

The Relationship Between Reproductive Health Knowledge Level and Awareness of Sexual Harassment In School-Age Children at SDN Karawaci Baru 6, Tangerang City

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Abstract

Sexual abuse of children can have a direct impact on reproductive health, both physically and psychologically. Proper reproductive health education can help children recognize inappropriate behavior, such as unwanted touching, sexual solicitation, or speech that contains elements of abuse, understand body changes, and improve their ability to protect themselves from sexual abuse. To determine the relationship between the level of reproductive health knowledge and awareness of sexual harassment based on age, gender, and information sources in school-age children at SDN Karawaci Baru 6, Tangerang City. The study used a quantitative method with a *cross-sectional* descriptive design. The sample consisted of 54 students aged 11-12 years at SDN Karawaci Baru 6, Tangerang City, selected through a *total sampling technique*. Analysis of the relationship between independent, dependent, and confounding variables using Chi-Square and Mantel-Haenszel tests to determine the existence of relationships and identify confounding variables. The results showed that reproductive health knowledge was in the good category, as many as 43 respondents (79.6%), and the level of awareness against sexual harassment was in the alert category, was 35 respondents (64.8%). Bivariate analysis showed a relationship between reproductive health knowledge level and sexual abuse awareness (*p-value* = 0.003). The results of the Crude Odds Ratio and the Mantel-Haenszel Odds Ratio showed that the variables of age (*p-value*=0.011) and source of information (*p-value*=0.004) had the potential to be confounding variables due to the difference in Odds Ratio >10%, while gender did not show a significant relationship (*p-value*=0.010). The results suggest that students aged 11–12 years have adequate reproductive health knowledge, which contributes to their heightened awareness of sexual abuse and the importance of self-protection.

Keywords: awareness, reproductive health, school-age children, sexual abuse, vigilance.

INTRODUCTION

School-age children (6–12 years old) are at an important stage of development, both physically, cognitively, socially, and emotionally. In this phase, they begin to notice changes in the body and show curiosity about sexuality (1). Ease of access to information, including age-inappropriate content such as pornography, increases the risk of children imitating inappropriate behavior and increases vulnerability to sexual harassment (2).

Sexual harassment includes verbal, physical, and non-verbal acts that are carried out without consent and aim to degrade or exploit the victim's body (3). Data obtained from the *United Nations International Children's Emergency Fund* (UNICEF, 2014), shows that 60% of children in the world experience physical, social, or psychological violence, and more than 120 million children are victims of sexual violence. In Indonesia, cases continue to increase every year. Many victims do not report the incidents experienced due to fear, social stigma, and lack of understanding of children's rights (4).

The Indonesian Child Protection Commission (KPAI) reported that throughout 2020–2025, many cases of sexual violence and abuse against children occurred in the home and school environment. Examples of cases include: a 9-year-old child in Sleman became a victim of his neighbor (Wawan, 2020); the principal in Bima molested 20 female students (Faruk, 2021); elementary school teachers in Bekasi sexually harass their students (Augustine, 2022); the caretaker of an Islamic boarding school in Batang molested dozens of students (Kristi, 2023); perpetrators in East Jakarta harassed *an elementary school student with hypnotic* mode and attempted kidnapping (Jabbar, 2024); and a recitation teacher in Ciledug harassed 20 of his male students who were children (Rhama, 2025).

Reproductive health education provided according to age can increase children's awareness of potential sexual abuse. Children who understand their bodies and rights will be better able to recognize, resist, and report harmful actions (5). Lack of understanding makes children more vulnerable, so proper education is an important preventive measure, especially in the home and school environment.

Based on this background, the researcher is interested in conducting a study titled "The Relationship of Reproductive Health Knowledge Level to Sexual Abuse Awareness in School-Age Children". The purpose of this study was to measure the extent to which reproductive health knowledge plays a role in increasing school-age children's awareness of the risk of sexual abuse.

This literature review was compiled based on various relevant scientific sources to strengthen the theoretical foundation and support the research background on the relationship between reproductive health knowledge level and sexual abuse awareness in school-age children.

