



Indian Journal of Public Health Research & Development

An International Journal

SCOPUS IJPHRD CITATION SCORE

Indian Journal of Public Health Research and Development
Scopus coverage years: from 2010 to 2017 Publisher:
R.K. Sharma, Institute of Medico-Legal Publications
ISSN:0976-0245E-ISSN: 0976-5506 Subject area: Medicine:
Public Health, Environmental and Occupational Health
CiteScore 2015-0.02
SJR 2015-0.105
SNIP 2015-0.034



Website:

www.ijphrd.com

EXECUTIVE EDITOR

Prof Vidya Surwade

Associate Professor, Dr Baba Saheb Ambedkar, Medical College & Hospital, Rohinee, Delhi

INTERNATIONAL EDITORIAL ADVISORY BOARD

1. **Dr. Abdul Rashid Khan B. Md Jagar Din**, (*Associate Professor*)
Department of Public Health Medicine, Penang Medical College, Penang, Malaysia
2. **Dr. V Kumar** (*Consulting Physician*)
Mount View Hospital, Las Vegas, USA
3. **Basheer A. Al-Sum**,
Botany and Microbiology Deptt, College of Science, King Saud University,
Riyadh, Saudi Arabia
4. **Dr. Ch Vijay Kumar** (*Associate Professor*)
Public Health and Community Medicine, University of Buraimi, Oman
5. **Dr. VMC Ramaswamy** (*Senior Lecturer*)
Department of Pathology, International Medical University, Bukit Jalil, Kuala Lumpur
6. **Kartavya J. Vyas** (*Clinical Researcher*)
Department of Deployment Health Research,
Naval Health Research Center, San Diego, CA (USA)
7. **Prof. PK Pokharel** (*Community Medicine*)
BP Koirala Institute of Health Sciences, Nepal

NATIONAL SCIENTIFIC COMMITTEE

1. **Dr. Anju Ade** (*Associate Professor*)
Navodaya Medical College, Raichur, Karnataka
2. **Dr. E. Venkata Rao** (*Associate Professor*) Community Medicine,
Institute of Medical Sciences & SUM Hospital, Bhubaneswar, Orissa.
3. **Dr. Amit K. Singh** (*Associate Professor*) Community Medicine,
VCSG Govt. Medical College, Srinagar – Garhwal, Uttarakhand
4. **Dr. R G Viveki** (*Professor & Head*) Community Medicine,
Belgaum Institute of Medical Sciences, Belgaum, Karnataka
5. **Dr. Santosh Kumar Mulage** (*Assistant Professor*)
Anatomy, Raichur Institute of Medical Sciences Raichur(RIMS), Karnataka
6. **Dr. Gouri Ku. Padhy** (*Associate Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Dr. Ritu Goyal** (*Associate Professor*)
Anaesthesia, Sarswathi Institute of Medical Sciences, Panchsheel Nagar
8. **Dr. Anand Kalaskar** (*Associate Professor*)
Microbiology, Prathima Institute of Medical Sciences, AP
9. **Dr. Md. Amirul Hassan** (*Associate Professor*)
Community Medicine, Government Medical College, Ambedkar Nagar, UP
10. **Dr. N. Girish** (*Associate Professor*) Microbiology, VIMS&RC, Bangalore
11. **Dr. BR Hungund** (*Associate Professor*) Pathology, JNMC, Belgaum.
12. **Dr. Sartaj Ahmad** (*Assistant Professor*),
Medical Sociology, Department of Community Medicine, Swami Vivekananda Subharti
University, Meerut, Uttar Pradesh, India
13. **Dr Sumeeta Soni** (*Associate Professor*)
Microbiology Department, B.J. Medical College, Ahmedabad, Gujarat, India

NATIONAL EDITORIAL ADVISORY BOARD

1. **Prof. Sushanta Kumar Mishra** (Community Medicine)
GSL Medical College – Rajahmundry, Karnataka
2. **Prof. D.K. Srivastava** (*Medical Biochemistry*)
Jamia Hamdard Medical College, New Delhi
3. **Prof. M Sriharibabu** (*General Medicine*) GSL Medical College, Rajahmundry,
Andhra Pradesh
4. **Prof. Pankaj Datta** (*Principal & Prosthodontist*)
Indraprastha Dental College, Ghaziabad

