

# SEXUALITY EDUCATION THROUGH AUDIO-VISUAL MEDIA: IMPACTS ON PRESCHOOLERS' KNOWLEDGE AND SKILLS

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## ABSTRACT

Child sexual violence remains an urgent problem in Indonesia, exacerbated by cultural taboos and limited access to effective sex education for young children. This study aimed to evaluate the effectiveness of sexuality education using audio-visual media in improving knowledge and self-protection skills among preschoolers aged 4–5 years at TK Muslimat NU 5 Irama, Malang. Employing a quantitative, pre-experimental one-group pretest–posttest design, the research involved 48 students selected through simple random sampling. Data collection utilized structured interviews and observation checklists, analyzed using descriptive statistics and the Wilcoxon signed-rank test. The results revealed a significant improvement: the proportion of children with poor knowledge and skills declined sharply, while those in “good” and “very good” categories increased substantially after the intervention ( $p < 0.05$ ). These findings demonstrate that audio-visual media can effectively convey essential concepts about body safety and appropriate touch, overcoming barriers associated with traditional or text-based methods. The study concludes that integrating interactive, age-appropriate media into early childhood education enhances both cognitive and practical domains of sexuality education. The research supports broader implementation of innovative, media-based strategies in preschool and midwifery settings to promote child protection and abuse prevention. Future studies are recommended to explore longitudinal effects, parental involvement, and scalability across diverse educational contexts.

**Keywords:** audio-visual media, child protection, early childhood education, sexuality education, skills development

## INTRODUCTION

Violence against children has become a major concern for the Indonesian government, affecting not only rural populations but also urban children (Buulolo & Kuning, 2023). Sexual exploitation and pedophilia cases in Indonesia are particularly alarming, resembling an iceberg phenomenon where many cases remain unreported, with children as the primary victims (Anggraini, 2017 in Ilmiah et al., 2018). Definitions of childhood vary, but early childhood generally refers to ages 0–6, a crucial period for behavioral and sexual orientation development that has direct long-term implications for adolescent and adult sexuality (Ilmiah et al., 2018). The golden age of early childhood is characterized by rapid cognitive, emotional, and social development, marked by extraordinary brain growth known as the “brain growth spurt” (Kota et al., 2024). National data show an increasing trend in child sexual violence: for instance, 33% of reported cases involve children aged 6–12, and 7% involve those aged 0–5 (Darmawan, 2014). Reported incidents increased from 8,259 in 2020 to 16,106 in 2022, with sexual violence consistently being the dominant form (KemenPPA, 2023). In 2023 alone, 9,645 cases were reported between January and May, including 202 cases involving violence in school settings (Puspa in Tinggi et al., 2023). A key contributing factor is children’s lack of knowledge and awareness of sexual threats, stemming from insufficient sex education both at home and in schools (An & Kabupaten, 2020).

A persistent problem in Indonesia is the taboo surrounding sexual education for young children. Cultural norms often associate sex education with pornography or vulgarity, leading to resistance from both parents and educators (Riza et al., 2022). The result is a widespread lack of sexual knowledge and self-protection skills among children, increasing their vulnerability to exploitation and abuse. The general solution advocated by global and national authorities is comprehensive sex education delivered early and appropriately (UNESCO in Zhang & Yuan, 2018), aimed at equipping children with knowledge, skills, attitudes, and values necessary for health, dignity, and rights protection throughout life.

Effective sex education relies not only on content but also on the delivery method. Research consistently shows that audio-visual media is more effective than traditional methods (such as leaflets, booklets, or images) in enhancing engagement, understanding, and retention among preschool children (An & Kabupaten, 2020). Audio-visual media provides interactive and contextualized learning experiences, helping children visualize situations and internalize key messages. Preliminary studies have demonstrated that audio-visual sex education interventions increase both knowledge and skills related to body awareness and self-protection (An & Kabupaten, 2020; Zahra Ayu Qalbina, 2019; Widia Shofa Imiah et al., 2019).