School-age children 6-12 years old are in the phase of exploration and self-identity formation. They begin to be able to distinguish between right and wrong behavior and show interest in real activities (Herliani & Heryati, 2017).

Knowledge is the result of learning experience and sensing through the five senses (Notoatmodjo, 2018 in Amely, 2018). The level of knowledge consists of six levels, namely: knowing, understanding, applying, analyzing, synthesizing, and evaluating. Factors that affect include age, education, experience, information, and social environment (Setyawati, 2021).

Reproductive health is a condition of being physically and mentally, and socially prosperous related to the reproductive system and function, not just free from disease (*International Conference on Population and Development* (ICPD, 1994) (6). Reproductive education aims to increase understanding of reproductive organs, puberty, reproductive rights, and the responsibility of caring for oneself (7).

Sexual harassment is a form of violence that degrades the victim through acts without consent, both verbally, physically, or non-verbally (8). Children are a vulnerable group due to limitations in understanding body rights and personal limitations (9).

Vigilance is the preparedness of children to recognize and avoid threats of harassment. This aspect includes recognizing dangers, rejecting, and reporting incidents (10). Vigilance is influenced by age, environment, intelligence, and information received (Stroch, 2016 in Setyawati, 2020).

METHOD

This study uses a quantitative approach with a *cross-sectional* descriptive design, which aims to analyze the relationship between reproductive health knowledge level and sexual abuse awareness in school-age children.

The research was conducted at SDN Karawaci Baru 6, Tangerang City, in April 2025. The population of students aged 11-12 years who can read, write, have received reproductive health subjects, and have received written consent from respondents. The exclusion criteria include respondents who were absent at the time of data collection, were sick, or were unable to understand the questions well.

The research instrument is in the form of a closed questionnaire that has been tested for validity and reliability ($r\text{-count} > r\text{-table}$; $\alpha > 0.7$). Based on previous research conducted by Mursit Handari (2018) and Syafa Putri (2022). The questionnaire consisted of three sections: demographic data (age, gender, and sources of information), reproductive health knowledge (14 Guttman scale statements) and awareness of sexual harassment (12 Likert scale statements). The categories of knowledge consisted of good (76%-100%), adequate (56%-75%) and poor ($\leq 55\%$), while alertness was classified into "alert" and "not alert" based on the range of values.

Data analysis used *the Chi-square* test to see the relationship between independent and dependent variables and *the Mantel-Haenszel* test to assess the influence of *confounding* variables such as age, gender, and information source. This research was carried out by following ethical principles, including approval from the school and *informed consent* from respondents.

RESULTS

1. Univariate Analysis

Univariate analysis is a technique used to describe the research results of each variable in general. The data analyzed included respondent characteristics such as age, gender, source of information, as well as level of reproductive health knowledge and awareness of sexual abuse.

Table 5. 1
Frequency Distribution Based on Student Characteristics at SDN Karawaci
Baru 6 Tangerang City (N=54)

Yes	Respondent Age	n	Percentage (%)
1.	11 Years	19	35,2%
2.	12 Years	35	64,8%
Total		54	100%
Yes	Gender	n	Percentage (%)
1.	Man	25	46,3%
2.	Woman	29	53,7%
Total		54	100%
Yes	Resources	n	Percentage (%)
1.	Teacher	39	72,2%
2.	Parents	11	20,4%
3.	Mass Media (HP/TV/Magazine)	4	7,4%
Total		54	100%

The results of the analysis of respondent characteristics in Table 5.1 showed that 54 respondents, the largest age group was at the age of 12 years as many as 35 respondents (64.8%), while 11 years old were 19 respondents (35.2%).

The frequency distribution by gender showed that the most respondents were women with 29 respondents (53.7%), while men with 25 respondents (46.3%).

The frequency distribution based on information sources showed that the most respondents obtained information about reproductive health from teachers as many as 39 respondents (72.2%), while those who received information from parents were 11 respondents (20.4%), and those who obtained information through mass media (HP/TV/Magazines) as many as 4 respondents (7.4%).

