EFFECTIVENESS OF REPRODUCTIVE HEALTH EDUCATION ON PARENT AS PREVENTION OF SEXUAL ABUSE IN SCHOOL AGE CHILDREN (7-12 YEARS) IN PEKANBARU

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Abstract

The research on the effectiveness of reproductive health education on parents as prevention of sexual abuse in school age children (7-12 years) was performed on 60 parents as respondent, in Pekanbaru. This study is quasy experiments used pre and post test approach so that the respondent will be divided into an experimental group. The purpose of this study was to identify the effectiveness of reproductive health education for prevention sexual abuse in school age children. Statistical's test by Wilcoxon and Man Whitney showed that health education is more effective to increase respondent's knowledge. The study found that health education effective to increase respondent's knowledge about reproductive's health on experimental group than control group (p < a). However, this study suggest that community health workers in primary health centers, should continue to give health education about reproductive's health, to parents who have school age children, as to prevent the occurrence of sexual abuse of school-age children

Keywords: *health education, school-age children, sexual abuse*

BACKGROUND

Sexual abuse of children is a form of violence that often occurs in children. The phenomenon of the incidence of child's sexual abuse is like an iceberg, which appears on the surface just a bit, but what happened was very much in the community. Sexual abuse in children most often occur in the home or school environment of the child and the perpetrator often is the closest that exist around the child such as family, neighbors or teachers.

Department of Health and Human Services (2012) reported that there were as many as 3.4 million children are reported to have experienced violence, and 9% of them suffered sexual violence in USA. The incidence of sexual abuse on a child in Jakarta, according to the National Commission for Child Protection (Komisi Nasional Anak, 2014) annually increased. In Jakarta, there were 342 cases during the period from January to April 2014 and 52% or 175 cases a sexual abuse. School (40%) and neighborhoods (30%) is the scene of the most vulnerable for a child to experience sexual abuse. In Riau, sexual abuse in children most often occurs in Pekanbaru.

The highest incidence of sexual abuse on children, of course worrying. This is because sexual abuse experienced by children would give a bad influence for children's health, both physical and psychological. Briere and Elliott (1994) states that the effect of sexual abuse on children include post-traumatic stress, cognitive distortions, emotional disturbances, avoidance or withdrawal, impaired sense of self and interpersonal disturbances.

Therefore parents, especially mothers, as those closest to the child is obligated to provide protection for children against the negative things that might happen include sexual violence. Mother is expected to have sufficient knowledge about reproductive health in particular, so that the mother can teach children about reproductive health and how to care for or protect it.

The purpose of this study to identify the effectiveness of health education to the parents, especially mothers in the prevention of sexual abuse in school age children (7-12 years) in Pekanbaru .

METHODS

The study design used to answer research questions and test hypotheses (Polit, Beck, & Hungler, 2001). Research to be conducted is quantitative research with quasi-experimental research design (quasy experiments). The design used was pre test and posttest control group design, where design it measures the difference between before and after intervention using control groups. The difference between before and after the intervention are assumed to be the effect of the intervention (Portney & Watkins, 2000; Polit, Beck, & Hungler, 2001). This is consistent with the purpose of the study was to determine the effectiveness of reproductive health education to parents on the prevention of sexual violence in school age children.

The pretest and posttest control group design is the design that most commonly used in educational research. The study was conducted on a group twice, before being given health education (O1) and after being given health education (O2) by using a control group. Differences between O1 and O2-O1 O2 is assumed to be the effect of the provision of reproductive health education on the prevention of sexual abuse in school age-children.

Samples in this study are the parents of school-age children (7-12 years) who met the inclusion criteria. The criteria for inclusion of respondents in this study are: willing to become respondents, have not received previous similar health education. The sampling technique used is purposive sampling with a sample size of 60 people with 30 details the experimental group and 30 control group.

RESULTS AND DISCUSSCION

This research has been conducted in Puskesmas Rumbai and data collection was taken from October 13 until October 31 , 2014. The number of respondents in this study were 60 respondents consist of 30 respondents are grouped in the experimental group and 30 other respondents are grouped in the control group .

Respondents in this study were women and children . Mother respondent characteristics were age, education, and mother's employment presented in table 1.

