

The Description of Knowledge, Attitude and Action of School-Age Children towards Four Important Body Parts that Must Not be Touched after Getting Health Education Using the Media of Video and *Power Point Presentation* at Public Elementary School 11 Lubuk Buaya, Koto Tengah Sub-District, Padang in 2019

Putri Minas Sari¹, Meri Neherta², Hermalinda³, Deswita⁴
Magister Study Program of Nursing, Nursing Faculty, Andalas University
Jl. LimauManis, KecamatanPauh, Sumatera Barat 25163, Indonesia

Abstract:-

➤ *Background:*

Four important body parts that children need to know to prevent sexual violence are mouth, chest, stomach, and genitals. The study aimed to find the effect of health education using the media of video and *power point presentation* on children's attitude towards four important body parts that must not be touched at Public Elementary School 11. The study was conducted from January 3-26 2019. The study design used was the *Quasy Experimental Pre-Post Test With Control Group* with a *total sampling* of 92 respondents, 46 for the intervention group and 46 for the control group. The instruments used were *KAP Survey questionnaires*. The result and the conclusion showed that there was an average increases after the students were given health education using the media of video and *power point presentation* on children's attitude towards four important body parts that must not be touched. The analysis result showed that the average of children's knowledge increased from 5.07 to 8.52, the attitude increased from 18.76 to 26.04, and the action increased from 5.11 to 8.02. It is suggested that this media can be used by nurses as a health educational intervention for children and nurses collaborate with schools regularly so that it can improve children's attitude toward four important body parts.

I. INTRODUCTION

Violence on children began to develop in the last few decades⁽¹⁾ One example of the violence on children which is very common and almost occur in every country is the form of sexual violence known as *Child Sexual Abuse (CSA)*. An introduction to four important body parts needs to be given to children as an effort to protect children against sexual violence⁽²⁾. Introducing children's four private body parts which must not be seen nor touched by other people is one of the efforts to prevent sexual violence⁽³⁾. Those private body parts must be covered by clothes so that they cannot be seen by other people. Those parts are chest, stomach and buttocks.

There are some risk factors that cause sexual violence. It was found out from conducted studies that several factors which may cause sexual violence risks were poverty, values and myths, urbanization activities, foreign culture, and lack of parents' attention. Other risk factors that cause sexual violence are female children, whose age are younger than the perpetrator, unpleasant family atmosphere, and low children's level of knowledge⁽⁵⁾. Not only that, sexual violence on children can also happen because there are orientation of sexual attraction towards children, porn media, and children's lack of understanding of sexual violence⁽⁶⁾.

The effects of sexual violence on children include changes in physical health status due to injury, emotional stress and trauma, risks of sexual deviation, deterring social interaction between the family and the child, social and economical changes, and disruption of spiritual aspect and the risk to be a repeated victim (*revictimized*)⁽⁷⁾. Moreover, from a study conducted in Netherlands, it was found out that out of 188 children aged below 12 years old who experienced sexual violence, 58.3% of them suffered from depression and 65.3% of them had a risk of suicide⁽⁸⁾. The act of sexual violence also affects other psychological aspects. Children who are exposed to violence will tend to experience psychosocial problems such as depression, symptoms of anxiety, which affect the children's behavior when entering adulthood⁽⁹⁾.

Low level of knowledge causes children not know and ignore activities that are classified as sexual violence. Some efforts to prevent sexual violence through increasing knowledge in school-age children have shown optimal results⁽¹⁰⁾.

Efforts to prevent sexual violence on children can be done through introducing sexual violence using Minang Kabau folk songs⁽¹¹⁾. Another method, the method of VAK (*Visual Audio Kinesthetic*) can also increase knowledge on sexual violence for elementary school children⁽¹²⁾.

One of them is through health education, in which it can improve some skills and ability of children in responding to sexual violence that will happen to them, such as able to recognize the touch that will be done to the private area of the body, dare to reveal (*say skill*), dare to act (*do skill*), able to tell to the parents (*tell skill*), able to report the act of sexual violence to the parents (*report skill*), attitude that will be done after seeing an act of sexual violence⁽¹³⁾.

