

Improving Knowledge of Early Sexual Education Through Community-Based Counseling at TKQ Fathussalam Al Mubaarok

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ABSTRACT

Early sexual education plays a crucial role in protecting children from sexual violence, which remains a serious global and national concern. Children aged 4–6 years are particularly vulnerable due to their limited cognitive and communication abilities to recognize unsafe situations and report inappropriate behavior. Parents and teachers play an important role in providing age-appropriate sexual education to enhance children's self-protection skills. This study aimed to evaluate the effectiveness of an educational intervention in improving the knowledge of parents and teachers regarding early sexual education at TKQ Fathussalam Al Mubaarok, Bandung City. A quantitative quasi-experimental study with a one-group pre-test–post-test design was conducted involving 115 participants selected through total sampling. The intervention consisted of counseling sessions covering body safety, appropriate and inappropriate touch, and parent–child communication. Data were collected using a validated questionnaire and analyzed using descriptive statistics and the Wilcoxon Signed-Rank Test. The results showed a substantial improvement in participants' knowledge after the intervention. The proportion of participants with good knowledge increased from 13.05% to 62.61%, while no participants remained in the poor knowledge category. The Wilcoxon Signed-Rank Test revealed a statistically significant difference between pre-test and post-test knowledge scores ($Z = -8.954$; $p < 0.001$). These findings indicate that educational counseling is effective in improving parental and teacher knowledge regarding early sexual education and can serve as an important strategy for child sexual abuse prevention.

Keywords: early sexual education; child protection; parental knowledge; educational intervention

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INTRODUCTION

Child sexual abuse is a pressing global issue. Globally, data from organizations such as UNICEF and the World Health Organization indicate that millions of children experience sexual violence. The majority of victims are girls, although boys are also at significant risk. In Asia, including Southeast Asia, underreporting due to social taboos suggests that the actual prevalence is likely much higher than official data. In Indonesia, reports from the Ministry of Women's Empowerment and Child Protection and the Indonesian Child Protection Commission show an increasing trend in child sexual abuse cases. The Online Information System for the Protection of Women and Children (SAKTI) records thousands of cases annually, with sexual violence comprising a significant proportion, often perpetrated by individuals close to the victim or family members. These findings highlight the urgent need for knowledge-based interventions starting at the family level.

Child sexual abuse is influenced by complex factors involving perpetrators, victims, and the environment. Perpetrator-related factors include psychological problems,

history of trauma, substance abuse, and poor impulse control. From the victim's perspective, lack of understanding of body boundaries, privacy, and inability to refuse inappropriate touch increases vulnerability. Environmental factors such as limited parental supervision, exposure to pornography, and cultural taboos and victim-blaming attitudes further contribute to the risk. Additionally, parents' limited ability to recognize warning signs such as grooming and to teach protective vocabulary (safety words) exacerbates the situation.

The impact of child sexual abuse is severe and long-lasting, affecting physical, psychological, social, and academic development. Psychologically, victims may experience Post-Traumatic Stress Disorder (PTSD), anxiety, depression, and trust issues. In the long term, they may face sexual dysfunction, risky behaviors, identity disturbances, and self-harm. Social impacts include difficulties in social interaction, isolation, and stigma. Therefore, prevention through early education is far more crucial than post-trauma intervention.

Parents play a critical role as the first line of defense in prevention efforts. Early sexual education should be provided as part of character building and personal safety education. This education emphasizes body awareness, body autonomy, and the understanding of safe and unsafe touch. UNICEF highlights that child protection requires active parental involvement in delivering age-appropriate, clear, and honest information. Studies by Saraswati (2018) and Widjaja (2020) indicate that knowledgeable parents are more capable of fostering open communication, enabling children to report uncomfortable experiences.

