

Knowledge and Attitudes toward Sexual Abuse are Positively Correlated with Parents' Self-Efficacy in Preventing Child Sexual Abuse

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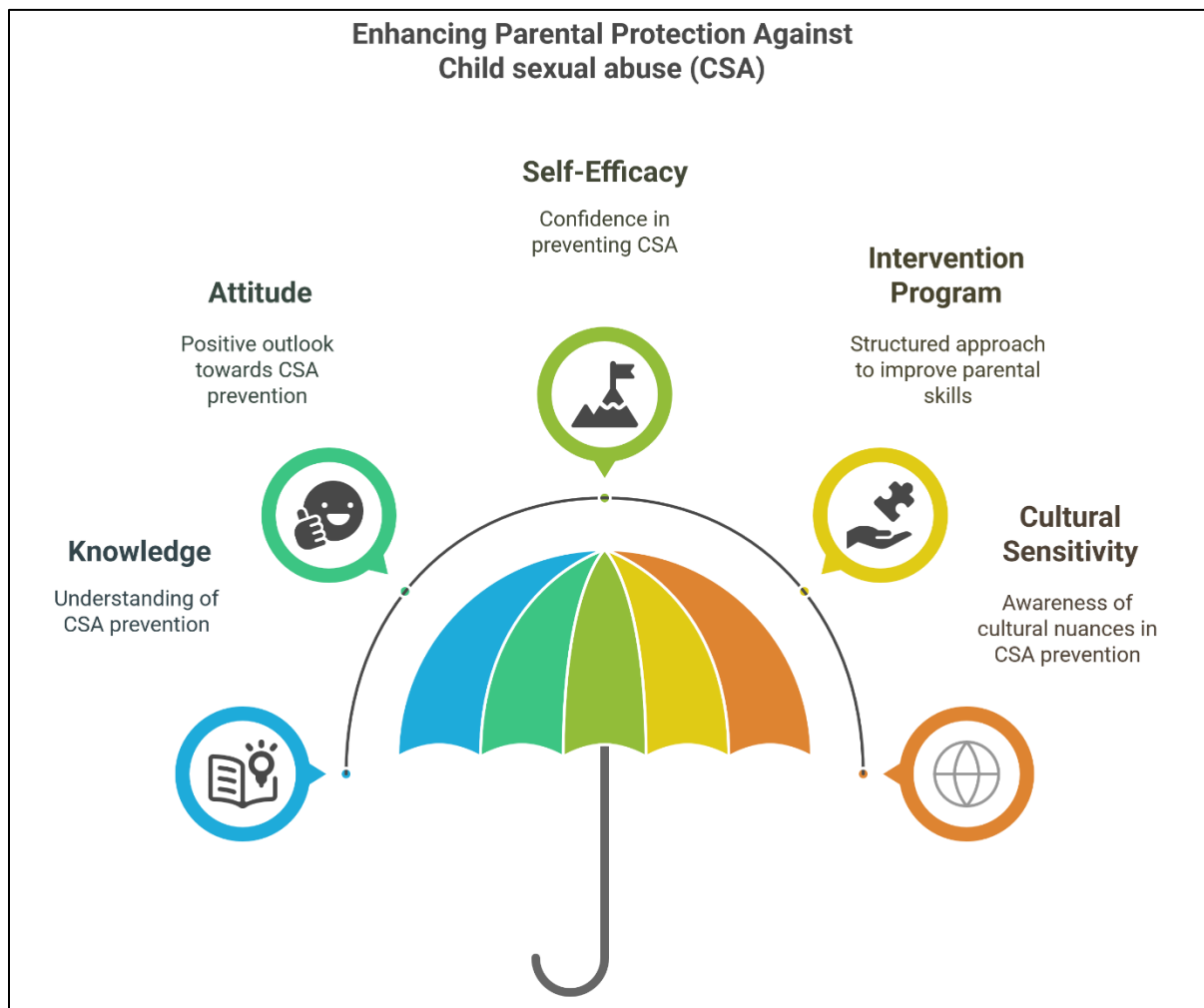
ABSTRACT

