

Sexuality and Reproductive Health Education by Bundo Kandung In Minang Kabau

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Abstract. It is essential to provide sexual health education from an early age by understanding children to minimize sexual violence in children. The golden age (0-6 years) is a golden period in children's brain development. Education given at this time is a provision for the future, but if there is sexual violence, it will affect the child's psyche and soul. The mother, who is the child's first school, is the most appropriate provision of sexual health education. Every culture in Indonesia has values and teachings about parenting, such as in the Minang tribe with the concept of Bundo Kandung as the main figure in childcare and education. Bundo Kandung is a personification and cultural identity attached to mothers in Minangkabau. In 2019, 86 cases of sexual violence were reported in Padang city, with Lubuk Kilangan the sub-district with the most recorded cases of sexual violence against children aged 1-10 years. This study determined the factors related to maternal behaviour in providing sexuality and reproductive health education to children aged 3-6 years. It is a cross-sectional study conducted from February to April 2020. Seventy-one mothers were taken from 931 mothers of children in Lubuk Kilangan District, Padang City, using purposive sampling. Data was collected with 57 validated and reliable questions, and then the analysis is conducted by univariate, bivariate analyzed by test chi-square, and multivariate logistic regression test with a confidence degree of 90%. Reported more than half (62%) of the family had provided sexual health education to their children, but there were still families who had not taught them not to sleep with relatives of the opposite sex (31%), closed the bedroom door when sleeping (4%), slept without using minimal clothes (27%) and do not get used to the children to clean themselves and dress themselves (11%). Of those who did not provide sexual health education because 88% felt the child was still small, and 66% did not ask. Most of the mothers with higher education (70.4%) higher knowledge (74.6%), especially concerning the name and function of the reproductive organs (94.4%), the difference in boys and girls (93%), age 3-6 years was the golden period (90%). Also found that more than half of families with a positive attitude (57%), exposure to sexual and reproductive health information (66%) and positive role from family (53%). However, only 26% of the teacher's role in sex education and reproductive health. No significant relationship between knowledge and family behavior in providing sexuality and reproductive health education, but there was a significant relationship in attitudes ($p = 0.043$), level of education ($p = 0.060$), exposure to media information ($p = 0.005$), family role ($p = 0.004$), and the role of the child's teacher ($p = 0.040$). The most related variables are family role OR = 0.245 with a confidence level of 90%. It is expected that the family can establish excellent and open communication with the child to feel comfortable and more open to the family. Family more active in seeking information about the approach, method, or providing reproductive health education to children aged 3-6 years were fun and easily understood by children.

Keywords: minangkabau, bundo kandung, teacher role, family role, media exposure

1 Introduction

Children 0-6 years of age experiencing rapid growth and development (golden age). Education of children in kindergarten is one effort in nurturing children by providing education to assist the growth and development of children's physical and spiritual. (1) Currently, sexuality and reproductive health education are still taboo in Indonesia, especially children. Indonesian society assumed that sexuality and reproductive health education should be given when entering the marriage age. Facts on the ground, the sex drive has entered into oneself long before the age of marriage. World Health Organization evaluated 47 programs for sexuality and reproductive health in children in the United States and several countries. The evaluation results show that sexuality and reproductive health education and HIV / AIDS can delay a person engaging in sexual activity, reduce the incidence of sexually transmitted infections, and reduce the number of sexual violence. However, in Indonesia, sexuality and reproductive health education has not been included in the school curriculum in particular subjects (2)

Sexuality and Reproductive health education are essential given early to children to minimize children as soft targets of sexual violence perpetrators. According to Law No. 35 of 2014, child abuse is any act against a child that can result in misery or suffering physical, psychological, sexual, and neglect, including threats to commit acts of coercion or deprivation of liberty in a way that is against the law. July 23 was designated as National Children's Day to keep people from various circles combat violence and protect children. (3,4) sexuality and reproductive health education are needed because of the widespread circulation of pornographic media in the community through smartphones that children can efficiently operate. Access to sexuality and reproductive health information is still limited to making children less get accurate information. (2)

The Indonesia National Commission for Child Protection received complaints of 2,737 cases of child violence, and more than 52% of cases was sexual violence. Sexual violence is both individually and in groups, and sodomy is the highest case with 771 cases. Each year the incidence of violence and sexual crimes against children in Indonesia increases (5). Records of the Witness and Victim Protection Agency in the number of cases of sexual violence against children who applied for protection increased 90% from 62 to 111 reports. (5)