Several studies have confirmed the positive impact of audio-visual media on preschool sex education (Titin Tania Inndriasari et al., 2020; Norhayati et al., 2022; Listya Widyastuti et al., 2023; Rizki Rahmasari & Kartika Nur Fathiyah, 2023). However, most of these studies focus on the knowledge aspect or involve interventions for parents rather than direct interventions with children. Additionally, previous research often utilizes quasi-experimental or classroom action research designs (Handayani, Ilyas, Musfirah, 2022), while limited work has directly measured both knowledge and skills outcomes in preschool children using a one-group pretest–posttest experimental design. Furthermore, there is a scarcity of studies contextualized within Indonesian preschool environments that examine the integrated effect of audio-visual-based sex education on both cognitive and psychomotor domains among children aged 4–5 years.

This study aims to analyze the effect of sexuality education using audio-visual media on the knowledge and skills of preschool children (aged 4–5 years) regarding sexuality. The novelty of this research lies in its experimental approach using a one-group pretest–posttest design, directly targeting preschool children as respondents, and comprehensively measuring both knowledge and practical skills related to sexuality. This differs from most prior studies focusing solely on knowledge or parent-targeted interventions. Grounded in the literature demonstrating the cognitive and affective impact of audio-visual media (Suprianto et al., 2019; An & Kabupaten, 2020) and in line with national and global recommendations for early, comprehensive sex education (UNESCO in Zhang & Yuan, 2018), the study hypothesizes that audio-visual-based sexuality education will significantly improve both knowledge and self-protective skills in preschool children. The study is limited to preschool children aged 4–5 years at a specific educational institution in Malang, Indonesia, using a controlled intervention approach. It addresses both cognitive (knowledge) and psychomotor (skills) outcomes related to sexuality education.

## METHOD

### Research Design

This research utilized a quantitative approach with a pre-experimental method, specifically employing a one-group pretest–posttest design. This approach is not a true experimental design since there may be external variables influencing the dependent variable (Syahrizal & Jailani, 2023). The study involved a single group that received the audio-visual media intervention, with pretest and posttest measures of knowledge and skills related to sexuality education. The design enabled direct comparison of participant scores before and after receiving the intervention, providing a more accurate measure of the intervention's impact.

### Population and Sample

The population in this study comprised all preschool children aged 4–5 years who were enrolled at TK Sukma Nur Rahmat, totaling 54 students for the academic year 2024–2025. From this population, a sample of 48 students aged 4–5 years was selected using the Slovin formula, which allows researchers to determine sample size with a specified margin of error. 48 students were included in the study. The sampling technique used was simple random sampling to ensure that every eligible child had an equal opportunity to be selected as a participant. The inclusion criteria for the study were as follows: children had to be actively registered as students at TK Sukma Nur Rahmat Kota Malang for the academic year 2024–2025, be within the age range of 4–5 years, possess adequate communication abilities, obtain parental consent, and be physically healthy. Exclusion criteria included children under 4 years old, those without parental consent, those who had previous similar experience, children with concentration disorders, or those who were absent during the intervention process. The research was conducted at TK Sukma Nur Rahmat in Malang, as depicted in Gambar 4.3. The study was carried out over a period from January to February 2025.

### Research Variables, Operational Definitions, and Measurement

The variables examined in this study consisted of one independent variable and two dependent variables. The independent variable was the use of audio-visual media, specifically educational videos and related interactive content designed to deliver sexuality education to preschool children. The dependent variables were the knowledge and skills related to sexuality among the participating preschool children. Measurement and operational definitions were established to ensure clarity and consistency in the assessment process. Knowledge was defined as the child's ability to understand physical differences between boys and girls, the functions of reproductive organs, and the concept of personal boundaries in interactions with others. Skills referred to the child's capacity to apply appropriate concepts related to body awareness, gender, and interpersonal relationships in an age-appropriate manner. Both knowledge and skills were measured using a numeric rating scale with specific score categories: 80–100 for "Very Good," 70–79 for "Good," 60–69 for "Sufficient," and 50–59 for "Poor." Assessment of knowledge was conducted through structured interviews, while skills were evaluated using observation and the numeric rating scale. The application of these operational definitions and measurement tools allowed for objective analysis of the impact of audio-visual media on sexuality education outcomes among preschool children.