Health education aims to improve the knowledge of individuals, groups, and communities to promote healthy behavior (Fitriani, 2011). Through educational interventions targeting parents and teachers at TKQ Fatushalam Al Mubaarak, it is expected that awareness of the importance of early sexual education will increase. Furthermore, it is hoped that the perception of sexual education as a taboo subject will change, enabling parents and teachers to provide appropriate education as a protective measure for children.

METHODS

This study employed a quantitative quasi-experimental design using a one-group pre-test–post-test approach. The study was conducted among parents, teachers, and school administrators of TKQ Fathussalam Al Mubaarak, Bandung City, Indonesia. A total of 115 participants were recruited using a total sampling technique.

The educational intervention consisted of lectures, interactive discussions, question-and-answer sessions, and educational materials focusing on body safety, body autonomy, appropriate and inappropriate touch, and effective parent–child communication regarding personal safety. Prior to the intervention, participants completed a pre-test questionnaire to assess baseline knowledge. Following the educational session, participants completed the same questionnaire as a post-test evaluation.

The questionnaire used in this study had undergone validity and reliability testing before implementation. Data were analyzed using descriptive statistics to describe participant characteristics and knowledge levels before and after the intervention. To determine the effectiveness of the intervention, the Wilcoxon Signed-Rank Test was performed to compare pre-test and post-test knowledge scores. Statistical significance was established at $p < 0.05$.

The activity was conducted on October 15, 2025, at TKQ Fathussalam Al Mubaarok, Sukaraja District, Bandung City.

RESULTS AND DISCUSSION

A total of 115 participants consisting of parents, teachers, and school administrators participated in the educational intervention. Most participants were aged 20–35 years (53.91%), had completed senior high school education (62.62%), and were housewives (55.65%).

Table 1. Characteristics of Participants (n = 115)

Characteristics	Frequency (f)	Percentage (%)
Age		
< 20 years	49	42,60%
20 - 35 years	62	53,91%
> 35 years	4	3,49%
Education		
Elementary/Junior High School	12	10,43%
Senior High School	72	62,62%
Higher Education	31	26,95%
Occupation		
Housewife	64	55,65%
Self-employed	31	26,96%
Formal worker	20	17,39%

Table 2. Participants' Knowledge Levels Before and After Education

Knowledge Category	Pre-test	Percentage (%)	Post-test	Percentage (%)
Good	15	13,05%	72	62,61%
Fair	46	40,00%	43	37,39%
Poor	54	46,95%	0	0%
Total	115	100	115	100

The pre-test results indicated that participants' knowledge regarding early childhood sexual education was relatively low. Nearly half of the participants (46.95%) were categorized as having poor knowledge, whereas only 13.05% demonstrated good knowledge. Following the intervention, substantial improvements were observed, with the proportion of participants in the good knowledge category increasing to 62.61% and no participants remaining in the poor category.

Table 3. Descriptive Statistics of Knowledge Scores Before and After Intervention

Variable	Mean ± SD	Median (Min-Max)
Pre-test Score	56.43 ± 14.28	58 (30–85)
Post-test Score	81.72 ± 10.65	83 (60–100)

Table 3 shows that the mean knowledge score increased from 56.43 before the intervention to 81.72 after the intervention, indicating an improvement of 25.29 points.

To evaluate the effectiveness of the educational intervention, a Wilcoxon Signed-Rank Test was conducted.

Table 4. Wilcoxon Signed-Rank Test Ranks

Ranks	N	Mean Rank	Sum of Ranks
Negative Ranks	3	12.67	38.00
Positive Ranks	104	54.92	5711.00
Ties	8	-	-
Total	115		

The results indicate that 104 participants experienced an increase in knowledge scores after the intervention, while only 3 participants showed a decrease and 8 participants had unchanged scores.

Table 5. Wilcoxon Signed-Rank Test Statistics

Test Statistics	Value
Z	-8.964
Asymp. Sig. (2-tailed)	<0.001

The Wilcoxon Signed-Rank Test revealed a statistically significant difference between pre-test and post-test knowledge scores ($Z = -8.954$; $p < 0.001$). Therefore, the educational intervention significantly improved participants' knowledge regarding early sexual education and child protection.