The application of video and *power point presentation* at school related to sexual violence about four body parts which are considered private and must not be touched can be done and has shown optimal result in the effort to prevent sexual violence on children⁽¹⁴⁾. The application of these media is needed in order to achieve the objective of health education in giving understanding to school age children about four important body parts that must not touched to prevent children from becoming a victim of sexual violence.

II. MATERIAL AND METHODS

The study was a quantitative study using the study design of “quantitative descriptive”⁽¹⁵⁾. The populations were 92 school children of grade VI of elementary school-age 11-12 years old in Public senior High School 11 Lubuk Buaya of Koto Tangah Kota Sub-district of Padang.

The sampling technique in the study was the *probability sampling* technique using a *total sampling method* in which the sampling done in overall. The number of the sample was 92 respondents.

III. RESULT

The average distribution of knowledge, attitude and action of the school-age children on four important body parts that must not be touched before and after given the intervention (on the intervention group and the control group) can be seen on the table below :

No	Average	Intervention Group	
		Mean	min-max
1	Knowledge		
	a. <i>PreTest</i>	5.07	3-7
	b. <i>PostTest</i>	8.52	8-9
2	Attitude		
	a. <i>PreTest</i>	18.76	13-24
	b. <i>PostTest</i>	26.04	24-28
3	Action		
	a. <i>PreTest</i>	5.11	2-8
	b. <i>PostTest</i>	8.02	7-9

Table 1:- Average Distribution of Knowledge, Attitude and Action of School-age Children on Four Important Body Parts That Must Not Be Touched Before and after Given Intervention (n=46)

On table 5.2, it is known that for the intervention group, the average score of *pretest* on the school-age children’s knowledge on four important body parts that must not be touched was 5,07, in which the lowest score was 3 and the highest was 7. Based on that, it can be concluded that the increase of the knowledge of school-age children on four important body parts that must not be touched on the intervention group was higher than the control group.

IV. DISCUSSION

A. The Average of Children’s Knowledge on Four Important Body Parts before Given Intervention

Based on the result of the study conducted by the writers on the average of school-age children’s knowledge on four important body parts that must not be touched before and after given intervention, it was found out that the result of the intervention group’s *pre test* average score on knowledge was 5,07, in which the lowest score was 3 and the highest score was 7. The result of the study showed that both groups’ *pre test* average score on knowledge was considered low.

The result of the study was in accordance with the study conducted ⁽¹⁶⁾in Soa Aids Nederland in which the respondents’ *pre test* average score on knowledge on sensitive parts that must not be touched was considered low, with the average of 5,4. Moreover, a study⁽¹⁷⁾ in Iran has also found that the average score on knowledge was low (40,5%) before given health education. ⁽¹⁸⁾It was said that about 69% of the students taking a survey about the knowledge were considered not yet competent.

Based on the result of the study, it was found out that the frequency distribution of age was that 71% of the intervention group’s respondents and 67,4% of control group respondents were 12 years of age.

The writers assume that their ignorance on wearing appropriate clothing can be related to their age which can be classified as relatively young (11-12 years of age).

Someone’s age determines his/her level of knowledge. The more mature the age, the more information will be received so that it can increase individual insight and knowledge⁽¹⁹⁾. Moreover, the cause of the lack of knowledge of elementary school students is due to the factor of a very young age⁽²⁰⁾.

Based on the study result of the frequency distribution on gender, most of the respondents of the intervention group (56,5%) and the control group (60,9%) were female.

The study result is supported by a study in which women have 5,2 times greater risks of being the victims of sexual violence and abuse compared to men⁽²¹⁾. The writers

believe that to correct children's negative attitude about the propriety of wearing short sleeved t-shirt and shorts, parents must be wiser when giving facilities to their children.

Based on the study result of the frequency distribution on the parents' salary and work, most of the respondents' parents who belonged to the intervention group (95,7%) earned above the Regional Minimum Wage (> Rp. 2.289.228) and most of them (the fathers) worked as businessmen (54,3%) while the ones who worked as laborers were only 15,2%. In fact, they were capable to provide their children aged 11-12 years old with *hand phone* equipped with internet access so that they could engage in social media.