Indonesia Child Protection Case has taken from the Data Source Information and Complaints Indonesian Child Protection Commission of Pornography and Cyber Crime continues to increase by 2015 as many as 463 cases in 2016 reached 587 cases, and in 2017 reached 608 cases. (4) Data from the Gender Profile of Children in West Sumatra in 2018 the amount of violence against children by type of violence comes from the police report, violence against children is mainly in the form of sexual violence (52.96%), physical. (39.20%), psychological neglect (6.88%), and Trafficking in Persons 0.16%. (6) In 2019 occurred 115 cases, of which 29 cases of sexual violence against children. It can be seen from the data that current sexual violence does not only occur in adults as victims, but children can also become victims of sexual violence. In Padang, cases of violence increased from 32 to 86 cases, with Lubuk Kilangan District being the highest sub-district with the most cases of sexual violence against children

Many cases of child sexual violence lately occurred because of the wrong family upbringing and education. Family assumes that no need to provides sexuality and reproductive health education in early childhood, but with the advancement of technology today, children can obtain information with quick access to all sorts of media (3) include wrong information. Sex offenders and violence do not just come from another person or unknown persons; in most cases of sexual violence, the perpetrators are those closest to the victim, such as family, neighbors, teachers,

friends, and even the parent. It is necessary to provide education to children about how to protect themselves from sexual dangers. Giving children education related to sexuality and reproductive from an early age does not need to be too deep, providing understanding such as teaching children always to dress neatly, cover their genitals and protect or cover body parts that must be guarded, provide understanding to children which no one should touch body parts.

Every culture in Indonesia has values and teachings about parenting, such as in the Minang tribe with the concept of Bundo Kanduang as the main figure in childcare and education. Bundo Kanduang is a personification and cultural identity attached to mothers in Minangkabau. Parents must get used to encourage children always to tell the experiences during the school day and play with their peers so parents can control the children's activity every day. They teach children according to their age and the use of language easy for children to understand. (3) It is the duty and obligation of the family to provide reproductive health education to children.

Problem Statement

Persistently high sexual abuse the child reported to date. Most abusers are people close to the child. Therefore, they need to know about sexual and reproductive health to prevent sexual harassment. Sexuality and reproductive health education first is expected to be given by the mother. Every culture in Indonesia has values and teachings about parenting, such as in the Minang tribe with the concept of Bundo Kanduang as the main figure in childcare and education. Bundo Kanduang is a personification and cultural identity attached to mothers in Minangkabau. Many factors will influence the behaviour of providing education on sexual and reproductive health. This research will be investigated factors that influence it.

Research Questions

What factors are related to maternal behavior as Bundo Kanduang in providing sexuality and reproductive health education to toddler

Purpose of the Study

This study aims to determine the factors are related to mother behavior as Bundo Kanduang in providing sexuality and reproductive health education to toddler.

2 Methodology

This quantitative study uses a cross-sectional design to identify mother knowledge, attitudes, mother education level, children exposure to media, family role, and teacher role related to the mother's behavior in providing sexuality and reproductive health education to children aged 3-6 years. The Study population is 931 mothers of Kindergarten pupils at Lubuk Kilangan District, Padang City. With purposive sampling with inclusion and exclusion criteria, samples (71 mothers) were taken using the Lane show formula. A validated and relitigated questioner come with 20 questions about knowledge, 23 questions about attitudes and ten questions about child exposure to media, family role, and teacher role, and five questions about the behavior of the mother in providing sexual education reproductive health. Data collected analysis with univariate, bivariate analysis using the chi-square test with 90% confidence level.

3 Findings

Most mothers (70.4%) were between 30 and 39 years old, more than 40 years old (25.4%), and three were 20-29 years old. Most mothers with higher education (70.4%) the rest with low

education. Sixty-nine per cent of mothers have children aged six years, 25.4% and 5.6% aged four years. Almost all of them are housewives (85.9%), the rest are teachers, public and private employees and traders.

