SDN Ungaran 1 Yogyakarta

SDN Ungaran 1 Yogyakarta, as a public school, gives sexuality education based on curriculum guidance from the government (the Ministry of Education). The sexuality education program at this school is not

Table 1 Research Objects

No.	School Type	School Name	Location	Informants
1	Public school	SDN Ungaran 1 Yogyakarta	City of Yogyakarta	Ika Setya (homeroom teacher, sexuality educator)
2	Religion-based school	SD Kanisius Klepu	Sleman Regency	<ol style="list-style-type: none"> 1. Yohanes Sunarno (vice principal for student affairs, teacher) 2. Lovelia (sexuality educator, medical doctor) 3. Rivyan (sexuality educator, medical doctor)
3	International school	Kinderstation Primary	Sleman Regency	<ol style="list-style-type: none"> 1. Titis (curriculum developer (CD) team, teacher) 2. Fani (Curriculum Developer (CD) team, teacher) 3. Hilda (sexuality educator, external agency)

Source: Primary Data (2024)

designed specifically by the school. It is part of the Physical Education (Pendidikan Jasmani, Olahraga, dan Kesehatan) subject. Based on the interview with Ika Setya, the Physical Education (PE) teacher, the government has developed material on maintaining reproductive health as part of the PE subject under the healthy lifestyle theme. Thus, PE teachers become the main and only actors to deliver the sexuality education material to the students at SDN Ungaran 1 Yogyakarta.

Actually, we already have the material from the curriculum in the physical education subject. ... Yes, indeed, it is from the government, we have to follow the basic competencies.... (Ika Setya, teacher, interview, 12 February 2025)

The sexuality education material at this public school is adapted from the government guidebook. Ika Setya, as PE teacher for grades 1, 2, and 6, stated that the material is taken from a textbook and the student worksheets that have been integrated with basic competencies and government curriculum. The healthy lifestyle theme for the lower grade focuses on maintaining personal hygiene, while for the upper grade, it focuses on reproductive health. In addition to the textbook and student worksheets, observation data showed that the teacher also used third-party videos to help them give illustrations and explain the material.

According to the observation on 12 February 2025, when Ika delivered the reproductive health material to grade 6 students during the PE subject session in the classroom, the male and female

students were not separated. The material entitled *Pembelajaran PJOK Kelas 6 – Kesehatan Alat Reproduksi* (PE Grade 6 – Reproductive Health). Overall, the material covered the physical changes in the male and female bodies during puberty. The teacher used questions and discussions to measure students' knowledge. The interaction between the teacher and the students was fluid and casual because of their close relationship. During the session, the teacher called specific students' names to get feedback or to get their attention back to the material. The communication noise came from the noisy students who teased their friends. On top of that, students were more excited to play outside and wanted the indoor session to end soon. It challenged their concentration, and the teacher had to remind them several times.

Based on the interview, one of the teacher's strengths as a speaker is having a close relationship with the students, as the audience. Ika has known the students since the previous year and she understands their real situation. Thus, she can easily adapt the way she delivers the material. It is, especially, related to female students who experienced their first menstruation, and male students' emotion that starts to change.

That is the benefit of being close to the students. I use it to get into them (their world –ed), what happens to them. Of course, related to the material today (reproductive health – ed). (Ika Setya, teacher, interview, 12 February 2025)

In this public school, the PE teacher has the full responsibility for the sexuality

