

## **Integration of Social Capital and Humanistic Approaches in Reproductive Health Education (Teenagers with Down Syndrome in Special Schools)**

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**Abstract:** *This article analyzes how the integration of social capital and the humanistic approach contributes to reproductive health education for adolescents with Down Syndrome in Special Schools (SLB). This issue is critical because reproductive education for adolescents with intellectual disabilities is still rarely provided systematically, although their needs increase during puberty and their vulnerability to social risks remains high. This study employed a descriptive qualitative approach involving 13 participants, consisting of five students with Down Syndrome, three teachers, and five parents. Data were collected through observations, in-depth interviews, and document analysis, and were thematically analyzed to identify patterns of social support and the application of humanistic practices in the learning process. The findings reveal that social capital, reflected in trust between teachers and parents, shared norms, and the school's social networks, plays an essential role in creating a safe environment for addressing sensitive reproductive topics. Meanwhile, the humanistic approach practiced by teachers, including empathy, unconditional acceptance, and open communication, helps students understand their bodies, personal boundaries, and appropriate social behavior. The integration of these two approaches enhances learning comfort, strengthens students' self-awareness, and increases parental involvement in guiding reproductive education at home. These findings highlight the importance of a community-based and humanistic reproductive education model in SLB settings.*

**Keywords:** *social capital, humanistic approach, reproductive health, Down Syndrome, special education*

**Abstrak:** Artikel ini menganalisis bagaimana integrasi modal sosial dan pendekatan humanistik berkontribusi terhadap pendidikan kesehatan reproduksi bagi remaja dengan Down Syndrome di Sekolah Luar Biasa (SLB). Isu ini penting karena pendidikan reproduksi bagi remaja disabilitas intelektual masih jarang diberikan secara sistematis, sementara kebutuhan mereka meningkat seiring proses pubertas dan risiko kerentanan sosial. Penelitian ini menggunakan pendekatan kualitatif deskriptif dengan melibatkan 13 partisipan yang terdiri dari 5 siswa dengan Down Syndrome, 3 guru, dan 5 orang tua. Data dikumpulkan melalui observasi, wawancara mendalam, dan telaah dokumen, kemudian dianalisis secara tematik untuk mengidentifikasi pola dukungan sosial dan penerapan praktik humanistik dalam proses pembelajaran. Temuan penelitian menunjukkan bahwa modal sosial, meliputi kepercayaan antara guru dan orang tua, norma yang dibangun bersama, serta jaringan sosial sekolah, berperan penting dalam membangun ekosistem yang aman untuk membahas isu reproduksi yang sensitif. Di sisi lain, pendekatan humanistik yang diterapkan guru, seperti empati, penerimaan tanpa syarat, dan komunikasi terbuka, membantu siswa memahami tubuh, batas pribadi, dan perilaku sosial yang sesuai. Integrasi kedua pendekatan tersebut terbukti meningkatkan kenyamanan belajar, memperkuat self-awareness, serta mendorong keterlibatan orang tua dalam pendampingan di rumah. Temuan ini menunjukkan pentingnya model pendidikan reproduksi adaptif berbasis komunitas dan nilai kemanusiaan di SLB.

**Kata kunci:** modal sosial, pendekatan humanistik, kesehatan reproduksi, Down Syndrome, SLB

## 1. INTRODUCTION

Adolescents with Down Syndrome are a group with special needs in physical, cognitive, and social development. Entering puberty, they experience the same biological changes as other adolescents, but their ability to understand, manage, and express these changes is often different, placing them in a vulnerable situation regarding social behaviour and reproductive health. In Indonesia, the issue of reproductive health education for children with special needs, particularly adolescents with intellectual disabilities, still receives little attention. The lack of concrete policies, minimal teacher training, and strong social stigma mean that reproductive education is often considered taboo, especially in family and school environments. In fact, various studies have confirmed that adolescents with intellectual disabilities are at higher risk of bullying, sexual violence, exploitation, and unplanned pregnancies if they do not receive adequate reproductive education from an early age.

