

Health Literacy Through Local Language Pop-Up Books in Preventing Child Sexual Abuse

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Abstract

Health literacy in the prevention of child sexual abuse is crucial for safeguarding the younger generation. Child sexual abuse is most frequently perpetrated by individuals close to the child. Therefore, an effective approach and suitable media are required to prevent children from falling victim to abuse by making them aware of potential dangers within their immediate environment. This study aims to assess the impact of health literacy using local language pop-up books in preventing child sexual abuse.

The research adopts an intervention study design with a quasi-experimental approach, specifically the Non-equivalent Control Group design. The study population comprises elementary school students in Sidrap Regency. The sample consists of 100 participants divided into intervention and control groups, each containing 50 individuals. The sample selection employs purposive sampling techniques. Data analysis involves the Mann-Whitney and Wilcoxon tests. The intervention group receives health literacy through the use of pop-up books, while the control group utilizes conventional storybooks. The media content encompasses health literacy in preventing child sexual abuse using the local language. The evaluated variables include knowledge, self-awareness, and self-skills.

The research results demonstrate an increase in knowledge scores before and after the intervention in the intervention group, from 7.34 to 9.58 ($p < 0.001$), and in the control group, from 7.56 to 10.74 ($p < 0.001$). Similarly, self-awareness scores before and after the intervention in the intervention group increase from 7.62 to 9.76 ($p < 0.001$), and in the control group, from 7.7 to 9.16 ($p < 0.001$). Regarding self-skills, there is an increase in scores before and after the intervention in the intervention group, from 5.82 to 6.78 ($p = 0.002$), and in the control group, from 6.66 to 7.32 ($p = 0.002$). The use of local language media, presented in the form of pop-up books or storybooks, is recommended for efforts to prevent child sexual abuse in school-aged children.

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Introduction

Research on health literacy in the prevention of child sexual abuse is of utmost importance in safeguarding future generations. The United Nations Children's Fund (UNICEF) reports that approximately 120 million children under the age of 20 have experienced forced sexual intercourse or other forms of sexual coercion^[1]. In the United States, child sexual abuse affects about 16.3% of females and 6.7% of males^[2]. Meanwhile, in Japan, the rates of child sexual abuse among females range from 1.3% to 8.3%, and for males, it is approximately 0.5% to 1.3%^[3]. In Indonesia, child sexual abuse is also a serious concern, with some studies estimating a prevalence as high as 66%^[4].

Research on health literacy in the prevention of child sexual abuse is of paramount importance in the endeavour to safeguard the younger generation. The United Nations Children's Fund (UNICEF) reports that approximately 120 million children under the age of 20 have experienced forced sexual intercourse or other forms of sexual coercion^[1]. In the United States, child sexual abuse affects approximately 16.3% of females and 6.7% of males^[2]. In Japan, the prevalence of child sexual abuse ranges from 1.3% to 8.3% among females and about 0.5% to 1.3% among males^[3]. In Indonesia, child sexual abuse is also a serious issue. Several studies have examined the prevalence of child sexual abuse in Indonesia, with estimates suggesting it may reach as high as 66%^[4].

Child sexual abuse is most commonly perpetrated by individuals close to the child, such as biological fathers, stepfathers, siblings, relatives, neighbours, and peers. Consequently, there is a pressing need for effective and targeted strategies or approaches to prevent children from experiencing abuse by raising awareness of potential dangers within their immediate environment. Health literacy is considered one such effective strategy for expanding family insights into protecting children from sexual abuse. Families typically uphold values related to safeguarding children from harm and the consequences of sexual abuse. Health literacy, as defined by Watkins and Xie (2014), refers to the extent to which individuals acquire, process, and understand the fundamental health information and services needed to make informed health decisions^[5]. In particular, Nutbeam (2000) emphasizes that health literacy empowers individuals to become aware and take action in addressing health issues. Furthermore, health literacy enhances self-skills, cognitive abilities, and social competencies, which are crucial in an individual's ability to access, comprehend, and utilize information for the promotion and maintenance of their well-being^[6].