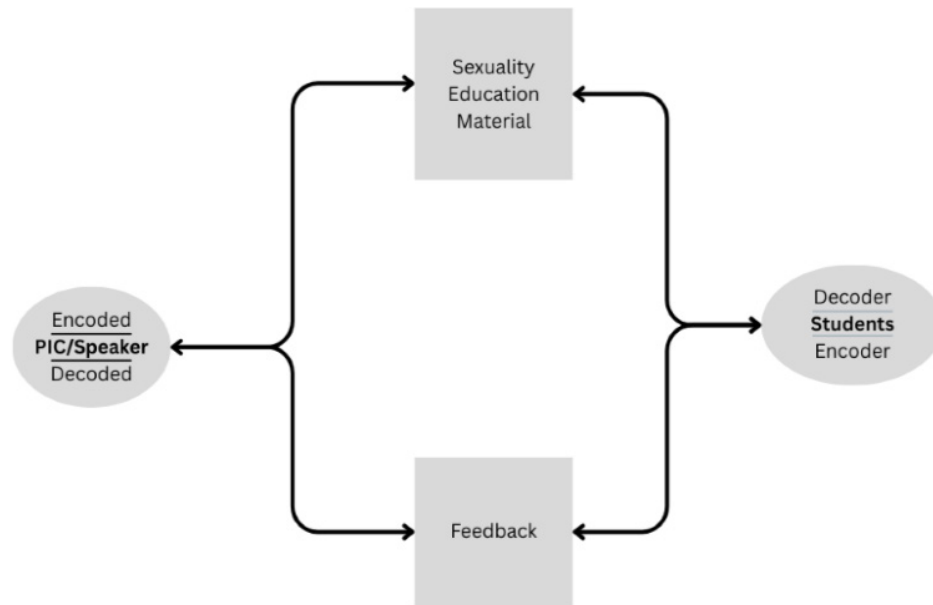


Figure 2 Sexuality Education Communication Model for Public School SDN Ungaran 1 Yogyakarta
 Source: Primary Data (2025)

education. Thus, whether sexuality education material is given to students depends on teachers' awareness. If the teachers are aware of the urgency of sexuality education for primary students, then they will give the material. Ika said that not all PE teachers give the material on reproductive health or sexuality education.

Communication model for sexuality education in SDN Ungaran 1 Yogyakarta (as shown in Figure 2) starts from the PE teacher as the person in charge and the speaker. The PE teachers organise their materials independently and do not involve any other party, such as the internal team at school or the external party. The teacher's personal awareness is an important factor for sexuality education in SDN Ungaran 1 Yogyakarta.

Communication Model of Sexuality Education in SD Kanisius Klepu

SD Kanisius Klepu is a religion-based primary school. It is privately owned by

a Catholic foundation and grounded in Catholic values. The sexuality education program at SD Kanisius Klepu has been running since 2023. The difference between SD Kanisius Klepu and SDN Ungaran 1 Yogyakarta lies in the planning and implementation of sexuality education. At SD Kanisius Klepu, the teachers have no task to give the proper sexuality education to the students. The school collaborates with Caritas Hospital Klepu to provide doctors as speakers for sexuality education at SD Kanisius Klepu. Based on the interview with the teachers from student affairs, who are responsible for sexuality education, the program is not conducted according to the curriculum but according to needs. After taking part in a workshop, the teachers became aware that sexuality education must be taught to children as early as possible.

Besides, the requirement from the Department of Education also becomes the

foundation of this program. However, their close relations with Caritas Hospital Klepu facilitates SD Kanisius Klepu to find speakers, whom they consider capable, to give material about sexuality from psychological and medical dimensions to students (Yohanes Sunarno, interview, 10 December 2024). The teachers from student affairs contacted Caritas Hospital Klepu to explain the material needed by the school in accordance with real cases happening at the school.

There are two teams of doctors from Caritas hospital in 2024 to be speakers at the three-day sexuality education program. The doctors independently handle the program, without any interventions from the teachers. Materials are given separately between the 1st and 2nd grade with Doctor Lovelia and Doctor Rivyan (on the first day), the 3rd and 4th grade with Doctor Muhammad Wilianda Falidia dan Doctor Irine (on the second day), and the 5th and 6th grade with Doctor Lovelia and Doctor Rivyan (on the third day).

The interview conducted with four doctors on 10 and 11 December 2024 showed that the material for the sexuality education program was prepared by the public relations officer at Caritas Hospital and had been used the previous year. Therefore, the doctors' task is to deliver the material to the assigned classes. In delivering the material, each doctor has their own style for presenting information or engaging with students, such as by simplifying the language, not giving all the material on the slides, and adding more sources from books, the internet, or AI.

Doctor Love, who was responsible for two different groups, the 1st and 2nd grade, and the 5th and 6th grade, must adjust the material accordingly. Because the reproductive system is *sooooo* not for 1st grade. For them I only gave about how to clean your body, how to shower, and about touch, just around that. (Lovelvia, sexuality educator, interview, 11 December 2024)

With the 5th and 6th grade, (we need to be) stricter, but to the 1st and 2nd grade is more fun way. (Rivyan, sexuality educator, interview, 11 December 2024)

During and after the session, students gave their response to the speakers (the doctors), in the form of questions or statements. The observation of a group of female students in 3rd and 4th grade on 10 December 2024 showed that they were timid and hesitant to answer questions from Doctor Irine. When a student answered or gave an opinion, it came from a higher grade (4th grade). Response from students were also in the form of delayed feedback, which were given after the session is over. Based on the observation on 10 December 2024, some students came to the speaker (doctor) after the session is over to ask her question in a small group or individually. According to the doctor, it happened because the students felt shy to ask in public.