Child sexual abuse (CSA) is a public health problem that requires serious attention from all parties, including parents, as the frontline in protecting children. This study aims to analyze the correlation between parents' knowledge, attitude, and self-efficacy in preventing child sexual abuse in Sambas Regency. The study used a quantitative design with a cross-sectional design on parents (n=30), selected through a purposive sampling technique. Data were analyzed using Pearson's correlation test with a significance level of $\alpha=0.05$. The results showed that 56.7% of respondents had good knowledge and 53.3% had a positive attitude, but 53.3% still had low self-efficacy in preventing child sexual abuse. There was a significant positive correlation between knowledge and attitude ($r=0.518$, $p=0.003$), knowledge and self-efficacy ($r=0.587$, $p=0.001$), and attitude and self-efficacy ($r=0.378$, $p=0.039$). These findings indicate that higher parental knowledge correlates with more positive attitudes and greater self-efficacy in preventing child sexual abuse. This study suggests developing a comprehensive intervention program that simultaneously focuses on strengthening these three aspects, with a culturally sensitive approach to overcome communication barriers about sexuality.

Key Messages:

- The study reveals significant positive correlations between parents' knowledge, attitude, and self-efficacy in preventing child sexual abuse, indicating that improving parents' understanding enhances their positive attitudes and confidence in protecting children.
- Despite good knowledge and positive attitudes among many parents, low self-efficacy highlights the need for targeted intervention programs that simultaneously strengthen knowledge, attitudes, and self-efficacy, using culturally sensitive approaches to address communication barriers about sexuality

GRAPHICAL ABSTRACT



INTRODUCTION

Sexual abuse is a broad term involving forcefully violating a person's body, sexual desires, or reproductive functions without consent, leading to physical, psychological, and sexual harm (1). Sexual violence can apply to anyone, one of which is sexual abuse in children or what is familiarly known by the abbreviation CSA (Child Sexual Abuse) is one of the health problems in the world. Child sexual abuse is a critical problem faced in the lives of children who are filled with various advances. Sexual abuse shows and illustrates a human being who does not have norms so that the freedoms and rights of others are often violated(2).

Due to their dependence on adults, children are particularly vulnerable to sexual violence, making them prime targets for abuse. Sexual violence against children can occur anytime and anywhere. According to the World Health Organization (WHO) there are 120 million girls under the age of 20, especially at the age of 1 - 10 years who are forced to have sex and perform sexual acts, and there are millions of cases of KSA on boys(3). According to the National Commission on Violence against Women (Komnas Perempuan), children who are victims of sexual violence range from 6 to 12 years old with a total of 4,097 cases(4). This shows that child sexual abuse can be life-threatening and child safety.

According to the Indonesian Child Protection Commission (KPAI), there were 553 cases of sexual violence against children(5). The negative impact of sexual violence is very influential on the growth and development of children until children become adults because sexual violence will not be separated from the pain and trauma when they become victims of sexual crimes including victims of sexual abuse. The emotional and physical impacts of sexual violence on children are profound, leading to fear, confusion,

anger, post-traumatic stress disorder (PTSD), anxiety, depression, body image issues, and a variety of social and behavioral problems. These consequences can persist into adulthood, contributing to ongoing trauma or even the potential to perpetuate cycles of abuse by becoming perpetrators of sexual violence(6). While the physical impact is that the child will experience a decrease in appetite, erythema, chronic dysuria, enuresis, constipation, unwanted pregnancy, pain in the vagina, penis, rectal area, to sexually transmitted infections (STIs), STIs are the most common cases in children who are victims of sexual violence(7).

There are several factors that cause child sexual abuse to occur, including parental factors such as parental absence, lack of supervision, separation of parents or mixed families, child neglect, child personality and lack of child knowledge. The role of parents is very important in the prevention of sexual violence against children, especially mothers because mothers are the figure who becomes the first education for children while fathers have a role in providing for their families(8). Mothers have an important role in instilling religious, ethical, and moral values that are useful in the formation of children's characteristics and independence, providing a sense of security and affection so that the child's character arises in emotional terms while fathers teach the identity of providing child protection in the outside world and planting in rational terms in children(9). Parents need to have adequate knowledge, attitudes and behaviors related to preventing sexual violence that occurs in children(10). Knowledge can be obtained through mass media, books, health workers, or one's own experience(11). The knowledge gained by mothers in the past will directly affect the way parents educate their children(12). One of them is by communicating about the dangers of strangers, receiving gifts and also going with strangers without parental permission and warning children about what to do if sexual acts occur. Knowledge becomes the basis for parents' understanding of providing sexual education, this is because the information obtained by parents can build perceptions so that parents' awareness of the importance of sex education in children from an early age arises(13). Research showed that parents' knowledge of sexual violence prevention is still lacking, parents feel worried because they feel that their children are still too young to receive information about "sexual" violence(14). Another study also stated that parents' knowledge related to preventing child sexual abuse is still inadequate(15).

