


Sexual Psychoeducation of Pre-School Children: Teachers' Strategies and Barriers in Teaching Self-Protection

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INTRODUCTION

Semarang city, as the capital of Central Java province, has the highest cases of violence against children and women. The Women's Empowerment and Child Protection Service (DP3A) recorded 179 cases of sexual violence occurring in Semarang City. Sudewi, Head of the Central Java Province Women's Empowerment and Child Protection and Family Planning (DP3AKB) Service, said that this high figure was due to the great awareness of citizens in reporting violence (Fauziyah & utomo, 2023). DP3A Semarang City recorded 49 cases of sexual violence (KS) at the beginning of 2023. East Semarang District had the highest ranking for KS, with 16 cases (Qudstia, 2023). DP3A Semarang City provides various ways to overcome sexual violence, including 1) Providing education and outreach to the community, 2) Establishing JPPA (Women and Children Protection Network), including complaints, education and monitoring services by empowering potential in sub-districts, and 3) Launching "SAPA 129" hotline service so that people feel safe in reporting violence (Qudstia, 2023).

Child sexual violence (KSA) incidents have an impact on victims (Conroy & Cotter, 2017; Flores & Barroso, 2017; Godbout et al., 2020). Sexual violence experienced by children before the age of 18 can cause trauma and thoughts of suicide (Cotter & Savage, 2019; Haskell & Randall, 2019). KSA that is not handled properly can cause the perpetrator to repeat the action (Godbout et al., 2014) and children become perpetrators of violence (Erlinda, 2014).

Research on sexual violence (KS) prevention programs aims to increase knowledge of self-protection skills and help children recognize the condition of KS (Fryda & Hulme, 2015; Pulido et al., 2015). Jin et al. (2017) added that KS prevention programs in schools can help children to refuse and report inappropriate requests about uncomfortable touches made by other people or people close to the child. Prevention of KS can be done by providing psychoeducation regarding KSA (Kenny & Wurtele, 2010). This is done because children do not have adequate KS knowledge and consider sexual touching to be expected (Çeçen-Eroğul & Hasirci, 2013; Kenny & Wurtele, 2010).

Child sexual education as an effort to prevent sexual violence against children not only provides information about health (Zollner et al., 2014), but also child development (Wirtz et al., 2016). General sexual education at school includes lessons about gender roles, building close relationship patterns with friends at school, studying the etiquette of the opposite sex, and introducing students to age-appropriate sexual development (Rogow et al., 2013). Rakhmawati, (2023) stated that children's sexual education material can include toilet training, how to dress, body parts, how to protect themselves, the process of pregnancy and birth of a baby, as well as teaching about shame.

There is not much research regarding the barriers and strategies of teachers in providing early childhood sexual education. Eisenberg et al. (2013) stated that structural barriers for teachers in providing PSA include lack of time, financial resources, curriculum, parent and student responses, administrative responses, and school policies. Teachers apply strategies to achieve learning goals. Sexual education strategies are methods used by teachers to provide information regarding children's sexual education material. Haignere et al. (1996) stated that teachers felt comfortable teaching PSA without involving external factors such as students' religious beliefs, lack of administrative support, and parental protests. Dong & Li (2022) added a strategy for providing PSA, namely the support of local governments to promote PSA.

In addition, school-based psychoeducation programs to prevent child sexual violence (KSA) have proven effective in empowering children with the knowledge, skills and support to protect themselves (Çeçen-Eroğul & Hasirci, 2013). Utami & Susilowati (2018) that the "Aku Mandiri" program as part of KSA prevention in the form of psychoeducation aims to increase the knowledge and skills of preschool children regarding KSA prevention. Self-protection skills are needed so that children can protect themselves from sexual violence (Mashudi & Nur'aini, 2015). Three types of self-protection skills that teachers must convey to children include recognizing, preventing and disclosing (Guo et al., 2019; Zhang et al., 2015). Self-protection skills for teachers are one of the materials for children's sexual education, because KSA victims cannot clearly express KS incidents due to reduced verbal skills (Erhamwilda et al., 2017; Sulistiyowati et al., 2018).