The findings of this study demonstrate that educational counseling significantly improved participants' knowledge regarding early sexual education. Prior to the intervention, nearly half of the participants (46.95%) were categorized as having poor knowledge, indicating limited understanding of child sexual education, body autonomy, and strategies for preventing sexual abuse. Following the intervention, substantial improvements were observed, as evidenced by the increase in the proportion of participants categorized as having good knowledge from 13.05% to 62.61%, while no participants remained in the poor knowledge category. These findings suggest that the educational program successfully enhanced participants' understanding of essential concepts related to child protection and sexual abuse prevention.

The effectiveness of the intervention was further confirmed by the Wilcoxon Signed-Rank Test, which revealed a statistically significant difference between pre-test and post-test knowledge scores ($Z = -8.954$; $p < 0.001$). The analysis identified 104 positive ranks, indicating that most participants experienced an increase in knowledge following the intervention. In addition, the mean knowledge score increased from 56.43 ± 14.28 before the intervention to 81.72 ± 10.65 after the intervention. This substantial increase demonstrates that the educational activities were successful in improving participants' comprehension of early sexual education concepts.

The observed improvement may be attributed to the educational methods used during the intervention. The counseling sessions incorporated lectures, interactive discussions, and question-and-answer activities that encouraged active participation among parents and teachers. According to adult learning theory, individuals learn more effectively when they are actively engaged in the learning process and able to relate new information to their personal experiences. Interactive learning strategies allow participants to clarify misconceptions, discuss real-life situations, and reinforce newly acquired knowledge, thereby increasing knowledge retention and understanding.

These findings are consistent with previous studies that have reported positive effects of educational interventions on parental knowledge related to child sexual abuse prevention. Madani et al. (2021) found that family-based sexual health education programs significantly improved parents' knowledge and attitudes toward providing sexual education to their children. Similarly, Alenezi et al. (2024) reported that parental education programs contribute substantially to increasing awareness and preventive behaviors associated with child sexual abuse. The consistency between the present findings and previous research strengthens the evidence that educational interventions are an effective strategy for enhancing parental capacity in child protection efforts.

From a health promotion perspective, the findings support the theory proposed by Notoatmodjo (2012), which emphasizes that knowledge is the first stage in the process of behavioral change. Health education serves as a stimulus that enhances cognitive understanding, which subsequently influences attitudes and behaviors. In the context of early sexual education, increased parental knowledge is expected to encourage more open communication between parents and children, improve parents' ability to teach body safety concepts, and strengthen their capacity to recognize and respond to potential risks of sexual abuse.

The results also align with recommendations from UNESCO (2018), UNICEF (2021), and WHO (2020), which emphasize the importance of comprehensive sexuality education and active parental involvement in protecting children from sexual violence. Early sexual education helps children understand body ownership, personal boundaries, and safe and unsafe touch. Children who receive appropriate guidance from informed parents and teachers are more likely to recognize risky situations and

seek help when necessary. Therefore, strengthening parental and teacher knowledge through educational interventions can be considered an important component of child protection programs.

An important finding of this study was the elimination of the poor knowledge category after the intervention. This outcome suggests that the counseling program not only increased overall knowledge levels but also reduced disparities in understanding among participants. Reducing knowledge gaps within communities is particularly important because inadequate parental knowledge has been identified as a risk factor that may increase children's vulnerability to sexual abuse. Consequently, educational interventions targeting parents and teachers may contribute to creating a safer environment for children and promoting a culture of prevention within families and educational settings.

Despite these encouraging findings, several limitations should be acknowledged. First, the study employed a one-group pre-test–post-test design without a control group, limiting the ability to attribute all observed changes exclusively to the intervention. Second, the study assessed only short-term knowledge improvement and did not evaluate whether increased knowledge resulted in sustained behavioral changes among parents and teachers. Third, the participants were recruited from a single educational institution, which may limit the generalizability of the findings to other populations.