In terms of attitudes, appropriate parental attitudes include awareness of risks, openness to communicate about sexuality in a healthy manner, and alertness to signs of sexual violence(16). Meanwhile, parents' self-efficacy refers to their belief in their ability to educate, protect and communicate with their children about sexual violence prevention. Research showed that parents with high self-efficacy are better able to provide appropriate sexual education, detect signs of violence, and take effective preventive and responsive actions(17). According to Larasati et al., parents who have adequate knowledge and high self-efficacy tend to be more proactive in discussing personal safety topics with their children (18). Correspondingly, a study by Zhang & Yuan revealed that parents' positive attitudes toward sexual education were significantly associated with more open communication with children about self-protection(19). However, many parents still experience barriers in building optimal attitudes and self-efficacy, such as limited knowledge, cultural ignorance, and past traumatic experiences. Therefore, this study aims to examine the relationship between parents' knowledge, attitudes, and self-efficacy, and how strengthening these factors can enhance strategies for preventing child sexual abuse in Sambas District.

METHODS

This research employs a quantitative design with a cross-sectional approach. The study was conducted in Sambas Regency with samples selected through purposive sampling technique, focusing on specific criteria: parents who have children, with a total of 30 parents meeting the sampling criteria. Data were collected through face-to-face interviews with respondents at their homes. Researchers scheduled appointments in advance and visited each participant to administer the questionnaire directly. This approach ensured higher response rates and allowed researchers to clarify any questions respondents might have had about the survey items. Data were collected at a single point in time using a structured questionnaire that had been empirically validated to assess parents' knowledge, attitudes, and self-efficacy in preventing child sexual abuse. Data analysis was conducted using univariate and bivariate methods. The Pearson Correlation test was utilized to examine relationships between variables, with correlation

coefficients indicating the strength of associations in the research data. Based on the data distribution, the results are normal so that the scale of each variable uses the mean value. All statistical processing was performed using SPSS software with a significance level of $\alpha=0.05$.

CODE OF HEALTH ETHICS

This research has been given approval of the health ethics code from the Faculty of Health Sciences, Muhammadiyah University of Pontianak with the decision letter number 013/KEPK-FIKES/UMPONTIANAK/2024.

RESULTS

The results of the univariate analysis for parents' knowledge, attitudes, and self-efficacy regarding the prevention of child sexual abuse are presented below.

Table 1. Characteristics of Respondents

Characteristics		n	%
Age	<30 years old	3	10.0
	30 – 40 years old	11	36.7
	>40 years old	16	53.3
Education	Elementary School	2	6.7
	Junior High School	19	63.3
	Senior High School	9	30.0
Employment Status	Unemployed	28	93.3
	Employed	2	6.7
Total		30	100.0

The results showed the distribution of respondent characteristics (Table 1). In terms of age, the majority of respondents were more than 40 years old (53.3%), followed by the 30-40 years age group (36.7%), and less than 30 years old only (10.0%). In terms of education, most respondents had a junior high school education (63.3%), while high school graduates (30.0%), and elementary school graduates (6.7%). Regarding employment status, most respondents were unemployed, with a very high percentage of 93.3%, while only 6.7% were employed.