Special needs schools (SLB), as educational institutions designed to meet the individual needs of students with special needs, have an important role to play in providing safe, adaptive, and comprehensive reproductive education interventions. However, in practice, teachers often find it difficult to determine the right approach due to the lack of a standard curriculum, insufficient learning resources, and suboptimal collaboration between schools and parents. Many teachers report that parents tend to avoid the topic of reproduction because they think their children are "not ready" or "not yet able to understand", when in fact, students' unpreparedness in understanding their bodies and social norms can increase the risk of inappropriate behaviour. Thus, schools need educational strategies that not only teach knowledge content but also strengthen the social environment and personal relationships that support the learning process of students.

In this context, two approaches stand out as theoretical and practical foundations: social capital and the humanistic approach. Social capital refers to resources that arise from social relationships, including trust, norms, and networks that enable community members to support one another. In the SLB environment, social capital includes trusting teacher-parent relationships, consistent communication, family involvement in education, and school norms that promote safety, openness, and togetherness. When social capital is strong, sensitive issues such as puberty, menstruation, wet dreams, bodily boundaries, and social behaviour can be discussed more comfortably and effectively. Teachers can coordinate with families to deliver consistent material, while parents gain a proper understanding to support their children at home.

On the other hand, the humanistic approach is an important foundation in the education of children with special needs because it treats students as individuals with potential, emotional needs, and human dignity that must be respected. Teachers who use this approach manage learning through empathy, unconditional acceptance, two-way communication, and appreciation for students' independence and subjective experiences. In the context of reproductive education, the humanistic approach helps teachers create a safe learning space, so that students feel comfortable asking questions, expressing curiosity, and learning to understand their limitations without shame or fear. This approach also helps teachers adjust their communication style to the cognitive abilities of students with Down Syndrome, who tend to require concrete, visual, repetitive, and experience-based explanations.

The integration of social capital and humanistic approaches is relevant because they reinforce each other. Social capital provides structural support in the form of networks and cooperation, while humanistic approaches provide psychological and pedagogical foundations in the teaching and learning process. When teachers, parents, and students have trusting relationships and open communication, reproductive education is no longer a sensitive issue to be avoided, but rather an important part of students' personal development. Thus, the integration of these two approaches can be an effective strategy for building the knowledge, skills, and self-awareness of adolescents with Down Syndrome in understanding their bodies, personal boundaries, and social responsibilities.

Research in Bangladesh by Islam et al. (2022) found that education levels and access to information greatly influence the use of reproductive health services among people with disabilities, but school-based education is still not well integrated with family and social environment support. On the other hand, a study by Kergoat et al. (2023) confirmed that professionals working with adolescents with intellectual disabilities often feel they lack the competence, guidelines, and appropriate learning media to deliver reproductive education, resulting in inconsistent material delivery that depends on the

individual experiences of teachers. Research by Chua & Tan (2024) in Malaysia reinforces these findings by showing that reproductive education for adolescents with intellectual disabilities still faces barriers in the form of cultural stigma and a lack of school resources.

Furthermore, the perspectives of educators in the study by Ahmad & Yunus (2024) show that reproductive education for children with disabilities is still prone to social exclusion due to teachers' lack of understanding of humanistic learning approaches that are sensitive to students' emotional needs. Meanwhile, a study on the implementation of a humanistic approach in inclusive schools (Fadhilah & Rahmat, 2024) illustrates that when teachers build warm, empathetic, and supportive relationships, students show better learning engagement, including in sensitive topics. However, these studies have not integrated social capital with humanistic approaches as an integrated framework for reproductive education, especially for adolescents with Down Syndrome in SLBs. Most studies still focus on general reproductive education programmes, sexual violence prevention, or adaptive behaviour interventions, without considering the role of the social environment and relationships between educators in the education process. Furthermore, there has been little research describing how teachers in special schools design reproductive education, how parents' support the process, and how students understand the material according to their capacities. Therefore, this study fills this gap by examining how the two approaches work together in the context of special schools in Indonesia.

This research was conducted using a descriptive qualitative approach that allowed researchers to capture the learning process in depth through direct interaction with students, teachers, and parents. The focus of the study is to identify the practices of social capital that emerge in the school ecosystem, as well as the humanistic strategies used by teachers to build students' comfort and engagement in understanding reproductive material. Thus, this study not only looks at what is taught, but also how relationships, values, and social practices influence the effectiveness of learning.

