

## SHORT ARTICLE

# The difference in intervention of sexual abuse prevention by two variance professions on primary school children in Padang

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<a href="#">Abstract</a>	<a href="#">Introduction</a>	<a href="#">Methodology</a>	<a href="#">Results</a>	<a href="#">Conclusion</a>	<a href="#">References</a>	<a href="#">Citation</a>	<a href="#">Tables / Figures</a>
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## Abstract

**Background:** The number of primary school children that become victims of sexual abuse are always increasing year by year. **Aim & Objective:** This study evaluated the effectiveness of interventions for sexual abuse prevention on knowledge and assertiveness behaviour of primary school age children, which were committed by two different professions, namely nurses and teachers. **Material & Methods:** The study method was a quantitative with quasi-experimental design types of non-equivalent control group design. The population in this study were all primary school children in the city of Padang, consist of 91,966 children, with total sample of 1,112 children. Measurement of the knowledge and behaviour of children was performed 4 times total, then followed by statistical tests with GLM Repeated Measures. **Results:** Mean and standard deviation values from knowledge of nurses intervention group: p1(3.37; +1.37), p2(4.62; +1.72), p3(4.97; +1.53), p4(5.52; +1.20). Mean and standard deviation value from the group's assertiveness: s1(24.44; +4.20), s2(28.66; +2.58), s3(31.38; +1.50), s4(32.80; +2.115) with p value =0.00. While the Mean and standard deviation values from knowledge of teacher's intervention group: p1(3.21; +1.30), p2 (3.83; +1.14), p3(4.01; +0.99), p4(4.53; +0.875). Mean and standard deviation value from the group's assertiveness: s1(24.47; +4.38), s2(27.56; +3.65), s3(27.34; +4.40), s4(29.90; +2.87) with p value =0.00. Scores difference between the nurses intervention group with teachers intervention group is 0.73 points for knowledge and 2.00 points for assertiveness behaviour. **Conclusion:** Intervention model that was conducted by nurses is the best model. It is recommended that this model can be used as a model for primary prevention of sexual abuse against primary school age children.

## Keywords

Intervention; Nurse; Teacher; Sexual Abuse; Primary School Children

## Introduction

Sexual abuse give bad effect on children's health, both physically, psychologically and even economically. Physical effects include: disorders of

the mouth, gastrointestinal, urinary tract, breast, genitals and anus (1). Psychological impacts are bulimia (2,3), trauma, anxiety, depression, obsessive-compulsive disorder, insomnia (4). While the economic impact is not only suffered by

individuals and families, but also to be suffered by the community, local government, and even the state itself (5,6,7,8).

The number of child sexual abuse cases that were known at this time, not reflect the actual situation. Approximately, only 6% suspected cases of children sexual abuse that were reported to the authorities (9,10). This was happened because the sexual abuse offenders came from the same environment and were well known by children.

In order to reduce the number of cases, preventive intervention should be carried, such as by providing knowledge about the 4 important body parts that should not be touched by others and assertiveness behaviours that must be owned by the child when faced with an uncomfortable situation.

### Aim & Objective

To determine the effectiveness of interventions for sexual abuse prevention on knowledge and assertiveness behaviour of primary school age children in Padang, which were committed by two different professions, namely nurses and teachers.

### Material & Methods

**Methods:** This study used a quantitative approach with a quasi-experimental design types of non-equivalent control group design. The population in this study were all primary school children in the city of Padang, consist of 91,966 people, with total sample of 1,112 people.

**Procedure:** Interventions which given to children were knowledge increasing programs for the prevention of sexual abuse by using VAK learning modalities (Visual Auditory Kinesthetic). VAK is a learning model that was implemented in accordance with the children potential. Therefore, in this study the intervention used a variety of learning media, such as movies, presentation, role play, discussion using pictorial sketch story, local language song, and leaflets.

