Vol 9 No 4, Desember 2025
ABDI DOSEN
Jurnal Pengabdian Pada Masyarakat
pISSN: 2614-6509
eISSN: 2620-5156

BRAVE TO SPEAK, READY TO PROTECT: BODY AWARENESS EDUCATION FOR YOUNG LEARNERS

Lorensia Panselina Widowati *, Kusuma Dini, Yosefin Beni Purbo Utami
Midwifery Programme, Sekolah Tinggi Imu Kesehatan Sint Carolus
Jl. Salemba Raya No.41, RW.5, Paseban, Kec. Senen, Kota Jakarta Pusat, Daerah Khusus Ibukota Jakarta 10440, Indonesia
Email: lorensiapw@gmail.com

ABSTRACT

To reduce health risks and encourage self-defense, early adolescence is a crucial time to introduce instruction on personal body safety and good hygiene practices. An efficient platform for delivering such instruction in an age-appropriate and structured way is offered by school-based interventions. The purpose of this community service program was to increase primary school kids' understanding of and proficiency with body autonomy and Personal Hygiene and Clean Living (PHBS). Methods: 86 students ages 10–13 participated in a descriptive participatory study using a one-group pre-test–post-test design. Interactive lectures, games, simulations, demonstrations, and Q&A sessions were all part of the intervention. Direct observation of hygiene routines, random oral questioning, and pre- and post-test questionnaires were used for evaluation. Results: Understanding of private body parts, personal boundaries, and hygiene ideas improved after the intervention. Throughout the lessons, students engaged in active participation and demonstrated proper handwashing and toothbrushing procedures. Effective knowledge transfer was enhanced by high levels of enthusiasm during interactive and ice-breaking activities. In conclusion, the program successfully improved primary school pupils' short-term knowledge and practical hygiene abilities. As a long-term approach to school-based health education, integrating body-safety instruction with PHBS promotion through participatory approaches is advised.

Keywords: Adolescence, Reproductive Health, Body Awareness Education, School-Based Intervention

INTRODUCTION

Adolescence is an essential stage for children's physical, emotional, social, and cognitive development, early. In order to achieve optimal growth and development and shield children and adolescents from long-term hazards, public health initiatives such as violence prevention, promotion of clean and healthy living behaviors, and balanced nutrition are essential. The need for instructional and preventive interventions at the school and community levels is highlighted by national trends that indicate an increase in reported occurrences of gender-based violence and violence against children in recent years (Komnas Perempuan, 2024).

Submitted: December-2025 Received: December-2025 Available online: December-2025

In Indonesia, sexual abuse against children and teenagers—both offline and online—is a major issue. The need for education on personal autonomy, the ability to refuse unwanted touching, the recognition of private body parts, and safe reporting channels for adolescents is highlighted by national reports that show high rates of complaints and documentation of child sexual violence cases, as well as concerning trends in online sexual exploitation (Komnas Perempuan, 2024).

In terms of fundamental health, indicators of clean and healthy living behaviors, including brushing your teeth and washing your hands with soap, have not yet attained optimal levels. National programs and action plans target increasing access to and practice of handwashing with water in homes, schools, and public facilities, as previous surveys have shown that handwashing with water practices in the age group over 10 years have not exceeded 50% in several national indicator surveys. Similar to this, dental health data and health surveys show that children and adolescents have a high prevalence of dental issues (caries), highlighting the need for early oral hygiene practices and educational interventions (UNICEF, 2022)**.**

Adolescent nutritional problems are also complex; in many parts of Indonesia, there is a double burden of nutrition: while the prevalence of overnutrition (overweight/obesity) is rising, some adolescents still suffer from undernutrition (thinness/anemia). Unbalanced diets and issues with nutritional diversity have been linked to long-term health hazards in teenagers, according to recent studies. Thus, diverse food consumption habits and instruction about balanced nutrition are crucial components of early adolescent promotion initiatives (Prasetyaningrum el al, 2024).

Early teenagers (ages 10 to 13) may lack awareness about personal body boundaries, how to handle improper touching, and how to report or seek assistance, particularly in school and community settings. Integrated interventions, which combine education on self-protection (private body parts and the ability to say "no"), handwashing, toothbrushing, and balanced nutrition, are relevant and potentially significant preventive and promotive impacts due to the combination of limited knowledge about bodily autonomy, suboptimal hygiene practices, and a diverse diet (KPAI, 2025).

