

Overview of Parents' Behavior in Providing Sexual Education to Children Aged 7-11 Years in the Kuranji Health Center Working Area, Padang City

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Abstract

Background: Cases of child sexual abuse are on the rise worldwide. Parents are the primary source of socialization and play an important role in shaping children's attitudes and practices related to sexuality.

Objective: To determine the description of parental behavior in providing sexual education to children aged 7-11 years.

Methods: This study is a descriptive study. The population in the study were all parents who have children aged 7-11 years. The research was conducted in August-December 2023. The research sample amounted to 379 people, with purposive sampling technique. The research instrument used a questionnaire that included knowledge, attitudes, perceptions, beliefs, and behaviors. Data were analyzed using SPSS software to display frequency distribution.

Results: Parents' knowledge is lacking (52.5%), parents' attitudes are not supportive (50.7%), parents with negative perceptions (50.4%), parents' trust is not good (56.5%), and parents' behavior is not good (51.5%).

Conclusion: Most parents' behavior is not good in providing sexual education to children. Education and counseling programs are needed for parents to improve their knowledge, attitudes, perceptions, beliefs, and behaviors related to children's sexual education.

Keywords: Attitudes, beliefs, knowledge, parents, perceptions, sexual education

INTRODUCTION

Child sexual abuse is increasing worldwide, with the WHO estimating that around 1 billion children experienced violence in 2017 and 2018 [1]. UNICEF reports 2.5 million young women in Europe were sexually abused before the age of 15, and 1 in 10 girls in the world experienced violence in 2018 [2]. In Indonesia, KPAI recorded 97 cases of child sexual abuse in the first half of 2019, increasing to 419 cases in 2020 and 426 cases in 2021 according to LPSK [3]. In Padang City, child abuse cases increased from 20 cases in 2020 to 23 cases in 2021, with 12 cases occurring through June 2022. Padang had the highest rate of sexual violence in West Sumatra in 2018 with 53 cases, followed by Padang Pariaman (34 cases) and Pesisir Selatan (33 cases). Kuranji sub-district in Padang had the highest rate of violence with 4 cases according to SI LARAS [4].

The various forms and types of violence experienced by children, including physical, psychological, and

sexual, have serious implications for children's psychological development [5]. This violence can be physically and psychologically damaging to the child if not addressed [6]. Causes of child sexual abuse include individual factors such as physical disabilities, mental retardation, behavioral disorders, ignorance of children's rights, and dependence on adults [7]. Contributing environmental factors include parental ignorance about sex education, children sleeping in the same bed with their parents, and lack of provision for self-preservation. In addition, perpetrators with low education levels and victims who lack knowledge also play a role [8]. Family factors such as an incomplete family, structural poverty, and lack of sexual education from parents are also contributing factors [7].

Putri & Kurniati's research (2019) showed that the majority of parents never explained the function of genitals to their children [9]. Amaliyah & Nuqul (2017) found that many mothers perceive sexual education as something negative and inappropriate for children, thus refusing to provide it [10]. Research by Erfiany et al. (2021) showed that respondents taught children's genital names with different terms such as "titit" for penis and "nunuk" for vagina [11]. Some mothers also do not separate children's rooms. Zakiyah et al. (2018) found that the barriers faced by parents in providing sexual education include discomfort, the assumption that children are not ready, and ignorance of how to deliver it [12].

Parents have a significant influence on children's sexual behavior and identity formation. Parents are the main source of socialization and play an important role in shaping children's attitudes and practices related to sexuality. Providing sexual education by parents has positive impacts such as children having provisions for their future, being able to protect themselves when they are teenagers, knowing boundaries in relationships, and recognizing threats [13]. The negative impact of lack of sexual education is the risk of children becoming victims of sexual violence if they do not have enough knowledge to protect themselves. The family is an important environment in equipping children, especially since perpetrators of sexual violence are often family members themselves. The role of parents, especially mothers, is crucial in preventing sexual violence through attention, love and support. In addition, the role of teachers in sexual education at school is also very important, with materials on puberty and sexual abuse prevention taught early on [14].