Through health literacy strategies, it is hoped that both children and their families can become aware of the dangers and consequences of sexual abuse, enabling them to engage in early prevention measures. To effectively implement health literacy strategies, the support of appropriate media is essential. Providing health literacy to children necessitates the selection of suitable media that can enhance their knowledge and awareness of the issues at hand^[7]. Literacy media

categories suitable for children include electronic and print media. In this study, visual media in the form of a pop-up book is employed to minimize radiation exposure to children. A pop-up book is a unique type of print media that incorporates movable or three-dimensional elements, offering a more visually engaging representation compared to other print media. This enhances children's comprehension and makes the content more accessible to the young readers.

One notable study that unequivocally highlights the advantages of this medium is the research conducted by Fadillah and Lestari (2016), which reported that the average assessment of pop-up books by students during the field-testing phase yielded an impressive 99.46% rating, classified as 'excellent.' Teachers and students encountered no difficulties when using pop-up books^[8]. Children are drawn to books featuring colourful illustrations, which are harnessed as health literacy media. It is easier for the target audience, children, to comprehend content when it is presented in a language they understand. This pop-up book medium will be designed in the local language to ensure effective utilization by the children in the intervention area. The objective of this study is to evaluate the knowledge, self-awareness, and self-skills related to the prevention of child sexual abuse after receiving health literacy through the use of local language pop-up books.

Methods

This research constitutes a quasi-experimental study employing a non-equivalent control group design. Quasi-experiments encompass a control group, yet they are not entirely effective in controlling external variables that may influence the experiment's execution. The study comprises two groups: one undergoing intervention through pop-up books, and the other serving as the control group using conventional storybooks. These pop-up books and storybooks were thoughtfully crafted to align with the informational needs of elementary school students within the research locale, employing the local vernacular. The creation of these media involved a structured process: 1) Identification of content information requirements through discussions with various elementary school students, parents, and teachers from different schools, ensuring a divergence in the intervention and control locations to prevent information exposure, while preserving the homogeneity of the target audience with the research area. These discussions also served the dual purpose of pinpointing the types of imagery and characters preferred for inclusion within the media, be it in pop-up books or storybooks. 2) Deliberations on the linguistic appropriateness, media content, and imagery for children involved consultations with local language experts, representatives from the domains of Women's Empowerment and Child Protection in the research region, and medical professionals. 3) The visual design for the pop-up book and storybook media was meticulously crafted by comic artists and illustrators with specialized expertise in children's literacy media. 4) Media feasibility was tested with select elementary school students, parents, and teachers at different locations, yet maintaining the homogeneity of the target audience in relation to the research area. 5) Subsequent to recommendations derived from the feasibility assessment, the media underwent revisions and was deemed ready for deployment as an intervention tool.

The population for this study comprised all public elementary school students in Sidrap Regency, South Sulawesi. The sample size for both the intervention and control groups was 50 students each. The sample selection utilized purposive sampling with the following criteria: 1) Elementary school students, with the lowest grade being third grade, 2) Proficient in

reading and effective communication, 3) Willing to participate in interviews, 4) Obtained parental or guardian consent. Respondents who were unwell or transferred to another school during the data collection process were excluded from the research sample.

The selection of elementary schools as the research locations was based on recent instances of child sexual abuse occurring in the vicinity of the chosen schools within the last two years. During the preliminary study, it was identified that there had been two cases of child sexual abuse in the research area, which are still under mediation by the Women's Empowerment and Child Protection sector of Sidrap Regency. The instruments employed in this study included questionnaires, pop-up book literacy media, and storybooks. The variables assessed in this research encompass the children's knowledge, self-awareness, and self-skills in preventing child sexual abuse. Data analysis was conducted using the Wilcoxon Sign Rank Test and Mann Whitney U test. The selection of these two tests was based on the results of data normality tests, which indicated that both groups had non-normally distributed data.

Results

The study was conducted among elementary school students in two primary schools in Sidrap Regency, South Sulawesi. In terms of grade levels, the majority of participants were sixth-grade students, accounting for 45% of the sample, with the most dominant age being 11 years (43%). The number of respondents of both genders, females and males, was nearly balanced. The characteristics of the participants are detailed in Table 1 below:

Table 1. Frequency Distribution of Respondents Based on Demographic Characteristics

The characteristics of students	n	%
Class		
3	9	9.0
4	14	14.0
5	32	32.0
6	45	45.0
Age		
8	3	3.0
9	13	13.0
10	26	26.0
11	43	43.0
12	15	15.0
Gender		
Male	46	46.0
Female	54	54.0

Considering the parents' educational background, both maternal and paternal education levels were predominantly high school graduates, comprising 42% of the respondents. A significant portion of the respondents had fathers employed in the private sector (40%). As for the mothers' occupation, the majority were engaged in homemaking, accounting for 59%.