The objectives of this study are: (1) to analyse the forms of social capital that support reproductive health education in SLBs, and (2) to describe the application of a humanistic approach in reproductive learning for adolescents with Down Syndrome. The findings of this study are expected to contribute to teachers, schools, and parents in designing reproductive education programmes that are adaptive, safe, and meaningful for adolescents with special needs. In addition, this research can also serve as a basis for developing school policies that are more responsive to the developmental needs of adolescents with Down Syndrome, as well as encouraging stronger cooperation between schools and families.

## 2. RESEARCH METHOD

This study uses a descriptive qualitative approach to gain an in-depth understanding of how social capital and a humanistic approach are integrated into reproductive health education for adolescents with Down Syndrome at a Special School (SLB). A qualitative approach was chosen because it allows researchers to explore experiences, perceptions, and social practices that cannot be explained numerically. The focus of the research was not on quantitative measurement, but on the process of interaction between teachers, students, and parents in the context of sensitive and complex reproductive learning. By exploring the meanings that emerged from the relationships between participants, this study sought to present a complete picture of how the two approaches work in practice within the school ecosystem.

The research participants consisted of 13 people selected through purposive sampling, namely five students with Down Syndrome who were entering puberty, three teachers who taught directly and had experience in providing material on reproductive health, and five parents who had been involved in the process of assisting their children at home. The selection of participants was based on their direct involvement in the issue being studied, so that the data obtained was relevant and contextual. Students were selected based on their basic communication skills, which enabled them to provide simple responses to the questions asked. Teachers were selected because of their emotional closeness to the students and their understanding of child development patterns, while parents were selected because of their important role in providing reproductive support within the family environment.

Data collection was carried out using three main techniques: observation, in-depth interviews, and documentation. Observations were conducted directly in the classroom and school environment, particularly when teachers were delivering material related to the body, puberty, and social behaviour.

These observations enabled researchers to understand the interaction process between teachers and students, including the strategies used by teachers to create a safe atmosphere, provide concrete explanations, and respond to students' questions. In addition, observation helped capture students' emotional expressions, communication patterns, and social dynamics that were not always apparent in interviews.

In-depth interviews were conducted with all participants to obtain more comprehensive information about their experiences. Interviews with teachers focused on learning strategies, the support they received from the school, and the challenges in delivering reproductive material. Meanwhile, interviews with parents focused on how they viewed reproductive education, the extent to which they were involved at home, and the form of communication established with the school. Interviews with students were conducted using a simplified approach through direct questions, the use of pictures, and short dialogues that helped researchers understand their perceptions of reproductive material. This approach was necessary because students with Down Syndrome have cognitive abilities and communication patterns that require adjustment.

Documentation techniques were used to supplement data from observations and interviews. The documents analysed included lesson plans, teacher notes, student portfolios, and photographs of relevant learning activities. Document analysis provided an overview of the content of the material taught, the learning media used, and how the school designed educational activities that supported students' understanding of reproductive health. The documents also helped to see the extent to which school norms and values were reflected in daily learning practices.

All data were analysed using thematic analysis techniques. Data obtained from observations, interviews, and documentation were transcribed and coded to identify patterns or themes relevant to the research focus. The analysis process began with a thorough reading of all data, initial coding, grouping codes into themes, and then interpreting the relationships between themes in the context of social capital integration and humanistic approaches. Thematic analysis enabled researchers to find recurring patterns that showed how social relations, trust, dialogue, and school norms shaped reproductive learning strategies. In addition, this analysis revealed how the humanistic approach manifested itself in teachers' daily actions, such as empathy, supportive communication, and appreciation of students' individual abilities.

To maintain data validity, this study applied source triangulation and method triangulation techniques. Source triangulation was conducted by comparing data from students, teachers, and parents to ensure consistency of information. Meanwhile, method triangulation was conducted by combining observation, interviews, and documentation so that the research findings did not depend on only one type of data. Validity was also strengthened through member checking by confirming initial findings with teachers and parents to ensure that the researchers' interpretations were consistent with their experiences. The researchers maintained research ethics by obtaining approval from the school and families, maintaining the confidentiality of participants' identities, and ensuring the comfort of students during the data collection process.