Kee-Jiar & Shih-Hui's (2020) research shows that mothers have a greater influence than fathers in providing sexual education to children [15]. According to Lawrence Green's theory (1980), the three main factors that influence behavior are predisposing, enabling, and reinforcing factors. Reinforcing factors include the responsibility of the state and government in protecting children, such as the Community-Based Integrated Child Protection (PATBM) movement launched by the Ministry of Women's Empowerment and Child Protection (KPPA). This movement encourages parents to participate in community activities to provide sexual education to their children [16].

Communities also play a role in promoting sexual education through public service advertisements and campaigns. Enabling factors include affordability of health resources [17]. The government has organized anti-child abuse campaigns involving communities and schools. Body Safety Training (BST) for parents organized by health workers also improves mothers' knowledge and skills in protecting their children [18]. Padang City, as the capital of West Sumatra, has been active in implementing sexual education through the NGO Nurani Perempuan. They educate parents and schools, and provide safe houses, advocacy and services. Various media, such as animated videos for early childhood and leaflets for mothers, have proven effective in improving knowledge and attitudes in preventing sexual violence [19]. Knowledge and attitudes, as predisposing factors according to Lawrence Green's theory, play an important role in sexual education. This is in line with the findings of Putri & Kurniati (2019) which showed a relationship between

maternal knowledge and behavior in providing sexual education [9]. Although many parents still consider it a taboo to talk about sexual education in front of children [20], some have begun to introduce basic concepts of body anatomy and sexual norms to them [21].

OBJECTIVE

This study aims to determine the description of parental behavior in providing sexual education to children aged 7-11 years in the Kuranji Health Center Working Area, Padang City.

METHODS

This type of research is descriptive research to describe the behavior of parents in providing sexual education to children aged 7-11 years. The research was conducted in August-December 2023 in Kalumbuk Village, Kuranji District, Padang City. The population in the study were all parents who had children aged 7-11 years in Kalumbuk Village, totaling 3341 people. The sample in this study amounted to 379 with purposive sampling technique. Prior to data collection, permission was granted and obtained from respondents. The questionnaire was used to collect data on the characteristics of respondents consisting of parental identity, namely: age, education and occupation.

The independent variable instrument consists of: knowledge, attitude, perception, belief, and behavior questionnaires. Validity and reliability tests were conducted on 30 people who had children aged 7-11 years at the Ambacang Health Center. The final interpretation stated that the instrument used was valid and reliable. Ethical approval has been obtained from the Ethics Committee of the Faculty of Nursing, Andalas University (No.144.laiketik/KEPKFKEPUNAND). Data were analyzed using SPSS software version 26. Data analysis included descriptive statistical tests such as frequency distribution and percentage.

RESULT

Table 1. Frequency distribution of knowledge, attitude, perception, belief and behavior of parents in providing sexual education (n=379)

Variables	f	%
Knowledge		
Good	180	47,5
Less	199	52,5
Attitude		
Support	187	49,3
Doesn't support	192	50,7
Persepsi		
Positive	188	49,6
Negative	191	50,4
Belief		
Good	165	43,5
Less	214	56,5
Behaviour		
Good	184	48,5
Bad	195	51,5

Based on table 1, it shows that parental knowledge is lacking (52.5%), parental attitudes are not supportive (50.7%), parents with negative perceptions (50.4) parental trust is not good (56.5%), and parental behavior is not good as much as 51.5%.

DISCUSSION

This study shows that parents' knowledge about sexual education in children aged 7-11 years still needs to be improved. The results revealed that more than half (52.5%) of the parents had inadequate knowledge on this topic, while 47.5% had good knowledge. This finding is consistent with previous studies which also showed that the majority of respondents had inadequate knowledge about sexual education. According to Lawrence Green's theory, knowledge plays a crucial role in shaping one's behavior, including in the context of sexual education by parents [22]. This knowledge includes understanding gained through experience or study, which influences how parents apply these behaviors in educating their children [23]. This study revealed that parents' knowledge about sexual education varied based on age, employment status and education level. Most parents under the age of 30 years had poor knowledge (48.4%), while parents above 30 years had poor knowledge at 56.5%. In addition, working parents with poor knowledge reached 49.7%, while those who were not working reached 55.2%. In terms of education, parents with higher education who had poor knowledge reached 48.6%, while those with lower education reached 56.1%. However, 47.5% of parents had good knowledge about sexual education. This finding is consistent with Putri & Kurniati's (2019) study which also showed that most respondents had poor knowledge about sexual education [9].