Table 2. Frequency Distribution of Respondents Based on Parental Demographic Characteristics

The Characteristics of Parents	n	%
Father's Education		
Elementary School	12	12.0
Junior High School	28	28.0
High School	42	42.0
Bachelor's Degree	18	18.0
Mother's Education		
Elementary School	10	10.0
Junior High School	27	27.0
High School	42	42.0
Bachelor's Degree	21	21.0
Father's Occupation		
Labourer	16	16.0
Teacher/Lecturer	8	8.0
Office Worker	3	3.0
Farmer	22	22.0
Police/Military	4	4.0
Driver/Rickshaw Operator	7	7.0
Entrepreneur	40	40.0
Mother's Occupation		
Teacher/Lecturer	10	10.0
Homemaker	59	59.0
Office Worker	5	5.0
Farmer	1	1.0
Entrepreneur	25	25.0

In addition to the respondents' characteristics, measurements were taken to assess the knowledge, self-awareness, and self-skills of elementary school students regarding the prevention of child sexual abuse. The results of the knowledge assessment can be observed in Table 3 below:

Table 3. Hypothesis Testing Results Based on Knowledge Scores

Group	Pre-Test	Post-Test	p
	$\bar{x} \pm SD$	$\bar{x} \pm SD$	
Intervention	7.34 ± 2.34	9.58 ± 2.48	< 0.001 ^a
Control	7.56 ± 2.14	1.74 ± 1.87	< 0.001 ^a
p	0.650 ^b	0.007 ^b	

The pre-test measurements of the participants revealed an average knowledge score of 7.34 in the intervention group and 7.56 in the control group. These two values did not exhibit any significant difference ($p=0.650$). In the post-test measurements, the average knowledge scores were 9.58 in the intervention group and 10.74 in the control group. These two post-test values demonstrated a significant difference ($p=0.007$).

When considering the aspect of change before and after the intervention, the results indicate a shift in knowledge scores before and after the treatment in the intervention group, with scores moving from 7.34 to 9.58. This difference is statistically significant with a value of $p<0.001$. Similarly, in the control group, there was a change in knowledge scores, going from 7.56 to 10.74. This score difference is also statistically significant with a value of $p<0.001$. Subsequently, the results of self-awareness measurements for the respondents can be observed in Table 4 below:

Table 4. Hypothesis Testing Results Based on Self-Awareness Scores

Group	Pre-Test	Post-Test	p
	$\bar{x} \pm SD$	$\bar{x} \pm SD$	
Intervention	7.62 ± 1.90	8.76 ± 1.54	<0.001 ^a
Control	7.70 ± 2.13	9.16 ± 1.65	<0.001 ^a
p	0.649 ^b	0.022 ^b	

The pre-test measurements of the students revealed an average self-awareness score of 7.62 in the intervention group and 7.70 in the control group. These two values did not show any significant difference ($p=0.649$). In the post-test measurements, the average self-awareness scores were 8.76 in the intervention group and 9.16 in the control group. These two post-test values displayed a significant difference ($p=0.022$). When considering the aspect of change before and after the intervention, the results indicate a shift in self-awareness scores before and after the treatment in the intervention group, moving from 7.62 to 9.76. This difference is statistically significant with a value of $p<0.001$. Similarly, in the control group, there was a change in self-awareness scores, going from 7.70 to 9.16. This score difference is also

statistically significant with a value of $p < 0.001$. In addition to the variables of knowledge and self-awareness, measurements were also taken regarding the self-skills of the children, the results of which can be seen in Table 5 below:

Table 5. Hypothesis Testing Results Based on Self-Skills Scores

Group	Pre-Test	Post-Test	<i>p</i>
	$\bar{x} \pm SD$	$\bar{x} \pm SD$	
Intervention	5.82 ± 1.74	6.78 ± 1.76	0.002 ^a
Control	6.66 ± 1.50	7.32 ± 1.20	0.002 ^a
<i>p</i>	0.007 ^b	0.109 ^b	

