



KatakLarita as Educational Media to Increase Deaf Children's Knowledge of Sexual Safety and Security Protection

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Abstract: Children are vulnerable to sexual crimes around them. Children should know the dangers of sexual and how to protect themselves. Education related to sexual education and reproductive health in its implementation requires media that can be accessed by all children in Indonesia, including children with disabilities. This research aims to determine the effectiveness of educational media, KatakLarita, in increasing knowledge of sexual safety and security protection for deaf children. The respondents for this research were deaf children from four schools of special deaf in Bali. The method used in this research is paired t-test analysis, which aims to determine the difference in the level of knowledge before and after being given the procedure treatment. The results of the t-test show that the p-value score is 0.000004, and there is a mean difference between the pre-test and post-test data. The results of the Cohen-d score, which was greater than 0.8 (Statistical Power), concluded that the difference in the mean of the two data was significant enough so that it could be interpreted that the treatment given to this group was able to increase the participant's average knowledge. THE video educational media KatakLarita contributes to helping increase children's knowledge, including deaf children, about efforts to protect themselves from sexual crimes.

Keywords: knowledge; safety; sexual

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INTRODUCTION

The issue of violence remains a serious concern that necessitates collective intervention. Violence can manifest anywhere, towards anyone, and at any time, taking various forms (Quah, 2025). A prevalent form of violence in Indonesia is sexual violence, affecting not only adults but also adolescents and even children. Sexual violence encompasses any sexual act, attempted sexual act, comments, or suggestions regarding sexual behavior, whether intentional or inadvertent, as well as any coercive acts to engage in sexual intercourse with another individual (Berenguer-Simon et al., 2024; World Health Organization, 2018). According to the Ombudsman RI, as cited in Silaban (2023), over 15,000 cases of sexual violence against children were reported in the year 2022. This finding is supported by complaint data collected by the Ministry of Women's Empowerment and Child Protection (KemenPPPA, 2023), revealing over 9,000 cases of sexual violence against children. These figures underscore the potential harm of sexual violence, as it can leave deep-seated trauma and impede a child's development. The high incidence of sexual violence may also be attributed to the limited and challenging access to education concerning sexual protection and reproductive health. Typically, such education is only received by children around the sixth grade or during middle school. However, considering the data from the Ministry of Women's Empowerment and Child Protection, early education on sexual protection is crucial, as evidenced by cases of sexual violence against children under the age of 10.

Sexual education is not about endorsing children to engage in sexual activity; instead, it aims to elucidate the natural function of sexuality as an inherent aspect of oneself and the repercussions of its misuse (Pratiwi et al., 2024). Sexual education constitutes an effort to instruct, raise awareness, and provide information about reproductive organs while instilling morality, ethics, commitment, and religious values to prevent their misuse (Kamangu & Mbago, 2024). Early sexual education is of paramount importance for children. Furnishing children with knowledge about sex can help prevent sexual deviance. Moreover, such education can shield children from becoming victims of sexual abuse as they acquire an understanding of what constitutes sexual harassment (Ratnasari & Alias, 2016; Wu et al., 2024). Sexual education entails more than merely conveying information about anatomy, physiological reproductive functions, and biological sexuality. It also encompasses imparting knowledge about sexual developmental health, gender identity, sexual relationships, love, intimacy,

bodily privacy, and other related topics (Estivalis & Amat, 2014). Healthy sexual development is a crucial milestone for all children and adolescents. The progress of sexual development hinges upon the quality of information concerning the formation of attitudes, beliefs, and values about consent, sexual orientation, gender identity, relationships, and intimacy. Sexual health is influenced by ethnicity, race, culture, personal attributes, beliefs, and moral values.

Sexual violence against children can occur with or without physical contact (Pampanel et al., 2024). Behaviors involving physical contact encompass touching the victim's private areas, such as the vagina, penis, breasts, buttocks, mouth-to-genital contact, or engaging in sexual intercourse. In contrast, behaviors without physical contact might involve instructing a child to undress for the perpetrator's satisfaction or exposing the child to pornographic material (NCTSN, 2009, as cited in Sulistiyowati et al., 2018). According to Darwis (2014) as cited in Aprilaz (2016), there are seven concepts in teaching sexual education to children as an effort to protect them from sexual violence: (1) Body Ownership: Children are taught that they have personal body parts that others should not touch, look at, or take photos of. (2) Touch: Children are educated to recognize different types of touch that could lead to sexual violence. (3) Assertiveness: Children are taught how to dress, behave, and avoid threats of sexual violence. (4) The "No-Go-Tell" Sequence: Children are encouraged to say no if faced with threats of sexual violence confidently. (5) Secrecy: Children learn that certain secrets should be shared with others. (6) Support System: Children are educated about social institutions that will protect them in case of sexual violence. (7) Blame: Children are given the understanding that if they experience sexual violence, it is not solely their fault.