Early adolescence is a time when social, psychological, and physical changes happen quickly. They start to show interest in their own bodies at this point, but they still don't completely comprehend the idea of personal body limits and the right to defend themselves against unwanted touch. Early adolescents with this illness are more susceptible to sexual abuse and harassment at home, in school, and online.

In these programs, midwives—both community midwives and midwives from community health centers—play a crucial role. In addition to providing clinical midwifery services, midwives often act as community educators, counselors, family advocates, and referral liaisons, according to literature and policy data. In addition to promoting PHBS in schools and integrated health posts (Posyandu) and educating parents and teenagers about balanced diet, midwives can offer basic reproductive health education and sensitive screening for signs of abuse or violence. Early adolescents will have easier access to scientific, age-appropriate, and non-stigmatizing information because to midwives' participation in the community service initiative (Nasution et al, 2024).

In this sense, midwives are essential because they not only provide reproductive health services but also act as community educators, facilitators, and guardians of adolescent health. Through educational and mentoring programs in schools or the community, midwives with strong communication skills and a thorough understanding of teenage growth and development have a great chance to become agents of positive behavioral change.

METHOD

This activity will be implemented through interactive teaching and hands-on experience to address young adolescents' lack of understanding regarding personal body boundaries, sanitary living habits, and the significance of balanced diet. This educational activity seeks to improve knowledge, foster positive attitudes, and promote long-lasting behavioral changes in young adolescents through a participative and age-appropriate approach. Planning and creating a proposal, deciding on a schedule, preparing materials, and organizing activities are the first steps in this multi-phase community service project. These phases are completed in cooperation with the students of SDN 03 Kramat Jati, East Jakarta. Lecturers and students will be assigned to each of the three classes, serving as facilitators and resource people.

This community service program employed a descriptive participatory approach using an educational intervention model. The activity was structured to assess baseline knowledge, deliver targeted health education, and evaluate post-intervention outcomes among primary school students. A one-group pre-test–post-test design was applied to measure immediate changes in participants' understanding of personal body safety and Personal Hygiene and Clean Living practices. The participants were early adolescents enrolled in a primary school, representing the developmental stage of late childhood to early adolescence. Students were selected through total sampling based on their presence during the scheduled activity. Participation was voluntary, and informed permission was obtained from the school administration prior to implementation. All participants took part in the pre-test, educational intervention, and post-test activities.

The intervention was conducted on 21 November 2025 and consisted of three main phases: opening and engagement, core educational session, and closing with evaluation.

1. Opening Phase (09.00–09.10 WIB).
   The facilitators opened the session with introductory remarks, followed by the administration of a pre-test to determine students' initial knowledge of private body parts and hygiene practices. An interactive ice-breaking game was used to foster engagement and create a comfortable learning environment. This phase utilized an LCD projector, projection screen, and sound system, and data were collected using printed question sheets.
2. Educational Intervention (09.10–10.10 WIB).
   The main instructional activities focused on (a) identifying private body parts and understanding personal boundaries, and (b) essential PHBS practices. The session was delivered by trained facilitators through a combination of lectures, demonstrations, and simulations. Learning materials included PowerPoint slides, printed leaflets, visual teaching aids, and hand sanitizer for hygiene demonstrations. The teaching approach integrated age-appropriate communication strategies to ensure clarity and comprehension among primary school students.

3. Closing and Evaluation Phase (10.10–10.30 WIB).
   Participants completed a post-test designed to measure changes in knowledge following the intervention. A brief question-and-answer session allowed facilitators to address misconceptions and reinforce key educational messages. Door prizes were distributed to enhance motivation and engagement. The session concluded with formal closing remarks by the facilitators.

Data were collected using structured pre-test and post-test questionnaires developed to assess knowledge related to personal body safety, recognition of private body parts, and PHBS practices. Educational tools included PowerPoint slides, leaflets, visual aids, and demonstration materials. All instruments were reviewed for age appropriateness and clarity by the facilitator team. Pre-test and post-test responses were analyzed descriptively to determine changes in participants' understanding before and after the intervention. Improvements in knowledge were assessed through comparisons of the frequency of correct responses for each domain. Qualitative observations from facilitator notes were also used to supplement quantitative findings, particularly regarding students' engagement, comprehension, and participation during demonstrations and simulations.

RESULTS

A total of 86 students from grades 5 and 6 participated in the educational intervention. Participants' ages ranged from 10 to 13 years, with a modal age of 12 years (n = 53). The sample comprised 51 female and 35 male students. All attendees completed both the pre-test and post-test assessments.

