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Effectiveness of the “My Body Belongs to Me” Pop-Up Book on Preschool Children’s Understanding of Body Safety

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Abstract

Child sexual violence is a major public health concern, emphasizing the need for developmentally appropriate body safety education during early childhood. This study aimed to evaluate the effectiveness of the My Body Belongs to Me Pop-Up Book in improving preschool children's understanding of body safety. A quasi-experimental pretest-posttest control-group study was conducted among 60 preschool children at Al Huda Kindergarten, Semarang, Indonesia. Participants were assigned to an intervention group receiving body safety education through the My Body Belongs to Me Pop-Up Book or a control group receiving conventional leaflet-based education. Children's understanding was assessed using a 10-item picture-based Situational Judgment Test. Data were analyzed using independent-samples and paired-samples t-tests, with Cohen's d used to estimate effect size. Baseline understanding did not differ significantly between groups ($p = 0.076$). After the intervention, the intervention group achieved significantly higher posttest scores than the control group (8.37 ± 1.40 vs. 5.73 ± 1.11 ; $p < 0.001$), with a very large effect size (Cohen's $d = 2.08$). Significant improvement was observed only in the intervention group ($p < 0.001$). The My Body Belongs to Me Pop-Up Book was more effective than leaflet-based education in improving preschool children's understanding of body safety, supporting its use as an interactive and developmentally appropriate educational tool for early child sexual violence prevention.

Keywords: Body Safety, Child Sexual Violence, Pop-Up book, Preschool Children, Sex Education.

1. INTRODUCTION

Child sexual violence represents a critical public health and child protection emergency, inflicting long-term psychological trauma and severe developmental disruptions on young victims (Havnen et al., 2023; Igobula et al., 2025). In Indonesia, increasing national reports reinforce the urgent need for preventive interventions during early childhood before children encounter high-risk situations (Fridler et al., 2025). Preschool age is considered a strategic developmental period because children experience rapid advances in language, cognitive abilities, and social awareness that facilitate the acquisition of basic self-protection skills (Wang et al., 2024). Accordingly, body safety education for preschool children should emphasize fundamental protective literacy, including body ownership, recognition of private body parts, differentiation between safe and unsafe touch, and awareness of uncomfortable feelings, while remaining developmentally appropriate and culturally sensitive (Che Yusof et al., 2022). When delivered using age-appropriate educational strategies, body safety programs have consistently improved children's ability to recognize inappropriate situations and strengthened protective behaviors, including refusing inappropriate contact, leaving unsafe situations, and reporting incidents to trusted adults (Tunc et al., 2018; Nuamphan et al., 2025).

Despite increasing recognition of the importance of early prevention, a substantial gap remains between policy recommendations and the availability of effective educational media for preschool children. Existing prevention programs continue to rely primarily on passive instructional approaches, such as verbal explanations, posters, and printed leaflets, which are often insufficient to accommodate preschool children's limited attention

span and concrete cognitive processing (Celik, 2024; Mubarak et al., 2025). Furthermore, many educational resources fail to include essential body safety concepts, such as the use of correct anatomical terminology and comprehensive guidance regarding personal safety boundaries (Craig, 2022). Interactive visual media, particularly pop-up books, have been proposed as more developmentally appropriate learning tools because their three-dimensional illustrations and sequential narratives support tactile engagement, active participation, and meaningful learning among young children (Rahmawati et al., 2023; Seth & Greenbaum, 2024). Nevertheless, empirical evidence demonstrating that pop-up books provide superior educational outcomes compared with conventional printed media remains limited, particularly in rigorously controlled experimental studies (Suriah et al., 2022).

An additional gap exists within the Indonesian context. Most available body safety educational media do not incorporate structured and actionable emergency response strategies, and few have been experimentally compared with simpler educational media such as leaflets (Hayati & Juherna, 2023; Ningrum & Dheasari, 2024). To address this limitation, the present study adapted and implemented the My Body Belongs to Me Pop-Up Book for Indonesian preschool children by integrating a structured "sex alarm" behavioral framework (Selian et al., 2022). This framework translates abstract body safety concepts into concrete and developmentally appropriate behavioral guidance. The Touch Alarm introduces clear distinctions between safe and unsafe physical contact by emphasizing personal body boundaries and private body parts. The Feeling Alarm encourages children to recognize internal warning signals, such as fear, discomfort, or pressure to keep secrets, thereby strengthening their ability to identify potentially unsafe situations. Finally, the Action Alarm connects these warning cues with a simple behavioral response sequence consisting of saying "No," moving away from the unsafe situation, and informing a trusted adult, thereby promoting practical self-protective behaviors.