Rationale of Study

Based on the discussion above, there are several research gaps that can be explored further. First, there are limited references to research regarding barriers and strategies for teachers in providing early childhood sexual education in schools. Second, kindergarten teachers' perceptions of sexual education are still taboo, causing a lack of teacher knowledge. Even though several teachers have received sexual education training, there are still some teachers who are reluctant to convey sexual education to preschool-aged children.

Aims and Hypotheses

This research aims to determine teachers' strategies and barriers in teaching self-protection in sexual psychoeducation programs for pre-school children. This research hypothesizes that teachers understand the obstacles in teaching sexual education and self-protection skills to preschool children by using varied learning strategies.

METHODS

Design

This research uses a qualitative research method design. Qualitative research is a method for exploring and understanding problems in social life that are constructed in a complex, holistic manner and based on realistic conditions through the perspective of informants (Creswell & Clark, 2017). Researchers use a phenomenological approach. The phenomenological approach in this research was used to determine the teacher's ability to teach self-protection skills to pre-school children.

Participant and Procedure

The population in this research are teachers. Participants in this research were 15 Kindergarten (TK) teachers from two schools, namely the UNNES Labschool Kindergarten and the Semarang Pembina State Kindergarten. Participants were selected based on several criteria, namely 1) teachers with an age range of 30-60 who had experience teaching pre-school children for approximately five years and understood the stages of sexual development and psychoeducation of pre-school children. The subject sampling technique in this research used purposive sampling (Guo et al., 2019).

This research uses data collection methods in the form of interviews, observation and documentation on participants (Moleong, 2014). Sources for data triangulation, in the form of data sources, techniques and time. This research uses in-depth interview methods with pre-school teachers in Semarang City.

Research Instrument

This research uses observation and in-depth interviews as research instruments. Observations were carried out before conducting interviews with teachers at school. Next, researchers conducted interviews with 15 teachers at the two schools, namely TK Labschool UNNES and TK Negeri Pembina Semarang. Interviews were conducted in a semi-structured manner. Documentation in photos and audio is used to complement observation and interview methods, see table 3.

Data Analysis

After collecting data, researchers analyzed the data using the Miles et al. (2014) approach. Data analysis in this research was carried out in three stages: (a) data reduction by sorting data based on concept units, themes and categories, then coding was carried out; (b) presenting data through charts, relationships between categories and narrative text; and (c) drawing conclusions and verifying

Table 1. Interview steps

No	Description
1	Researchers compile a list of questions according to the research topic
2	Researchers conducted face-to-face interviews
3	Researchers ask permission from research subjects to conduct interviews and record research activities. Researchers can record interviews via audio or video as one of the materials for making them verbatim.
4	The researcher began the interview by getting acquainted and explaining the interview. Next, the researcher explores the subject's background and asks questions that have been prepared previously.
5	The researcher notes essential points in an interview sheet or memo.

Table 2. Observation steps

No	Description
1	Researchers build closeness with research subjects by making appointments to conduct interviews and observations
2	Observations were carried out face-to-face
3	Researchers document observations by taking pictures and recording data according to research objectives.

Table 3. Research Instruments

Subject	Required Information	Research Instrument
Teacher	<ol style="list-style-type: none"> 1. Teachers' Perceptions About Sexual Psychoeducation in Pre-School Children. 2. Teachers' Understanding of Self-Protection to Prevent Sexual Violence in Children. 3. Appropriate learning methods and media in teaching self-protection skills to pre-school age children. 4. How to teach self-protection skills by teachers to pre-school children. 5. Barriers to teachers in teaching self-protection skills as providing sexual psychoeducation for pre-school age children. 	Interview guide, observation and documentation instruments

data. Literature references are needed so that research results are appropriate and credible. The validity of the data in this research uses data triangulation, see figure 1.