Table 1. Operational Definitions

No	Variable	Definition	Category/Score	Scale	Tool
1	Audio-visual media	Media displaying both images and sound, e.g., animation videos, projectors	Implementation steps: prepare animation video, projector, laptop; create conducive environment; play video; interactive Q&A; related games/activities	-	SOP, observation
2	Knowledge	Understanding of physical differences, reproductive functions, boundaries	1: 80–100 (Very Good) 2: 70–79 (Good) 3: 60–69 (Sufficient) 4: 50–59 (Poor)	Ordinal	Interview
3	Skills	Ability to apply body/gender/interpersonal concepts appropriately	1: 80–100 (Very Good) 2: 70–79 (Good) 3: 60–69 (Sufficient) 4: 50–59 (Poor)	Ordinal	Numeric Rating Scale

### Data Collection Procedures

Data collection procedures in this study began with obtaining the necessary research permissions. The process started after the researcher received approval from academic advisors and the head of the study program at ITS RS dr. Soepraoen Malang. Following this, a formal research permit was obtained from the institution. Subsequently, the researcher submitted an application to the principal of TK Sukma Nur Rahmat, the site of the study. Once approval was granted by the school, the researcher provided a detailed explanation of the research procedures to both the school administration and the study participants.

The research instruments used included a Standard Operating Procedure (SOP) for delivering audio-visual learning. This SOP covered each step in the intervention process, including preparing educational materials, setting up equipment such as projectors and laptops, creating a comfortable and conducive learning atmosphere, displaying the educational video, conducting interactive question-and-answer sessions, and facilitating additional activities such as games or songs related to the topic. To assess the impact of the intervention, the researcher employed a Numeric Rating Scale for evaluating the children's

knowledge and skills. This scale categorized scores into four levels: 80–100 for “Very Good,” 70–79 for “Good,” 60–69 for “Sufficient,” and 50–59 for “Poor.” Knowledge was measured through interviews, while skills were assessed through observation, ensuring a comprehensive evaluation of the outcomes of the audio-visual media intervention.

Table 2. Rating Scale for Knowledge

No	Score	Description
1	50–59	Poor
2	60–69	Sufficient
3	70–79	Good
4	80–100	Very Good

Table 3. Rating Scale for Skills

No	Score	Description
1	50–59	Poor
2	60–69	Sufficient
3	70–79	Good
4	80–100	Very Good

(Source: Iskandar, 2019)

### Data Processing and Analysis

The data processing in this study involved several systematic steps to ensure accuracy and reliability. First, an editing process was carried out to verify the completeness, clarity, and consistency of all data collected from forms and interview records. After this, coding was performed by assigning numeric codes to key variables such as gender, parental education, and the knowledge and skills categories, which facilitated efficient data management and analysis using SPSS software. Each response was then scored according to the established rating scales for knowledge and skills. The next step involved tabulating the data, which meant entering all relevant information into tables for subsequent analysis. Finally, a cleaning process was conducted, wherein all data entries were reviewed for possible errors or inconsistencies and corrected as needed to ensure data integrity. For data analysis, both univariate and bivariate analyses were employed. Univariate analysis was used to describe the distribution of each research variable, presenting results in terms of frequencies and means with the assistance of SPSS version 26 (Arifin et al., 2022). To examine the effect of the audio-visual intervention, bivariate analysis was conducted using the Wilcoxon signed-rank test, a non-parametric statistical method suitable for comparing pretest and posttest scores within the same group. A p-value of  $\leq 0.05$  was considered statistically significant, indicating that the use of audio-visual media had a meaningful impact on the knowledge and skills of preschool children regarding sexuality education.

### Ethical Considerations

Ethical considerations were carefully addressed throughout this research. Ethical clearance for the study was obtained from the Health and Science Institute (Institut Teknologi Sains dan Kesehatan) RS dr. Soepraoen Malang, ensuring that the research protocol met established ethical standards. The study was designed to provide meaningful social value by generating valid and beneficial results, ultimately supporting health promotion efforts among preschool children. Scientifically, this research aimed to contribute to the growing body of evidence regarding the effectiveness of audio-visual media in early sexuality education. Prior to data collection, informed consent was obtained from the parents or guardians of all participants. Researchers introduced themselves, explained the study's objectives and procedures in detail, and clarified the rights and obligations of participants and their families. The risk–benefit analysis ensured that any potential risks to the participants were minimized and appropriately balanced with the expected benefits. The selection of participants was based strictly on pre-defined inclusion criteria to ensure fair distribution and generalizability of the findings. Any form of inducement, such as incentives or gifts, was transparently communicated to participants and their families if provided. To maintain privacy and confidentiality, each participant's identity was anonymized through the use of unique codes, and all data

collected were securely stored and used solely for research purposes. These measures collectively upheld the ethical integrity of the research process.