The pre-test measurements of the students revealed average self-skills score of 5.82 in the intervention group and 6.66 in the control group. These two values exhibited a significant difference ($p=0.007$). In the post-test measurements, the average self-skills scores were 6.78 in the intervention group and 7.32 in the control group. These two post-test values indicated a significant difference in self-skills scores ($p=0.022$). When considering the aspect of change before and after the intervention, the results indicate a shift in self-skills scores before and after the treatment in the intervention group, moving from 5.82 to 6.78. This difference is statistically significant with a value of $p=0.002$. Similarly, in the control group, there was a change in self-skills scores, going from 6.66 to 7.32. This score difference is also statistically significant with a value of $p=0.002$.

Discussion

The majority of empirically evaluated interventions for the prevention of child sexual abuse in developing countries have primarily focused on preschool and primary school-aged children^[9]. The age group most at risk for sexual abuse comprises children aged 7-13 years^[10]. A reported case study found that approximately 34% of 128 female children who experienced sexual abuse under the age of 14 were either preschool-aged or as young as 2 years old. In this study, the target population consists of elementary school students ranging in age from 8 to 12 years, with a higher proportion of female respondents than male ones^[11].

In recent years, strategies used to prevent child sexual abuse in various parts of the world have largely focused on children's literacy to develop knowledge and skills^[12]. Efforts to prevent cases of child sexual abuse include equipping children with knowledge about sexuality that is age-appropriate for their emotional development^[13]. Early-age knowledge about preventing child sexual abuse encompasses several aspects, such as: 1) Understanding the four parts of the body that should not be touched or seen by others, which are the mouth, chest, genitals, and buttocks. 2) Safe touches include areas like the head, hands, and feet. 3) Informing children that no one should see or touch their private areas, and no one

should force them to see or touch someone else's private areas. 4) Ensuring the child's privacy from others during activities like bathing, dressing, and sleeping. 5) Parents should explain that some adults, like doctors/nurses/midwives, may need to conduct examinations when a child is unwell, but the child is strongly encouraged to say 'NO' if the situation makes them uncomfortable^[14].

The primary school curriculum in Indonesia has initiated efforts to incorporate sexual education, with provisions, but the prevention of child sexual abuse remains a peripheral and optional concern. One elementary school that has implemented a curriculum with sexual education content for the prevention of child sexual abuse is SD Muhammadiyah Surakarta. A study was conducted at this school as an evaluation material, with the aim of assessing children's knowledge levels regarding the prevention of child sexual abuse and their self-protection skills, based on gender. The research results indicate that children's ability to disclose incidents of sexual abuse they have experienced is remarkably low^[15].

The low level of children's knowledge regarding the prevention of child sexual abuse underscores the need for literacy tailored to their level of understanding and needs. In this research, pop-up books and storybooks were used as media with stories designed to align with the daily lives of children at home and at school. The research results demonstrate a significant improvement in knowledge, both among the group using pop-up books and the group using storybooks.

Schools are a logical choice for educating children about the prevention of child sexual abuse, given that the primary function of schools is child education^[16]. Several empirical studies on school-based child sexual abuse prevention programs have been conducted in the USA, Canada, the UK, Ireland, and Australia. School-based child sexual abuse prevention education programs have also been evaluated in South Korea, Taiwan, and China^{[17],[18],[19]}. A comprehensive health literacy program is crucially designed to protect children from sexual abuse when parents feel uncomfortable discussing such matters with their children due to the cultural taboos prevalent in Indonesia and Asia as a whole^{[20],[21],[22],[23]}.

Sex education has been incorporated into the primary school curriculum in Indonesia, covering fundamental competencies for students from grades one to six^{[24],[25]}. The basic competencies for first-grade students include understanding body organs and which body parts can be touched safely by others, as well as maintaining personal hygiene and cleanliness. For sixth-grade students, the education aims to develop competencies in identifying signs of puberty and reproductive health. Sex education is integrated into the curriculum under the overarching theme of literacy about 'Myself and My Body'^[26].