NATIONAL EDITORIAL ADVISORY BOARD

5. **Prof. Samarendra Mahapatro** (*Pediatrician*)
Hi-Tech Medical College, Bhubaneswar, Orissa
6. **Dr. Abhiruchi Galhotra** (*Additional Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Prof. Deepti Pruthvi** (*Pathologist*) SS Institute of Medical Sciences &
Research Center, Davangere, Karnataka
8. **Prof. G S Meena** (*Director Professor*)
Maulana Azad Medical College, New Delhi
9. **Prof. Pradeep Khanna** (*Community Medicine*)
Post Graduate Institute of Medical Sciences, Rohtak, Haryana
10. **Dr. Sunil Mehra** (*Paediatrician & Executive Director*)
MAMTA Health Institute of Mother & Child, New Delhi
11. **Dr Shailendra Handu**, *Associate Professor*, Phrma, DM (Pharma, PGI
Chandigarh)
12. **Dr. A.C. Dhariwal**: *Directorate* of National Vector Borne Disease
Control Programme, Dte. DGHS, Ministry of Health Services, Govt. of
India, Delhi

Print-ISSN: 0976-0245-**Electronic-ISSN:** 0976-5506, **Frequency:** Quarterly
(Four issues per volume)

Indian Journal of Public Health Research & Development is a double blind peer reviewed international journal. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, and Public Health Laws and covers all medical specialties concerned with research and development for the masses. The journal strongly encourages reports of research carried out within Indian continent and South East Asia.

The journal has been assigned International Standards Serial Number (ISSN) and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases. The journal is covered by EBSCO (USA), Embase, EMCare & Scopus database. The journal is now part of DST, CSIR, and UGC consortia.

Website : www.ijphrd.com

©All right reserved. The views and opinions expressed are of the authors and not of the Indian Journal of Public Health Research & Development. The journal does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the advertisement in the journal, which are purely commercial.

Editor

Dr. R.K. Sharma
Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019

Printed, published and owned by

Dr. R.K. Sharma
Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019

Published at

Institute of Medico-legal Publications
501, Manisha Building, 75-76, Nehru Place,
New Delhi-110019



Indian Journal of Public Health Research & Development

www.ijphrd.com

Contents

Volume 10, Number 10

October 2019

1. Maternal Deaths in Transkei Region of South Africa a Case Report 1
B.L. Meel
2. Sudden Death in a Road Traffic Accident: A Case Report.....5
Meel B.
3. Gross Motor Skills in Children with Autism Spectrum Disorder and Attention Deficit Hyperactive Disorder 7
A. Sheba Swarnarajam, Sheila Christopher
4. The Role of Dermacyn Solution in the Treatment of Infected Diabetic Foot Ulcers in Basrah: A Randomized Clinical Trial Study 13
Abdulhussein K. Marzoq, Raya Habeeb Abdulimam
5. Determinants of Exclusive Breastfeeding Duration on Infants in Girimaya Community Health Center Pangkalpinang City..... 19
Ade Devriany, Novidiyanto, Bohari
6. The Evaluation of the Accuracy of a Completely Limiting Tooth Supported Stereolithographic Surgical Guide in Dental Implant Placement Using Superimposition Protocol of Pre-Operative and Post-Operative CBCT Data: A Clinical Study25
Ajitha Suresh Kumar, Sanjna Nayar
7. An Audit to Pain Management of Lower Segmental Caesarean Section in a Tertiary Care Hospital31
Amrita Panda, Lingaraj Sahu, Bhaskar Thakur, Gunupuru Bharat
8. Evaluation of Phytochemical Analysis and Antimicrobial Activity of *Citrus Latifolia* Peel Extract36
Arunava Das, M. Vasundraa, V. Vinotha, P.S. Sanofer, J. Bindhu
9. Ethical Issues in Relation to Evidenced-Based-Medicine and Hippocratic Oath.....42
B.L. Meel
10. Prevalence of Autoantibodies and the Clinical Spectrum of Disease in an Indian Patient Subpopulation with Lichen Planus45
Balkrishna Pralhadrao Nikam, Dhanraj D. Chavan, Nischhal Shrivastava, Namita Narkhede
11. The Effect of Periapical Radiography X-Ray Radiation on Platelets, Leukocyte, Hemoglobin and Mean Corpuscular Volume (MCV) in Mice (*Mus Musculus*)48
Bayu Indra Sukmana, Huldani, Harun Ahmad, Hilyatul Auliya, Chelsy Oktavia, Anugrah Qatrunnada Hakim, Yenny Salmah