The picture of parents' attitudes towards sexual education in children aged 7-11 years shows that 50.7% of parents have an unsupportive attitude towards providing sexual education to their children, while 49.3% have a supportive attitude. This finding is in line with research by Kee-Jiar & Shih-Hui (2020), which found that many parents showed negative attitudes towards the implementation of sexual education both at school and at home [15]. According to Lawrence Green's theory, a person's belief in healthy behavior can motivate the formation of a positive attitude. This means that increasing parents' knowledge and understanding can play an important role in changing their attitudes towards sexual education [24].

This study shows that parents' attitudes towards sexual education for children aged 7-11 years vary based on age, employment status and education level. Parents under 30 years old with an unfavorable attitude reached 47.3%, while those over 30 years old with an unfavorable attitude reached 53.9%. In addition, parents who worked and had an unsupportive attitude reached 46.5%, while those who did not work reached 54.7%. In terms of education, parents with higher education who had an unsupportive attitude reached 45.4%, while those with lower education reached 55.6%. However, there were still parents who had a supportive attitude of 47.5%. This finding is in line with the results of Kee-Jiar & Shih-Hui (2020), which showed that there were parents who showed a positive attitude towards the implementation of sexual education in children at school and at home [15].

The picture of parents' perceptions of sexual education in children aged 7-11 years shows that 50.4% of parents have a negative perception of providing sexual education to their children, while 49.6% have a positive perception. This finding is in line with research conducted by Erfiany et al. (2021), which found that the majority of mothers have a negative perception of sexual education, considering it only relevant for adults [11]. According to Lawrence Green's theory, a person's perception affects their behavior, so this negative perception may affect parents' reluctance to provide proper sexual education to their children [24].

This study shows that parents' perceptions of sexual education for children aged 7-11 years vary based on age, employment status, and education level. Parents below 30 years old with negative perceptions reached 49.5%, while those above 30 years old with negative perceptions reached 51.3%. In addition, working parents with negative perceptions reached 48.7%, while those who were not working reached 52.1%. In terms of education, parents with higher education who had negative perceptions reached 48.6%, while those with lower education reached 52%. However, there were still 49.6% of parents who had a positive perception of sexual education. This finding is consistent with research conducted by Putri & Kurniati (2019), which showed that some mothers showed positive perceptions of sexual education in children, reaching 41.1% [9].

The trust picture shows that most parents (56.5%) have unfavorable trust in providing sexual education to children aged 7-11 years, while 43.5% of parents have good trust. This study supports the findings of Yafie (2017), which showed that many parents still consider sexual education as a taboo topic to discuss with children (20). According to Lawrence Green's theory, a person's belief in healthy behavior influences the formation of a positive attitude. Therefore, health promotion activities are needed to overcome this disbelief and improve conditions that support the formation of healthy behaviors in the community [24]. Nonetheless, there are still a number of parents who have good beliefs about providing sexual education to their children, suggesting variations in parental attitudes and understanding of this topic [21].

The results showed that around 51.5% of parents had poor behavior in providing sexual education to children aged 7-11 years, while 48.5% of parents had good behavior. This finding is in line with the research of Erfiany et al. (2021), who found that many parents provide sexual education in their own language, especially about vital organs [11]. Parental behavior in providing sexual education is influenced by factors such as knowledge, perceptions and beliefs. According to Lawrence Green's theory, these factors are predisposing in shaping behavior. Therefore, to improve parental behavior in providing sexual education, a comprehensive approach is needed that includes increasing knowledge, changing perceptions, and building positive trust [20, 22].

The picture shows that parents' behavior in providing sexual education to children aged 7-11 years varies based on age, employment status, and education level. Parents under 30 years old with poor behavior reached 47.8%, while those aged 30 years and above reached 54.9%. Both working and non-working parents showed significant levels of poor behavior, with percentages of around 49.2% and 53.6% respectively. In addition, parents with higher education who had poor behavior reached 47.5%, while those with lower education reached 55.1%. However, there were still 48.5% of parents who showed good behavior in providing sexual education to their children. These findings emphasize the need for broader interventions to improve parental behavior in sexual education, taking into account various factors such as age, occupation, and education level.