Table 5. 2
Frequency Distribution Based on the Level of Reproductive Health Knowledge
of Students at SDN Karawaci Baru 6 Tangerang City (N=54)

Yes	Reproductive Health Knowledge	n	Percentage (%)
1.	Less	0	0,0%
2.	Enough	11	20,4%
3.	Good	43	79,6%
Total		54	100%

Based on Table 5.2, out of a total of 54 respondents, it was known that 43 respondents (79.6%) had the highest level of reproductive health knowledge in the good category (79.6%), while the fair category was 11 respondents (20.4%) and the poor category was not found by 0 respondents (0.0%).

Table 5. 3

***Frequency Distribution Based on Awareness of Sexual Harassment of Students
at SDN Karawaci Baru 6 Tangerang City (N=54)***

Yes	Sexual Harassment Awareness	n	Percentage (%)
1.	Not Alert	19	35,2%
2.	Alert	35	64,8%
Total		54	100%

Based on Table 5.3, out of a total of 54 respondents, it is known that the highest level of awareness of sexual harassment was in the alert category as many as 35 respondents (64.8%), while the non-alert category was 19 respondents (35.2%).

2. Bivariate Analysis

Bivariate analysis to determine the relationship between the level of reproductive health knowledge (independent variable) and the awareness of sexual abuse (dependent variable) in school-age children. The statistical test used in this analysis is *Chi-Square*, which aims to see whether there is a significant relationship between the two variables. In addition, a follow-up analysis was also carried out using *the Mantel-Haenszel* test to evaluate the possibility of confounding variables that could affect the relationship, such as age, gender, and source of information. Through this approach, it can be seen whether the relationship between knowledge and alertness remains consistent after controlling for the influence of these variables.

- a. The relationship between reproductive health knowledge level and sexual abuse awareness in school-age children

Table 5. 4

The Relationship of Reproductive Health Knowledge Level to Awareness of Sexual Abuse in School-Age Children at SDN Karawaci Baru 6 Tangerang City (n=54)

Reproductive Health Knowledge Level	Sexual Harassment Awareness		Total	P-Value
	Not Alert	Alert		
Enough	8 (42,1%)	3 (8,6%)	11 (20,4%)	(0,003)
Good	11 (57,9%)	32 (91,4%)	43 (79,6%)	
Total	19 (100%)	35 (100%)	54 (100%)	

Based on the analysis of the results of table 5.4, the relationship between the level of reproductive health knowledge and awareness of sexual harassment in school-age children at SDN Karawaci Baru 6. From the knowledge category, 11 respondents (20.4%), most of them were in the unwary category of 8 respondents (42.1%), and were in the alert category of 3 respondents (8.6%), while from the good knowledge category, 43 respondents (79.6%), most of them were in the unwary category of 11 respondents (57.9%), and 32 respondents were in the alert category (91.4%). Overall, 19 respondents were not alert and 35 respondents out of 54 respondents (100%).

The results of the statistical test showed that the $p\text{-value} < \alpha$ (0.05) so that H_a was accepted, meaning that there was a relationship between the level of reproductive health knowledge and the awareness of sexual harassment in school-age children at SDN Karawaci Baru 6.

b. By Age

The results of the *Chi-Square* and *Mantel-Haenszel* tests showed a value of 6.475 with a $p\text{-value}$ of 0.011 ($p\text{-value} < 0.05$), meaning that there was a relationship between the level of reproductive health knowledge and age-based sexual abuse awareness. The *Crude Odds Ratio* value of 7.758 and the *Mantel-Haenszel Odds Ratio* of 8.982 showed a difference of 15.8% ($>10\%$), so that age can be concluded as a *confounding variable* in the

relationship between the level of reproductive health knowledge and the awareness of sexual harassment in school-age children at SDN Karawaci Baru 6 Tangerang City.