140.	Nickel Ions Release from Orthodontic Retention Wires After Dental Bleaching.....	697
	<i>Doaa B. Al-Nassar, Ammar Shehab Ahmed, Yassameen A. Salih</i>	
141.	Parental Responsiveness of Mindest-Based Nursing on Early Sexual Education to Prevent Child Sexual Abuse	702
	<i>Elok Permatasari, Kuntoro, Shrimarti R. Devy, Wiwin Hendriani</i>	
142.	Microbiological Diagnosis of Bacteria Isolated from Otitis Media	708
	<i>Eman Mohammed Tahir, HadeelAbdulahadi Omear, Nada Khalil Yaseen</i>	
143.	The Relationship Between Family Support and Family Burden Towards Readmission	714
	<i>Erma Erfiana, Meri Neherta, Netrida</i>	
144.	Evaluation of the Baby Friendly Hospital Initiative Programme in Two Hospitals Designated “Baby-Friendly” in Kirkuk City, Iraq	719
	<i>Fakher Abobaker Ahmed Gli, Dale Spence, Finoa Lynn, Richard Tubman, Ziad Mohammad Sadiq</i>	
145.	Baby Friendly Hospital Initiative in the Middle East Countries: A Review of the Literature	726
	<i>Fakher Abobaker Ahmed Gli, Dale Spence, Finoa Lynn, Richard Tubman, Zeyad Mohammed Sadeq</i>	
146.	Antenatal Care Quality Analysis Using the European Foundation Quality for Management Method in the Hospitals in Surabaya	731
	<i>Muhammad Ardian C. L., Farouk Ilmid Davik</i>	
147.	Antibacterial Activity of Zinc Oxide Nanoparticles Against <i>Acinetobacterbaumannii</i>	736
	<i>Firas Nabih Jaafar, Mustafa Shakir Hashim, Huda Zuheir Majeed, Laith Baseim Ali, Reem Saadi Khaleel, Nadia Kamil Bashar, Anaam Hameed Batah</i>	
148.	Effect of Selected Breathing Retraining Exercises on Symptoms and Quality of Life Among Asthmaticchildren.....	742
	<i>Gehan M. Amin, Gehan A. El-Samman, Azza A. Attia</i>	
149.	Social Economy, Public Health and Law Enforcement of Communityaround Gold Mine Area: A Study on Poboya Traditional Mining Area, Palu, Indonesia.....	748
	<i>Golar, Muhammad Basir-Cyio, Muhammad Rusydi, Rahmat Bakri, Bohari, Muhammad Fardhal Pratama, Muhammad Alfit A. Laihi</i>	
150.	Prevalence and Risk Factors of <i>Candida Albicans</i> Infection among Group of Pregnant Women in Maternity Teaching Hospital in Sulimania City.....	752
	<i>Gona Othman Faris, Sallama Kamel Nasir</i>	
151.	The Prevalence of Amblyopia and Refractive Errors among School Children in Diwaniyacity, Iraq a Population Based Cross–Section Study.....	758
	<i>Haider Aswad Layikh, Saif Abbas Saeed, Alyaa Abdulameer Kadhum</i>	
152.	Efficacy of The Health Belief Model and Multi-Dimensional Locus of Control Theory-Led of Influenza Vaccination Among High School Students in Al-Nasiriyah City	764
	<i>Haider Hamed Hlail, Raad KareemFaraj</i>	
153.	Determinant of Personal Protective Equipment Practices on Construction Welders	769
	<i>Haris Setyawan, Isna Qadrijati, Seviana Rinawati, Tutug Bolet Atmojo .</i>	

Parental Responsiveness of Mindset-Based Nursing on Early Sexual Education to Prevent Child Sexual Abuse

Elok Permatasari¹, Kuntoro², Shrimarti R. Devy², Wiwin Hendriani³

¹Student of Doctoral Program of Public Health, Public Health Faculty, University of Airlangga East Java Province, Indonesia, ²Lecture of Public Health Faculty, University of Airlangga Surabaya, East Java Province, Indonesia, ³Lecture of Psychology Faculty, University of Airlangga Surabaya, East Java Province, Indonesia