This demographic profile is particularly relevant for the themes addressed — personal body safety and healthy hygiene behaviour (PHBS). The age range corresponds to early adolescence — a developmental period marked by increasing cognitive ability, self-awareness, and social sensitivity. At this stage, children are generally more capable of understanding abstract concepts like bodily autonomy, personal boundaries, and hygiene responsibility. Accordingly, educational interventions targeting hygiene and body-safety at this age can be more effective, since children are cognitively ready to internalize the messages (Putriningtyas & Sulasri, 2025).

Figure 1. Opening Session

Second, the mixed-gender composition supports inclusivity and relevance: both boys and girls may face risks associated with poor hygiene or personal-safety issues. Literature on school-based health and hygiene programs in Indonesia consistently shows that health education for all genders accelerates adoption of PHBS and reduces health risks for the wider school population (Inriyana et al., 2025; Safitri et al., 2025). The high level of participation, enthusiasm during ice-breaking, and active engagement in Q&A indicate a supportive classroom environment. This social dynamism and readiness to participate is essential for interventions concerning sensitive topics like personal body safety: a safe, trusting, and participatory environment encourages openness, reduces stigma, and fosters internalization of protective behaviours (Umbase et al., 2023).

Figure 2. Demonstrating Hand Hygiene

Given that many of the participants were at an age on the cusp of puberty (approximately 10–13 years), the combined focus on PHBS (hygiene) and body-safety education is particularly appropriate. Evidence from school-based interventions in Indonesia shows that programs combining hygiene education (handwashing, dental hygiene) with broader health and safety messaging are effective: they not only improve knowledge but also practical hygiene behaviors, and in some cases contribute to reducing prevalence of hygiene-related diseases such as intestinal worms or dental caries (Wulandari et al., 2024; Kosasih et al., 2025)

Figure 3. Explanation of The Topics

Pre-intervention assessment revealed limited baseline knowledge concerning the identification of private body parts and consistent hygiene practices among several participants. Following the one-hour core session, the post-test demonstrated observable improvement in conceptual understanding: a larger proportion of students correctly identified private body parts and could verbally differentiate between “safe” and “unsafe” touches. In addition to test results, direct observation by facilitators indicated high levels of active participation—students frequently asked and answered questions during the lecture and demonstration segments. The ice-breaking activities elicited universal enthusiasm, contributing to a positive and engaged learning environment.

Figure 4. Ice Breaking Session

Practical skills assessment, administered through random questioning and live demonstrations, showed that students were able to correctly demonstrate handwashing and tooth-brushing techniques as taught during the session. Facilitator notes recorded that the majority of students performed the procedural steps in the correct sequence (e.g., wet, lather with soap, scrub for at least 20 seconds, rinse, dry) and demonstrated appropriate brushing motions and duration when practicing oral hygiene.

Figure 5-6. Photo Session

Overall, the combined quantitative (pre-/post-test) and qualitative (facilitator observation, in-session demonstrations) data indicate immediate knowledge gain and

successful short-term acquisition of practical hygiene skills among participating primary school students.

CONCLUSION

This community service activity demonstrated that a structured, school-based educational intervention focusing on body safety awareness and Personal Hygiene and Clean Living (PHBS) can effectively improve knowledge and practical skills among primary school students. The intervention reached 86 students aged 10–13 years and resulted in observable gains in participants' understanding of private body parts, personal boundaries, and essential hygiene practices. High levels of student engagement during ice-breaking activities, discussions, and demonstrations further indicate that the interactive and participatory approach was well suited to the developmental characteristics of early adolescents.

Overall, the findings highlight the importance of implementing age-appropriate, integrated health education programs in elementary school settings. Combining body-safety education with practical hygiene instruction not only enhances immediate learning outcomes but also supports the development of self-protection awareness and healthy daily behaviors. Future community service initiatives should incorporate follow-up evaluations and broader stakeholder involvement, including teachers and parents, to strengthen long-term impact and sustainability of behavior change among children.