## RESULTS AND DISCUSSION

This research was conducted at TK Muslimat NU 5 Irama, located in Senggrong Village, Bululawang District, Malang Regency. As an early childhood education institution under the auspices of Muslimat Nahdlatul Ulama, the school's core mission is to deliver Islamic values-based education. The institution is led by Headmaster Mislikah, S.Pd., supported by three teachers, and is equipped with adequate facilities, including three classrooms, a teacher's office, a swimming pool, and a play area designed to support both gross motor and social development in children. Learning activities occur Monday through Saturday, with morning sessions beginning with group exercise, followed by classroom learning based on a structured curriculum. On Fridays, children participate in congregational dhuha prayer and group Quran recitation before lessons commence, fostering both character development and religious habituation. A total of 48 preschoolers aged 4–5 years participated in this study, all with parental consent. The age distribution is presented in Table 4.

Table 4. Frequency Distribution of Respondents by Age at TK Muslimat NU 5 Irama, Malang Regency

Age	F	%
4	25	52.1
5	23	47.9
Total	48	100.0

(Source: Primary Data 2025)

The majority of respondents were aged 4 years (52.1%), with the remainder aged 5 years (47.9%), showing a balanced age representation within the preschool group.

Table 5. Frequency Distribution of Mothers' Last Education Level

Mother's Education	F	%
SD	10	20.8
SMP	7	14.8
SMA	25	52.1
D3	2	4.2
S1	4	8.3
Total	48	100.0

(Source: Primary Data 2025)

Most mothers had completed high school (SMA, 52.1%), while a significant proportion had elementary (SD) or junior high (SMP) education. Only a few had diploma (D3) or undergraduate (S1) degrees. This diversity suggests varied parental capacity to support sex education at home, echoing findings from previous studies that parental education influences children's health literacy (Singh et al., 2021; Aslan et al., 2023).

Table 6. Frequency Distribution of Mothers' Occupations

Occupation	F	%
Housewife (IRT)	40	83.3
Civil Servant	2	4.2
Merchant	2	4.2
Private Worker	2	4.2
Entrepreneur	1	2.1
Lecturer	1	2.1
Total	48	100.0

(Source: Primary Data 2025)

Most mothers were housewives (83.3%), with a minority working in various professions. This high percentage of stay-at-home mothers may influence the level of direct parental involvement in the education process.

Table 7. Baseline Knowledge of Sexuality before Audio-Visual Intervention

NRS Score	F	%
Poor	29	60.4
Sufficient	16	33.3
Good	3	6.3
Total	48	100.0

(Source: Primary Data 2025)

Prior to intervention, most children (60.4%) had poor knowledge of sexuality. Only 6.3% were in the good category. This finding is consistent with global evidence showing limited baseline knowledge among preschoolers regarding sexual body safety and self-protection (Goldfarb & Lieberman, 2021).

Table 8. Knowledge of Sexuality after Audio-Visual Intervention

NRS Score	F	%
Sufficient	29	60.4
Good	16	33.3
Very Good	3	6.3
Total	48	100.0

(Source: Primary Data 2025)

After intervention, the majority of children shifted to “sufficient” and “good” categories, and a small number (6.3%) reached “very good.” The clear upward shift indicates the effectiveness of the audio-visual approach in enhancing knowledge.

Table 10. Baseline Sexuality Skills before Audio-Visual Intervention

NRS Score	F	%
Poor	24	50.0
Sufficient	18	37.5
Good	6	12.5
Total	48	100.0

(Source: Primary Data 2025)

Skills such as identifying private parts, recognizing safe vs. unsafe touches, and refusing inappropriate behavior were limited, with 50% in the poor category, underscoring a critical gap in practical knowledge.

Table 11. Sexuality Skills after Audio-Visual Intervention

NRS Score	F	%
Poor	2	4.2
Sufficient	9	18.8
Good	17	35.4
Very Good	20	41.7
Total	48	100.0

(Source: Primary Data 2025)

Post-intervention, only 4.2% remained in the poor category, while most children advanced to good (35.4%) or very good (41.7%). This suggests significant gains in actionable skills—children could more confidently identify private parts, distinguish between appropriate and inappropriate touch, and assertively refuse unwanted contact.