Table 2. Univariate Analysis of Knowledge

Variable		n	%
Knowledge	Poor Knowledge	13	43.3
	Good Knowledge	17	56.7
Attitude	Negative	14	46.7
	Positif	16	53.3
Self-Efficacy	Low	16	53.3
	High	14	46.7
Total		30	100.0

Based on the results of the univariate analysis (of the category of parental knowledge about sexual violence in children (Table 2), it shows that parental knowledge is good, namely 56.7%. However, almost half of the respondents still have poor knowledge, namely 43.3%. The results of the Univariate Analysis of Attitude show that out of 30 respondents surveyed, 16 respondents (53.3%) showed a positive attitude towards the variables studied. Meanwhile, 14 respondents (46.7%) showed a negative attitude. Then, from the results of the Univariate Self-Efficacy analysis, out of a total of 30 respondents who participated in the study, 16 respondents (53.3%) had low self-efficacy. Meanwhile, 14 respondents (46.7%) showed high self-efficacy. Most respondents (53.3%) had low self-efficacy, while 46.7% showed high self-efficacy. However, the difference between the two groups was small (6.6%), indicating a relatively balanced distribution of self-efficacy among the participants.

Table 3. Results of Pearson Correlation analysis of Knowledge, Attitude and Self-Efficacy

		Knowledge	Attitude	Self-Efficacy
Knowledge	Pearson		.518**	.587*
	Correlation			
	Sig (2-tailed)		.003	.001
	N		30	30
Attitude	Pearson	.518**		.378*
	Correlation			
	Sig (2-tailed)	.003		.039
	N	30		30
Self-Efficacy	Pearson	.587**	.378*	
	Correlation			
	Sig (2-tailed)	.001	.039	
	N	30	30	

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 3 shows indicated significant positive relationships between knowledge, attitude, and self-efficacy, with the highest correlation found between knowledge and self-efficacy, which has a significant positive correlation with Attitude ($r = 0.518$, $p = 0.003$) at a significance level of 0.01, which indicates a reasonably strong relationship between the two variables. Knowledge was also significantly positively correlated with Self-Efficacy ($r = 0.587$, $p = 0.001$) at the 0.01 significance level, indicating a stronger relationship than Attitude. In addition, there was a significant positive correlation between Attitude and Self-Efficacy ($r = 0.378$, $p = 0.039$) at the 0.05 significance level. However, the correlation was not as strong as the relationship between the other variables. This study involved 30 respondents ($N = 30$) for all variables tested. These results indicate that the higher one's knowledge, the more positive one's attitude and self-efficacy, and vice versa. Similarly, positive attitudes also tend to be associated with higher self-efficacy.

DISCUSSION

The results of this study indicate a positive correlation between parents' knowledge and their attitudes toward preventing child sexual abuse. This is in line with research conducted in South Denpasar District showing that there is a significant relationship between parents' knowledge of child abuse ($p = 0.001$)(20). Supported by previous research conducted on children aged 7-12 years in 5 public elementary schools in Sukajadi District, Pekanbaru City, showing the relationship between parental knowledge and parental attitudes in preventing sexual violence in children shows a significant relationship with a value ($p = 0.043$)(21). Knowledge is one of the results of knowing and this can occur in a person after the person senses an object under study(22). Knowledge is a very important part of the domain for the formation of a person's actions (23). Knowledge in each individual is obtained from various sources both from experiences derived from mass media, electronic media, books, health workers and other supporting sources. Parents' good knowledge in this study is due to information about cases of child abuse that has been obtained from various sources both mass and electronic media(24). However, there were still 43.3% of respondents with poor knowledge. This is due to the lack of health promotion from related parties regarding sexual health in children, which causes not all parents to know that children need to be given knowledge about sexual violence early on to prevent children from becoming victims of sexual violence. This is also in line with previous research, which showed that most parents have good knowledge about preventing sexual violence in children(25).

The results of statistical tests also show that parents have a positive attitude as many as 16 respondents (53.3%) in preventing sexual violence and there are still some respondents as many as 14 respondents (46.7%) who still have a negative attitude towards preventing sexual violence in children. Based on the research data, it shows that there is a significant positive correlation between attitudes

towards knowledge and self-efficacy of parents in preventing sexual violence in children. This is in line with previous research, which states that the level of knowledge and attitudes of parents about child sexual abuse is at a moderate level(26). The positive attitude possessed by parents in preventing sexual violence against children is due to their knowledge. The formation of new behavior, namely attitudes, comes from the cognitive domain which means that each individual knows in advance the stimulus in the form of material or objects so as to create new knowledge in each individual(27). Parental attitudes and behaviors are most effectively modeled when parents lead by example, reinforcing lessons on child sexual abuse prevention in their daily interactions. Parents must provide examples and be consistent with something that is taught to each child, especially in the prevention of sexual violence in children(28).