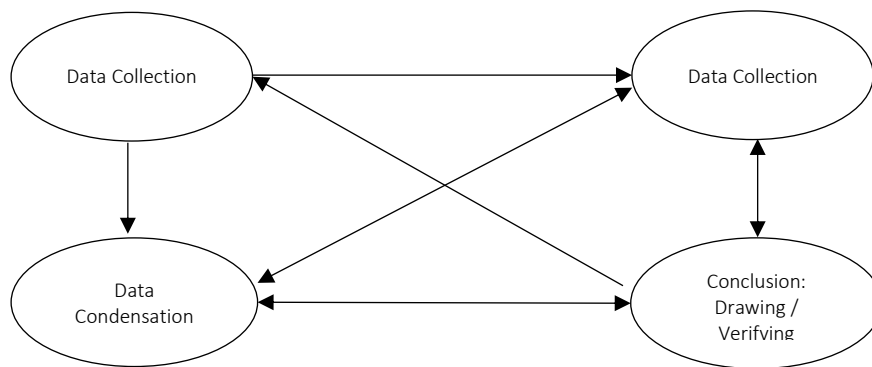


Figure 1. Miles, Huberman, dan Saldana (2014)

RESULTS AND DISCUSSION

Results

This research was conducted by researchers for one month at the Labschool UNNES Kindergarten and the Pembina Semarang State Kindergarten in order to obtain information about teachers' strategies and barriers in teaching self-protection skills to pre-school children. The results of this research can be explained in the description below, as follows.

Teacher Strategies in Teaching Self-Protection

Nine teacher participants provided their answers regarding sexual education strategies. First, teachers teach self-protection through learning media. RN teacher participants introduce sex through videos or visual aids or pictures to support children's learning process. UM, participants added that teachers teach sexual education using various media in social studies classes.

"...The teacher facilitates the child, how can the child know about it, what sex is. It can be via video, it can be via supporting props, or supporting images..."
(RN, WG.03.LSU; 15.01.2024)

"...Teachers play a very important role in teaching material about protection to children. Especially in my class, namely social studies, so I myself teach

children about sex education from an early age using various kinds of media..." (UM, WG.03.LSU; 15.01.2024)

Second, holding special classes on sexual education. The IS teacher participant explained that in teaching sexual education it is necessary to open a particular health education development class which includes a sexual reproduction class. Teacher participant WJ added his opinion regarding special classes regarding sexual education, namely the involvement of teachers in the You and Me class in providing sexual education to children so that they are able to protect themselves from KS attempts. However, the opinion of the SM teacher participants differed who explained that teachers provide sexuality learning together in a classical form so that children with special needs and normal children can receive sexuality material.

"...Teaching it, that is, I opened a special development class for health education, which includes a class on sexual reproduction..." (IS, WG.01.LSU; 15.01.2024)

"...My involvement here as a You and Me class teacher is to provide sexuality education to those there to equip them to be able to protect themselves from attempts at sexual violence..." (WJ, WG.07.LSU; 15.01.2024)

"...So maybe later he will give it to the children in a classical way, perhaps together in the same class, so maybe there will be a connection between those with special needs and those without..." (SM, WG.01.NPS; 23.01.2024)

Third, teachers apply habits to children to know and look after themselves every day. Teacher participant NG said that getting used to simple things by getting to know himself, such as going to the bathroom according to his gender, could regulate him. The teacher provides understanding about queuing, for example, boys are not allowed to enter the girls' bathroom even though it is complete. This example becomes a habit in behaviour. ST and PS teacher participants stated that teachers teach children habituation from an early age in stages so that children know what behavior they can and cannot do. Apart from that, LT teacher participants familiarize children with taking care of themselves.

"...My involvement. So, I try to give children habits and habits to be able to take care of, first, knowing themselves. Then, children can regulate themselves. So, he understands that he is sad and angry, and regulates his emotions. So he can convey what he feels to other people. They know, they're men, they're women. What must be taken care of? Get used to simple things when going to the bathroom, especially for women and men. If it's for full men. Yes, we have to queue first. Not allowed to go to women. So, through habituation. How to behave..." (NG, WG.04.LSU; 15.01.2024)

"...Yes, we teach this to children starting, if in kindergarten, from an early age, gradually until the child can do it and knows what to do, and not to do it continuously..." (ST, WG.04.NPS; 22.01.2024)

"...This means from an early age until the child understands how to protect himself, then until the child is able, it means that he understands for himself what parts the child should not touch, but we continuously tell him, and we tell him from the start..." (LT; WG.02.NPS; 22.01.2024)

Fourth, teachers create safe and comfortable classes. ST teacher participants said creating a secure and comfortable classroom is number one. HR teacher participant added that the teacher made a safe class by playing songs about self-care and different toilets. This aims to provide children with an understanding of sexual education.