In conclusion, this study emphasizes the important role of families, especially parents, in providing character education including sexual education to children. Parents have a great responsibility in providing appropriate knowledge to protect children from sexual violence and forming positive attitudes towards healthy sexual behavior. The family environment plays a crucial role in shaping children's ethical behavior, morals, and trust in themselves and others [25]. With timely sexual education, parents can prepare children to recognize and avoid dangerous situations and understand the importance of maintaining personal health and safety [20, 23]. Prevention of sexual abuse against children needs to be integrated, involving teachers, parents and the community. Intervention models such as "Bintang Kejora" can be an important strategy in this effort in Padang City [27].

In addition, interventions conducted by mothers, such as the "ICAS" model, can increase children's knowledge and improve mother-child interactions, and can be adopted as a preventive measure in other parts of Indonesia [28, 29]. Cooperation between the government, parents and communities is needed to raise awareness of child abuse and build effective parenting, so that children can grow and develop in a safe and supportive environment [30].

CONCLUSION

Based on the results of the study, most parents lack knowledge, parents' attitudes are not supportive, parents with negative perceptions, parents' beliefs are not good and parents' behavior is not good in providing sexual education to children. Education and counseling programs are needed for parents to improve their knowledge, attitudes, perceptions, beliefs, and behaviors related to children's sexual education.

CONFLICT OF INTEREST

The authors declare no potential conflicts of interest in connection with the research, authorship and/or publication of this article.

REFERENCE

1. World Health Organization. A Look At Child Abuse On The Global Level [Internet]. WHO. 2017. Available from: <https://www.pbc2019.org/protection-ofminors/%0Achild-abuse-on-the-global-level>
2. UNICEF. A familiar face Violence in the lives of children and adolescents [Internet]. Unicef. 2017. Available from: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health/?gad_source=1&gclid=CjwKCAjwhIS0BhBqEiwADAUhc8pzm3VHX3LnxKYsMwUAbAkKR6Z7USrxF0xSIUjcMDEo88JMdy3qAhoCE9gQAvD_BwE
3. LPSK. Lindungi Anak Indonesia dari Kekerasan Seksual di Keluarga [Internet]. LPSK. 2019. Available from: <https://infopublik.id/kategori/politik-hukum/361743/lindungi-anak-indonesia-dari-kekerasan-seksual-di-keluarga?show=>
4. SIMFONI PPA. Rasio Anak Korban Kekerasan [Internet]. SIMFONI PPA. Available from: <https://kekerasan.kemenpppa.go.id/>
5. Neherta M, Fajria L, Mansur AR. "Gunung Es" Kekerasan Pada Anak Di Dalam Keluarga. Indramayu: Penerbit Adab; 2023.
6. Neherta M, Banowo AS, Mulyasari I. Tiga Kekuatan Solusi Mencegah Kekerasan Seksual Pada Anak Sekolah Dasar. Indramayu: Penerbit Adab; 2023.
7. Setiani FT, Handayani S, Warsiti. Studi Fenomenologi Faktor Faktor Yang Mempengaruhi Terjadinya Kekerasan Seksual Pada Anak Perempuan Di Kabupaten Wonosobo. J PPKM II. 2017;122–8.
8. Dahlia S, Yusran S, Tosepu R. Analisis Faktor Penyebab Perilaku Pelecehan Seksual Terhadap Anak Di Bawah Umur Di Kecamatan Angata Kabupaten Konawe Selatan. J Ilm Ilmu Keperawatan [Internet]. 2022;13(3):171. Available from: <https://stikes-nhm.e-journal.id/NU/index>
9. Putri PCS, Kurniati DPY. Determinan Perilaku Ibu Dalam Memberikan Pendidikan Seks Pada Anak Usia Dini Di Desa Kutampi Kaler Tahun 2019. Arch Community Heal. 2019;6(2):99.
10. Amaliyah S, Nuqul FL. Eksplorasi Persepsi Ibu tentang Pendidikan Seks untuk Anak. Psymphatic J Ilm Psikol. 2017;4(2):157–66.
11. Erfiany FE, Suryawan A, Nawangsari NAF, Wittiarika ID. the Perceptions, Attitudes and Behaviors