Attitudes are influenced by several factors, one of which is the factor of parental education where parents with secondary and higher education have a positive attitude in preventing child sexual abuse than parents who have a low level of education(29). The level of education can affect the knowledge gained by each parent. Parents' attitudes towards preventing sexual violence will affect their prevention practices (30). Positive attitudes are very important for every parent to have in protecting their children from sexual crimes because they play an important role in influencing parental practices related to preventing child sexual abuse(31). The positive support given by each parent towards child sexual abuse prevention education can help prevent sexual abuse from happening to every child, however, there are also parents who feel worried about providing this education if they teach sexual education more deeply to a child(32). Differences in viewpoints can occur in each parent because they are influenced by the different cultural characteristics of each country. One of them is in Indonesia, parents sometimes still have a bad attitude by thinking that child sexual abuse prevention education is still rarely discussed in the family(33). These cultural barriers often hinder the consistent and widespread delivery of sexual violence education(34). Therefore, it is necessary to provide appropriate understanding and education to parents about preventing sexual violence in children so that parents can support the provision of sexual violence prevention education to their children(35).

The results of the study also found that self-efficacy is positively correlated with parents' knowledge and attitudes in preventing sexual violence in children. Supported by research in Indonesia showed a positive correlation between parental self-efficacy and the implementation of early sexual education as a strategy to prevent sexual violence(36). Self-efficacy, as an individual's belief in their ability to deal with certain situations, plays an important role in shaping children's resilience to potential sexual violence. Children with high self-efficacy tend to have better abilities to recognize risky situations, make appropriate decisions, and seek help when facing threats(37). The parents with high self-efficacy tend to be more proactive in educating children about self-protection and prevention of sexual violence. They are better able to communicate effectively with children about personal body boundaries, inappropriate touching, and steps to take when facing potentially dangerous situations(38). The parents with low self-efficacy often have difficulty in discussing sensitive topics around body safety with their children(39),(40).

Factors influencing parental self-efficacy in the context of sexual violence prevention are diverse. Past experiences, knowledge about sexual violence, and social support play a significant role in shaping the level of parental self-efficacy(41). Parents who have adequate knowledge about the characteristics of sexual violence and prevention strategies tend to have higher self-efficacy. In contrast, parents with unresolved past traumatic experiences often show low self-efficacy in aspects of child protection(42). This study has several limitations that need to be considered. The relatively small sample size (n=30) may limit the generalizability of the research findings to a wider population and potentially reduce the statistical power of the analysis conducted. However, this limitation is overcome by the use of appropriate sampling techniques, non-parametric statistical analysis appropriate for small samples, and the provision of effect size to show the magnitude of the influence of the independent variables.

CONCLUSION

Based on the results of the research conducted, it can be concluded that there is a significant positive correlation between parents' knowledge, attitude, and self-efficacy in preventing child sexual abuse in Sambas Regency. This finding indicates that the higher the parents' knowledge, the more positive

their attitudes and self-efficacy in preventing child sexual abuse, so comprehensive interventions are needed to improve these three aspects, especially self-efficacy which still tends to be low in the majority of respondents.

Given the significant positive correlations between parents' knowledge, attitudes, and self-efficacy in preventing child sexual abuse, the study recommends developing a comprehensive intervention program that focuses on strengthening these three aspects simultaneously. The intervention should focus on community-based education that incorporates culturally sensitive approaches to address the taboo nature of discussing sexuality, particularly in Sambas District. It is important to involve various stakeholders including educational institutions, health services, and community leaders in an effort to improve parents' sexual literacy and develop effective communication skills with children regarding body safety. In addition, further research with a cohort design is needed to measure the long-term effectiveness of the intervention, with a larger and demographically diverse sample to gain a more comprehensive understanding of the factors that influence parental self-efficacy in the context of preventing child sexual abuse in various socio-cultural backgrounds.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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