c. By Gender

The results of *the Chi-Square and Mantel-Haenszel* tests showed a value of 6.642 with a p-value of 0.010 (p value <0.05), meaning that there was a relationship between the level of reproductive health knowledge and awareness of sexual harassment based on gender. The *Crude Odds Ratio* value of 7.758 and *the Mantel-Haenszel Odds Ratio* of 8.452 showed a difference of 8.95% (>10%), so that gender was not included in the *confounding variable* in the relationship between the level of knowledge of reproductive health and the awareness of sexual harassment in school-age children at SDN Karawaci Baru 6 Tangerang City.

d. Based on Information Sources

The results of *the Chi-Square and Mantel-Haenszel tests* showed a value of 8.444 with a p-value of 0.004 (p value <0.05), meaning that there is a relationship between the level of reproductive health knowledge and awareness of sexual harassment based on information sources. The *Crude Odds Ratio* value of 7.758 and *the Mantel-Haenszel Odds Ratio* of 15.602 showed a difference of 101.1% (>10%), so that the source of information can be concluded as a *confounding variable* in the relationship between the level of reproductive health knowledge and the awareness of sexual harassment in school-age children at SDN Karawaci Baru 6 Tangerang City.

DISCUSSION

1. Univariate Analysis

a. Age

The age of 8–12 years is a phase where curiosity about the body and reproductive health increases, so it is the right time to introduce the concept of self-protection, including parts of the body that should not be touched

(11). Increasing age is also in line with increasing experience, knowledge, and intellectual maturity in receiving information (Notoatmodjo, 2018 in Setyawati, 2021). Widiyastuti's research (2024) supports this, by showing an increase in knowledge of 9.2 points in children aged 10–12 years after receiving reproductive health education from Peer Educator Ambassadors (12).

b. Gender

Freud (1905:586) in Barriyati (2018), stated that at the latency stage (6–11 years old), children begin to form social relationships and focus on the learning process, while at the genital stage (11 years old and above), biological changes occur and interest in the opposite sex and the search for self-identity begin to arise. The results of Putri's research (2025), show that there are more female participants, because the number of female students is more dominant in each class. Based on gender, female students tend to show more positive attitudes towards sexual violence prevention than men. Early adolescent students are male, who tend to have negative attitudes. This difference is caused by a difference in mindset between women and men in early adolescence (13).

c. Resources

Agustina (2018) in Iriyani (2022), emphasized that knowledge about sexual harassment needs to be conveyed through health education in the school curriculum or through collaboration with health institutions. There are still obstacles from parents who are reluctant to discuss this topic because it is considered taboo or worried that children are not able to understand it (14). Karomah (2018), added the importance of digital education, such as restricting internet access and media supervision to prevent children from exposure to pornography that can affect sexual development.

d. Reproductive Health Knowledge Level

The World Health Organization (WHO, 1994) in Sapitri (2024), defines reproductive health as a condition of physical, mental, and social well-being in the context of reproductive systems, functions, and processes (15). Knowledge is the result of the learning process, which is mostly obtained from sight and hearing (Adventus et al., 2019 in Mahayati, 2021). Good knowledge plays an important role in decision-making and risk prevention. Research by Rohmawati et al., (2025), proves that counseling through audiovisual media significantly increases students' understanding, from 17% to 83% of students who answered correctly after the intervention.

e. Sexual Harassment Awareness

Sexual abuse can occur in various places and the perpetrator can come from the environment around the child. Children often do not realize that actions such as flirting, showing genitals, or hugging are forms of sexual abuse (Salamor, 2019 in Iriyani, 2022). Research by Dea Surya Lakshita (2019) in Laili et al., (2024), shows that children with good knowledge are more supportive of sexual education from an early age than those who only have enough knowledge, suggesting that the level of knowledge affects attitudes and alertness (16).