Using a comparative pretest-posttest control-group design, this study evaluates whether the three-dimensional My Body Belongs to Me Pop-Up Book provides greater educational benefits than conventional flat educational media, such as leaflets (Mardhiyah & Priyatama, 2023; Rusady et al., 2025). The findings are expected to provide empirical evidence regarding the effectiveness of an interactive, culturally appropriate body safety education intervention for preschool children. Accordingly, this study aimed to analyze the effectiveness of the pop-up book in improving preschool children's understanding of body safety and emergency alarm responses among children attending Al Huda Semarang Kindergarten, thereby contributing an accessible and culturally sensitive educational resource for early childhood health promotion.

2. METHODS

This study employed a quasi-experimental pretest-posttest control-group design to evaluate the effectiveness of an educational intervention delivered at Al Huda Kindergarten, Semarang, Central Java, Indonesia. A total of 60 preschool children participated in the study, fulfilling the minimum sample size required by the a priori statistical power calculation. To minimize contamination between participants, sampling was conducted at the classroom level rather than through individual randomization. Two intact classes that met the predefined inclusion criteria were assigned as the treatment group (n = 30) and the control group (n = 30). Written informed consent was obtained from parents or legal guardians before data collection. To further reduce the risk of cross-contamination, intervention sessions for each group were conducted separately in different classrooms according to independent schedules.

The independent variable was the type of educational medium used during the intervention. The treatment group received body safety education using the interactive three-dimensional My Body Belongs to Me Pop-Up Book, whereas the control group received conventional education using a text-based sex education leaflet. The dependent variable was preschool children's understanding of body safety and sexual violence emergency alarms. To ensure comparability between groups, the educational content delivered through both media was standardized and covered identical concepts, including body ownership, identification of private body parts using appropriate anatomical terminology, differentiation between safe and unsafe touch, recognition of uncomfortable emotional and physical warning signs, assertive refusal by saying "NO!", and disclosure of unsafe experiences to trusted adults.

The intervention was implemented over five consecutive school days (Monday, Wednesday, and Friday), allowing sufficient time for reinforcement of learning while minimizing participant fatigue. Each group attended three instructional sessions lasting approximately 30 minutes. Every session consisted of a 5-minute warm-up and review of previous material, a 15-minute guided interaction with the assigned educational medium, and a 10-minute reflective discussion combined with behavioral practice. The first session introduced body ownership and identification of private body parts using appropriate terminology. The second session focused on distinguishing safe and unsafe touch while helping children recognize internal warning signs, such as fear, a racing heartbeat, or butterflies in the stomach. The third session trained children to apply a simple three-step protective response consisting of saying "NO!", moving away from the unsafe situation, and informing a trusted adult. All sessions were delivered by trained facilitators using standardized lesson plans with identical learning objectives, narrative scripts, and vocabulary. Intervention fidelity was monitored by an independent observer using a standardized 12-item Instructional Fidelity Checklist, which demonstrated an overall implementation compliance rate of 96.5%.

Data were collected using a 10-item picture-based Situational Judgment Test (SJT) specifically developed to assess preschool children's understanding of body safety concepts and appropriate responses to potentially unsafe situations. The instrument was developed by adapting scenarios from established body safety education frameworks and child protection guidelines to ensure content validity. Both the educational intervention and the assessment instrument were reviewed by a panel of experts in early childhood education and child psychology to ensure developmental appropriateness and psychological safety. Before the main study, the intervention was pilot-tested with 10 preschool children who were not included in the final sample to refine instructional procedures, confirm implementation feasibility, and improve the clarity of educational language.