As shown in Figure 3, feedback from students is also given to the person in charge (PIC) of the program (teachers for student affairs) in the form of delayed feedback, when students ask or chat with the teachers after the program finishes. Meanwhile, the primary noise happens

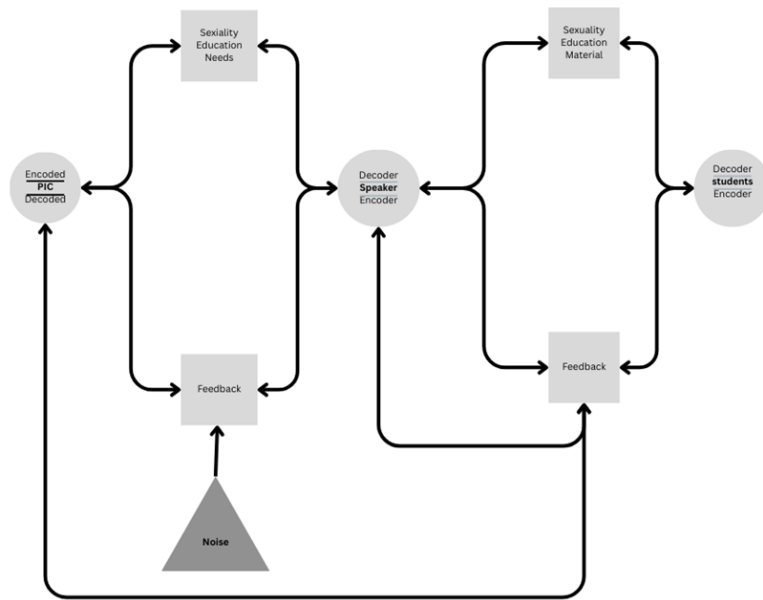


Figure 3 Sexuality Education Communication Model for Religion-Based Private School SD Kanisius Klepu
 Source: Primary Data (2025)

during the communication between the PIC (student affairs teachers) and the speaker (doctors from Caritas Hospital). The noise arose because the school never contacts the doctors directly but through the public relations officer, which, in 2024, caused a long wait to receive a reply email from Caritas. The school received last-minute confirmation from Caritas Hospital to conduct the program and did not have time to discuss the material. Overall, the communication model for the sexuality education program at the religion-based school SD Kanisius Klepu is shown in Figure 3.

Communication Model of Sexuality Education in Kinderstation Primary

Kinderstation Primary is a private school implementing an international curriculum and children's social-emotional-development oriented learning. In terms of sexuality education, this school has run the program for seven years since 2018. The

principal made this program part of the curriculum as an annual seminar. Through this event, students get sexuality education once a year in accordance with their age.

The principal discusses various issues about the students together with all the teachers. The teachers are asked to pay closer attention to their students and address important issues in their daily interactions with them. Teachers' daily observations will be discussed with the principal in the weekly meeting, which includes sexuality issues.

We ask for teachers' opinions on certain case, or a trend in the class. We discuss it in weekly meeting. We are basically a team. There is CD ... curriculum development (team). And principal. We, then, coordinate with other parties, like psychologists, or like last year we involved a team to develop the materials that would be delivered to the students. (Titis, curriculum development team, interview, 15 November 2024)

The principal assigns the Curriculum Development (CD) team, consisting of two teachers, as the PIC for designing programs that address students' needs, including sexuality education. In the context of sexuality education, the school (Principal & CD team) realises that this topic is sensitive, especially for children. Thus, they consider having an expert speaker to give the material on sexuality and reproduction. The CD team is responsible for identifying external agencies deemed capable of delivering sexuality education to primary school-aged children. One of the requirements is a background in psychology or experience providing sexuality education materials for children. Following the profiling of several candidates, the Principal and the CD team collaboratively selected the Werkudara Institute to serve as the presenter for the 2025 sexuality education program.