2. Bivariate Analysis

a. The Relationship of Reproductive Health Knowledge Level to Sexual Abuse Awareness

According to Hutami (2019) in Iriyani (2022), school-age children have adequate intellectual abilities to receive new information, including about reproductive health. This research was strengthened by Putri (2022), who reported that after being given sexual education, knowledge was in the good category for 34 respondents (75.6%), for 41 respondents (91.1%) for perceived benefits, and for 40 respondents (88.9%). This means that proper education can strengthen awareness of sexual harassment (17).

b. The Relationship of Reproductive Health Knowledge Level to Age-Based Sexual Abuse Awareness

Age affects children's ability to receive, understand and process information. According to Notoatmodjo (2018) in Setyawati (2021), older people have more mature thinking skills. In this study, 12-year-olds with good knowledge showed higher alertness compared to 11-year-olds. With an *Odds Ratio* difference >10%, age was identified as a *confounding* variable.

c. The Relationship of Reproductive Health Knowledge Level to Sexual Harassment Awareness by Gender

The gender is divided into two, namely women and men. These differences reflect the biological structure and gender roles acquired through socialization from childhood (Puspitawati et al., 2013 in Putri et al., 2025). In this study, although there was a variation in the proportion of vigilance between men and women, the difference in *the Odds Ratio* showed that sex was not a confounding variable, because it did not strengthen or weaken the relationship between reproductive health knowledge level and sexual harassment awareness.

d. The Relationship of Reproductive Health Knowledge Level to Sexual Abuse Awareness Based on Information Sources

Information sources include various media or individuals who convey knowledge to a person, either directly or indirectly. In the context of this study, the type of information sources that children access has been shown to affect their level of alertness. Children who get information from teachers show a higher level of alertness than those who get information from parents or the mass media. A significant difference in *the Odds Ratio* value (>100%) shows that the source of information is a *confounding variable* that strengthens the relationship between knowledge and awareness. This is in line with Prabandari (2018) in Husni (2024), supporting the effectiveness of

the use of visual media such as animated videos as a means of sexual education for elementary school-age children.

Photos of Community Service Activity



Figure 1. *Identifying respondents who meet the inclusion criteria.*



Figure 2. *The researcher explained the purpose and procedures of the study.*



Figure 3. *The researcher assisted the respondents during the questionnaire completion.*

LIMITATION

This study was conducted at a single elementary school (SDN Karawaci Baru 6 Tangerang City) with a relatively small number of respondents ($n=54$), which may limit the generalizability of the findings to other schools or regions. The use of a self-administered questionnaire may also introduce response bias, as students might provide socially desirable answers. In addition, this research used a cross-sectional design, which can only describe associations but cannot establish causality between reproductive health knowledge and awareness of sexual harassment. Future studies with larger samples, multi-center settings, and longitudinal designs are recommended to strengthen the findings.

CONCLUSION

Based on the results of research conducted at SDN Karawaci Baru 6 Tangerang City, it can be concluded that there is a significant relationship between the level of knowledge of reproductive health and awareness of sexual harassment in school-age children. This knowledge shapes their awareness of body limitations, the right to self-protection, and the importance of recognizing and reporting inappropriate

behavior such as unwanted touching, sexual solicitation, or speech that contains elements of sexual harassment.

Research shows that age and sources of information play a role as factors influencing the relationship, while gender does not show a significant influence. Children who are older and get information from the right sources have a higher level of alertness. This emphasizes the importance of providing reproductive health education systematically and continuously in the school environment by involving teachers, parents, and health workers to strengthen the protection of children from the risk of sexual abuse.

ETHICAL CONSIDERATIONS

This study was conducted in accordance with the principles of research ethics, namely respect for autonomy, beneficence, non-maleficence, and justice. Ethical approval was obtained from the Health Research Ethics Committee of Universitas Cendekia Abditama. Written informed consent was obtained from parents/guardians of all respondents, and verbal assent was also obtained from the participating children prior to data collection. Throughout the research process, confidentiality and anonymity of the respondents were strictly maintained.

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CONFLICT OF INTEREST

There is no conflict of interest among the authors.

AUTHOR CONTRIBUTION

- **Jihan Afifah:** Conceptualization, methodology, data collection, data analysis, and manuscript drafting.
- **Ellya Qolina:** Supervision, validation, critical review, and editing of the manuscript.
- **Rina Milawati:** Supervision, validation, critical review, and editing of the manuscript.

All authors have read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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