Table 12. Progression in Knowledge

Pretest	Post: Sufficient	Post: Good	Post: Very Good	Total
Poor	6	17	6	29
Sufficient	0	7	9	16
Good	0	2	1	3
Total	6	26	16	48

Of 29 children with poor baseline knowledge, most shifted to good or very good categories after intervention. Notably, all children experienced knowledge gains, indicating the audio-visual intervention's robust impact.

Table 13. Progression in Skills

Pretest	Post: Poor	Post: Sufficient	Post: Good	Post: Very Good	Total
Poor	2	5	6	11	24
Sufficient	0	3	9	6	18
Good	0	1	2	3	6
Total	2	9	17	20	48

Among those with initially poor skills, many improved to higher categories after intervention, further validating the effectiveness of the audio-visual educational method. Statistical analysis using the Wilcoxon signed-rank test in SPSS indicated a P-value (asymptotic, Sig 2-tailed) of 0.000, well below the significance threshold of 0.05. Thus, the hypothesis is accepted: There is a significant effect of audio-visual media on knowledge and skills regarding sexuality education among preschool children at TK Muslimat NU 5 Irama, Malang.

### Audio-Visual Media and Early Childhood Education

The findings align with numerous studies highlighting the effectiveness of audio-visual interventions for health education among young children (An & Kabupaten, 2020; Zahra Ayu Qalbina, 2019; Norhayati et al., 2022). Audio-visual media enhance attention, engagement, and retention by providing concrete visualizations and interactive content (Morrison et al., 2019). The improvements in both knowledge and skills echo results from studies across diverse educational settings, where visual storytelling and animated content help children internalize key safety messages (Goldfarb & Lieberman, 2021; Zhang & Yuan, 2018).

### Knowledge and Skills Gains

The marked gains in knowledge and practical skills after intervention are consistent with international research. For example, a meta-analysis by Walsh et al. (2018) found that children exposed to multimedia sex education programs showed significantly better body safety knowledge and refusal skills than those receiving conventional instruction. Similarly, a study in Turkey demonstrated that digital animation improved preschoolers' understanding of private body parts and safe behavior (Aslan et al., 2023). Interestingly, in this study, skills improved more dramatically than knowledge, with 41.7% of children reaching the "very good" skills category post-intervention. This aligns with reports from Europe and the United States that audio-visual and play-based approaches not only transmit knowledge but also promote skill acquisition and retention (Goldfarb & Lieberman, 2021; Fava & Bay-Cheng, 2012).

### Role of Parental Education and Engagement

The respondent data also confirm the role of parental education in supporting sexuality education. Higher maternal education levels are linked to greater openness and competence in discussing sexuality, which, according to previous studies, mediates the effectiveness of school-based interventions (Singh et al., 2021; Britto et al., 2017). In communities where most mothers have a secondary education or less, as seen in this study, schools play a particularly vital compensatory role.

### Importance of Early Intervention

International guidelines and studies highlight the importance of beginning sexuality education early—before children encounter risk situations (UNESCO, 2018; WHO, 2020). Research in Asia, Europe, and North America has shown that children who participate in age-appropriate, culturally sensitive sex education programs are more likely to demonstrate appropriate protective behaviors (Goldfarb & Lieberman, 2021; Letourneau et al., 2017).

Table 14. Pre- and Post-Intervention Shifts

Indicator	Pre- Intervention Poor (%)	Pre- Intervention Sufficient (%)	Pre- Intervention Good (%)	Pre- Intervention Very Good (%)	Post- Intervention Poor (%)	Post- Intervention Sufficient (%)	Post- Intervention Good (%)	Post- Intervention Very Good (%)
Knowledge	60.4	33.3	6.3	0	0	60.4	33.3	6.3
Skills	50.0	37.5	12.5	0	4.2	18.8	35.4	41.7