The next stage, the CD team coordinates with Werkudara Institute via Zoom Meeting. At this stage, the CD team communicates the content requirements for the sexuality education sessions to be delivered by the speaker to the students. Communication via a Zoom meeting is a discussion aimed at building understanding between the school and the external party. Subsequently, the Werkudara team provides an update in the form of a draft of the materials for review by the Principal and the CD team. After all materials have been reviewed and agreed upon, the seminar can proceed.

The development of the materials likely began with discussions like this. Then,

we (CD team) outline key points in a form similar to a mind map, so we have underlined points. Additionally, the material development is two-way; there is mutual input and cross-checking between both parties. (Fani, CD team, interview, 15 November 2024)

Observation of sexuality education program at Kinderstation Primary was conducted in two days: (1) on 18 February 2025 for the 5th and 6th grades and (2) on 19 February 2025 for the 1st and 2nd grades. Based on the observation on 19 February 2025 in the lower grades (1 and 2), the speaker used *My Body, My Story* as the theme. Broadly speaking, this material addressed the introduction of body parts and the concept of personal boundaries that must be respected to ensure one's own safety and that of others. Activities in these lower grades were more to singing, dancing, colouring, and pasting pictures. The speaker used a video to play a song related to the material *unsafe touch* (*sentuhan tidak boleh*), which children can easily remember. Students were asked to sing together, repeating the song's lyrics *sentuhan boleh di tangan kaki, karena sayang. Sentuhan tidak boleh, di bagian baju dalam, katakan tidak boleh, lebih baik menghindar, bilang ayah ibu* (It is okay to touch hands and feet because they are signs of affection. Touching is not allowed in areas covered by underwear. You should say no, avoid the situation, and tell Mommy and Daddy). This was an effective way to draw students' attention, particularly because students in lower grades found it difficult to focus on the beginning of the session.

Drawing activity was conducted to get the lower grade students to engage actively in defining personal boundaries, which starts from the 1st layer (myself), 2nd layer (parents), 3rd layer (doctor, friends, siblings), 4th layer (stranger). At the beginning, students were asked to draw appropriate clothes to the boy and girl character. Next, they pasted the picture according to personal boundaries. In this activity, homeroom teacher actively engaged to help organize the students or assisted those who are having difficulty with the activities of drawing and pasting.

Additionally, material was tailored to the children's age level, for example for the lower grade, simple language is used.

For lower grade students, we simplified the term sexual harassment to something like unsafe touch — referring to harmful or inappropriate touches that are not safe for them. We considered that using terms like sexual harassment or sexual violence might lead to more confusion and questions from the children. It seemed difficult to explain in detail what harassment or sexual means at their age. (Hilda, sexuality educator, interview, 18 February 2025)

Observation in the 5th and 6th grade was conducted on 18 February 2025 with the theme *Respect My Body*, which talked about puberty. Materials were given using PowerPoint slides, and students were asked to listen. At the beginning of session, the speaker measured students' knowledge using activity from Kahoot!, that could be accessed from students' gadget. The speaker also used blind question mechanism, by using paper to ask question anonymously regarding sexuality. It is used

to accommodate students who are too shy to ask in public. The paper would then be inserted into a box and read by the speaker. However, there were no students from the 5th and 6th grades who used this mechanism.

Based on the observation conducted in the 5th grade (female students), the speaker used various interactive methods. The speaker asked about students' physical changes and linked it to the prepared material. This method successfully prompted some students to share their experiences without being asked. Generally, female students from 5th grade have recognized signs of puberty, and the session was conducted in a conducive manner. The noise started when the speaker talked about male puberty. Female students also expressed their curiosity about male wet dreams and about sexual orientation with questions such as, "Can we like someone from the same sex, miss?"

Male students from the 6th grade have very different characteristics. They were all noisy from the beginning of the session, which made the speaker have difficulty maintaining a conducive class environment. The material was about body authority and signs of puberty. A pre-test using Kahoot! was also conducted to assess students' knowledge. The noise grew louder as the speaker showed pictures of body parts. The speaker tried to calm the situation by saying, "This is educational content and should not be treated as a taboo subject." Students were silent when it came to the material showing a picture of a penis and its parts. However, some students began whispering

with their peers, laughter broke out, and the commotion started again.