"...Creating a class that is safe and comfortable is number one because if there are children who disturb it, it is also not safe for other friends, continue to differentiate between toilets, for men, here are the pictures of the men's toilet, the picture of the women's toilet is the same. like this, don't make the mistake of continuing to go through the song about taking care of yourself, touching is allowed..." (ST, WG.04.NPS; 22.01.2024)

"...To prevent violence, among other things, we must first create a safe classroom, with the songs above, and the title, take care of yourself, thirdly, distinguish between men's and women's toilets, we give children an understanding or what is the term? Education itself, sexual education..." (HR, WG.07.TNP; 22.01.2024)

Barriers to Teachers in Implementing Sexual Education

Obstacles in implementing self-protection as sexual education carried out by nine teacher participants for children, including the limited age of children in understanding sexual education material, sexual education being a taboo subject, limited school facilities, limited number of teachers, and the level of understanding and characteristics of children different. First, young children have a limited knowledge of sexual education material. Five teacher participants explained that they experienced obstacles in explaining sexual education, namely age limitations.

"...Age limitations, Ma'am, because we are in PAUD, usually in the past this was a teacher, there should be no taboos on the Indonesian language, the tools are limited by age, we as children know that's why the child's age limit cannot be like elementary school, middle school, high school..." (ST, WG.04.NPS; 22.01.2024)

Second, sexual education has become taboo. Three teacher participants said that the limitations at the child's age were because certain parts of the body were not allowed to be touched because it was inappropriate or taboo. DN teacher participants revealed that teachers experienced obstacles in providing protective learning to children when they were at home or when children met their parents because parents still felt sexual education was taboo. On the other hand, the UM teacher participant explained that this is how children usually refer to their vital organs, such as bird or nunuk. Teachers teach sexuality from the start by reinforcing that scientifically naming genitals is not taboo because it was created to know the differences between boys and girls.

"...The obstacle is that when we provide this protective learning, but it is not sustainable at home, that becomes our obstacle for other things because at school we have all received education, automatically we can continue it straight away, but when we meet parents who still feel that it still feels taboo or an obstacle..." (DN, WG.02.LSU; 15.01.2024)

"...Usually, when children are that age, we use the way we call them, for example, we and men usually call them birds like that, what's their name, Nuuk, even though we keep trying to teach them using language like penis, vagina, like that? and the problem will be that if it's a taboo thing for children, that's not the case if we teach it like that, so we have to reinforce it from the start strong, that this is not just one thing, friends, Allah indeed creates this,..." (UM, WG.03.LSU; 15.01.2024)

Third, there are limited school facilities. HR and PS teacher participants explained that limited facilities and infrastructure could be an obstacle in implementing children's sexual education. However, he emphasized that the school where he taught did not experience bathroom or toilet training problems because the teaching aids were already there, on the other hand, he did not know about the limited facilities and infrastructure at other school institutions. Finally, the YK teacher participant explained that obstacles were within the learning time limit, for example, direct practice at UKS. If you look at the time, the way children dress is still lacking because there is a practice of taking off and putting on their clothes.

"...The obstacles include the first, because young children still have limited age, so understanding this may still be a bit difficult, we have to remind them often, the delay is that children's understanding is still lacking, second, the limited facilities and infrastructure, if here, God willing God for bathroom issues, toilet training, God willing, the teaching aids are already there, I don't know if it's in other institutions, in general there are limitations, thirdly, because learning about sexuality is still considered taboo, it could also be like that, sex for children, usually if sex is mostly for adults or teenagers, that's what I can tell you, maybe there are shortcomings, I apologize profusely..." (HR, WG.07.NPS; 22.01.2024).

Fourth, the limited number of teachers. Teacher participant SH explained that there was a limited number of teachers in the school, for example there was a child who asked to be taken to the toilet by the teacher, but the teacher was teaching in class. Finally, the SM teacher participant added that the obstacle to sexual education lies in the teacher's resources because they have to observe children according to their character.

