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Improving Maternal Skills to Provide Sex Education for Preschool Children Through Training with Audiovisual AIDS (AVA) Media

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A B S T R A C T

Case of sexual exploitation and pedophilia among children in Indonesia are increasingly alarming problems. One effort to prevent those issues is providing proper sex education according to the child's age by the mother as their closest person. However, a preliminary study showed that 69% of mothers with preschool children had difficulty answering child's questions about their sexuality. Providing sex education can use various media. This study utilized AudioVisual Aids (AVA) media through sex educational videos for early childhood. This paper aims to analyze the maternal skills to provide sex education for preschool children through training with AVA media. This paper used a pre-experimental pre-posttest design. The population in this study was 234 mothers with preschool children in Early Childhood Education (ECD) and Kindergarten at Condong and Sumber Secang Village, Probolinggo Regency. There were 146 respondents with simple random sampling. The independent variable was training with AVA media, while the dependent variable was maternal skills to provide sex education for preschool children. The instruments were questionnaires, observation sheets, and videos. Data analysis utilized Fisher's exact test with $\alpha=0.05$. Before training with AVA media, 92.5% of respondents were unskilled in providing sex education for preschool children. Meanwhile, 76.7% of respondents were skilled in providing sex education for preschool children after the training. In addition, Fisher's exact test obtained $p=0.048$. There was a significant difference before and after training with AVA media. In conclusion, training with audiovisual media can enhance maternal skills to provide sex education for preschool children.

INTRODUCTION

Case of sexual exploitation and pedophilia among children in Indonesia are increasingly alarming problems. It is the iceberg phenomenon with children as its victims. A child is an individual between 0-18 years, while early childhood is between 0-6. This age is a crucial period for forming sexual behavior and orientation of adolescents influencing their sexual life (Zhina, 2013; Anggraini, 2017). At this age, children should get protection, affection, education, and playtime (Alfatih, 2017). Parents' role is essential to educate them because they first acquire knowledge from parents, especially the mother as the closest person.

Data from the Indonesian Child Protection Commission (ICPC) showed that in 2016, Indonesia had 120 cases of sexual violence against children, and in 2017 were 116. In addition, there were 393 cases in East Java in 2017 and 117 in February 2018. In Boyolali, there were also four cases of sexual abuse in kindergarten. Moreover, data from the ICPC from January-April 2016 showed 35 cases in Probolinggo District, and the perpetrators mainly were the closest people, such as stepfathers, family, and neighbors (Ilmiah, Amelia and Azizah, 2019).

Sexual violence results in the onset of traumatic feelings in victims, poor self-confidence, pedophilia in adulthood, child prostitution, and criminality such as murder. The cause of a high number of sexual violence in children is a lack of knowledge about providing proper sex education to children. In addition, parents perceive that talking about sexuality with their children is taboo (Fatmawati, BM and Kusumawati, 2018).

A preliminary study on August 16, 2018, was conducted among six mothers at Raudatul Hasan early childhood and Kindergarten, five at Harapan Kita Desa Condong Kindergarten, and five at Al Hidayah Sumber Secang Kindergarten. The authors interviewed mothers about their skills to answer children's questions regarding why children had different sex with their friends, where they come from, why male and female clothes were not the same, and why girls and boys have different body parts. The results from 16 mothers showed that 11 mothers (69%) had difficulty answering their children's questions correctly, especially about where they came from and why they had a different sex and body parts.

The result of not providing early sex education according to the child's age will trigger sexual violence in children. Sexual violence in children will have short and long-term effects. Short-term impacts are feelings of guilt and self-blame, the shadow of events when children receive sexual violence, nightmares, insomnia, and fear of things related to abuse (including objects, smells, places, and visits by health workers). The long-term impacts are lack of self-esteem, sexual dysfunction, chronic pain, addiction, suicidal ideation, injury, somatic complaints, and depression. In addition, psychological disorders include post-traumatic stress disorder, anxiety, mental disorders including personality disorders and dissociative identity disorders, a tendency to become a victim and pedophile in adulthood, bulimia nervosa, and physical injury to children (Diana, 2017).

One effort to prevent those issues is providing proper sex education according to the child's age by the mother as their closest person. A previous study found that maternal education, occupation, and knowledge correlated with their skills in providing early childhood sex education (Haryono *et al.*, 2018). In addition, early sex education in children should begin at 4-6 years old, especially in Early Childhood Education (ECD), Kindergarten, and *Raudatul Athfal*, which integrates teaching, nurturing, protection, and health services, especially in the children's nutritional status (Anggraini, 2017).