This methodological approach allows the research to explore the social and pedagogical meanings that emerge in interactions between participants. By understanding the learning process in depth, this study can reveal how social capital and humanistic approaches are not only theoretical concepts but are also realised in real practices that shape the effectiveness of reproductive health education for adolescents with Down Syndrome in special needs schools.

### **3. RESULTS AND DISCUSSION**

The results of the study indicate that the integration of social capital and humanistic approaches has a significant influence on the effectiveness of reproductive health education for adolescents with Down Syndrome in special schools. These findings were obtained through observations of the learning process in the classroom, analysis of interactions between teachers and students, and interpretation of parents' experiences in accompanying their children through puberty. Two major themes emerged from the data analysis process: (1) social capital as the foundation for creating a safe and supportive learning environment, and (2) a humanistic approach as the main pedagogical strategy in helping students understand the concept of reproduction in a concrete and meaningful way.

### ***3.1. Social Capital as the Foundation of Reproductive Health Education***

The first finding shows that the social capital built between teachers, parents, and students is a key factor in the success of reproductive education. In the context of SLB, a strong relationship of trust has been established between teachers and parents because the school acts as the family's main partner in the child's development. From interviews with parents, it appears that most of them rely heavily on teachers for guidance on adaptive behaviour, discipline, and how to communicate with their children about puberty issues. This trust is an important foundation for teachers to introduce reproductive material, which is often considered sensitive. Parents said that they felt more confident when teachers initiated the discussion at school first, then provided guidance to families on what could be reinforced at home. At this point, social capital acts as a communication bridge that ensures consistency of values between schools and families.

### ***3.2. Norms, Networks, and Social Dynamics in Supporting Learning***

In addition to trust, social norms in schools also contribute to a positive climate for reproductive learning. Schools implement norms that respect student privacy, for example by teaching students that certain parts of the body are private and should not be touched by others. These norms are reinforced by all elements of the school, becoming part of the institutional culture. Observations show that teachers routinely remind students about bodily boundaries and rules for polite interaction. When a student suddenly tries to hug a peer, the teacher gently reprimands them and explains that everyone has the right to say "no" if they feel uncomfortable. The enforcement of this norm is not only theoretical but also practised in daily activities so that students experience direct learning that supports their understanding of the concept of personal boundaries. This norm is part of structural social capital and influences student behaviour in the long term.

Social networks, both internal and external, also play a role in enriching students' learning experiences. Internal networks can be seen in the collaboration between classroom teachers, guidance counsellors, and the head teacher in developing learning materials that are appropriate for the students' level of development. External networks can be seen in the school's cooperation with health centres, psychologists, or child support agencies to provide training related to reproductive health. Although not carried out regularly, visits by health experts provide students with the opportunity to see first-hand teaching aids about the human body and ask questions about things they want to know. Teachers said that these collaborative activities helped improve students' understanding because they received explanations from professionals who were accustomed to handling reproductive education. This social network shows how social capital is not limited to interpersonal relationships, but also includes institutional networks that support more comprehensive learning.

### ***3.3. Application of a Humanistic Approach in Reproductive Education***

The second finding relates to the application of a humanistic approach in reproductive learning. Teachers use warm and empathetic communication to create a comfortable learning atmosphere. During the interviews, teachers explained that when discussing sensitive topics, they do not use complicated medical terms, but replace them with simple language that is relevant to students' daily lives. This approach aims to prevent students from feeling embarrassed or afraid when hearing terms about their bodies. Observations show that teachers often begin the lesson by asking about the students' moods, then giving positive reinforcement such as "you are great", "you can do it", or "you are brave to ask questions". This simple reinforcement builds confidence so that students are willing to express their questions or confusion.

The humanistic approach is also evident in the teachers' efforts to tailor teaching methods to the individual needs of students. Given that the cognitive abilities of adolescents with Down Syndrome vary, teachers use visual media such as pictures, body models, short videos, and simple cards to explain concepts such as reproductive organs, puberty changes, and appropriate social behaviour. Teachers do not force students to understand all the material at once; they allow breaks to ensure that students understand one concept before moving on to the next. In one learning session, for example, the teacher explained menstruation using red cloth and a visual calendar showing the monthly cycle.

