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A MEDIA INNOVATION PROGRAM FOR HEALTH EDUCATION AT SD INPRES KEPI, SOUTH PAPUA, TO INTRODUCE REPRODUCTIVE HEALTH EDUCATION

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Abstract

Cases of sexual violence against children in the outermost, deepest, and most disadvantaged areas, such as South Papua, are still a sensitive issue and receive little attention, especially due to the lack of access to contextual reproductive health education. Students in grades 5 and 6 at SD Inpres Kepi, Mappi Regency, will learn about the personal body and what they may and cannot touch through this educational exercise. The approach involves face-to-face delivery of visual media, such as animated films and illustrated pamphlets, as part of participatory education. According to the findings, pupils can recognize private body areas, differentiate between safe and hazardous touches, and name which people are reliable sources of information. The students' responses were very positive, shown by their active involvement in discussions and simulations. Educational media was considered effective because it was able to simplify sensitive material and improve children's understanding. Reproductive health education based on simple and visual media has been proven to be effective in remote areas with limited resources.

Keywords: South Papua, Visual Media, School-Age Children, Reproductive Health Education, Child Safety

Introduction

We must seriously and long-term address the critical issue of violence against children and adolescents. According to data from the United Nations International Children's Emergency Fund (UNICEF), 60% of children in 190 countries have experienced physical, social, or psychological abuse. Only 39 nations have legislative protections for children, and 120 million children have experienced sexual abuse globally, according to this research (1).

Adolescence is characterized by fast physical, psychological, and intellectual development. Teenagers are generally very curious, enjoy challenges and adventure, and are willing to take risks without thinking things through. Teenagers' temperament and risky behavior necessitate the provision of adolescent-friendly health care that can address their medical needs, including reproductive health services (2).

According to the WHO, teenagers should be 10 to 19 years old. It is estimated that approximately 18% of Indonesian teenagers are in this age group (3). The start of the shift from childhood to

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adolescence is marked by puberty. This time period is crucial because of the number of substantial changes that occur (4). There are both physical and psychological changes that take place. 17.2% of girls in India menarched earlier than usual, according to research. From 13 years in the 1942 birth cohort to 14 years in the 2006 birth cohort, the study found that the menarche age has decreased (5). Premarital sexual conduct, drug use, and HIV/AIDS are among the reproductive health issues that teens are most vulnerable to. Teenagers are particularly susceptible to the problem of premarital sex. About 4.5% of male teenagers and 0.7% of female teenagers between the ages of 15 and 19 have engaged in premarital sex (2)

In addition to the absence of sickness or reproductive system problems, reproductive health is a significant aspect of total human health, which encompasses physical, mental, and social factors (6) Children in elementary school should be introduced to reproductive health since they are about to reach puberty, a time of many biological and psychological changes (7)

Education about reproductive health still faces obstacles, particularly in rural areas and among ethnic groups that view the subject as taboo. According to research, most instructors lack the necessary learning tools and feel less secure when it comes to teaching reproductive health content in the classroom(8). Children who receive reproductive health education in primary school actually have higher levels of knowledge and a more positive attitude toward others and themselves, according to research (9).

Educational media can be an effective strategy for communicating sensitive information in an engaging and age-appropriate manner. The effectiveness of material delivery and student engagement have been demonstrated to increase with the inclusion of audio-visual materials, such as animated films, pictures, and booklets (10). Media may be used to teach teens, and when utilized in health education, it can help provide information in an interesting style that is easy to use and appeals to their visual senses. There is currently a dearth of health promotion materials about adolescent reproductive health, and they are not the main source of information for improving students' understanding of this topic. To prevent misbehavior and to be able to take responsibility for their environment and themselves, children and teenagers need to have a proper awareness of reproductive health in the interim (11). To overcome infrastructure and human resource constraints, contextual and freely accessible media are crucial, particularly in remote places. Reproductive health education should therefore be introduced to primary school students through educational media, particularly in places with restricted access and distinctive local customs.