The term "special needs" explicitly refers to children who are considered to deviate from the average condition of normal children, encompassing physical, mental, and social behavioral characteristics (Efendi, 2006, as cited in Abdullah, 2013). Deaf children, due to their hearing impairment and often limited speech abilities, may struggle to comprehend conversations around them and express their experiences (Chong & Hussain, 2022; Kolibiki, 2016; Mills, 2020). These limitations are often exploited by irresponsible individuals, including sexual offenders. These limitations also hinder deaf children from accessing sexual safety education (Kolibiki, 2022), considering that the media used for such education needs to be adapted to accommodate their needs. Sexual violence presents a higher risk for children with disabilities, including those who are deaf (Kolibiki, 2014; Kvam, 2004; Porter & Williams, 2011). Ariantini et al. (2019) state that students with hearing impairments at SLB B require more visual information access through simplified images and video-based reproductive health lessons, supplemented with written text and sign language gestures, to better understand the material. Recognizing the high risk faced by deaf children, the researchers conducted a pilot study involving deaf children in the Denpasar region to delve deeper into their sexual safety education needs. The outcome of this pilot study led to the development of an educational media titled "KatakLarita," based on animated videos and images. This research aims to analyze the effectiveness of the educational media "KatakLarita" in enhancing knowledge about safety and sexual protection among a group of deaf children. The research results can contribute to scientific knowledge in the field of nursing, particularly pediatric nursing, for the development of sexual health and reproductive education as a preventive measure against cases of sexual violence in children, especially those with disabilities.

METHODS

This research employed a quasi-experimental design involving both experimental and control groups (Nursalam, 2016). This research had an experimental and control group determined using random groups. Quasi-experimental research aims to determine the variables involving the control and experimental groups. It was used for research to investigate relationships between variables and clarify the causes of these relationships (Nursalam, 2016). The design used was a pre-and-post-test control group design. The research involved all Special Needs Schools (SLB B) in Bali and spanned 6 months. The sample was drawn from the population of students attending SLB B in Bali who meet the inclusion criteria. The inclusion and exclusion criteria for the sample are as follows: (a) Deaf students in grades IV, V, VI, VII, VIII, and IX of SLB B; (b) Deaf students who are present, willing to participate, and whose class teachers or guardians have provided informed consent during data collection; (c) Students aged 12-17 years. Exclusion Criteria: (a) Students who are unwell during data collection and (b) Students who might disrupt other respondents during the research activities.

The dependent variable in this research was the knowledge of sexual safety and security, which was measured using a questionnaire on personal safety skills based on the concept of sexual and reproductive health education. The independent variable was the educational media provided to the respondents. The treatment group received educational media in animated videos containing images, text, and sign language interpretations, while the control group received an educational booklet containing images that school teachers explained. The research implementation began by dividing the respondents into treatment and control groups. Data collection was conducted gradually due to the considerable distance between SLBs and the time-consuming process of

collecting data from the respondents (Pre-test - Education Process - Post-test). After data collection, data processing commenced by excluding data from respondents who did not meet the criteria, followed by scoring and interpreting the score results.

Quantitative data for the knowledge variable was presented in ordinal categories: Good knowledge level: 61% - 100%, Moderate: 31% - 60%, Poor: <30%. A comparative analysis was performed to identify differences in knowledge levels before and after the intervention procedures (in the treatment and control groups). To assess data distribution, a normality test was first conducted using the Kolmogorov-Smirnov and Shapiro-Wilk tests. If the data is normally distributed, subsequent analysis employs a paired t-test. If the data is not normally distributed, a non-parametric test, namely the Wilcoxon signed-rank test, is employed (at a significance level of 0.05 or a confidence level of 95%) with the assistance of a computer. Researchers conducted an ethical test before beginning research at the research site. This research employed several research ethics, including informed consent, anonymity, and confidentiality. Poltekkes Kemenkes Denpasar granted ethical approval with ref number LB.02.03/EA/KEPK/ 0320 /2022.