- of Mothers in Providing Early Sex Education. *Indones Midwifery Heal Sci J*. 2021;4(2):168–78.
12. Zakiyah R, Prabandari YS, Triratnawati A. Tabu, hambatan budaya pendidikan seksualitas dini pada anak. *Ber Kedokt Masy*. 2018;32(9):323.
 13. Widia. Peran Ibu Dalam Mengenalkan Pendidikan Seks Pada Anak Usia Dini Di Kelurahan Pontap Kecamatan Wara Timur Kota Palopo Tahun 2021. 2021;
 14. Torres MI, Granberry P, Person S, Allison J, Rosal M, Rustan S. Influential Factors of Puerto Rican Mother–Child Communication About Sexual Health Topics. *Matern Child Health J*. 2016;20(11):2280–90.
 15. Kee-Jiar Y, Shih-Hui L. A systematic review of parental attitude and preferences towards implementation of sexuality education. *Int J Eval Res Educ*. 2020;9(4):971–8.
 16. Candrawati RD, Wiguna PK, Malik MF, Nurdiana A, Salbiah, Runggandini SA, et al. Promosi Dan Perilaku Kesehatan. 2023. 1–43 p.
 17. Elisabeth N, Yulika F, Waspada AEB. Desain Komunikasi Visual Iklan Layanan Masyarakat tentang Pelecehan Seksual pada Anak di Kota Medan. *ANDHARUPA J Desain Komun Vis Multimed*. 2018;4(02):188–95.
 18. Khoori E, Gholamfarkhani S, Tatari M, Wurtele SK. Parents as Teachers: Mothers’ Roles in Sexual Abuse Prevention Education in Gorgan, Iran. *Child Abus Negl [Internet]*. 2020;109(March):104695. Available from: <https://doi.org/10.1016/j.chiabu.2020.104695>
 19. Neherta M, Nurdin Y. Optimalisasi Peran Ibu Sebagai Pencegahan Primer Kekerasan Seksual Terhadap Anak. *Fakultas Kesehatan Masyarakat*; 2017.
 20. Yafie E. Peran orang tua dalam memberikan pendidikan seksual pada anak usia 5-6 tahun. *J Ris Golden Age PAUD UHO*. 2022;5(3):331–8.
 21. Ciptiasrini U, D. Astarie A. Persepsi dan Peran Orang Tua Terhadap Pemberian Pendidikan Seksual pada Anak. *J Kebidanan dan Keperawatan Aisyiyah*. 2020;16(1):19–26.
 22. Rahmawati I, Retno DS, Soedirham O, Saptandari W P. Families / Parents in Premarital Sexual Prevention in Jember, Indonesia. *NurseLine J*. 2018;3(2):89–99.
 23. Swarjana IK. Konsep Pengetahuan, Sikap, Perilaku, Persepsi, Stres, Kecemasan, Nyeri, Dukungan Sosial, Kepatuhan, Motivasi, Kepuasan, Pandemi Covid-19, Akses Layanan Kesehatan – Lengkap Dengan Konsep Teori, Cara Mengukur Variabel, Dan Contoh Kuesioner. Indra R, editor. Yogyakarta: Penerbit Andi; 2022.
 24. Irwan. *Etika Dan Perilaku Kesehatan*. 2020.
 25. Neherta M, Fajria L, Mansur AR. Overview of Child Violence in the Family in Padang Indonesia. *Indian J Public Health*. 2024;68(1):26–30.
 26. Insiyah NS, Hidayat S. Kajian tentang Komunikasi Orang Tua dalam Pendidikan Seks untuk Anak Sekolah Dasar. *Pedadidaktika J Ilm Pendidik Guru Sekol Dasar [Internet]*. 2020;7(2):222–33. Available from: <https://ejournal.upi.edu/index.php/pedadidaktika/article/view/25342>
 27. 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):473–8.
 28. Neherta M, Nurdin Y. The modeling of optimizing the role of mothers as prevention of sexual violence against pre-school children in Batusangkar West Sumatra Indonesia 2017. *Indian J Public Heal Res Dev*. 2018;9(9):253–8.
 29. Neherta M. Modul Intervensi Pencegahan Kekerasan Seksual terhadap Anak. *Fak Kesehat Masy Univ*

- Andalas [Internet]. 2017;1(1):1–63. Available from: <https://www.pdfdrive.com/intervensi-pencegahan-kekerasan-seksual-terhadap-anak-intervensi-pencegahan-kekerasan-e103738013.html>
30. Neherta M, Banowo AS, Sari IM. Peran Kunci Mencegah Kekerasan Terhadap Anak. Indramayu: Penerbit Adab; 2023.