Abstract

Parents need to emotionally engage and spend more time with the child as a response to the child's psychological needs. One study explains that the parental response (both father and mother), in the form of support to the child, is a potential factor as a protection against the incidence of sexual abuse in children⁽¹⁾. One of the preventions through parenting that can be done by parents is to provide appropriate and correct sexual education in accordance with early child growth and development. Explanatory research was conducted to 170 pairs of parents (170 fathers and 170 mothers) from early child (aged 3-6 years) in Jember. The results show that parents' mindset about sexual education has an important contribution to shape parenting skills, especially in preventing children from the risk of sexual abuse (sig = 0.000). Most parents feel that it is not easy to convey sexuality information, but they have a positive understanding of the role of early sexual education as an effort to prevent child sexual abuse. The main obstacles are on how to convey the child sexual education and to trust the early child to be self-reliant in taking a stand on the conditions at risk. It is important for parents to change the mindset that early child has the ability to learn and protect children from sexual abuse through early sexual education in day-to-day care.

Keywords: *Child sexual abuse, early sexual education, parenting.*

Introduction

Indonesia is in an emergency condition of sexual abuse according to the Indonesian Child Protection Commission. This is because the number of sexual abuse in Indonesia is quite high. The cases reached 1001 in 2015, and dramatically increased to 1424 cases in 2017. The victims of child sexual abuse were 73% more likely than adults. The vast majority of victims of sexual abuse are male (60%) with cases of sexual abuse in the form of sodomy (54%).

Early child (aged 3 - 6 years), based on the concept of Freud's psychosexual development, is in the phallic phase. This phase is a phase in which children begin to have an interest in their genitals, as well as sex differences⁽²⁾. This phase is an important phase for parents to raise caring awareness to teach and protect against the risk of sexual abuse in children. Sexual experience is a natural part of the developmental stage of children that allows children to learn to understand their bodies and the rules that shape sexual behavior are not at risk in children in the future⁽³⁾.

Sexual abuse often occurs in families with low support and harmony⁽⁴⁾. Family support in this case is the response or concern of parents in meeting the needs of children, especially in an effort to prevent sexual abuse in children. Another study explains the same thing, that sexual abuse in early child occurs due to risk factors from people closest, especially parents. It was explained that ineffective parenting process became the originator of vulnerable early child victims of sexual abuse⁽⁵⁾. Parents have a function as educator and protector for children of early age. This is because early child (3-6 years) should spend most of his time with parents. Children not yet entering regular schooling interact more with the primary environment, especially parents⁽⁶⁾. The family has a primary/primary role in preventing child sexual abuse. In principle, each family has great potential to teach children how to deal with child abuse⁽⁷⁾.

The concept of parenting based on the perspective of Baumrind Theory explains that there are two parenting dimensions that parents have in applying parenting to children⁽⁸⁾. The dimensions of parenting include

responsiveness and demandingness. Responsiveness refers to the extent to which parents deliberately provide encouragement or motivation by adjusting, supporting, and approving the needs and demands of children. Important aspects of responsiveness include warmth, reciprocity, clear communication, and individual-centered discourse, and attachment⁽⁹⁾. This study was conducted to analyze the responsiveness dimensions of parents of early child especially in the effort to prevent sexual abuse in early child. Parental support shows a strong connection to child feelings of security as a responsive form of nurturance⁽¹⁰⁾. Previous research has shown that fathers are better able to identify KSA signals than mothers, since fathers are more likely to be suspicious of strangers⁽¹¹⁾.

Based on their ability to grow up, children of three can effectively be taught self-protection skills especially from the risk of sexual abuse. Parent and family involvement in training is important, and repeated exposure helps children retain their knowledge and understanding of prevention efforts⁽¹²⁾. Another study also explains that families who communicate effectively with children do not report cases of sexual abuse occurring in their children, whereas inadequately communicating parents report some form of sexual abuse experienced by their children⁽⁷⁾.

Characteristics of parents in care will contribute to the interpretation of sex and sexual education for early child as a form of prevention of sexual abuse in children. The parent mindset will affect knowledge, belief, value, and attitude⁽¹³⁾. Talks about sexuality and prevention of sexual harassment between parents and children, in many studies are still hampered by cultural factors and beliefs. When parents want to talk to their children about preventing sexual abuse, many feel that they lack the skills or language to do so⁽¹⁴⁾.