RESULT AND DISCUSSION

Sexual safety and security refer to a state that offers protection to an individual, particularly children, from threats and dangers of sexual crimes, such as sexual harassment, verbal and non-verbal acts, and even rape. These threats and dangers can occur anywhere and to anyone, including children, without distinction of gender. Every child must possess the knowledge and ability to safeguard themselves. This knowledge and understanding should be accessible to all children, including those with limitations, such as hearing impairment. Effective learning occurs when media is used for education, making the process enjoyable and easily comprehensible for students. Visual media suits deaf children with speech and hearing limitations (Anwar et al., 2024). Visual media facilitates material delivery to children with hearing impairments, enabling them to grasp the content effectively. Suitable and applicable teaching media for deaf children include tangible objects, images, videos, and mirrors.

In this research, the educational video media is derived from information provided by deaf children using participatory design (Korte, 2022). The initial phase of the research in 2021 aimed to identify the needs of deaf children concerning understanding sexual safety and security. After testing and several refinement stages, the educational video media, "KatakLarita," was developed. The implementation occurred in four special needs schools, with two schools as the treatment group and two as the control group. The treatment group was allowed to learn using the video media produced during the preliminary research in 2021, referred to by researchers as the "KatakLarita" educational video. The "KatakLarita" educational video media was enhanced collaboratively, involving assistant researchers in the field and teacher colleagues at the special needs schools. This process was time-consuming and involved multiple discussions. The final step included submitting Intellectual Property Rights (IPR) for the video media, with registration number EC00202243807.

The animated video "KatakLarita" encompasses material on sexual safety and security, presented in images, text, and sign language interpretation, similar to the instrument used in previous research (Urbann et al., 2020). The research was conducted among deaf students in four Special Needs Schools (SLBN) in the Bali Province. Two SLBNs were designated as the control group and the other two as the treatment group. The treatment group received education using the "KatakLarita" educational video media, while the control group used conventional media. Conventional media in this context refers to the typical lecture-style approach adopted by teachers when imparting information on protecting oneself from sexual threats. This conventional method lacks structure and relies solely on the teachers' experience and observations. According to the information gathered from teachers at the SLBNs, there are no available media or teaching materials to assist children in comprehending how to protect themselves. The following overview of the research respondents is distributed into the treatment and control groups. The treatment group had 16 male and 14 female respondents, while the control group had 17 male and 13 female respondents. The distribution of respondents by age revealed that the treatment group consisted of teenagers aged 12 to 17 years. Similarly, the control group comprised teenagers within the age range of 12 to 16 years.

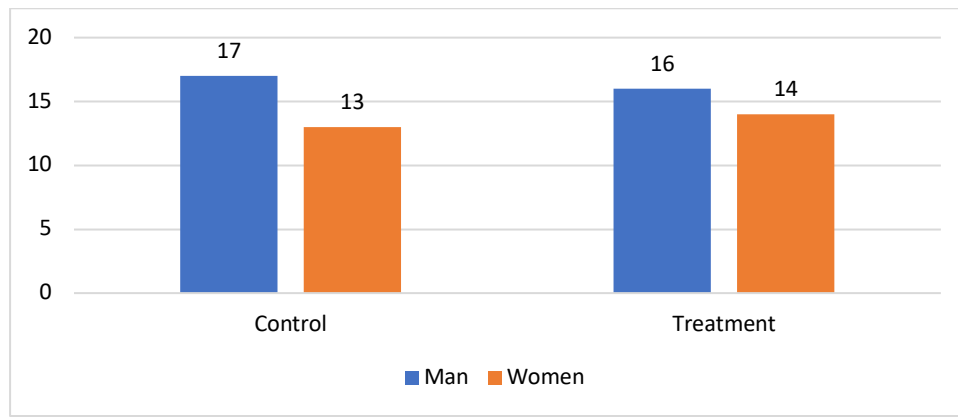


Figure. 1. Research respondent's demographics

Identifying the knowledge of sexual safety and security protection among deaf children before and after using the educational media: "KatakLarita." Below is an overview of the comparison of knowledge levels between the treatment group before and after the intervention.

