



Effectiveness of Health Education on Children's Knowledge About Sexual Violence in School-Age Children

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Abstract

Background: The current spike in cases of sexual violence against children continues to rise; therefore, more health education is needed in the community. Health education supports health programs that produce changes and increase knowledge in a short time. This research aims to determine the effectiveness of health education on children's level of knowledge about sexual violence in school-aged children at SDN 02 Tarandam, Padang City in 2024.

Methods: This type of research was quantitative research with a quasi-experimental research design using a one-group pre-test post-test design. The population of this study was class V students, totaling 23 people. The research was conducted at SDN 02 Tarandam, Padang City. Sampling was carried out using a total sampling technique. Data was collected through questionnaires and analyzed using the T-test.

Results: The research results showed that the average level of knowledge of children about sexual violence before receiving health education was 5.96, and after receiving health education, it was 8.09, with a p-value of <0.001.

Conclusion: The research concluded that there was an influence of health education on children's level of knowledge about sexual violence in school-aged children. It is hoped that the school will submit a request to the relevant Health Service to provide health education about sexual violence to increase children's knowledge about sexual violence in school-aged children.

Keywords : Health Education, Level of Knowledge, Sexual Violence

Introduction

Sexual violence is a form of child abuse where an adult or older teenager uses a child for sexual stimulation. Child sexual violence (ages 5-13) can occur anytime, anywhere, and be perpetrated by anyone, including those considered protectors such as biological or stepfathers, uncles, grandfathers, or siblings. According to KOMNAS PA (2015), child sexual violence can be defined as involving a child in sexual activities before the child reaches a certain age limit as determined by the law of a specific country. Child sexual violence is committed by adults, involving the child as an object of sexuality, with or without physical contact.^{1,2}

Based on data from the United Nations Children's Fund (UNICEF) in 2014, cases of child sexual violence reached 40-60% in 190 countries. Other data shows that almost 5% of children in the UK have experienced sexual abuse, 90% of which is committed by acquaintances. In Indonesia, there were 9,428 cases of child abuse in 2021, with 59.30% being cases of child sexual violence.³

The increase in the number of sexual violence cases spread across many regions in Indonesia, including in West Sumatra Province. The Ministry of Women's Empowerment and Child Protection Consultant (2022) reported 843 cases of violence against girls in 2022. Based on data from Padang Police (2022), child sexual violence increased in the last two years. In 2021, there were 39 cases of child sexual violence reported to the authorities, which increased to 69 cases in 2022. KOMNAS PA (2022) revealed that child sexual violence could occur in close

environments such as homes and schools, with 62% of the incidents being perpetrated by close family members and neighbors, and the remaining 38% occurring in public places.³⁻⁵

Sexual violence had a very significant impact. The effects were deeply ingrained in the child, affecting their physical and psychological condition. Some physical impacts of child sexual violence included damage and pain to the child's genital organs. This was proven by a study conducted by Rostion (2016) using endosonography diagnostics on the rectoanal area, which showed that children who experienced sexual violence had partial interruptions in the anal sphincter and hematomas in the genital area. Another impact of sexual violence was the psychological disturbance in the child. Similarly, a study by Paramastri (2012) indicated that children would exhibit aggressive behavior, paranoia, dissociative disorders, low self-esteem, withdrawal, and decreased school performance.^{6,7}

According to Notoatmojo (2012), the surge in child sexual violence cases is currently increasing, thus more health education is needed in society. Health education is a way to support health programs that can result in changes and increased knowledge in a short period. Health education can play a role in changing the behavior of individuals, groups, and communities according to health values. The expected behavioral changes include maintaining and improving health, preventing the risk of illness, protecting oneself from the threat of disease, and actively participating in public health movements. Therefore, behavioral change is the result of health education⁸.