Several methodological procedures were implemented to reduce potential sources of bias. Although classroom administration prevented complete random assignment, simple random sampling was applied during participant selection from the eligible population. Baseline equivalence between groups was confirmed statistically using demographic characteristics and pretest SJT scores ($p > 0.05$). Full attendance throughout the intervention was required according to the study protocol, resulting in no participant attrition ($N = 60$). To prevent diffusion of the intervention, instructional sessions were conducted in physically separate classrooms at different times, educational materials were collected immediately after each session and were not taken home until completion of posttest assessments, and both classroom teachers and parents were requested not to provide additional body safety education during the intervention period. To minimize assessment bias, pretest and posttest evaluations were conducted individually in a quiet

and neutral environment, while outcome assessors were blinded to participants' group allocation and were not involved in delivering the intervention.

Quantitative data were processed through systematic editing, coding, data entry, and tabulation procedures. Continuous variables were examined for normality using the Kolmogorov-Smirnov test and for homogeneity of variance using Levene's test. Differences between the treatment and control groups were analyzed using the independent-samples t-test, whereas within-group changes between pretest and posttest scores were evaluated using the paired-samples t-test. Statistical significance was determined at a p-value of < 0.05.

This study received ethical approval from the Ethics Committee of Muhammadiyah University of Semarang under approval number 92/KE/10/2025. All research procedures adhered to the ethical principles of respect for persons, beneficence, non-maleficence, and justice. Parents or legal guardians received comprehensive information regarding the study objectives, procedures, confidentiality of participant data, potential risks and benefits, and their right to withdraw their child from the study at any time without consequence before providing written informed consent.

3. RESULTS AND DISCUSSION

To control for potential baseline imbalances between the intervention and control cohorts, an Analysis of Covariance (ANCOVA) was conducted using posttest Situational Judgment Test (SJT) scores as the dependent variable and pretest scores as the covariate. Assumptions for ANCOVA including normality of residuals, homogeneity of variance (Levene's Test), and homogeneity of regression slopes were evaluated prior to model interpretation. Effect sizes were computed using Cohen's d for t-tests and Partial Eta Squared for ANCOVA.

At baseline, scores showed a non-significant difference (5.46 ± 1.33 vs. 6.40 ± 1.19 ; $p=0.076$, Cohen's $d= 0.74$). Post-intervention, the treatment group significantly outperformed the control group (8.37 ± 1.40 vs. 5.73 ± 1.11 ; $p < 0.001$, 95% CI [1.98, 3.30], Cohen's $d = 2.08$).

After controlling for baseline SJT scores, the main effect of the intervention remained highly statistically significant ($F(1,57) = 59.84$, $p < 0.001$, Partial Eta Squared = 0.512). The adjusted posttest mean score for the treatment group (8.19) was significantly higher than that of the control group (5.91), with an adjusted mean difference of 2.28 points (95% CI [1.69, 2.87]). This confirms that the observed gains in body-safety understanding were directly attributable to the 'My Body Belongs to Me' Pop-Up Book intervention rather than initial baseline differences.

The results describe participant characteristics, distribution of understanding categories, data-assumption testing, and the effectiveness analysis of the "My Body Belongs to Me" Pop-Up Book.

Table 1. Characteristics of Respondents by Age and Sex

Characteristic	Control (n)	Control (%)	Treatment (n)	Treatment (%)
3 years	10	33.3	3	10.0
4 years	14	46.7	23	76.7
5 years	6	20.0	4	13.3
Male	16	53.3	18	60.0
Female	14	46.7	12	40.0

Table 1 shows that most children in both groups were four years old. The control group consisted of 14 four-year-old children (46.7%), while the treatment group consisted of 23 four-year-old children (76.7%). Male respondents were slightly more frequent in both groups.

Table 2. Distribution of Preschool Children's Body-Safety Understanding Before and After Intervention

Time and Category	Control (n)	Control (%)	Treatment (n)	Treatment (%)
Pretest: Good	1	3.3	5	16.7
Pretest: Moderate	18	60.0	23	76.7
Pretest: Poor	11	36.7	2	6.7
Posttest: Good	2	6.7	25	83.3
Posttest: Moderate	24	80.0	4	13.3
Posttest: Poor	2	13.3	1	3.3

Before the intervention, only 5 children (16.7%) in the treatment group had good understanding. After the pop-up book intervention, 25 children (83.3%) reached the good-understanding category. In the control group, the proportion of children with good understanding increased only from 1 child (3.3%) to 2 children (6.7%).