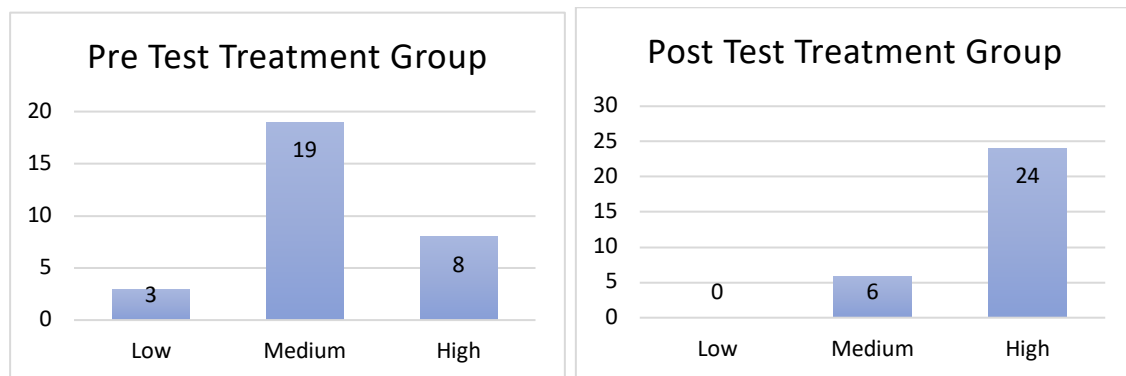


Figure. 2. Comparison of Knowledge Levels in the Treatment Group Pre and Post-Test

Fig. 2 illustrates an increase in the knowledge levels categorized as "moderate" and "good" before and after learning with the "KatakLarita" educational video. There is a decrease in the "poor" knowledge level. A comparison of knowledge levels before and after the intervention in the control group is provided below.

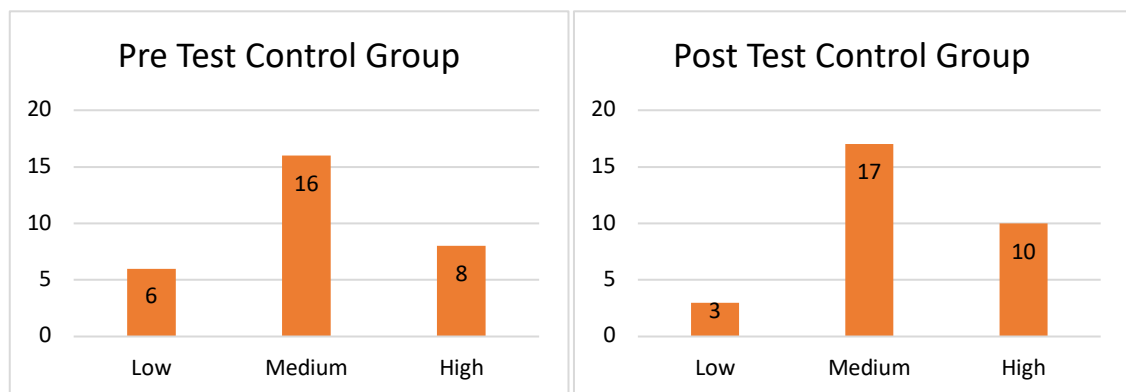


Figure. 3. Comparison of Knowledge Levels in the Control Group Pre and Post-Test

Fig. 3 demonstrates a very low change in respondent achievement scores. This change cannot be assumed to signify a significant improvement. By comparing the scores from Table 2 and Table 3, we can observe the significant effectiveness of the educational media "KatakLarita." There is a substantial improvement in comprehension scores when children with special hearing needs are provided with the "KatakLarita" instructional media, specifically developed to cater to their unique requirements. These results indicate that the visual approach and the use of sign language in the educational video positively enhance children's understanding, particularly regarding sexual safety and security. Further research is needed to determine the

extent of the role of teachers' understanding of sexual safety and their ability to deliver sensitive content using sign language. Using statistical tests, bivariate analysis aims to ascertain the difference in knowledge levels before and after the intervention procedures (in the treatment and control groups). Bivariate analysis utilizing the paired t-test is conducted due to the normal distribution of research data. The following presents the test results for the treatment group.

Table 1. Paired t-test results
in the treatment group

	p-value	cohen-d
T-test	0.000004	1.451506

Interpreting the results of the t-test above, the p-value score below 0.05 (0.000004) indicates a difference in means between the pre-test and post-test data. Cohen's d-score exceeding 0.8 (Statistical Power) concludes that the difference in means between these two data sets is substantial, implying that the treatment provided to this group effectively raised the participants' average knowledge.