"...Suppose one class has one teacher and one teacher, but there is a child who, for example, goes to the toilet and asks to be taken even though we can't be taken because we are taking care of those in class..." (SH, WG.05.NPS; 22.01.2024).

"...Actually, there may be many obstacles, maybe one child's character is different from another, especially for us, maybe there is a lack of our

resources, our own resources, and maybe it's better for us, maybe this isn't an okay time?..." (SM, WG.01.NPS; 23.01.2024)

Fifth, the level of understanding and characteristics of children are different. PS teacher participants explained the obstacles in sexual education in the form of children's different understandings because learning about sexuality is still considered taboo or inappropriate. SM teacher participants added another obstacle, in the form of teachers having to understand the characteristics of children.

"...The obstacles are age limitations, limited facilities and infrastructure, children's different understandings, because learning about sexuality is considered taboo or inappropriate..." (PS, WG.03.NPS; 22.01.2024)

"...There may be many obstacles, maybe one child's character is different from another, let alone ours. Perhaps there is a lack of our resources, our resources, and on our own. Maybe this is not okay at the time?..." (SM, WG.01.NPS; 23.01.2024)

DISCUSSION

Overall, teachers provide teaching about self-protection skills according to the child's age and needs, both in terms of religion, health and culture. The need for the role of psychologists, psychiatrists or observers of children's health and safety in implementing sexual education in schools aims to ensure that teachers can understand children's psychological and physical conditions in obtaining sexual education material. In this research, the teacher used innovative strategies such as video media, images, and props such as gender dolls to support the PSA learning process.

Next, the teacher opened a special development class in the form of health education contained in the sexual reproduction class and you and me class to provide PSA so that children were able to protect themselves from KS experiments. Unfortunately, some teachers form classical classes that combine children with special needs and normal children to teach sexuality.

The application of habituation to children, such as teaching the culture of queuing in the toilet and entering the bathroom according to gender, is given so that children get to know themselves. Teachers teach children habits from an early age in stages so that children know what behaviour they can and cannot do. The teacher's strategy in providing PSA is to create a safe and comfortable class. The teacher covers the material on taking care of yourself through exciting songs such as the song touching is allowed, touching is not allowed. In line with research by [Roffiq et al. \(2017\)](#), audio songs are used as stimulation to facilitate the learning process, especially sexual education.

The obstacle to implementing sexual education that teachers most often experience is the limited age of the child. This relates to children's references regarding terms used in sexual education and knowledge about body parts that can and cannot be touched. [Hasni & Suparno \(2019\)](#) added that body parts that cannot be touched by other people include four aspects of body parts, such as the chest, buttocks, mouth and genitals.

The next obstacle is sexual education as a taboo subject. [Erhamwilda et al. \(2017\)](#) added that the obstacles faced by teachers in implementing sexual education for early childhood, in the form of a less conducive environment for children, parenting patterns, and parents' or teachers' views on sexual education, are still considered taboo. Teacher participants observed obstacles in providing sustainable sexual education because parents considered sexual education to be taboo. This statement is in accordance with the results of previous research which states that discussing sexual

education in public is taboo for most Islamic countries or communities ([Ghaffari et al., 2016](#); [Güder & Alabay, 2018](#); [Zakiyah et al., 2016](#)).

Sometimes, preschool children choose to name vital organs with names like manuk or bird. So, the teacher tries to reinforce that scientifically naming genitals is normal because it was created to find out the differences between boys and girls. [Oktavianingsih & Ayriza \(2018\)](#) added that using scientific genital names can provide an understanding of the function of the genital names of each body part and minimize wrong perceptions of children's genital names.

Two teacher participants explained that limited facilities and infrastructure could be an obstacle in implementing children's sexual education. However, in this study, teacher participants emphasized that the two schools did not experience problems regarding bathroom facilities to teach toilet training. Limited facilities include limited learning time. For example, when practicing dressing, children learn to take off and put on their clothes. Limited time makes it difficult for teachers to implement practices that reach all children. Sexuality education training for teachers is needed to increase knowledge and skills in children's sexual development so that teachers have confidence in handling sexuality questions in the classroom ([Bilinga & Mabula, 2014](#)).