The mindset which often inhibits parents of early child in providing early sexual education as a form of parental response in care to prevent sexual abuse occurs in their children. Based on this background, this study aims to analyze the four indicators of the dimension of responsiveness in parenting with the parental mindset in providing sexual education in early child as a form of prevention of sexual abuse.

Material and Method

This research is an explanatory research that aims to emphasize to find picture of causality among several sub variable of research through hypothesis testing. This study aims to analyze the dimensions of responsiveness in the care of parents' mindset about early sexual education in an effort to prevent child sexual abuse. The subjects of this study are parents of children of this age (3-6 years) who live in urban areas in Jember. The sample in this study amounted to 170 pairs of parents (170 fathers and 170 mothers) taken by simple random sampling from 10 kindergartens in the urban area of Jember.

The dimensions of parental responsiveness were measured using a parental response skill questionnaire of 24 questions covering 4 responsiveness indicators: 1) self-esteem of early child; 2) Effective communication between parents and young children; 3) Support to establish self-reliance in children and 4) Form of affection given to children. Parental mindset of early sexual education was measured using a gender-based mindset scale questionnaire consisting of 24 questions covering 3 indicators: 1) belief (belief about the impact of early sexual education on sexual prevention); 2) value (assessment of the provision of sexual education in early child) and 3) parental attitudes in the role of educator in parenting.

Findings

Respondents' Characteristics: Most of the maternal respondents in the study were aged 26-35 years (66%). The education level of most mothers is high school graduation (38.2%), and most mothers work as housewives (45.9%).

While the respondents' father, most aged 31-35 years (34.1%). Similar to maternal respondents, most fathers have senior high school graduates (42.4%) with employment as self-employed or private sector employees (75.3%).

Most of these parents have 5-year-olds (40%) with male sex (51.8%).

Parents' Mindset on Sexual Education:

Tabel 1. Cross-tabulation of Mindset Categories with the Characteristics of Early Child (n=170)

Parents' Mindset		Less		Moderate		Good		Sum	%
		f	%	f	%	f	%		
Child Age	3	0	0	6	100,00	0	0,00	6	100
	4	0	0	25	56,82	19	43,18	44	100
	5	0	0	31	45,59	37	54,41	68	100
	6	0	0	18	34,62	34	11,80	52	100
	Total	0	0	80	47,06	90	52,94	170	100
Child Sex	Male	0	0	43	48,86	45	51,14	88	100
	Female	0	0	37	45,12	45	54,88	82	100
	Total	0	0	80	1,18	90	52,94	170	100

The parents' mindset in this case is related to the parental mindset about the importance of providing early child sexual education to early child. The mindset will contribute to the concept of providing sexual education in early child. The results show that most parents have

a good mindset (52.94%) about the importance of early sexual education to prevent child sexual abuse. Mother has a higher mean mindset score (mean = 76.85) than the father's mean score on the importance of sexual education in early child.

Tabel 2.Frequency Distribution of Variable Indicator of Parental Mindset of Early Child

Parents' Mindset on Sexual Education	Mean	Med.	Modus	Std.Dev	Min	Max	Sum
Value	25,83	26,00	24 ^a	14,497	16	36	4391
Belief	28,15	28,00	28	7,361	18	38	4786
Behavior	21,94	22,00	22	4,541	17	25	3730

Based on the three indicators of mindset, it is known that belief scores of parents' beliefs about the positive and negative impact of giving sexual education in early child have the highest mean score (mean = 28.15) compared to other indicators. Parents are more convinced that sexual education will be able to protect their daughters from

the risk of sexual abuse. The weakness in the mindset is related to attitudes in applying the provision of sexual education for fathers and mothers to early child. This is shown from the lowest average attitudinal value (mean = 21.98) compared to other indicators.