Female students with Down Syndrome seemed able to understand that menstruation is a natural process that occurs every month, because the teacher linked it to events they see at home. Thus, the humanistic approach helps teachers simplify the material while maintaining its essential importance.

In the context of learning about personal boundaries and social interaction, the teacher applied role-play techniques. The teacher asked students to practise how to say "no" when someone tries to touch certain parts of their body, or how to ask for help when they feel unsafe. Through this technique, students can understand the concept of self-protection not only verbally, but also emotionally and situationally. This role-playing approach is very much in line with humanistic principles because it provides space for students to experience learning first-hand, rather than just listening to explanations. Observations show that this technique is effective because students can recognise the facial expressions, tone of voice, and body language they need to use when faced with confusing or dangerous situations.

Parental involvement in reproductive education is also an important part of the humanistic approach. Teachers not only convey the material to students, but also discuss with parents how to explain certain topics at home. Some parents admit that they feel awkward talking about puberty, especially when dealing with children who have cognitive limitations. However, through regular communication with teachers, parents gain an understanding of what can and should be explained, as well as how to convey it in simple terms. Thus, the humanistic approach is applied not only to students but also to parents. Teachers strive to reduce parents' anxiety by providing clear information and emotional support. Interviews show that parents feel better prepared to accompany their children after receiving guidance from teachers.

### ***3.4. Integration of Social Capital and Humanistic Approach in Practice***

The findings of the study show that the integration of social capital and the humanistic approach do not occur separately, but rather reinforce each other. Social capital creates a relationship structure that enables teachers and parents to work well together. When this relationship is strong, teachers feel more comfortable applying humanistic strategies without worrying about resistance from parents. Conversely, the humanistic approach strengthens social capital because teachers and parents feel openness, empathy, and mutual respect in the educational process. The integration of these two approaches results in reproductive learning that is not only informative but also transformational for students.

In the context of students with Down Syndrome, the integration of these two approaches has been shown to improve their understanding of the body, personal boundaries, and social rules. Teachers report an increase in students' ability to recognise private body parts, show resistance when treated inappropriately, and understand the bodily changes they are experiencing. These changes do not occur instantly but are the result of a consistent, collaborative, and empathetic learning process. Parents also confirmed adaptive behavioural changes at home, such as children asking for permission when they need help with personal hygiene or closing their bedroom doors when changing clothes. These findings show that appropriately designed reproductive education can increase the independence and self-awareness of students with Down Syndrome.

### ***3.5. The Impact of an Integrated Approach on Students' Understanding and Behaviour***

Overall, the results of this study show that reproductive health education for adolescents with Down Syndrome cannot only focus on cognitive aspects, but must also consider relational, emotional, and contextual aspects. Social capital provides a social framework that supports the educational process, while a humanistic approach provides pedagogical strategies to ensure that students feel valued, heard, and involved in learning. When combined, these two approaches can create an adaptive, safe, and meaningful learning environment. Thus, this study emphasises the importance of developing a community-based reproductive education model and humanistic values in special needs schools to support the comprehensive development of adolescents with special needs.

#### 4. CONCLUSION

This study shows that the integration of social capital and a humanistic approach is an effective strategy in reproductive health education for adolescents with Down Syndrome in special schools. Social capital, reflected in trust, open communication, school norms, and a network of cooperation between teachers, parents, and external parties, is an important foundation that allows reproductive issues to be discussed in a safe and structured manner. The existence of strong social capital helps create a supportive learning environment so that teachers can deliver sensitive material more comfortably and parents feel they have the right guidance to continue learning at home.

On the other hand, the humanistic approach applied by teachers, including empathy, unconditional acceptance, supportive communication, and adjusting learning methods to individual student needs, plays a significant role in improving students' understanding of the body, puberty, personal boundaries, and appropriate social behaviour. Strategies such as the use of visual media, simple dialogue, positive reinforcement, and role play have been proven to help students understand reproductive concepts in a concrete and meaningful way.

The integration of these two approaches creates a safe, warm, and collaborative learning environment, so that students not only understand reproductive information but also demonstrate adaptive behavioural development that supports independence and self-protection. Thus, this study emphasises the importance of developing a community-based reproductive education model grounded in humanistic values at SLB as an effort to strengthen the readiness of adolescents with Down Syndrome to face developmental challenges during puberty.

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