Table 2. Paired t-test results
in the control group

	p-value	cohen-d
T-test	0.239115	0.194481

Interpreting the results of the t-test above, the p-value score above 0.05 (0.239115) indicates no significant difference in means between the pre-test and post-test data. Cohen's d-score below 0.2 suggests no meaningful difference in means between the pre and post-test data in the control group, with a pre-test mean of 5.43 and a post-test mean of 5.80. The use of educational video media for teaching sexual safety and security to children with hearing impairments yielded highly significant results (Saad Elfar et al., 2024). Like their peers, children with special needs exhibit a strong eagerness to learn and a high level of curiosity. The lack of suitable learning resources tailored to their needs has limited their knowledge (Bhattacharjee, 2024). This deficiency in knowledge presents a dilemma for them. A high level of knowledge in any subject benefits and protects learners. These results align with several other studies. A study by Awang (2016) on the effectiveness of video-based social studies instruction for fifth-grade students in Semarang's Ngaliyan District found a significant impact on learning outcomes. Video media are crucial in stimulating interest, motivation, and learning engagement. Similarly, Nurwinda et al. (2022) observed that video-based instruction significantly influenced science learning outcomes for fifth-grade students in Tanrongi, Wajo. Video media also impacts skill-based learning, as Ambara et al. (2018) examined video use for teaching electrical installation skills to vocational high school students. In various instances, video-based instruction has significantly improved student learning outcomes.

Further observations were conducted by Atikah (2016), who delved into the use of video media on students' understanding of light properties. The results showed that cognitive abilities in the experimental group using video instruction were significantly superior across cognitive levels of knowledge (C1), comprehension (C2), application (C3), and analysis (C4). This observation indicates that video media enhances understanding at various cognitive levels. For deaf children, visual elements are of paramount importance. The intended visual media display images and effectively convey the intended messages. Blending images with relevant messages poses a unique challenge for the research team. Addressing children's learning needs is not solely the responsibility of adults' understanding of child development and needs. It is equally valuable to involve the children themselves in this process. Suntari (2022) explored the preferences of deaf children to identify what they wanted to learn to protect themselves and ensure their sexual safety.

The ongoing enhancement of this media strengthens the significance of the "KatakLarita" learning resource. Protecting children's sexual safety and security is not the sole responsibility of the children, educators, or government authorities. Parents play a crucial role as well. Parents spend considerable time with their children at home and in their daily lives. Therefore, the researchers actively engaged parents of deaf children to play an active role by supporting and communicating with their deaf children (Løkken, 2024), especially on topics such as sexual safety and security. Facilitated activities included strengthening and conducting Focus Group Discussions (FGDs) with parents and teachers. These discussions involved available data and the specific needs and conditions of deaf children regarding sexual safety and security information. The FGDs featured the participation of representatives from KPPAD (Bali Regional Child Protection Commission) as resource persons. The discussions highlighted the importance of collaboration among various stakeholders, including government authorities, teachers, the community, parents, and the children themselves, in protecting children from surrounding threats or dangers. The FGDs also captured positive practices undertaken by parents, which were then shared with other parents. Resource persons reinforced for each emerging good practice.

CONCLUSION

The utilization of video media as an approach to enhance the knowledge of deaf children about sexual safety and security has shown promising results. The respondents well-received the implementation of video media, a conclusion supported by the increased understanding observed in the treatment group who were exposed to the educational video "KatakLarita." The limited change in understanding within the control group also suggests that deaf children require visual-based learning media to facilitate content delivery. The competence of teachers in using sign language could also influence the limited change in the control group, where teachers often utilize role-play to explain situations depicted in images to their students. The limitations of this research lie in the specific criteria of respondents with special needs, restricted only to the hearing-impaired group. It does not fully address the varied competence of teachers in using sign language, particularly when conveying understanding to respondents regarding sexual health and safety. Additionally, the challenge of maintaining focus and discipline among respondents, especially in a large setting during data collection, is noted. For future research, it is recommended to explore the effectiveness of the educational media "KatakLarita" on non-special needs children as well as other specific special needs groups apart from the hearing-impaired. Subsequent researchers may also consider collaborating with schools to conduct educational sessions and data collection in conducive environments. The researchers hope that the results from this research will contribute to the sexual education of children, especially those with special needs such as hearing-impaired. Therefore, the role and support from relevant stakeholders in deaf children are greatly emphasized and needed.

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