If the female students from the 5th grade are more open about their personal experience, the male students from the 6th grade asked more questions about puberty, such as “What is a wet dream? Does it hurt?”; “What is this called? What is the Adam’s apple for?”; “Can sperm ever run out?”; “How does sperm production work?”; and “How does sperm meet the egg?”. The session was closed with a post-test using Kahoot!. The data also showed that the speakers encountered difficulty exploring the experiences of the 6th-grade girls, as they tended to be more reserved and exhibited nonverbal cues that the speakers interpreted as discomfort or disinterest in the sexuality education material. The female 6th-grade students were unwilling to share their opinions or personal experiences about puberty, making it difficult for the speaker to engage with them. This was acknowledged as an

obstacle to the speaker’s delivery of the educational content.

Based on the data, the communication model for sexuality education at Kinderstation Primary is shown in Figure 4.

DISCUSSION

The data shows that different communication models are used in sexuality education at primary schools in the Special Region of Yogyakarta. This study uses Schramm’s model of communication process as a starting point. Schramm stated that in the communication process, the primary goal is to establish shared meaning so that the message conveyed is understood as intended by the sender (Schramm, 1960, p. 8).

To ensure that the intended message is received by the audience, the program planners and the speakers must consider their audience, in this context, the students. Schramm’s model focuses on the encoding and decoding process between the

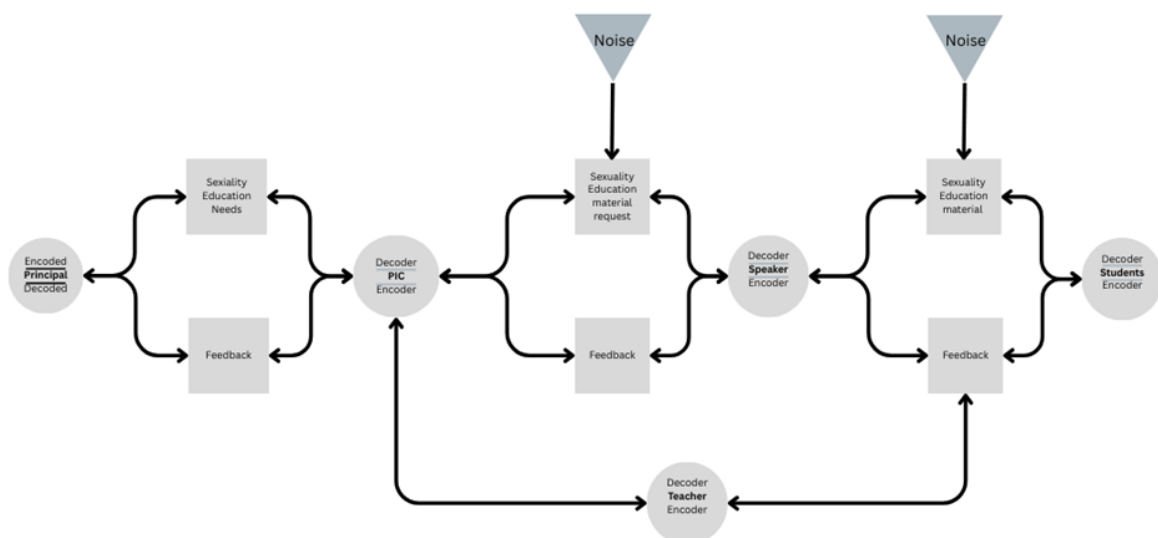


Figure 4 Sexuality Education Communication Model for International School Kinder Station Primary
Source: Primary Data (2025)

communicator and the audience. In this study, the encoding and decoding processes at all three schools are different.

The communication model for sexuality education at SDN Ungaran 1, Yogyakarta, is the simplest model, and in line with Schramm's model. The communicator is the PE teacher, both as program planner and speaker. The message includes sexuality education materials based on the Department of Education curriculum. The audience is the students, and the feedback is the response they give directly to the teacher.

The communication model of sexuality education in SDN Ungaran 1 Yogyakarta shows that sexuality education is seen as the teacher's responsibility toward the curriculum. Sexuality education is seen only as an administrative requirement of the curriculum, rather than as an organisational interest that needs to be developed through structure and policy. Thus, the model found in this research shows that the teacher becomes the only encoder who creates meaning in a conventional classroom, and students act as the audience (decoder).