This was proven by the results of research conducted by Venny et al. (2020), which concluded that there was an increase in knowledge values before and after being given health education about sex. The average value of students' knowledge before receiving health education about sex was 74.78, while the average value of students' knowledge after receiving health education about sex was 82.68.⁹

According to Andika (2013), sexual education was still considered taboo among society and was rarely discussed in front of children, let alone taught to them. People believed that sex education was not appropriate for young children. However, sex education given early had a significant impact on a child's life when they entered adolescence. Moreover, children nowadays were critical in terms of questions and behavior. This was because, during this period, children had a great sense of curiosity.

This was proven based on a preliminary survey conducted by researchers at SDN 02 Tarandam on January 3, 2024, by interviewing 10 students aged 10-12 years. Eight students were unable to explain what sexual violence is, the types of sexual violence, and other related topics. Eight out of the ten students said their parents had never discussed sexual violence education with them. Meanwhile, the other two students were able to say that sexual violence is behavior or actions from adults towards children, such as touching children's genitals, girls' chests, and children's lips. These two children said that their parents had told them about parts of the child's body that should not be shown or touched by other people except the mother and the doctor during an examination.

Methods

The type of research was a quasi-experiment with a one-group pre-test post-test design approach. In the one-group pre-test post-test design, measurements were taken twice, before and after the intervention. This type of quasi-experimental research aimed to see the effect of health education on children's knowledge about sexual violence among school-aged children at SDN 02 Tarandam in Padang city. The research was conducted from January 27 to February 4, 2024, at SDN 02 Tarandam Padang. The population in this study was the fifth-grade students of SDN 02 Tarandam, totaling 23 students. The sample size in this study was 23 students. The sampling technique was total population due to the population being less than 100.

The inclusion criteria were criteria where the research subjects could represent the research sample that met the requirements as a sample, which included being willing to be research respondents, being fifth-grade students at SDN 02 Tarandam in Padang City, and not being sick. The exclusion criteria were criteria where the research subjects could not represent the sample because they did not meet the requirements as research

samples, such as refusing to be respondents, being absent during the research, or not being cooperative during the research.

Data collection was obtained directly from the respondents using a questionnaire by distributing surveys according to the research variables, which were knowledge and sexual violence. The data analysis technique was univariate analysis, which aimed to explain or describe the characteristics of each variable studied. Univariate analysis was conducted to obtain the results of the knowledge of fifth-grade students at SDN 02 Tarandam before and after being given health education about sexual violence among school-aged children. The data analysis presented included mean (average) values, standard deviation, maximum, and minimum values for two measurements (before and after being given health education). Meanwhile, bivariate analysis was conducted to see the influence between the independent variable and the dependent variable. To see the effect of these two variables, a T-test was used with a confidence level of 0.05. If $p \leq 0.05$, it meant there was a significant effect between the independent variable and the dependent variable. If $p > 0.05$, it meant there was no significant effect between the independent variable and the dependent variable.

Results

The average knowledge of children before and after being given health education about sexual violence among school-aged children (Table 1).

Table 1. The average knowledge of children before and after health education.

Knowledge of Children	Mean	Min-maks	SD
Pretest	5.96	2-9	1.52
Posttest	8.09	4-10	1.24

Based on Table 1, the average knowledge of children about sexual violence in school-aged children before being given health education was 5.96, with a minimum knowledge score of 2, a maximum knowledge score of 9, and a standard deviation of 1.52. The average knowledge of children about sexual violence among school-aged children after being given health education was 8.09, with a minimum knowledge score of 4, a maximum knowledge score of 10, and a standard deviation of 1.24.

Bivariate analysis aimed to determine the effect of health education on children's level of knowledge about sexual violence in school-aged children at SDN 02 Tarandam, Kota Padang (Table 2).

Table 2. The analysis aimed to determine the effect of health education

Knowledge of Children	Mean	SD	Std. Error mean	95% CI	P-value
Pretest-posttest	2.130	968	202	1.71-2.55	<0.001

Based on Table 2, the results of statistical tests using the dependent paired sample t-test for the level of children's knowledge about sexual violence in school-aged children were obtained, with a p-value of <0.001 ($p < 0.05$), which meant there was a significant influence of health education on the level of children's knowledge about sexual violence in school-aged children at SDN 02 Tarandam, Kota Padang.