The next obstacle is the limited number of teachers in schools. The limited number of teachers causes children to experience difficulties when asking for help to be taken to the toilet, but the teacher is teaching in class. The teacher participant further explained that the obstacle to sexual education lies in the teacher's resources because they have to observe children according to their character. [Erhamwilda et al.\(2017\)](#), in their research findings, explained that teachers do not understand sexual education well, so they experience difficulties (barriers) in implementing sexual education. Even [Oktavianingsih & Ayriza \(2018\)](#), in their research findings, explained that teachers still have limited knowledge in teaching sexuality to children.

Lastly, the obstacle to sexual education is the understanding and character of different children. Teacher participants explained obstacles in the form of teachers having to understand children's characteristics. The research findings of [Wahida & Paramastri \(2020\)](#) explain that the improvement in skills in the experimental group was influenced by the conditions of the students and supporting media that were appropriate to daily teaching and learning conditions so that in providing KSA prevention material during the post-test, teachers understood the characteristics of the students and easily mastered class conditions. Then, the students' conditions are the same for the class teacher during the post-test, making it easier for teachers to understand the characteristics of the students.

Limitations and Recommendations for Further Research

A limitation in this research is that not all teachers have participated in the activities of the You and Me program, so there are still some teachers who are still confused about conveying sexual education material that is already in the school curriculum program. Researchers have not yet obtained complete information regarding sexual psychoeducation for preschool children, and the self-protection skills of teachers have not been demonstrated. They still seem shy in expressing their opinions. Suggestions for further researchers are deeper exploration regarding the effectiveness or success of implementing sexual education in early childhood because based on the results of the qualitative analysis, several limitations were found on the part of teachers and schools. On the other hand, this research can be a reference for further research in the form of sexual psychoeducation for preschool children because so far, many researchers have only focused on research in PAUD or Kindergarten (TK), as well as Junior High Schools (SMP) and Schools. Upper Secondary (SMA).

CONCLUSION

This research has three findings, namely 1) teacher strategies in teaching self-protection in sexual education and 2) teacher barriers in implementing sexual education. This research describes teachers' ability to use strategies to teach self-protection skills to prevent sexual violence. Based on the results of this research analysis, it was concluded that teachers used various strategies in teaching self-protection which were adapted to sexual education material. Unfortunately, several obstacles remain, such as limited resources, infrastructure, and the persistence of taboo culture.

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REFERENCES

- Bilinga, M., & Mabula, N. (2014). Teaching Sexuality Education in Primary Schools in Tanzania: Challenges and Implications. *Journal of Education and Practice*, 5(27), 21–31. [Google Scholar](#)
- Çeçen-Eroğul, A. R., & Hasirci, Ö. K. (2013). The Effectiveness of Psycho-Educational School-Based Child Sexual Abuse Prevention Training Program on Turkish Elementary Students. *Educational Sciences: Theory & Practice*, 13(2), 725–729. [Google Scholar](#)
- Conroy, S., & Cotter, A. (2017). *Juristat Self-Reported Sexual Assault in Canada*. Juristat Article. [Google Scholar](#)
- Cotter, A., & Savage, L. (2019). Gender-Based Violence and Unwanted Sexual Behaviour in Canada, 2018: Initial Findings From the Survey of Safety in Public and Private Spaces. *Juristat*, 85, 1–49. [Google Scholar](#)
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and Conducting Mixed Methods Research*. Sage Publications Ltd. [Google Scholar](#)
- Dong, H., & Li, H. (2022). Promoting Sexuality Education for Children and Adolescents on a Large Scale: Program Design, Organizational Cooperation Network and Administrative Mobilization. *Children (Basel)*, 9(10). <https://doi.org/10.3390/children9101474>
- Eisenberg, M. E., Madsen, N., Oliphant, J. A., & Sieving, R. E. (2013). Barriers to providing the sexuality education that teachers believe students need. *J Sch Health*, 83(5), 335-342. <https://doi.org/10.1111/josh.12036>
- Erhamwilda, E., Suhardini, A. D., & Afrianti, N. (2017). Analysis of Early Childhood Teacher Perceptions of Sex Education in an Islamic Perspective. *MIMBAR, Jurnal Sosial dan Pembangunan*, 33(1). <https://doi.org/10.29313/mimbar.v33i1.2071>
- Erlinda. (2014). Upaya Peningkatan Perlindungan Anak dari Bahaya Kekerasan, Pelecehan, dan Eksploitasi. In *STOP CHILD ABUSE*, 136. *Seminar Dies ke-23 Fakultas Sastra Universitas Sanata Dharma Yogyakarta*. [Google Scholar](#)
- Fauziyah, T. A., & utomo, A. P. (2023). Kota Semarang Catat Kasus Kekerasan Anak dan Perempuan Tertinggi Se-Jateng, Pemprov: Masyarakat Makin Berani Melapor [Internet. *Semarang. Kompas.com*
- Flores, D., & Barroso, J. (2017). 21st Century Parent-Child Sex Communication in the United States: A Process Review. *J Sex Res*, 54(4-5), 532-548. <https://doi.org/10.1080/00224499.2016.1267693>
- Fryda, C. M., & Hulme, P. A. (2015). School-based childhood sexual abuse prevention programs: an integrative review. *J Sch Nurs*, 31(3), 167-182. <https://doi.org/10.1177/1059840514544125>