Meanwhile, at SD Kanisius Klepu, the communication process involves two stages. The schools, through teachers assigned for student affairs, communicate their needs regarding sexuality education to the speakers, who are doctors from Caritas Hospital Klepu. The speakers will then respond to the school's request. The second stage is the delivery of materials from the speaker to the students. Students give feedback regarding the material,

both directly to the speaker and as delayed feedback to their teacher. In the communication process at SD Kanisius Klepu, noise was identified during the first stage—specifically, a disruption in the feedback from the speaker to the school. This type of noise was not found at SDN Ungaran 1 Yogyakarta.

Even though the communication model in SD Kanisius Klepu shows two stages of the communication process, it is not dialogical. The teachers believe that providing information and materials on sexuality education is not part of their task. Thus, the school chooses to use an external party, which bears the same Christian values and has worked together with the school previously, the hospital. Meaning-making in SD Kanisius Klepu does not reflect reciprocally. The message about sexuality education is handed over completely to the doctors, who are seen as the experts. This communication model puts students as passive subjects, who only receive theoretical and academic messages from the experts.

In contrast, Kinderstation Primary has the most complex communication process among all schools participating in this study. There are three stages of the communication process in sexuality education at Kinderstation Primary. The first stage is the communication between the Principal and the PIC of the program (the CD team). Communication between these two parties is important for the program, as it determines its direction in line with the school's goals and expectations. The

discussion from this first stage will be taken to the next communication process between the CD team and the speaker from the psychology consultant bureau. Noise can happen in this process because the bureau is a third party, located outside the school (external). Hence, changes from one bureau to another, due to certain reasons, are inevitable. In this second stage, the CD team requests the material the school needs from the speaker through discussion. The principal does not communicate directly with the speaker.

The third stage is the communication between the speaker and the students about sexuality education in different classes. Feedback from the students is given directly to the speaker and, in the form of delayed feedback, to their homeroom teacher. The teacher then brings the feedback to the CD team.

All schools show different communication models because they involve different actors and stages. This difference is caused by some factors: (1) public school is bound to follow the policy, curriculum, resources given by the Ministry of Education, while private and international school is given more independence; (2) the independence of private school and international school may enable networking and partners to develop and run the sexuality program; and (3) the international school with most complex model has more resource, both human resource and financial resource. The school has the most fixed yet complex structure in handling sexuality education programs. It

also has the financial resources to engage an external party, whom they freely choose to suit their needs, to run the program.

Kinderstation primary adopts a dialogical model. The meaning of sexuality is negotiated at different stages during the communication process, starting with the students' perspective, discussed among the teachers, and then put into material discussion with the external party. The discussion process between the school and the external party also demonstrates dialogical communication aimed at shaping a mutual understanding of issues related to sexuality. This process not only shows the school's capability in terms of resources, but also the school's awareness of students as active subjects with their own understanding and emotions regarding sexuality issues, and how the school responds to them. The communication model at Kinderstation Primary shows that sexuality education serves not only as information transfer but also as a continuous process of communication within the institution.

In all three primary schools, the speakers have considered the abilities, positions, and situations of their audience, who are children aged 6–12 years. Teachers and speakers at SDN Ungaran 1 Yogyakarta make sure that the students get closer to them emotionally, enabling the students to trust them and feel safe to tell their stories or their questions related to sexuality. As Lefevre (2018, p. 60) argued, every child has their own unique developmental phase, which affects their way of communicating

with others, including internal factors such as feeling safe or motivated to participate in a discussion.

Meanwhile, at SD Kanisius Klepu and Kinderstation Primary, the speakers who handle the lower and upper grades employed different language styles – funny and simple words – for the lower grade students and used different activities for the lower grade. This aligns with Traub's (2016) statement that effective communication with children requires styles and behaviours appropriate to the child's age. This study focuses on primary students, who, according to Traub (2016), have high curiosity. All male students in three primary schools showed this behaviour. However, the female students were more timid.

The communication model employed by schools in delivering sexuality education reflects the awareness of schools and teachers towards the urgency of this issue. Teachers who serve as the PIC at each observed school stated that students have already been exposed to issues related to sexuality, either consciously or unconsciously. At this point, sexuality education becomes crucial in helping students understand their bodies and their social relationships (Tohit & Haque, 2024, p. 1).