Discussions

Based on Table 3, the influence of health education was seen from the results of the research conducted by the researchers, which showed that the paired sample T-test statistical test obtained a p-value of <0.001. This meant that there was a significant influence of health education on the level of children's knowledge about sexual violence in school-aged children at SDN 02 Tarandam, Kota Padang.

The results of this research were in line with research by Endra Amalia (2018) titled "The Effectiveness of Sexual Education on Incidents of Sexual Violence Against Children at SD 04 Balai Rupih Simalanggang Payakumbuh in 2018." Based on the paired sample T-test, the p-value was <0.001 ($p < 0.05$). Thus, it could be concluded that H_0 was accepted, meaning there was effectiveness of sexual education on incidents of sexual violence against children at SDN 04 Balai Rupih Simalanggang Payakumbuh.¹⁰

According to the researchers' assumptions, by providing health education in one meeting, there was an increase in children's knowledge, especially about sexual violence in school-aged children. Health education provided information that was previously unknown about sexual violence in school-aged children, resulting in children understanding more about sexual violence in school-aged children, thereby increasing their knowledge. Additionally, using infocus media for health education made children understand better and was effective in increasing children's knowledge.

Therefore, it is hoped that the school will submit a request to the relevant Health Service to provide health education about sexual violence to increase children's knowledge about sexual violence in school-aged children.

Conclusions

There was an influence of health education on the level of children's knowledge about sexual violence in school-aged children at SDN 02 Tarandam, Padang. It is hoped that the results of this research will be used as information and reference for SDN 02 Tarandam education staff to coordinate with the relevant Health Department to provide health education to students about sexual violence by using additional media such as infocus to be more effective and more optimal in increasing school children's knowledge.

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Declarations of competing interest

No potential competing interest was reported by the authors

References

1. Hawari, Dadang. *Kekerasan Seksual Pada Anak*. UIP; 2013.
2. Komnas PA. *Indonesia Darurat Kejahatan Seksual Anak*. 2015. [Last accessed on 2023 Dec 22]. Available from: <http://www.kpai.go.id/berita/indonesia-daruratkejahatan-seksual-anak/>
3. Komnas PA. *Data Kasus kekerasan seksual pada anak tahun 2023*. 2022. [Last accessed on 2023 Dec 23] Available from: <https://kekerasan.kemenpppa.go.id/ringkasan>
4. *Ditreskrimum Polresta Padang. Jumlah Kasus Kekerasan Seksual pada Anak di Wilayah Kota Padang tahun 2022.; 2022.*
5. *Polresta Padang. Jumlah kasus kekerasan seksual pada anak tahun 2020-2021.; 2021.*
6. Rostion CG, Galaz MI, Contador M, Aldunate M, Benavides S, Harz C. Helpfulness of rectoanal endosonography in diagnosis of sexual abuse in a child. *J Pediatr Surg*. 2016;51(7):1151–1161.
7. Paramastri I, Prawitasari JE, Prabandari YS, Ekowarni E. Buklet sebagai Media Pencegahan terhadap Kekerasan Seksual pada Anak-anak. *Kesmas Natl Public Heal J*. 2011;6(2):77–84.
8. Soekidjo N. *Promosi Kesehatan dan Perilaku Kesehatan*. Rineka Cipta; 2012.
9. Vidayanti V, Tungkaki K, Retnaningsih L. pengaruh pendidikan seks dini melalui media video animasi terhadap peningkatan pengetahuan anak usia sekolah tentang seksualitas di sdn mustokorejo yogyakarta. *J Formil (Forum Ilmiah) Kesmas Respati*. 2020;5:203.
10. Amalia E, Afdila F, Andriani Y. Pengaruh Pemberian Pendidikan Seksual Terhadap Kejadian Kekerasan Seksual Pada Anak Di Sd Negeri 04 Balai Rupih Simalanggang Payakumbuh Tahun 2018. *J Kesehat PERINTIS*. 2018;5(2 SE-Articles).