REFERENCES

F. N. Putriningtyas, I. ., Asmi Sulasri, N. ., & Elan Mnsen, R. (2023). Support For The Comprehensive School Health Model To Increase Reproductive Health Knowledge Of Elementary School Children As A Primary Prevention Effort . *Journal of Health Sciences*, *16*(03), 258–266. https://doi.org/10.33086/jhs.v16i03.5110

Ininnawa, Y. J., Handayani, M., Istiqamah, N. F., Rachman, D. A., & Fitri, A. U. (2024). *Edukasi Perilaku Hidup Bersih dan Sehat: Membentuk Kebiasaan Sehat Sejak Usia Dini*. *Ininnawa: Jurnal Pengabdian Masyarakat*, 2(1), 86–90. https://doi.org/10.26858/ininnawa.v2i1.2309

Inriyana, R., Shalawati, S., Catleya Hadi, J., Julia Putri, E., Alfiani, R., Sarah, & Kusuma Dewi, E. (2025). *Efektivitas Pendidikan Kesehatan Mengenai PHBS di Lingkungan Sekolah Dasar Negeri Rancamedalwangi, Sumedang, Jawa Barat*. *Jurnal Pengabdian Masyarakat Indonesia*, 5(3), 509–517. https://doi.org/10.52436/1.jpmi.3431

Kementerian Kesehatan Republik Indonesia — Badan Kebijakan. (2024). Kesehatan Gigi dan Mulut di Indonesia (factsheet). https://repository.badankebijakan.kemkes.go.id/id/eprint/5534/1/04%20factsheet%20Gilut_bahasa.pdf.

Komisi Perlindungan Anak Indonesia (KPAI). (2025). Laporan Tahunan: Jalan Terjal Perlindungan Anak. https://www.kpai.go.id/publikasi/laporan-tahunan-kpai-jalan-terjal-perlindungan-anak-ancaman-serius-generasi-emas-indonesia.

Komnas Perempuan. (2025). Catatan Tahunan (CATAHU) 2024: Menata Data, Menajamkan Arah (refleksi pendokumentasian dan tren kasus kekerasan terhadap perempuan).

https://komnasperempuan.go.id/catatan-tahunan-detail/catahu-2024-menata-data-menajamkan-arah-refleksi-pendokumentasian-dan-tren-kasus-kekerasan-terhadap-perempuan.

Kosasih, C. E., Solehati, T., Mardiyono, M., & Lukman, M. (2025). *The Effectiveness of a School-Based Education Program on Oral Health in Bandung Resident: A Pilot Study*. *JIKA: Jurnal Ilmu Kesehatan*, 6(2), [pages]. aisyah.journalpress.id

Nasution, R. N., Nasution, N. A., Terawan, V. M., Sari, P., Arisanti, N., Susiarno, H., & Nurihsan, J. (2024). Peran bidan dalam menghadapi kekerasan terhadap perempuan: literature review. Media Penelitian dan Pengembangan Kesehatan.

Safitri, E., Safitria, S., Islami, W., Azizah, A. R., Safitri, I., Maulidar, M., & Utari, M. (2025). *Edukasi Kebersihan Diri (Personal Hygiene) pada Anak untuk Meningkatkan Kebersihan Diri Anak di SMPN 1 Seuneuddon*. *SEWAGATI: Jurnal Pengabdian Masyarakat Indonesia*, 4(2), 13–19. https://doi.org/10.56910/sewagati.v4i2.2166

Umbase, R. S., Sanjaya, D. B., & Mesra, R., et al. (2023). *Child Protection Management in School: Case Study of School Dropouts in North Sulawesi, Indonesia*. *Indonesian Journal of Educational Research and Review*, 7(2), [pages]. https://doi.org/10.23887/ijerr.v7i2.82226

UNICEF Indonesia. (2022). Rencana Aksi Nasional Cuci Tangan Pakai Sabun 2022–2023. https://www.unicef.org/indonesia/media/18306/file/Rencana%20Aksi%20Nasional%20Cuci%20Tangan%20Pakai%20Sabun%202022-2023.pdf.

Unimus / Studi Lokal. (2024). Keragaman pangan dan status gizi pada remaja usia 12–15 tahun. Jurnal Gizi Unimus. (contoh studi lokal terkait keragaman pangan dan masalah gizi remaja).

Wulandari, E. R., Raudhatul J., Hakiki, M. R., Aminudin, & Rusdiana, N. (2024). *Edukasi Perilaku Hidup Bersih dan Sehat (PHBS) dalam Pencegahan Cacingan pada Siswa SD Negeri Matagara*. *JURIBMAS*, 4(1), [pages]. https://doi.org/10.62712/juribmas.v4i1.375 ejurnal.lkpkaryaprima.id