Method

On December 13, 2024, the education and community service project was implemented at the Kepi Inpres Elementary School in Mappi, South Papua. One day was allotted for the activity, which took about 90 minutes per class. Students in grades five and six of elementary school, who are between the ages of ten and twelve, are the activity's target audience. The 40 students that are taking part are both boys and girls. This age group was chosen because of the necessity for a fundamental grasp of the emotional and physical changes that come with puberty, the significance of keeping oneself clean, the knowledge of which parts one should not let other people touch, and the condition of one's reproductive organs.

To accommodate primary school students' unique needs, the implementation technique employs an audio-visual-based educational-participatory approach. The following are the steps of implementation:

1. Preparation for Stage

   The preliminary phase is finished to ensure that everything goes smoothly and that the target's needs are met. Among the things that are done are:

a. Coordinating with the school, including the instructor and the principal, to determine the technological setup and schedule for the activity.
b. Developing educational resources: a colorful booklet with straightforward language that children can understand, together with a ± 6-minute animated educational film that describes the types of touch that are allowed and not.

2. Stage of Implementation

Educational activities are conducted in person in the classroom and include the following steps:

a. Opening and icebreaking, which includes introducing the implementing team, providing a brief description of the activity's goal, and establishing a relaxed environment.
b. instructional video screening, when students view instructional movies that have been provided by the organizing committee and then have time for questions and responses.
c. Students are given booklets with additional information, which are subsequently used as a guide to help clarify things verbally. This explanation seeks to highlight the significance of respecting one's own body, knowing what kinds of touch are acceptable and unacceptable, and identifying boundaries in social situations.
d. Activities that involve reflection and question-and-answer sessions to make sure kids comprehend.

3. Evaluation

a. Feedback from teachers and students on activity implementation, media use, and materials delivery.

b. Using photographs, videos, and narrative reports to document activities as a means of reporting and evaluation.

Results

Activities for reproductive health education with the theme "Touching is Allowed and Not Allowed" took place in SD Inpres in Kepi District, Mappi Regency, South Papua. This session started with the showing of a six-minute instructional movie that covered topics such as private body parts, the distinction between safe and unsafe touch, and what to do if a kid feels touched in an unpleasant way. In order to help students better understand the video, they were handed illustrated booklets and asked to participate in an interactive discussion after it was broadcast.

Figure 1. Acceptable and Unacceptable Delivery of Educational Materials

Children in distant places can easily understand the content because it is presented in plain English with relevant illustrations. Throughout the conversation, kids were able to rename intimate body parts, give instances of inappropriate touching, and choose trustworthy adults to report. Students

responded quite favorably to this activity. They participated actively and with great excitement, particularly during the scenario simulation, where several of them were bold enough to ask questions and give confident answers. When asked, "What should you do if a stranger hugs you without permission?" for instance, they were able to provide the right response. or "Who is permitted to view or touch your intimate areas?"

Figure 2. Students Match Pictures of What Touching is Allowed and Not Allowed

Since it had never been explicitly discussed before, class teachers and principals felt that this material was much needed. In places like Mappi, the problem of violence against children, including sexual violence, is still considered sensitive and frequently goes unreported because of a lack of awareness. Despite the lack of quantitative assessments like pre-post tests, students' straightforward answers during class discussions and their capacity to recount the information in the film and pamphlet demonstrated an increase in their understanding. Videos and pamphlets are examples of educational media that are seen to be helpful because they offer an enjoyable and memorable learning experience. Aesthetically and safely simplifies delicate content. can be read aloud with parents at home.

Table 1. Frequency Distribution Based on Respondent Characteristics

Category	Frequency (N=40)	Presentation (%)
Age (Year)		
10	12	30
11	18	45
12	10	25
Gender		
Male	15	37,5
Female	25	62,5
Class		
Class V	22	55
Class VI	18	45

According to Table 1's data, out of 40 respondents, 25 (62.5%) were female and 15 (37.5%) were male. Age-wise, the 11-year-old age group was the largest, with 18 individuals (45%), followed by the 10-year-old age group with 12 individuals (30%), and the 9-year-old age group with the fewest, with just 10 individuals (25%). Also, respondents were split into two class levels: class V, which included 18 respondents (45%) and 22 respondents (55%).