- Ghaffari, M., Gharghani, Z. G., Mehrabi, Y., Ramezankhani, A., & Movahed, M. (2016). Premarital Sexual Intercourse-Related Individual Factors among Iranian Adolescents: A qualitative Study. *Iran Red Crescent Med J*, 18(2), 1–7. [Google Scholar](#)
- Godbout, N., Bakhos, G., Dussault, É., & Hébert, M. (2020). Childhood Interpersonal Trauma and Sexual Satisfaction in Patients Seeing Sex Therapy: Examining Mindfulness and Psychological Distress as Mediators. *J Sex Marital Ther*, 46(1), 43–56. <https://doi.org/10.1080/0092623X.2019.1626309>
- Godbout, N., Briere, J., Sabourin, S., & Lussier, Y. (2014). Child sexual abuse and subsequent relational and personal functioning: the role of parental support. *Child Abuse Negl*, 38(2), 317–325. <https://doi.org/10.1016/j.chiabu.2013.10.001>
- Güder, S. Y., & Alabay, E. (2018). Children's Questions and Answers of Parents: Sexual Education Dilemma. *International Journal of Progressive Education*, 14(6), 138–151. <https://doi.org/10.29329/ijpe.2018.179.11>
- Guo, S., Chen, J., Yu, B., Jiang, Y., Song, Y., & Jin, Y. (2019). Knowledge, Attitude and Practice of Child Sexual Abuse Prevention among Parents of Children with Hearing Loss: A Pilot Study in Beijing and Hebei Province, China. *J Child Sex Abus*, 28(7), 781–798. <https://doi.org/10.1080/10538712.2019.1627688>
- Haignere, C. S., Culhane, J. F., Balsley, C. M., & Legos, P. (1996). Teachers' receptiveness and comfort teaching sexuality education and using non-traditional teaching strategies. *J Sch Health*, 66(4), 140–144. <https://doi.org/10.1111/j.1746-1561.1996.tb08234.x>
- Haskell, L., & Randall, M. (2019). The Impact of Trauma on Adult Sexual Assault Victims. *SSRN Electronic Journal*, 1–42. [Google Scholar](#)
- Hasni, U., & Suparno, S. (2019). Method of Sex Learning for Children 5-6 years. *Conference: Proceedings of the International Conference on Special and Inclusive Education (ICSIE 2018, 296(Icsie 2018)*, 330–334. <https://doi.org/10.2991/icsie-18.2019.60>
- Jin, Y., Chen, J., Jiang, Y., & Yu, B. (2017). Evaluation of a Sexual Abuse Prevention Education Program for School-Age Children in China: A Comparison of Teachers and Parents as Instructors. *Health Education Research*, 32(4), 364–373. <https://doi.org/10.1093/her/cyx047>
- Kenny, M. C., & Wurtele, S. K. (2010). Children's abilities to recognize a "good" person as a potential perpetrator of childhood sexual abuse. *Child Abuse Negl*, 34(7), 490–495. <https://doi.org/10.1016/j.chiabu.2009.11.007>
- Mashudi, E. A., & Nur'aini. (2015). Pencegahan Kekerasan Seksual Pada Anak Melalui Pengajaran Personal Safety Skills. *Metod Didakt*, 9(2), 60–71. [Google Scholar](#)
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative Data Analysis: A Methods Sourcebook*. [Google Scholar](#)
- Moleong, L. J. (2014). *Metodologi Penelitian Kualitatif*. Remaja Rosdakarya. [Google Scholar](#)
- Oktavianingsih, E., & Ayriza, Y. (2018). Teachers' Knowledge and Belief for Educating Sexuality in Kindergarten Children. *International Journal of Pedagogy and Teacher Education (IJPTE, 02(2)*, 307–318. <https://doi.org/10.20961/ijpte.2i2.19760>
- Pulido, M. L., Dauber, S., Tully, B. A., Hamilton, P., Smith, M. J., & Freeman, K. (2015). Knowledge Gains Following a Child Sexual Abuse Prevention Program among Urban Students: A cCuster-Randomized Evaluation. *Am J Public Health*, 105(7), 1344–1350. [Google Scholar](#)
- Qudstia, F. I. (2023). DP3A Kota Semarang Catat Ada 49 Kasus Kekerasan Seksual Sepanjang 2023 Internet. *Semarang*. Joglojateng.com
- Rakhmawati, E. (2023). *Pendidikan Seksual Anak Usia Dini*. Potlot Publisher. [Google Scholar](#)
- Roffiq, A., Qiram, I., & Rubiono, G. (2017). Media Musik Dan Lagu Pada Proses Pembelajaran. *JPDI (Jurnal Pendidikan Dasar Indonesia)*, 2(2), 35. <https://doi.org/10.26737/jpdi.v2i2.330>