Safety internet expert from Ohio (22), said that the age of 14 years was the ideal age to give smart phones to children. If parents give it earlier, it will become an addictive disturber for children. Besides, it can cause children exposed to issues such as internet *bullying*, children's predator, or even *sexting* (communicating sexually through *chatting application*) and get sexually abused.

B. The Average of Children's Knowledge on Four Important Body Parts after Given Intervention

On the Intervention group, the average score of children's *post test* on knowledge about four important body parts that must not be touched after given intervention increased to 8,52, with the lowest score of 7 and the highest of 9.

The study result is in accordance with a study conducted⁽²³⁾ in Iran which proposed that the respondents' average score of *post test* on knowledge about parts of body that must not be touched was 90,2%. In addition, a study⁽²⁴⁾ in Netherlands has also found that after given health education, the respondents' average score of *post test* on knowledge was 87,4⁽²⁵⁾ There was an increase of students' knowledge on sexual health from 50% to 62,5% after given health education using power point presentation method.

Based on the *posttest* questionnaire analysis, the writers found out that there was an improvement of answers on the use of polite and covering clothes. On the intervention group, all respondents had answered correctly (100%). This showed that health education given by the writers was able to increase the respondents' knowledge on the use of clothes for children.

C. The Average of Children Attitude towards Four Important Body Parts before Given Intervention

Based on the result of the study conducted by the writers on school-age children's attitude towards four important body parts that must not be touched before given intervention, the average score of *pre test* on attitude was 18,76, with the lowest score of 13 and the highest of 24.

Attitude is someone's reaction to stimulus which is still closed. Attitude is not yet a real action, but it is still in the form of a person's perception and readiness to react to the stimulus around him. Attitude can be measured directly and indirectly. Measuring attitude is an opinion expressed by the respondents to the object ⁽²⁶⁾.

The result of the study is in line with a study⁽²⁷⁾ in Saudi Arabia which found out that the respondents' average score of *pre test* on attitude towards body parts that must not be touched was relatively low which was 7,3 from the total score of 16. Moreover, a study ⁽²⁸⁾ in India also found out that the average score on knowledge was low before given health education (48,4%).

The main reason of respondents' low *pre test* average score in the study conducted by the writer can be seen from the description of the questionnaire. The result of the questionnaire analysis stated that 54,3% of the respondents from intervention group and 69,6% of the respondents from the control group assumed that wearing short sleeved t-shirt and shorts were appropriate and normal.

Based on the interview done by the writers to the respondents about the reasons why they thought that wearing short sleeved t-shirt and shorts were appropriate and normal, the respondents said that they often saw children their age and their idols wearing them on mass media and internet (TV, Facebook, Youtube).

D. The Average of Children's Attitude towards Four Important Body Parts after Given Intervention

From the result, it was found out that from the 7 items of questionnaires on children attitude, the average score of *posttest* on attitude was 26,04, with the lowest score of 24 and the highest of 28. This showed that there was an increase of students' average score on four important body part which was 7,28.

In line with a study done ⁽²⁹⁾ in Mexico which stated that the respondents' *post test* score on attitude about four important body parts that must not be touched could reach to 87,2%. In addition, a study⁽³⁰⁾ in Selangor also found out that after given health education, the respondents' average score of *post test* on attitude could reach to 93,4%.

Based on the post test questionnaires analysis done by the writers, the writers found out that there was an attitude improvement of the respondents. About 91,3% of the respondents eventually assumed that wearing short dress and shorts were things that they must not do. This showed that health education given by the writers had corrected the respondents' attitude.

E. The Average of Children's Action toward Four Important Body Parts after Given Intervention

Based on the result of the study conducted by the writers on the average score of school-age children's attitude towards four important body parts that must not be touched before and after given intervention, it was found out that the average score of *pre test* on action was 5,11, for the lowest score and 8 for the highest.