Discussion

Students in Mappi Regency explicitly receive early childhood sexual education in elementary schools. A number of factors were taken into account, including the findings of observations of student behavior and gadget-using habits, the environment of the student's home, which included the absence of parental supervision because of work, and the environment of children who are at risk of sexual harassment. Furthermore, the findings of discussions with the school and information that sexual education initiatives for kids at this school have never taken place. This intervention's primary objectives are to help pupils better comprehend the idea of the private body, identify acceptable and inappropriate forms of touch, and develop the bravery to tell a trusted adult if their bodily integrity is being violated.

Health promotion activities aim to change people's knowledge after health education. Aiming to disseminate health messages and instill ideas that can eventually influence target groups' behavior toward improved health, health education is an educational activity(12). Children in elementary school are among the demographics most at risk of sexual harassment or violence from those closest to them, both at home and at school. Early education about sex and reproductive health is essential for school-age children. Parents can't constantly be around them, especially when they're out of the house; therefore, this is meant to help them defend themselves (13).

An introduction to the body's parts, their names and purposes, and methods for preventing sexual harassment and child abuse are all covered in the sex education. A few of the things that are taught to children include differentiating between body parts that may or may not be touched by others, different types of touch that may or may not be touched, sexual violence perpetrator behavior or actions that must be avoided, how to say no or avoid sexual violence perpetrators, and how to keep the body safe and healthy by dressing appropriately for one's gender, avoiding injuries, and not separating oneself from guards when in a crowded place (14).

For kids, interactive instructional media combined with engaging resources like animated films and illustrated pictures has been shown to be particularly appealing. Developmentally appropriate visualizations aid in the comprehension of the concepts being taught, particularly sensitive subjects like self-defense and reproductive health. The ability of the presenters to communicate effectively is just as crucial to the success of message delivery as engaging media (15). Students' attention and concentration throughout the exercise can be improved by delivering the material in a clear, kid-friendly, and culturally relevant manner. Children are more likely to retain and apply the material in their daily lives if it is presented to them with pleasure and focused attention. Consequently, to maximize educational goals, the quality of the content and the delivery technique must work together (16).

According to the activity's results, the majority of pupils could name adults like parents, teachers, or local authorities to whom they could report unwanted touching. This demonstrates that students' comprehension of the instructional material's main idea is not simply cognitive but also develops behavioral preparation for potentially dangerous situations. Prior studies have (17), demonstrated that sex education offered to kids as early as elementary school can help them become more aware of body violations and obtain the confidence to speak up or report them to people they can trust. This aligns with the child protection strategy, which highlights the significance of enhancing children's ability to identify, steer clear of, and react to sexual assault situations.

Students' active participation in asking and responding to questions during discussions or simulations demonstrated their excitement for the educational events. In fact, when asked practical questions like "What would you do if a stranger touched you without permission?" pupils were able to respond with suitable and impromptu thoughts. These findings suggest that visual and interactive delivery strategies are highly successful in raising student interest in the course material. According to a study by (18), the effectiveness of teaching reproductive health topics at the primary school level can be increased by utilizing interactive and visual teaching technologies. Active participation, which

shows that kids can take in and respond critically to the information they are given, is a crucial indicator of how well child protection-based education is working.

Conclusion

Students in elementary school have shown improved comprehension of the notion of the personal body and self-protection when exposed to visual-based educational materials such as animated videos and brochures. In addition to fostering a positive learning environment, a participatory and contextualized educational method helps build children's confidence to report instances of improper touching. Reproductive health education that is kid-friendly and child-based could be used to promote child protection from an early age in various locations, particularly the Outermost, Innermost, and Disadvantaged Regions.

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