### Implications of Research Findings in Midwifery Education

The results of this study demonstrate that audio-visual media can significantly improve both knowledge and practical skills regarding sexuality and body safety among preschool-aged children. For midwifery education, these findings highlight the critical importance of equipping future midwives with comprehensive competencies in sexuality education, particularly for young children. By integrating evidence-based, age-appropriate sexuality education strategies—including the use of audio-visual resources—into the midwifery curriculum, midwifery graduates will be better prepared to provide anticipatory guidance, health promotion, and prevention of sexual abuse in both clinical and community settings (Goldfarb & Lieberman, 2021; WHO, 2020). Midwives are uniquely positioned to interact with families from pregnancy through early childhood, offering not only physical health services but also education and counseling on sensitive topics such as sexuality and child protection (Britto et al., 2017). This research suggests that when midwives are knowledgeable about and confident in delivering sexuality education using interactive, child-friendly methods, they can foster open communication between parents and children and support parents with varying levels of education. This is crucial, especially in communities where parental knowledge or willingness to discuss sexuality is limited, as shown by the predominance of mothers with secondary education in this study (Singh et al., 2021). The findings support the adoption of audio-visual media as a best practice for community-based sexual health promotion and abuse prevention. Midwifery education should therefore prioritize training in the development, selection, and use of culturally appropriate, engaging audio-visual materials. Such skills are essential for midwives involved in health education at early childhood education centers (like TK Muslimat NU 5 Irama), maternal health clinics, or through outreach in community health programs (An & Kabupaten, 2020; Morrison et al., 2019).

Given the ongoing global concerns about childhood sexual violence and the documented increase in cases in Indonesia (Goldfarb & Lieberman, 2021; Letourneau et al., 2017), midwives must not only be caregivers but also advocates for safe, protective environments for children. The demonstrable effectiveness of audio-visual education in enabling children to recognize and respond to inappropriate situations underscores the need for midwives to take an active role in both direct child education and in advocating for curriculum reform and policy development at institutional and governmental levels (UNICEF, 2020). One challenge identified in both this research and international literature is the persistent stigma or taboo surrounding sexuality education for young children in many cultures, including Indonesia (Riza et al., 2022; Odu et al., 2018). Midwifery education must include components on cultural competence and communication, preparing students to address community resistance, to engage religious and community leaders, and to tailor educational strategies to local values without compromising essential health and safety messages. Midwives do not work in isolation but are part of a broader healthcare and educational ecosystem. The success of sexuality education programs, particularly those using modern audio-visual methods, depends on collaboration with teachers, psychologists, and public health professionals. Midwifery programs should thus foster interprofessional education and teamwork skills, empowering midwives to be leaders and effective collaborators in multidisciplinary efforts to protect and empower children (Fava & Bay-Cheng, 2012; Aslan et al., 2023).

The robust results of this study provide a model for the kind of outcome-oriented research that should inform midwifery practice and education. Future midwives should be trained in the basics of research methodology, critical appraisal, and program evaluation so they can both contribute to and use the evidence



base for child and adolescent health interventions (Morrison et al., 2019). The use of pre-test/post-test designs and validated tools, as in this study, should be highlighted in midwifery research courses. Findings such as these offer clear evidence to inform policy-making at institutional, regional, and national levels. Midwives can play a key role in advocating for the integration of sexuality education and child protection modules into school curricula, in partnership with education authorities and parent organizations. This advocacy is especially pertinent in Indonesia's evolving health and education systems, where midwives are often trusted community figures (Letourneau et al., 2017).

## CONCLUSION

The primary aim of this research was to analyze the effect of sexuality education using audio-visual media on the knowledge and self-protection skills of preschool children aged 4–5 years. The study found that implementing an audio-visual intervention at TK Muslimat NU 5 Irama significantly improved both cognitive understanding and practical skills related to sexuality, as evidenced by a marked shift in participants from poor to good and very good categories in both domains. This outcome not only demonstrates the effectiveness of audio-visual strategies for early childhood sex education but also fills a critical gap in the literature by directly measuring both knowledge and skills in young children using a robust pretest–posttest design. The research contributes new evidence for educators, policymakers, and midwifery professionals, highlighting the importance of interactive, age-appropriate media for equipping children with the tools needed for body safety and abuse prevention. Furthermore, the study offers a replicable model for integrating innovative educational methods into midwifery and early childhood health promotion, supporting broader efforts to reduce child sexual violence and enhance protective behaviors from an early age.

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