Interventions / training were carried 4 times. The interval between first training to second training was one week. Then the interval between second training to third training was two weeks. While the interval of third training to fourth training was one month. Measurement of knowledge and assertiveness is carried 4 times, which were pre-intervention, after intervention 1, after the second intervention and after the third intervention. Statistical analysis was used to see the difference in result of 4 times

measurement by two different professions with using GLM Repeated Measure analysis.

### Results

From [Table 1](#), discovered that the average age of respondents was 9.5 years, highest age was 12 years, while the lowest age was 6 years. Male respondents were 614 children (55.1%), which numbers were slightly larger than female respondents, which were 498 children (44.9%). Most respondents' ethnic were Minangkabau, as many as 915 children (81.3%), while the rest were from other ethnic beside Minangkabau, with total of 197 people (18.7%). Almost all respondents were Muslim, as many as 1089 people (97.9%), only 23 (2.1%) were other religions.

From [Table 2](#) it appeared that after the intervention, there was improvement in the average value of knowledge and assertiveness on both groups of respondents, on three carried measurements, both in nurses intervention group and teachers intervention group. Then from [Table 3](#), discovered that the nurses intervention group was better than teachers intervention group with difference in average score improvement on knowledge between the nurses intervention group and teachers intervention group was 0.73 points, and difference in average score improvement on assertiveness between the nurses intervention group and teachers intervention group was 2.00 points.

### Discussion

[Table 2](#) and [table 3](#) showed that interventions carried by nurses had better results from interventions that carried by teachers. Where the value of average knowledge and assertiveness of nursing intervention group is higher than the average value of teacher's intervention group. This result was supported by many factors, including the quality of human resources, media, and learning modalities.

Human resources that used for interventions were nurses. Nurses, particularly community nurses (11) have been used to give health education to individuals, families, groups and communities. This is fit with one of his/her role as an educator (health educator). So, community nurses are really expert with the materials, including how it should be delivered to individuals, families, groups and communities.

From this study's results, showed that health education intervention that delivered through

schools, can effectively improve children's knowledge and assertiveness, as the intervention involved many strategies, which were children, teachers, parents and the community around the school (WHO, 2010). It had been proved by the (12) Language Plan Summary (2015); conducted review of 24 studies, (13) conducted review of 42 studies. Conclusion from all of the reviews said that the intervention provided in schools, effectively improved children's knowledge and behavior for primary prevention of sexual abuse.

The success of interventions that performed by nurses in this study was also caused by intervention model which created specifically and compatible with characteristics of primary school aged children, such as, love to play, happy to move, enjoy working in groups and happy to feel or do something directly. Besides, with one of learning media used local minangkabau language songs, making it easier to understand because children were learning while singing. This was consistent with the results of study that conducted by (14), which was the effectiveness of health education through local songs in Laos.

This intervention of promotion and sexual abuse prevention was only to improve children's knowledge and assertiveness to be more decisive and brave to say no, to things he/she did not like. Then the child was also brave enough to run away and yell for help if he/she was forced to engage in activities that he/she did not like. But this intervention did not guarantee that children would not become victims of sexual abuse. Because there were many factors that contributed as opportunity for children to become victims of sexual abuse. Those factors included unsupportive environment conditions, both at school and home.

This model of intervention for promotion and sexual abuse prevention is not only can be used by nurses as health professionals. But it also can be used by other professions such as teachers or general public. However, it should undergo training first, so the intervention is given exactly the same as the interventions that made by nurses.

## Conclusion

The intervention that given by nurses and teachers, both increased average value of children's knowledge and assertiveness. However, intervention model that given by the nurse was the best model in improving the average knowledge and assertiveness on children.

It is recommended that the intervention model of promotion and sexual abuse prevention by nurses can be used as a model for primary prevention of sexual abuse of children of primary school age.