CONCLUSION

This study aims to identify the communication model in sexuality education for elementary schools in the Special Region of Yogyakarta. The findings indicate that all three schools have different communication models of

sexuality education depending on the each institution's characteristics. SDN Ungaran 1 Yogyakarta, as a government-owned public school, uses a simpler model in which sexuality education is delivered by PE teachers who create and deliver materials independently, without any institutional coordination. The learning activities also used a daily learning format or a normal classroom setting. The teacher did not allocate a specific time to discuss this topic; rather, it is integrated into students' regular class schedule. The material was made according to the teacher's textbook or the student worksheets. In addition, the depth of the material depends heavily on the teacher's knowledge and ability to deliver it. In this model, the school as an institution does not play a structural role in designing sexuality education. It all depends on the teacher's awareness as the only speaker.

On the contrary, the private schools showed several stages in providing sexuality education to students. SD Kanisius Klepu uses a two-stage model in which the school engages external parties as speakers. The school, as the organizer, recognizes the importance of sexuality education from an early age and therefore holds special programs every year to educate students. However, the speaker's role here is limited to delivering a presentation. The third-party criteria are also based on institutional closeness and shared values of the Catholic School and the Catholic Hospital. In the first stage, the school serves as the organizer, providing time and a classroom in which female students are separated from male

students. The next stage is the presentation session delivered by the doctors as speakers, with the hospital's public relations officer assisting with the session.

The sexuality education model implemented by Kinderstation Primary shows different complexities. The first stage in the model begins when the principal recognizes the importance of sexuality education for elementary school students and assigns the CD team to design a sexuality education program. Based on the design, a suitable third party is chosen as a speaker with a psychological background. The next stage, the CD team and the speakers discuss topics and review the material to ensure alignment with the school's values and objectives, and make them appropriate for male and female students in the upper and lower grades. Once the content is approved, the speakers, accompanied by classroom teachers, handle the session.

Although the three schools implemented different communication models, all experienced the same noise when delivering the material, except the public school. Students as recipients of the material tended to be noisy when the speakers explicitly discussed the biological changes experienced during puberty. However, compared to female students, the male class session experienced more noise and distractions. The speakers at all schools implemented a question-and-answer session to assess students' understanding of the materials.

Ultimately, this study reveals that awareness about the importance of

sexuality education has emerged, but its implementation remains highly dependent on institutional activity management. The findings of this study are expected to serve as the basis for developing a communication model for sexuality education in elementary schools by both the government, as a policymaker, and schools, as implementing institutions.

REFERENCES

- Belton, E., & Hollis, V. (2016). *A review of the research on children and young people who display harmful sexual behaviour online*. Research report. National Society for the Prevention of Cruelty to Children (NSPCC), London, UK. <<https://learning.nspcc.org.uk/media/1198/review-children-young-people-harmful-sexual-behaviour-online.pdf>>
- Chassiakos, Y. R., Radesky, J., Christakis, D., Moreno, M. A., Cross, C., Hill, D., ... Swanson, W. S. (2016). Children and adolescents and digital media. *Pediatrics*, *138*(5), 1–18. <<https://doi.org/https://doi.org/10.1542/peds.2016-2593>>
- Fardhani, L., & El-Yunusi, M. (2025). Peran guru melalui sex education dalam pencegahan tindak kekerasan seksual di SD Santa Maria Sidoarjo. *JIKAP PGSD: Jurnal Ilmiah Ilmu Kependidikan*, *9*(1), 91–96. <<https://ojs.unm.ac.id/JIKAP/article/view/67824>>
- Internet Watch Foundation. (2021). *Self-generated child sexual abuse*. <<https://annualreport2021.iwf.org.uk/trends/selfgenerated>>
- Ismail, K., & Hamid, S. R. A. (2016). Communication about sex-reproductive health issues with adolescents: A taboo among Malaysian parents?. *European Journal of Social Sciences Education and Research*, *3*(2), 25–46. <<https://doi.org/https://doi.org/10.26417/ejserv6i1.p27-41>>
- Jayani, D. H. (2022, January 5). 83,85% siswa di jenjang SD hingga SMA beragama Islam. *Databoks*. <<https://databoks.katadata.co.id/demografi/>>