Parental Responsiveness in Parenting

Tabel 3.Cross-tabulation of parental responsiveness/response skill categories with early child characteristics

Parental Response Skill		Less		Moderate		Good		Sum	%
		f	%	f	%	F	%		
Child Age	3	0	0	2	33,33	4	66,67	6	100
	4	0	0	5	11,36	39	88,64	44	100
	5	0	0	6	8,82	62	91,18	68	100
	6	0	0	4	7,69	48	11,80	52	100
	Total	0	0	17	10,00	153	90,00	170	100
Child Sex	Male	0	0	11	12,50	77	87,50	88	100
	Female	0	0	6	7,32	76	92,68	82	100
	Total	0	0	17	10,00	153	90,00	170	100

Based on the results of the tabulation of research data, it shows that most parents have good response skills in either category (90%). The mean maternal

skill response (mean = 87.31) is better than the father's response skills (mean = 84.20) in preventing sexual abuse in early child.

Tabel 4. Frequency Distribution of Variable Indicator of Parental Response Skill of Early Child

	Mean	Med.	Modus	Std.Dev	Min	Max	Sum
Response Skill	85,32	85	85	7,19	71	100	14505
Appreciation	21,81	22	22	2,14	9	25	3707
Communication	20,63	21	22	2,38	15	25	3507
Support	20,85	21	21	2,42	14	25	3544
Affection	22,04	22	21	2,00	18	25	3747

Based on four indicators of response, the average value of mother majority is higher than the father. Parents have a good response especially on indicators of giving love to young children (mean = 22.04). The weakest parental response ability based on the four indicators of responsiveness is in terms of effective communication with early child (mean = 20.63). Most parents find it easier to communicate openly and positively to girls than boys (84.15%).

Parental Mindset on Early Sexual Education to Parental Response Skill in Daily Parenting: The results of statistical analysis using linear regression showed significant parental mindset influence on early sexual education on parental response skills to prevent sexual abuse in early child (p-value = 0.000). The results of this analysis are also supported by the results of multivariate analysis showing the same value (p-value = 0.00) that the mindset contributes to the formation of parenting response skills in care, especially in the prevention of sexual abuse in early child. Indicators that play an important role in this case are the value (value) and attitudes (attitude) parents about the importance of giving sexual abuse in girls and boys.

Discussion

In particular, the parental mindset about early child sexual education is built on beliefs, values and attitudes (13). Most mothers feel it is important to take sexual abuse precautions with education in early child, but most of them are just beginning to provide sexual education when the child ageturns to 4-6. Most mothers are not yet confident to provide sexual education to younger children even though they believe that sexual education is important for children (15).

Morally, children are entitled to receive the necessary support and information that they will need to make responsible decisions regarding sex and sexuality (16). The results of the study illustrate that most parents already have a good sense of the importance of early sexual education. Early sexual education is believed to be the majority of respondents as a protective factor in the incidence of sexual abuse in children of this age. Their obstacles in applying the parenting is about how to convey the message of preventing sexual abuse with appropriate language and in accordance with early child development.

Improving the ability of parents to communicate expectations and values about sexuality can help support children in making sound decisions about sexual behavior as adolescents (17). The lowest average score indicates that parents often do not provide balanced education to boys and girls. Based on the results of the study conducted in Garwita Institute Jember, the existence of patrilineal culture in Jembercauses differences in the provision of sexual education in boys and girls. More parents feel the need to communicate intensively with their daughters compared to boys. This is because they are more confident that their son has better knowledge so there is no need for too many parental exceptions (18).

Parents can try to communicate at different times with their children, often the topic is started by their children, including when driving in the car, at dinner, and bedtime (19). Effective communication with young children is light and fun communication using positive, easy-to-understand languages. Not by using language or information that is frightening, especially when discussing information prevention of sexual abuse in children.

Conclusion

Parental mindset about early sexual education is an important focus in developing parenting skills in preventing child sexual abuse. Knowledge gained by parents through information from the media and the parenting education process held in Kindergarten is not enough to help improve parenting skills, if the parent mindset is still curative in the sense that their children are not at risk of becoming victims of violence sexual. So often there is a change of care done if their children have been victims of sexual abuse⁽²⁰⁾. The findings in this study can be used as a recommendation that effective prevention of sexual abuse by involving parents not only by providing education to increase parental understanding about the risk of sexual abuse in early child. However, there should be the needs to be deeper and sustainable efforts to change parental mindset of curative thinking into preventive thinking for continuous effective parenting as an effort to prevent sexual abuse in early child.