It's not just knowledge that children need in terms of sexual abuse prevention; awareness is equally important. To protect children from sexual abuse and encourage victims to seek help, it is essential to raise their awareness of this phenomenon. One way to enhance children's awareness is through literacy using media, as children are regular consumers of various forms of media^[10]. In this study, the intervention using pop-up books significantly increased children's self-awareness regarding the prevention of sexual abuse. This increase in self-awareness was also significant in the group that received storybooks with characters and content identical to the pop-up book. School-based sexual abuse prevention programs are developed and implemented not only for children's literacy but can also target parents and teachers. Such programs demonstrate their effectiveness in enhancing awareness of child sexual abuse and reducing its

risks^[16].

Self-skills can be described as a combination of knowledge and self-awareness that results in skill development through group instructions to help children protect themselves from sexual crimes^[26]. Children often have limitations in practical self-safety knowledge, especially regarding the dangers of sexual abuse^[27]. The cognitive limitations that children have make them vulnerable to the dangers of sexual abuse. A lack of proper literacy regarding the risks faced by children related to sexual abuse makes them rely on their own interpretations of what is dangerous from their perspective^[27].

In general, perpetrators of child sexual abuse are known to the victims, although there are also cases where the perpetrator is a stranger to the child. Literacy related to self-skills in preventing sexual abuse can include teaching children how to interact with strangers, such as not getting into the car of an unfamiliar person, not going to isolated places, refusing gifts or invitations from strangers, and being cautious if a stranger is following them^[14]. Perpetrators of sexual abuse often use gifts to gain a victim's trust. Therefore, children need to be equipped with the ability to immediately inform their parents if someone offers them gifts, asks them to keep secrets, or tries to spend time alone with them without their parents present^[14]. Efforts to reduce the risk of sexual abuse can include^[28]: 1) Always locking bedroom and bathroom doors when inside, 2) Getting into the habit of not accepting gifts from others without their parents' permission, 3) Not separating from friends, 4) Behaving well and cautiously, and 5) Dressing neatly and modestly.

The pop-up book and storybook used in this study cover the self-skills that children need to have to prevent themselves from experiencing sexual abuse. The results of the study show a significant increase in self-skill scores in both the intervention and control groups. Both media contain information presented in the local language to facilitate children's understanding and bring them closer to everyday aspects of the self-skills they need for preventing sexual abuse.

Conclusion

There are differences in the knowledge, self-awareness, and self-skills of children before and after receiving health literacy through the use of local-language pop-up books and storybooks on preventing sexual abuse. These differences increased significantly in both groups. Therefore, it is recommended to supplement the existing primary school curriculum with local-language media literacy to prevent sexual abuse among schoolchildren in the form of pop-up books and storybooks.