Teaching wrong concepts of sex, how to take care of body parts, maintaining body hygiene, and interacting with others are parts of early childhood sex education. Knowledge, attitudes, and communication skills are essential in forming sexual behavior and orientation in preschool children (Sulistianingsih and Widayati, 2016). Providing sex education can use various media, including print and electronic media, singing, storytelling, and watching early childhood sex education videos. The novelty of this study was using Audiovisual Aids (AVA) media through sex educational videos for early childhood. The videos contained songs that are easy to remember and practice by mothers and their children. This

study aims to analyze the maternal skills to provide sex education for preschool children through training with AVA media.

Raudatul Athfal (n): early childhood formal education managed by the Ministry of Religion. It is equivalent to kindergarten.

METHOD

This paper used a pre-experimental pre-posttest design. The population in this study was 234 mothers with preschool children in ECD and Kindergarten at Condong and Sumber Secang Village, Probolinggo Regency. There were 146 respondents with simple random sampling. The independent variable was training with AVA media, while the dependent variable was maternal skills to provide sex education for preschool children. The instruments were questionnaires, observation sheets, and videos. Data collection techniques began with explaining the study purpose and procedure, then providing an informed consent sheet for respondents. Next, the authors gave a questionnaire sheet. We explained how to fill out questionnaires to collect data on age, occupation, income, and maternal skills to provide sex education for preschool children before training with AVA media. AVA media contained sex educational videos for early childhood with songs and cartoon images showing children's body parts that could and could not be touched by others. After a day, we had a post-test on respondents to remeasure maternal skills to provide sex education for preschool children. Data analysis utilized Fisher's exact test with $\alpha=0.05$. This research has been approved by the Health Research Ethics Committee of STIKES Hafshawaty Pesantren Zainul Hasan with certificate number: KEPK/064/STIKesHPZH/IV/2019.

RESULT

Most respondents in this study were 25-40 years old (74.7%). Furthermore, they were housewives (64.4%). They were in charge of caring for children and families at home and delivering children to school. In addition, they had income from IDR 500,000 to IDR 1,000,000 per month (45.9%). Housewives had a monthly income from their husbands (Table.1).

Table 1. The Characteristics of Respondents by Maternal Age, Maternal Occupation, and Maternal Monthly Income

The characteristics of respondents	Frequency (n)	Percentage (%)
Maternal age (Years)		
18-24	19	13.0
25-40	109	74.7
41-59	17	11.6
≥60	1	0.7
Maternal occupation		
Housewife	94	64.4
Laborer	8	5.5
Farmer	22	15.1
Self-employed	11	7.5
Private sector worker	8	5.5
Civil Servant	3	2.1
Maternal monthly income (IDR)		
<500,000	58	39.7
500,000-1,000,000	67	45.9
>1,000,000	21	14.4

Before training with AVA media, 92.5% of respondents were unskilled in providing sex education for preschool children (Table 2). Most respondents could not tell their children about the body parts that could and could not be touched by others. In addition, they did not comprehend the efforts children must make when experiencing sexual crimes. Furthermore, mothers could not use age-appropriate language in giving early sex education. Meanwhile, 76.7% of respondents were skilled in providing sex education for preschool children after the training (Table 2). Most respondents could properly give sex education to preschool children according to their age and with non-vulgar language. In addition, Fisher's exact test obtained $p=0.048$. There was a significant difference before and after training with AVA media (Table 2). Thus, there was the effect of training with AVA media on maternal skills to provide sex education for preschool children.

Table 2. The Effect of Training with AVA Media on Maternal Skills to Provide Sex Education for Preschool Children

Variable	Frequency (n)	Percentage (%)	<i>p</i>
Maternal skills before training with AVA media (pre-test)			0.048
Unskilled	135	92.5	
Skilled	11	7.5	
Maternal skills after training with AVA media (post-test)			
Unskilled	34	23.3	
Skilled	112	76.7	

DISCUSSION

Sex education transfers information about matters related to the body and sexuality in males and females. Providing quality sex education needs to be pursued continuously. Sex education for preschool children aims to know about their body parts that will grow and develop with age, prevent violence or sexual crimes against children, reduce guilt and shame related to sexuality, and increase the child's response to sexual crimes. Techniques and strategies for sex education are adjusted to the local tribe or culture. One

of the benefits of giving sex education to children according to their age is increasing their knowledge and insight about sex correctly and clearly. So that children are aware of the reproductive organs, both male and female, and understand how to care for them. In addition, other benefits can prevent children from various possible sexual crimes from irresponsible people and provide a sense of responsibility to the children about their sexuality (Haryono *et al.*, 2018).