Forty-four mothers have provided answers on sexuality and reproductive health education (Table 1). Almost all (88,9%) mothers do not provide sexuality and reproductive health education because they think it is not yet time for young children, do not know how to provide sexual and reproductive health education (59.26%), children have not asked (66.67%) and are still planning to provide education (37.04%)

Table 1. Distribution of Mother Behavior in Providing Sexuality and Reproductive Health Education

Mother Behavior	f	%
Have not gave	27	38
Already gave	44	62

In Table 2, all mothers explaining the difference between boys and girls, to say "no" when others show their private parts, to say "no" when someone else tells the child to undress in front of that person, always check the condition of the child's body and teaching children to dress modestly. However, some mothers still tell children not to sleep with relatives of the opposite sex (31.82%) and familiarize their children to sleep using minimal clothing. (27.28%).

Table 2. Frequency Distribution of Respondents Are Already Providing Reproductive Health Education

No	Statement	Yes		No	
		f	%	f	%
1	Explaining the difference between boys and girls	44	100	0	0
2	How to maintain personal genital hygiene	42	95,45	2	4,55
3	Explaining private body parts that should not be seen and touched by others	40	90,90	4	9,1
4	Explaining to children to say "no" when others show their private parts	44	100	0	0
5	Explaining to the child to say "no" when someone else tells the child to undress in front of that person	44	100	0	0
6	Explaining to the child to say "no" when others show a movie / naked photos	42	95,45	2	4,55
7	Explain to children what they should do when someone else touches their private parts, tells them to take off their clothes, shows their private parts, shows nude films/photos	43	97,72	1	2,28
8	Teach children to bathe themselves	43	97,72	1	2,28
9	Always check the condition of the child's body	44	100	0	0
10	Do not let strangers touch the child	41	93,18	3	6,82
11	Often chat with children	43	97,72	1	2,28
12	Teaching children to dress modestly	44	100	0	0
13	Accompany children to play outdoors	39	88,64	5	11,36
14	Get children to not sleep with the opposite sex siblings	30	68,18	14	31,82
15	Get children to not sleep with the opposite sex siblings	42	95,45	2	4,55
16	Getting used to children to sleep without wearing skimpy clothes	32	72,72	12	27,28
17	Teach and familiarize children to wipe themselves	39	88,64	5	11,36
18	Teach and familiarize children to dress themselves	39	88,64	5	11,36

More than half of the provision of sexual and reproductive health education (50.7%) was carried out by mothers with high knowledge. Based on the statistical test, it was found that there was no significant relationship (p -value = 0.136) with the mother's level of knowledge. In contrast to the research results of Imanda Kartika Putri (2012), which obtained a significant relationship between knowledge and parental behavior in providing sex education for children with a p -value = 0.005. (7) The level of knowledge of mothers in this study was primarily high, but there was still some crucial wrong question. Like a mother will discuss sexual and reproductive health only when the child asks first. It shows that mothers still do not understand when the right time is to give their children sexual and reproductive health education.

Children aged 3-6 years are in the phallic phase, where children will feel a particular pleasure when touching their genitals or rubbing against something. Children begin to explore their genitals and want to know their genital functions. The role of mothers is needed in providing sexual and reproductive health education to children to maintain their reproductive organs. Parents can distract children with other activities to avoid children from potential sexual abuse and sexual behavior deviations. (8)

Less than half (42.3%) of mothers provide sexual and reproductive health education positively. A p -value = 0.043, which means that the mother's attitude has a significant relationship with the mother's behavior in providing sexual and reproductive health education. The OR value obtained is 3.117, which means that parents who have a positive attitude are three times more likely to provide sexual and reproductive health education to children aged 3-6 years. It is in line with research by Imanda (2012) and Eka Nurvianti (2016). (7,9)

This study indicates that most of the mothers (74.6%) strongly agree that children are given an understanding that their bodies are theirs, which they must take reasonable care of. Almost all respondents received a positive opinion on the brush on the provision of reproductive health education for children aged 3-6 years. However, there are still respondents who have negative attitudes, such as there are still respondents who agree (57.7%) that children do not need reproductive health education, so it does not need to be given as early as possible.

Mothers who give sexual and reproductive health education are done mainly by the thousands with a higher education level (49.3%) than women in lower education (12.7%). The p -value = 0.060 with an OR value of 3.111 means that mothers with higher education have 3.111 opportunities in providing sexual and reproductive health education. this study aligns with research conducted by Yulinda Sari and Nur'aini (2018) and Siti Wahyuni (2017). (10) Education affects the pattern of life, especially in terms of motivating to behave; in general, the higher a person's education, the easier it is to receive information. (19) This shows that someone with a high education has an appropriate education and parenting in providing sexual health education. Furthermore, reproduction from an early age to their children is essential to anticipate acts of sexual violence that are rife at this time.