Attachment



Figure 1. The cover display of the pop-up books

Pengenalan Karakter

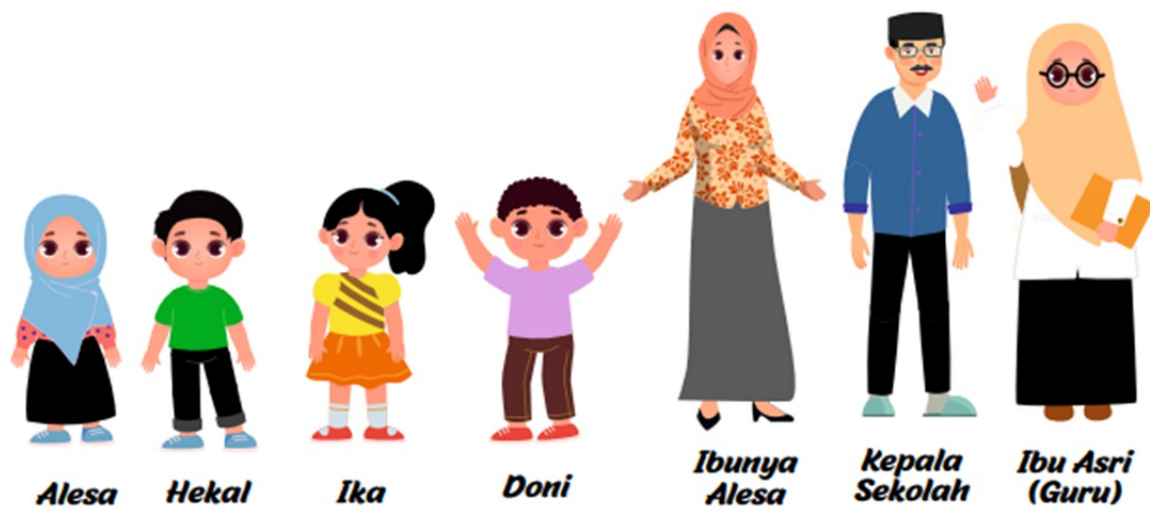


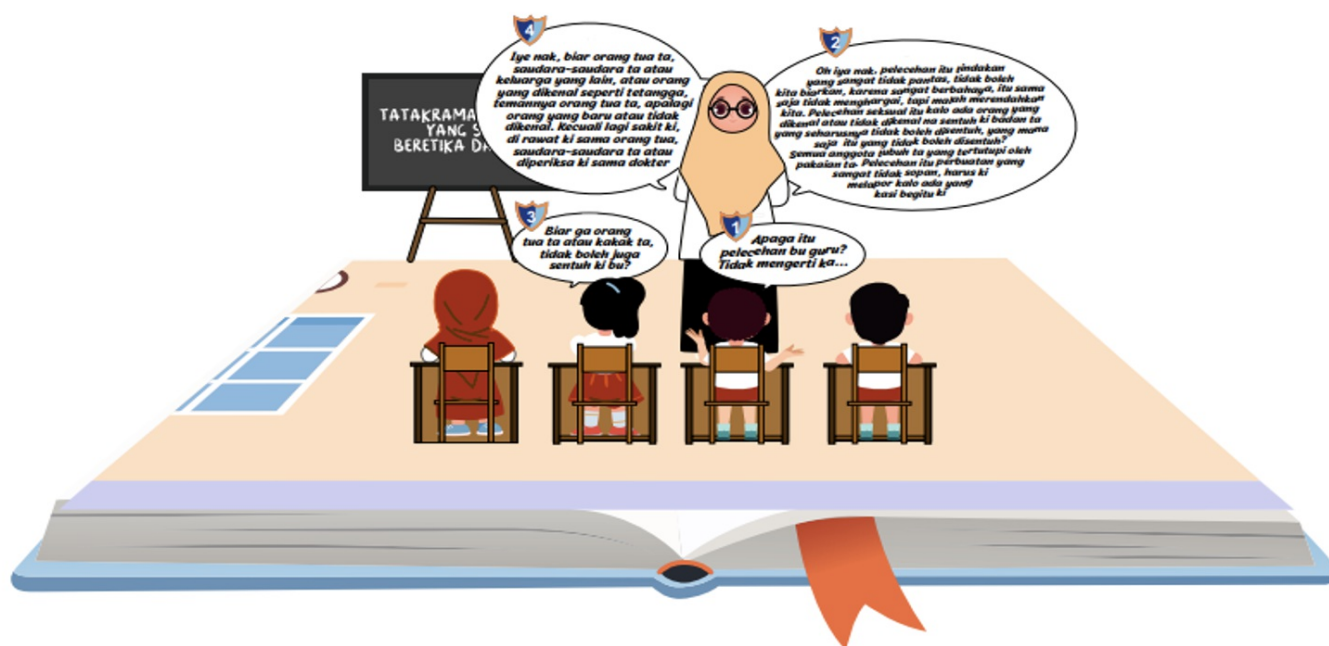
Figure 2. The characters and figures within the pop-up books

Figure 2. The characters and figures within the pop-up books



Figure 3. The first page spread in the pop-up book depicts a scene at one of the children's homes

Di dalam kelas, Ibu Asri sebagai wali kelas sebelum memulai pelajaran memberikan nasehat kepada murid-murid kelas 5 mengenai tata krama, etika, pergaulan di lingkungan sehari-hari



7

Figure 4. One of the featured scenes is set in a classroom within the pop-up books

Ethical considerations

Prior to conducting data collection at the study location, ethical permission was obtained from the Faculty of Public Health Ethics Committee at Hasanuddin Universitas, under the reference number 14728/UN4.14.1/TP.01.02/2022. Approval forms for respondent involvement were obtained from all participants in this study, where the children were accompanied by their parents in expressing their consent.

Conflict of Interest

The authors declare no conflict of interest.

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