- statistik/1ffb89dbeee6747/8385-siswa-di-jenang-sd-hingga-sma-beragama-islam>
- Kementerian Pendidikan Dasar dan Menengah. (2026). *Tim pencegahan dan penanganan kekerasan (TPPK) dan satuan tugas pencegahan dan penanganan kekerasan (Satuan tugas)*. <<https://merdekadarikekerasan.kemendikdasmen.go.id/tppk-satgas/>>
- Kurniawati, L. (2023). Implementasi pendidikan seksual pada anak bawah umur di era milenial. *Jurnal Ilmu Sosial dan Pendidikan (JISIP)*, 7(1), 724-731. <<https://doi.org/http://dx.doi.org/10.58258/jisip.v7i1.4712>>
- Lefevre, M. (2018). *Communicating and engaging with children and young people*. Bristol, UK: Policy Press. <<https://doi.org/10.51952/9781447343561>>
- Mascheroni, G., & Ólafsson, K. (2014). *Net Children Go Mobile: Risks and opportunities*. Technical report. Educatt, Milano, Italy. <<https://researchonline.lse.ac.uk/id/eprint/55798>>
- Mediana. (2021). Di balik urgensi pendidikan seksualitas. *Kompas.id*. <<https://www.kompas.id/baca/dikbud/2021/04/21/mengapa-pendidikan-seksualitas-semakin-diperlukan/>>
- O'donnell, J., Dwisetyani, U., & Mcdonald, P. (2020). Premarital sex and pregnancy in Greater Jakarta. *Genus*, 76(13), 1–22. <<https://doi.org/https://doi.org/10.1186/s41118-020-00081-8>>
- Potter, W. (2016). *Media Literacy* (8th ed.). Thousand Oaks, CA: SAGE Publications.
- Puspita, E., & Utami, R. D. (2023). Applying sexual education to elementary school children in the digital native era. *Didaktika Tauhidi: Jurnal Pendidikan Guru Sekolah Dasar*, 10(2), 223–240. <<https://doi.org/10.30997/dt.v10i2.9779>>
- Rahadian, A. S., & Fatoni, Z. (2022). Memecah tabu, melindungi anak dari kekerasan seksual: Pentingnya edukasi kesehatan reproduksi sejak dini. *The Conversation*. <<https://theconversation.com/memecah-tabu-melindungi-anak-dari-kekerasan-seksual-pentingnya-edukasi-kesehatan-reproduksi-sejak-dini-181253>>
- Safitri, S. (2018). Applying a sex education programme in elementary schools in Indonesia: Theory, application, and best practices. In A. A. Ariyanto, H. Muluk, P. Newcombe, F. P. Piercy, E. K. Poerwandari, & S. H. R. Suradijono, *Diversity in unity: Perspectives from psychology and behavioral sciences* (pp. 217–223). London, UK: Taylor & Francis Group.
- Santhya, K. G., & Jejeebhoy, S. J. (2015). Sexual and reproductive health and rights of adolescent girls: Evidence from low- and middle income countries. *Global Public Health*, 10(2), 189–221. <<https://doi.org/10.1080/17441692.2014.986169>>
- Schramm, W. (1960). How communication works. In W. Schramm, *The process and effects of mass communication* (pp. 3-26). Urbana, IL: University of Illinois Press.
- Syofiyanti, D., Mudjiran, Asnah, & Jasrial. (2021). Implementation of Sex education for children in elementary school. *International Journal on Integrated Education*, 4(8), 47–51. <<https://journals.researchparks.org/index.php/IJIE/article/view/2122>>
- Tim Direktorat Sekolah Dasar. (2020). *Buku panduan pelaksanaan pendidikan kesehatan reproduksi di sekolah dasar*. Jakarta Pusat, Indonesia: Kementrian Pendidikan dan Kebudayaan. <https://sipuswita.mojokertokab.go.id/upload/file/PANDUAN_KESPRO_SD_FINAL_2020_compressed.pdf>
- Tohit, N. F. M., & Haque, M. (2024). Empowering Futures: Intersecting Comprehensive Sexual Education for Children and Adolescents With Sustainable Development Goals. *Cureus*, 16(7), 1–13. <<https://doi.org/10.7759/cureus.65078>>
- Traub, S. (2016). *Communicating effectively with children*. <<https://extension.missouri.edu/publications/gh6123>>

UNESCO. (2018). *International technical guidance on sexuality education*. Paris, France: United Nations Educational, Scientific and Cultural Organization (UNESCO). <<https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>>

UNICEF. (2017). *The state of the world's children 2017: Children in a digital world*. Research report. United Nations Children's Fund (UNICEF), New York, NY. <<https://files.eric.ed.gov/fulltext/ED590013.pdf>>