Table 1. Distribution of mother's characteristic

Variabel	Experiment Group (n=30)		Control Group (n=30)		Total (N=60)
	n	%	n	%	
1.Age					
• 27-30 y.o	10	33.3	10	33.3	20
• 31-34 y.o	16	53.3	10	33.3	26
• 35-38 y.o	4	13.3	10	33.3	14
2.Education					
• Junior High	4	13..3	3	10	13
• Senior High	23	76.7	25	83.3	48
• University	3	10	2	6.7	5
3.Occupation					
• Housewives	27	90	17	56.7	44
• Private employee	2	6.7	2	6.7	4
• Government employee	1	3.3	11	36.7	12

Children's characteristics include age and sex are presented at table 2.

Table 2. Distribution of children's characteristic

Children's Age	Mean	SD	Min	Max
1.Experiment Group	8.50	1.07	7	11
2.Control Group	8.53	1.38	7	12

Variabel	Experiment Group (n=15)		Control Group (n=15)		Total (N=30)
	n	%	n	%	
1.Sex					
• Female	14	46.7	14	46.7	28
• Male	16	53.3	16	53.3	32
2.Child..					
• 1st	19	63.3	14	46.7	33
• 2nd	11	36.6	13	43.3	24
• 3th	0	0	3	10	3

Table 3. Distribution of pre test and post test's knowledge on experimental and control group.

Variabel	Mean	SD	Min	Max	CI 95%
Experiment Group					
• Pre test	16.23	1.775	13	20	15.57-16.90
• Post test	21.93	0.739	21	23	21.66-22.21
Control Group					
• Pre test	16.33	1.918	14	20	15.62-17.05
• Post test	16.43	1.924	14	20	15.71-17.15

Respondent's knowledge according to the result of pre test, experimental and control group has the same result which is 16 and 20 for the highest. This showed that mothers has the knowledge about reproductive's health. Knowledge's result after health education on experimental group increased compare with control group. Its mean that health education can increase mother's knowledge. Same as with the statement of Priyani (2002) which says that the general knowledge of a person affected by the education that they ever received. The higher person's level of education the better their level of knowledge. While DeGue, S., Valle, LA, Holt, MK, Massetti, GM, Matjasko, JL., Tharp, AT (2014) says that interactive presentations such as health education is one type of teaching method that can be done in prevention of sexual abuse.

Table 4. Distribution of Pre Test and Post Test's Result of Prevention on Experimental and Control Group

Variabel	Mean	SD	Min	Max	CI 95%
Experimental Group					
• Pre test	27.83	1.367	25	30	27.32-28.34
• Post test	36.50	1.196	33	38	36.05-36.94
Control Group					
• Pre test	20.23	27.77	25	30	27.77-28.70
• Post test	28.03	27.63	25	30	27.63-28.43

Variables of respondent's characteristics include age, education, occupation, age and sex of children, as well as the knowledge and prevention between the control and the experimental group was not equivalent or not homogeneous (p value < α).

To determine the effectiveness of health education it is necessary to know the difference of knowledge and prevention in both groups before being given health education. We used the Wilcoxon and Man Whitney test and the result as presented at table 5.

Table 5.The result of Wilcoxon and Man Whitney test

Experiment Group	Ranks	N	P value
Post test Pre test	Negative Positive Ties	0 30 0	0,000
Total		30	

Based on the table 5 above, output ranks shows a comparison of knowledge before and after

health education. There were no respondent's knowledge that results lower before the health education, noone is fixed, and 30 people have better knowledge. The p value = 0.000 ; α = 0.05 and p < α, which means that there is a significant difference between knowledge after health education.

Table 6. Distribution of knowledge before health education at control group

Control Group	Ranks	N	P value
Post test Pre test	Negative Positive Ties	0 3 27	0,083
Total		30	

Statistical tests showed that the comparison of knowledge before and after intervention does not exist, with the results of knowledge after and before intervention 3, and there are 27 people who fixed (p = 0.083; > α 0.05), which means that there is no significant difference between knowledge before and after health education.

Table 7. Distribution of prevention before health education on experimental group.

Experimental Group	Ranks	N	P value
Post test Pre test	Negativ e Positive Ties	0 30 0	0,000
Total		30	

Statistical tests showed that the comparison prevention's before and after health education does not exist, with the result after health education is higher than before the health education of 30 people, and nothing is fixed. The p value 0.0000 (p < α), which means that there is a significant difference between prevention efforts before and after health education.

Table 8. Distribution of Prevention's Efforts before Health Education on Control Group

Control Group	Ranks	N	P value
Post test Pre test	Negative Positive Ties	6 2 22	0,107
Total		15	

Statistical tests showed that the comparison prevention's effort before health education, there are 6 people with the result lower, 2 people higher, and 22 people who remained. The p value 0.107 (p > α), which means that there is no significant difference between prevention's effort before and after health education.

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