Future studies should consider using controlled experimental designs, larger and more diverse samples, and longer follow-up periods to evaluate the sustainability of educational outcomes. In addition, future research should assess not only knowledge improvement but also changes in parental practices, communication patterns, and child protection behaviors to provide a more comprehensive understanding of the effectiveness of early sexual education programs.

Overall, the findings indicate that educational counseling is an effective strategy for improving parents' and teachers' knowledge regarding early sexual education. By strengthening awareness, communication skills, and understanding of child protection principles, such interventions have the potential to contribute significantly to the prevention of child sexual abuse and the promotion of children's safety and well-being.

CONCLUSION

The educational intervention significantly improved the knowledge of parents and teachers regarding early sexual education. Following the counseling program, participants demonstrated substantial improvements in their understanding of body safety, appropriate and inappropriate touch, personal boundaries, and child protection strategies. The proportion of participants with good knowledge increased markedly, while no participants remained in the poor knowledge category after the intervention.

The effectiveness of the intervention was statistically confirmed by the Wilcoxon Signed-Rank Test, which showed a significant difference between pre-test and post-test knowledge scores ($Z = -8.954$; $p < 0.001$). These findings indicate that

community-based educational counseling is an effective approach to strengthening parental and teacher awareness and knowledge related to early sexual education.

Improved knowledge among parents and teachers is essential because they serve as primary sources of information and protection for children. Therefore, educational programs on early sexual education should be implemented regularly as part of child protection efforts in schools and communities. Future studies are recommended to assess the long-term effects of such interventions on parental practices, communication behaviors, and child protection outcomes.

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REFERENCE

Alenezi, N., Alshammari, A., Alrashidi, R., & Almutairi, F. (2024). Effectiveness of parental education programs on child sexual abuse prevention: A systematic review. *BMC Public Health, 24*, 1187.

Fitriani, S. (2011). *Promosi kesehatan*. Graha Ilmu.

Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia. (2021). *Pencegahan dan penanganan kekerasan seksual pada anak*. Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia.

Madani, R. S., Hosseini, S. A., & Ahmadi, F. (2021). The effect of family-based sexual health education on parents' knowledge and attitudes toward child sexual education. *Journal of Child and Family Studies, 30*(5), 1234–1242. <https://doi.org/10.1007/s10826-021-01900-0>

Notoatmodjo, S. (2012). *Promosi kesehatan dan perilaku kesehatan*. Rineka Cipta.

Rudolph, J. W., Raemer, D. B., & Simon, R. (2022). Establishing a safe container for learning in simulation: The role of pretest and interactive discussion in knowledge retention. *Simulation in Healthcare, 17*(1), 12–18. <https://doi.org/10.1097/SIH.0000000000000543>

UNESCO, UNAIDS, UNFPA, UNICEF, UN Women, & World Health Organization. (2018). *International technical guidance on sexuality education: An evidence-informed approach* (Rev. ed.). UNESCO.

UNESCO. (2023). *Comprehensive sexuality education for healthy, informed and empowered learners*. UNESCO.

UNICEF. (2021). *Child protection strategy 2021–2030*. United Nations Children's Fund.

Walker, L. M. (2020). Parent–child communication and its role in preventing child sexual abuse. *Journal of Interpersonal Violence*, *35*(23–24), 5678–5695. <https://doi.org/10.1177/0886260517715605>

World Health Organization. (2020). *Global status report on preventing violence against children 2020*. World Health Organization.

World Health Organization. (2022). *INSPIRE: Seven strategies for ending violence against children: Uptake between 2016 and 2021*. World Health Organization.

World Health Organization. (2022). *Violence Prevention Unit strategy 2022–2026*. World Health Organization.