According to a study done⁽²⁴⁾ in Netherlands, the respondents' average score of *pre test* on action towards sensitive parts that must not be touched was considerably low. In addition, a study⁽²³⁾ in Iran also found that the respondents' *pre test* on action was low (44,7) before given health education.

Practices / real actions are things that are done from a response⁽²⁶⁾. An action carried out in the right order will be able to carry out an action systematically, from the beginning to the end, will become a habit and will eventually be modified properly

Thus, health education using videos and *power point presentation* is expected to be able to increase children's attitude which eventually will increase their knowledge, attitude and action towards four important body parts that must not be touched.

F. The Average of Children's Action towards Four Important Body Parts after Given Intervention

Based on *posttest* questionnaires analysis done by the writer on the intervention group and the control group, the writers found out that there was improvement of the answer on action. On intervention group, about 97,8% of the respondents found out about important body parts that must not be touched by other people.

It showed that health education given by the writers had been able to increase the respondents' action score on important body parts that must be protected and must not be touched by other people.

Someone who finds out about important body parts that must be protected and must not be touched by other people will also get the reasons why they must be protected. They will be encouraged to protect them when realizing the result that might happen if they are left uncovered.

V. CONCLUSION

There was an increase of the students' average score of knowledge, attitude and action towards four important body parts that must not be touched.

SUGGESTION

It is suggested that health education on children's four important body part using these media is used by schools as a reference and an innovation in the curriculum of elementary school learning which involves pediatric nursing that can improve children attitude towards the four important body parts.

REFERENCES

- [1]. World Health Organization (WHO). Child Maltreatment. United States of America; 2017.
- [2]. Mathews B, Collin-ve D. Child Sexual Abuse : Toward a Conceptual Model and Definition. TRAUMA, VIOLENCE, Abus. 2017;1–18.
- [3]. Justicia. Program Underwear Rules Untuk Mencegah Kekerasa Seksual Pada Anak Usia Dini. J Pendidik Anak Usia Dini. 2016;9(2):217–32.
- [4]. Ezekiel MJ, Mosha IH, Kisanga F, Mpembeni R, Anaeli A, Switbert R. Factors associated with child sexual abuse in Tanzania : a qualitative study. Tanzan J Health Res. 2017;19(2):1–10.
- [5]. Ibrahim NH. Risk Factors for Child Sexual Abuse and Perpetrator Related Risk Factors at Adama Hospital Medical College ., Adv Sci Humanit. 2017;3(3):23–30.
- [6]. Fauziah, Safiah I, Habibah S. Upaya Meningkatkan Motivasi Belajar Siswa Melalui Lesson Study di Kelas V SD Negeri Lampagen Aceh Besar. J Ilm Pendidik Guru Sekol Dasar. 2017;2(1):30–8.
- [7]. Fisher C, Goldsmith A, Hurcombe R, Soares C. The impacts of child sexual abuse: A rapid evidence assessment. United States of America: IICSA Research Team; 2017.
- [8]. Wagenmans A, Minnen A Van, Sleijpen M, Jongh A De, Minnen A Van. The impact of childhood sexual abuse on the outcome of intensive trauma-focused treatment for PTSD. Eur J Psychotraumatol. 2018;9(1).
- [9]. Rehan W, Antfolk J, Johansson A, Jern P, Santtila P. Experiences of severe childhood maltreatment , depression , anxiety and alcohol abuse among adults in Finland. PLoS One. 2017;12(5):1–12.
- [10]. Rudolph J, Zimmer-gembeck MJ, Shanley DC, Hawkins R. Child Sexual Abuse Prevention Opportunities: Parenting , Programs , and the Reduction of Risk. Child Maltreat. 2017;20(10):1–11.
- [11]. Neherta M, Machmud R, Damayanti R, Afrizal. Development and Testing of Intervention Model for Child Sexual Abuse Prevention on Primary School Children in Padang City , 2014. Indian J Community Heal. 2015;27(4):472–7.
- [12]. Neherta M, Machmud R, Damayanti R. The difference in intervention of sexual abuse prevention by two variance professions on primary school children in Padang. Indian J Community Heal. 2017;29(1):118–22.
- [13]. Tunc GC, Gorak G, Ozyazicioglu N, Ak B, Vural P. Preventing Child Sexual Abuse : Body Safety Training