## Recommendation

With this study, local government in Padang, health care workers, teachers, and families are expected to be able to jointly prevent sexual abuse against children. Thus, children as the future generation can grow and thrive properly

## Limitation of the study

The intervention implementation were still limited to children only. Hopefully, the next study can also give intervention to parents, especially mothers. Therefore, parents can give early sexual knowledge to their children according to child's developmental level.

## Relevance of the study

This study showed that the role of nurses as health care workers is vital in promotion of primary prevention to individuals, families, groups and communities. In order to make implementation of primary preventions promotion program more successful, nurses should maximize the function and role of nursing personnel in health centers, able to cooperate with other professional teams and participate to overcome any problems that exist in society as the promotion of primary prevention will only succeed if there are effort and cooperation of all sides, both government and society.

## Authors Contribution

MN: Substantial, contributions to concepts and design, acquisition of data, or analysis, interpretation of data, and final approval of the version to be published. RM, RD AF: Drafting the article or revising it critically for important intellectual content

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## Tables

**TABLE 1 RESPONDENTS DEMOGRAPHY CHARACTERISTICS**

Demography	Nurses Intervention	Teachers Intervention	Control Group	P-Value*
Age				0.104
Mean+ SD	9.66+1.719	9.48+1.609	9.37+1.698	
Min-mak	6-12	7-12	6-12	
Sex				0.053
Male	182 (50.3%)	227 (59%)	205 (56.2%)	
Female	180 (47.7%)	158(41%)	160 (43.8%)	
Ethnic				0.505
Minang	288 (79.6%)	323 (83.9%)	304(83.3%)	
Others	74 (20.4%)	62 (16.1%)	61 (16.7%)	
Religion				0.169
Islam	352(97.2%)	376 (97.7%)	361 (98.9%)	
Others	10 (2.8%)	9 (2.3%)	4 (1.1%)	
N	362	385	365	1112

**TABLE 2 MEAN VALUE OF KNOWLEDGE AND ASSERTIVENESS ON 4 TIMES MEASUREMENT**

Knowledge (P)	Nurses Intervention		Teachers Intervention		Control Group	
	Mean	SD	Mean	SD	Mean	SD
P 1	3.37	+1.37	3.21	+1.30	3.06	+1.24
P 2	4.62	+1.72	3.83	+1.14	3.31	+1.05
P 3	4.97	+1.53	4.01	+0.99	3.33	+1.17
P 4	5.52	+1.20	4.53	+0.875	3.42	+1.06
<b>Assertiveness</b>						
S 1	24.44	+4.20	24.47	+4.38	24.51	+4.30
S 2	28.66	+2.58	27.56	+3.65	24.97	+3.99
S 3	31.38	+1.501	27.34	+4.40	24.98	+3.84

<b>S 4</b>	32.80	+2.115	29.90	+2.87	25.01	+4.108
<b>N</b>	362		385		365	
<b>Total</b>	1112					

**TABLE 3 DIFFERENCE IN AVERAGE SCORE IMPROVEMENT ON KNOWLEDGE AND ASSERTIVENESS**

	(I) Ket Res	(J) Ket Res	Mean Difference (I-J)	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
<b>p</b>	Nurses intervention	Teachers Intervention	.73*	.00		
		Control	1.34*	.00	1.19	1.49
	Teachers Intervention	Nurses intervention	-.73*	.00	-.87	-.58
		Control	.61*	.00	.47	.76
	Control	Nurses intervention	-1.34*	.00	-1.49	-1.19
		Teachers Intervention	-.61*	.00	-.76	-.47
<b>s</b>	Nurses intervention	Teachers Intervention	2.00*	.00	1.71	2.30
		Control	4.45*	.00	4.15	4.75
	Teachers Intervention	Nurses intervention	-2.00*	.00	-2.30	-1.71
		Control	2.45*	.00	2.15	2.74
	Control	Nurses intervention	-4.45*	.00	-4.75	-4.15
		Teachers Intervention	-2.45*	.00	-2.74	-2.15