Maternal skills to provide sex education for preschool children is crucial because mothers are the first educator and the closest person to their children. Skill is an ability performed by a person through real and continuous action and can be done repeatedly by involving cognitive and technical skills (Salsabila, 2017). Internal and external factors affect maternal skills in providing sex education for preschool children. Previous studies revealed that the internal factors included maternal age, education level, occupation, socioeconomics, perceptions, attitudes, beliefs, and motivation (Salsabila, 2017; Fatmawati, BM and Kusumawati, 2018). In addition, the external factors were information sources, media, the school environment, the role of school teachers, and the learning curriculum (Aprilia, 2015; Hety, 2017). Furthermore, teacher skills in providing sex education for preschool children were influenced by age, education, knowledge, employment, tribe, and income (Haryono *et al.*, 2018).

Most respondents in this paper were from 25 to 40 years old (Table 1). The mother's age was in the early adult stage (Nurvianti, 2016). Early adulthood is a reasonably mature age and age that can quickly obtain or receive information from various sources (Notoatmodjo, 2014). The older the mother, the more experience with sexuality. However, not all older mothers were more skilled in providing early sex education (Aprilia, 2015; Nurvianti, 2016).

In addition, most respondents in this study were housewives (Table 1). Mothers not working in the public sector tend to have more spare time. They can monitor children and provide information about child sexuality in their spare time. However, not all housewives are skilled in providing sex education for children. In addition, it is still a taboo thing to talk about in some tribes in Indonesia.

Furthermore, most respondents in this study had income from IDR 500,000 to IDR 1,000,000 per month (Table 1). It is classified as middle socioeconomic. The higher the mother's income, the more easily access various sources and information media, including those related to child sexuality (Salsabila, 2017). Mothers with high family incomes may have a variety of information media. Various sources from print media (such as newspapers, magazines, and books) and electronic media (such as mobile, video, television, and radio) can give information to mothers. The ease of access allows mothers to enhance their understanding of the importance of sex education for preschool children.

Our findings revealed the effect of training with AVA media on maternal skills to provide sex education for preschool children (Table 2). Training in this study provided information by explaining directly about child sexuality. Child sexuality is everything related to the child's biological and physical aspects. The

materials of sex education for children aged 4-6 years are body parts that others cannot touch, body parts that parents can hold during urinating or defecating and bathing, and body parts that health workers can palpate with parents accompanying. In addition, the material consists of children's efforts when having unpleasant actions from strangers, such as groping a body covered in underwear (Salsabila, 2017). In addition, sex education for preschool children should introduce the differences in clothing use (such as skirts for females and pants for males) and play tools (such as cars for males and dolls for females) to avoid mistakes in child sexuality (Hety, 2017).

In addition, AVA media has the benefit of being a tool to make it easier for mothers to remember or see the contents of messages contained in the video so that it can make it easier for mothers to give sex education to their children after the training. A previous study also found improved teacher skills after training on how to provide early sex education to children by using various game media that children like including dolls, puzzles, and singing (Haryono *et al.*, 2018). Teachers and mothers are close people for preschool children because they interact daily with them. Those who have never been exposed to early childhood sex education information will have fewer skills. Meanwhile, those who have been exposed and get training will have better skills.

Information about child sexuality will determine child's knowledge and behavior of their sexuality. Game tools or audiovisual media that are interesting to children's concerns can make it easier for children to understand child sexuality. In addition, research showed that school environmental factors support the success of providing sex education to preschool children. The factors included the role of peers and school and the curriculum or learning process in schools that integrated with early sex education (Aprilia, 2015; Hety, 2017).

CONCLUSION

In conclusion, training with audiovisual media can enhance maternal skills to provide sex education for preschool children. However, the limitations of this research were the lack of frequency in the training and the involvement of the child's close people, such as fathers, grandparents, grandmothers, and teachers. Mothers with preschool children should have the skills to provide early sex education to protect children from sexual crimes affecting their psychological development in adulthood. Furthermore, early sex education could be integrated with the learning process or curriculum in schools and supported by teachers and fathers as the closest person to the child other than the mother.

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