- for Young Children in Turkey Preventing Child Sexual Abuse : Body Safety Training for. *J Child Sex Abus.* 2018;0(0):1–18.
- [14]. Scholes L, Jones C, Stieler-Hunt C, Rolfe B, Pozzebon K. The Teachers' Role in Child Sexual Abuse Prevention Programs: Implications for Teacher Education. *Aust J Teach Educ.* 2012;37(11).
- [15]. Sugiyono. *Metode Penelitian Kuantitatif, Kualitatif, R & D.* Bandung: CV Alfabeta; 2016.
- [16]. Schutte L. Implementation Strategy for the School-Based Sex Education Program Long Live Love: a Dynamic Process. *Maastricht Univ J.* 2017;4(3):465–578.
- [17]. Ghasemi V, Simbar M, Fakari FR, Saei M, Naz G. The Effect of Peer Education on Health Promotion of Iranian Adolescents: A Systematic Review. *Int J Pediatr.* 2019;7(63):9139–57.
- [18]. Foster JM. A Survey of Students' Knowledge about Child Sexual Abuse and Perceived Readiness to Provide Counseling Services A Survey of Students' Knowledge about Child Sexual Abuse and Perceived. *J Couns Prep Superv.* 2017;9(1).
- [19]. Navigation S, Route NS. Gambaran Pemahaman Anak Usia Sekolah Dasar tentang Pendidikan Seksual dalam Upaya Pencegahan Kekerasan Seksual pada Anak. *Indones J Heal Sci.* 2017;9(1):70–9.
- [20]. Sciences B. Are Malaysians Ready for Comprehensive Sexuality Education? *J Adv Res Soc Behav Sci.* 2017;1(1):14–28.
- [21]. Widiningtyas. *Apa yang kita lakukan ?* Jakarta Selatan: Rutgers; 2017. 86 p.
- [22]. Weinberger. Professional Development Training of Programer in Ohio: A Follow up Study. *J Educ Train Stud.* 2018;25(1):55–73.
- [23]. Ganji J, Emamian MH, Maasoumi R, Keramat A, Merghati Khoei E. The Existing Approaches to Sexuality Education Targeting Children: A Review Article. *Iran J Public Health.* 2017;46(7):890–8.
- [24]. Mevissen FEF, van Empelen P, Watzeels A, van Duin G, Meijer S, van Lieshout S, et al. Development of Long Live Love+, a school-based online sexual health programme for young adults. An intervention mapping approach. *Sex Educ.* 2018;18(1):47–73.
- [25]. Sudyat R, Setiyono B, Setiawan R. Pengaruh Pendidikan Kesehatan Melalui Media Interaktif terhadap Pengetahuan Seksual Sehat pada Siswa Tsanawiyah Negeri II Kota Bandung. *J Ilmu Kesehat.* 2017;11(2).
- [26]. Notoatmodjo S. *Metodologi Penelitian Kesehatan.* Jakarta: Rineka Cipta; 2012. 129 p.
- [27]. Tork HMM, Al Hosis KF. Effects of reproductive health education on knowledge and attitudes among female adolescents in Saudi Arabia. *J Nurs Res.* 2015;23(3):236–42.
- [28]. Dutt S, Manjula M. Sexual Knowledge, Attitude, Behaviors and Sources of Influences in Urban College Youth: A Study from India. *Indian J Soc Psychiatry.* 2017;33(4):319.
- [29]. Chandra-Mouli V, Gómez Garbero L, Plesons M, Lang I, Corona Vargas E. Evolution and Resistance to Sexuality Education in Mexico. *Glob Heal Sci Pract.* 2018;6(1):137–49.
- [30]. Razali et al. Are Malaysians ready for comprehensive sexuality education? *J Adv Res Soc Behav Sci.* 2017;1(1):14–28.