Source of Funding: Self

Conflict of Interest: Nil

References

- Wamser-nanney R. Maternal support following childhood sexual abuse: Links to parent-reported children's outcomes. *Child Abuse Negl* [Internet]. Elsevier Ltd; 2017;67:44–53. Available from: <http://dx.doi.org/10.1016/j.chiabu.2017.02.023>
- Andarmoyo S. Psikoseksual : *Dalam Pendekatan Konsep & Proses Keperawatan*. Jogjakarta: Ar Ruzz Media; 2012.
- Cowie H. FROM BIRTH TO SIXTEEN : Children's Health, Social, Emotional and Linguistic Development. 2012.
- Murray LK, Nguyen A, Cohen JA. Child Sexual Abuse. *Child Adolesc Psychiatr Clin N Am*. 2014;23(2):321–37.
- Letourneau EJ, Eaton WW, Bass J, Berlin FS, Moore SG. The need for a comprehensive public health approach to preventing child sexual abuse. *Public Health Rep* [Internet]. 2014;129(3):222–8. Available from: <http://www.scopus.com/inward/record.url?eid=2-s2.0-84899712441&partnerID=40&md5=f403fd837a2da6c86a57058cc61578d0>
- Davies D. *Child Development : A Practitioners's Guide*. New York & London: The Guilford Press; 2011.
- Ramírez C, Pinzón-Rondón AM, Botero JC. Contextual predictive factors of child sexual abuse: the role of parent-child interaction. *Child Abuse Negl* [Internet]. Elsevier Ltd; 2011;35(12):1022–31. Available from: <http://www.sciencedirect.com/science/article/pii/S0145213411002365>
- Baumrind D. Parental Disciplinary Patterns and Social Competence in Children. *Youth Soc* [Internet]. 1978;9(3):239. Available from: <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=5268939&site=ehost-live>
- Baumrind D. Current patterns of parental authority. *Dev Psychol*. 1971;4(1, Pt.2):1–103.
- Doinita NE, Maria ND. Attachment and Parenting Styles. *Procedia - Soc Behav Sci* [Internet]. Elsevier B.V.; 2015;203:199–204. Available from: <http://www.sciencedirect.com/science/article/pii/S1877042815049307>
- Ige OK, Fawole OI. Preventing child sexual abuse: parents' perceptions and practices in urban Nigeria. *J Child Sex Abus* [Internet]. 2011;20(6):695–707. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/22126111>
- Kenny MC, Capri V, Thakkar-Kolar RR, Ryan EE, Runyon MK. Child sexual abuse: From prevention to self-protection. *Child Abus Rev*. 2008;17(1):36-54.
- Ponzetti JJ. Evidence-based Approaches to Sexuality Education: A Global Perspective. 2016.
- Babatsikos G. Parents' knowledge, attitudes and practices about preventing child sexual abuse: A literature review. *Child Abus Rev*. 2010;19(2):107-29.
- Ahmad F, Ahmad R, Hussein I, Alnatour A. Mothers' knowledge & perception about child sexual abuse in Jordan. *Child Abuse Negl* [Internet]. Elsevier; 2018;75(May 2017):149–58. Available from: <https://doi.org/10.1016/j.chiabu.2017.06.006>
- Vopat MC. *Children's Rights and Moral Parenting*. New York & London: Lexington Books; 2015.
- Klein JD, H MP, Sabaratnam P, H MP, Pazos B, H MP, et al. Evaluation of the parents as primary sexuality educators program. 2005;37:94–9.

18. Mena MP. Communication About Sexually - Related Topics Among Hispanic Substance - Abusing Adolescents and Their Parents. *J Drug Issues*. 2008;1(22):215-34.
19. Babatsikos G, Miles D. How parents manage the risk of child sexual abuse: a grounded theory. *J Child Sex Abuse* [Internet]. 2015;24(1):55-76. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25635898>
20. Chen M, Chan KL. Effects of parenting programs on child maltreatment prevention a meta-analysis. *Trauma, Abuse, Abuse* [Internet]. 2016;17(1):88-104. Available from: <http://tva.sagepub.com/content/early/2015/01/08/1524838014566718%5Cnhttp://tva.sagepub.com/content/early/2015/01/08/1524838014566718.abstract%5Cnhttp://www.ncbi.nlm.nih.gov/pubmed/25573846>