- Rogow, D., Haberland, N., Del Valle, A., Lee, N., Osakue, G., Sa, Z., & Skaer, M. (2013). Integrating gender and rights into sexuality education: field reports on using It's All One. *Reprod Health Matters*, 21(41), 154-166. [https://doi.org/10.1016/S0968-8080\(13\)41699-3](https://doi.org/10.1016/S0968-8080(13)41699-3)
- Sulistiyowati, A., Matulesy, A., & Pratikto, H. (2018). Psikoedukasi Seks: Meningkatkan Pengetahuan untuk Mencegah Pelecehan Seksual pada Anak Prasekolah. *Jurnal Ilmiah Psikologi Terapan*, 06(01), 17–27. <https://doi.org/10.22219/jjpt.v6i1.5171>
- Utami, D. R. R. B., & Susilowati, T. (2018). Program "Aku Mandiri" Sebagai Upaya Pencegahan Kekerasan Seksual Pada Anak Usia Pra Sekolah. *Gaster*, XVI(2), 127–137. [Google Scholar](#)
- Wahida, D., & Paramastri, I. (2020). Prevensi Kekerasan Seksual Pada Anak (KSA). *Journal of Psychology Perspective*, 2(1), 41–54. <https://doi.org/10.47679/jopp.021.0620004>.
- Wirtz, A. L., Alvarez, C., Guedes, A. C., Brumana, L., Modvar, C., & Glass, N. (2016). Violence against children in Latin America and Caribbean countries: a comprehensive review of national health sector efforts in prevention and response. *BMC Public Health*, 16(1), 1006. <https://doi.org/10.1186/s12889-016-3562-3>
- Zakiah, R., Prabandari, Y. S., & Triratnawati, A. (2016). Tabu, Hambatan Budaya Pendidikan Seksualitas Dini pada Anak di Kota Dumai. *Berita Kedokteran Masyarakat (BKM Journal of Community Medicine and Public Health)*, 32(9), 323–330. [Google Scholar](#)
- Zhang, W., Chen, J., & Liu, F. (2015). Preventing Child Sexual Abuse Early: Preschool Teachers' Knowledge, Attitudes, and Their Training Education in China. *Sage Journals*, 5(1), 1–8. <https://doi.org/10.1177/2158244015571>.
- Zollner, H., Fuchs, K. A., & Fegert, J. M. (2014). Prevention of sexual abuse: improved information is crucial. *Child Adolesc Psychiatry Ment Health*, 8(1), 5. <https://doi.org/10.1186/1753-2000-8-5>