More than half of mothers were exposed to information media (66.2%). Most of the internet (55.3%). Based on the Indonesian Internet Service Providers Association (APJII) in 2017, 54.68% of the Indonesian population has used the internet, and the number of internet users will increase every year. APJII has also surveyed 51.06% of respondents stating that they use the internet to get health information. (8) Statistical test results obtained p -value = 0.005 In line with the research of Imanda Kartika Putri (2012). (2) and Legina Anggraeni (2017). Prasanti (2017) concluded that most people had used online media as a source of information about health and social media such as WhatsApp applications and electronic media such as television only as supporting media to obtain information. (13)

More than half (53.5%) of mothers responded with a positive family role. The statistical test results obtained a significant relationship (p = 0.004) In line with research by Ririn Darmasih

(2009). (14) Family plays a significant role in child development. Moreover, it requires full responsibility for building children's growth and development. A harmonious, compact, and mutually supportive family will establish good communication, especially sexual and reproductive health education. The involvement of a parent can have a positive effect on children's education, including improving child behaviour and social adaptation so that children can grow and develop in a normal and reasonable and avoid inappropriate behaviour. (15)

Mothers provide education more to mothers who collaborate with teachers (39.4%) than mothers with mothers without the role of a teacher (23.5%). Found a significant correlation (p-value = 0,040) with OR 4.571, which means that mothers have the opportunity to collaborate with teachers 4.571 in providing sexual and reproductive health education Kindergarten teachers, besides teaching, also provides counselling services to the students every day. Sexual and reproductive health education materials are integrated with relevant development areas, such as physical and health, social and personality development.

At the age of toddlers, children need a proper understanding of the differences between men and women, the importance of maintaining cleanliness and health of reproductive organs such as clean habits in the toilet, protecting reproductive organs, and instilling awareness in children that just no one should touch reproductive organs. (16)

Table 3. The relationship between the dependent variable and the independent

Characteristics	Behavior						POR 90% CI	p-value
	Have not gave		Already Gave		Total			
	f	%	f	%	f	%		
Mother Knowledge								
Low	10	14,1	8	11,3	18	25,4	2,647 (0,886 – 7,905)	0,136
High	17	23,9	36	50,7	53	74,6		
Mother Attitude								
Negative	16	22,5	14	19,7	30	42,2	3,117 (1,151 – 8,438)	0,043
Positive	11	15,5	30	42,3	41	57,8		
Mother education								
Low	12	16,9	9	12,7	21	29,6	3,111 (1,083 – 8,934)	0,060
High	15	21,1	35	49,3	50	70,4		
Media Role								
Not Expose	15	21,1	9	12,7	24	33,8	4,861 (1,693 13,960)	– 0,005
Expose	12	16,9	35	49,3	47	66,2		
Family Role								
No role	19	26,8	14	19,7	33	46,5	5,089 (1,796 14,421)	– 0,004
Positive Role	8	11,3	30	42,3	38	53,3		
Teacher Role								
No role	24	33,8	28	39,4	52	73,2	4,571 (1,187 17,603)	– 0,040
Positive Role	3	4,2	16	22,5	19	26,8		

From table 3, it can be seen that the lowest p-value or statistically more significant is the role variable of the family and teacher. With the collaboration of the teaching of the family, especially the mother with the teacher is expected to increase the mother's behavior in providing sexual and reproductive health education to children so children can understand about sexual and reproductive health and can avoid the increase of sexually abused children

4 Conclusion

There is a significant relationship between attitude, level of education, media exposure, encouragement, family, the role of the teacher of the child, and the mother's behaviour as *bundo kanduang* in providing sexual and reproductive health education. The most influential variable is the role of the family, so parents are expected to improve harmonious and mutually supportive relationships within the family continuously. It is expected that parents can establish good communication with the child to feel comfortable and more open to parents. Parents are expected to be more open in providing correct information related to sexual and reproductive health to children so that children get the correct information. Furthermore, parents should be more active in seeking information about approaches, methods, or ways to provide reproductive health education to children aged 3-6 years that are fun and easy to understand.

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