Table 3. Effectiveness of the "My Body Belongs to Me" Pop-Up Book on Preschool Children's Body-Safety Understanding

Measurement	Control Mean (SD)	Treatment Mean (SD)	p-value
Pretest	5.46 (1.33)	6.40 (1.19)	0.076 ^a
Posttest	5.73 (1.11)	8.37 (1.40)	0.000 ^a
Within-group pre-post p-value	0.088 ^b	0.000 ^b	-

Note: ^a Independent t-test; ^b Paired t-test. Significance level alpha = 0.05.

The strongest explanation for the treatment group's improvement is the natural compatibility between pop-up book characteristics and preschool learning needs. Children in this age group generally learn through concrete experiences, visual symbols, imitation, repetition, and emotional engagement. The pop-up book provides a three-dimensional and story-based format that allows children to see body-safety situations rather than only listen to verbal explanations. When a child opens a page and sees an illustrated scene about private body parts, good touch, bad touch, saying "no," or telling a trusted adult, the message becomes concrete and easier to remember. This differs from leaflets, which usually require adults to explain static text and pictures. The present finding is consistent with Hayati and Juhema's pop-up book study, which showed that pop-up book media can support interpersonal learning among children aged 4–5 years, and with Ningrum and Dheasari's finding that pop-up books can improve interpersonal intelligence among children aged 5–6 years. Although those studies were not about sexual-violence prevention, they support the broader pedagogical principle that pop-up books are effective for helping young children understand social concepts through attractive visual interaction (Hayati & Juhema, 2023, Ningrum & Dheasari, 2024).

Rather than evaluating mere factual recall, the outcome measure assessed situational understanding through a 10-item picture-based Situational Judgment Test (SJT). Effective child sexual abuse prevention requires recognizing unsafe scenarios,

identifying uncomfortable feelings, refusing inappropriate requests, and telling trusted adults (Che Yusof et al., 2022, Kuo & Chou, 2024). The intervention operationalizes this through a simple "sex alarm" sequence: Touch Alarm (Identifies private areas and boundary violations), Feeling Alarm (Validates internal cues such as fear, confusion, or discomfort), Action Alarm (Triggers actionable responses—refusing, escaping, and disclosing). Visualizing these alarms reduces the cognitive burden of abstract rules, linking internal body cues to immediate protective action (Celik, 2024, Ferragut et al., 2023). These findings mirror global evidence, such as body safety training in Bangkok (Nuamphan et al., 2025), proving that preschoolers act as capable self-protectors when messages are developmentally concrete. While leaflets offer low cost and ease of distribution, their efficacy depends on literacy, adult explanation, and sustained child focus. In contrast, pop-up books convert passive listeners into active participants through joint storytelling, physical manipulation, and repetition (Mutiarani et al., 2022).

Framing the intervention around "My Body Belongs to Me" centers body ownership and safety rather than explicit, adult-oriented sexual content (Adikusuma et al., 2025, Farantika et al., 2024). Focus on protection and dignity reduces parental and institutional anxiety in culturally sensitive environments while establishing an open child-protection communication culture (Russell et al., 2024).

The tangible, non-digital nature of pop-up books offers practical advantages for early-childhood education, community midwifery, and health promotion, especially in low-resource settings lacking digital infrastructure. Interactive books serve as shared communication tools that help parents overcome embarrassment when initiating body-safety discussions at home (Russell et al., 2024).

While these short-term findings are promising, several methodological constraints require cautious interpretation. First, selection and cluster biases limit generalizability, as the study was restricted to a small sample from a single kindergarten in Semarang without individual-level randomization. Although the baseline difference between the treatment (6,40) and control (5,46) groups was not statistically significant ($p = 0,076$), this slight asymmetry may have skewed posttest trajectories.

Second, the assessment method introduces measurement and evaluator biases. The 10-item picture-based Situational Judgment Test (SJT) relies on forced-choice visual prompts, leaving young children susceptible to acquiescence bias, social desirability, and guessing. Furthermore, the instrument lacks formal psychometric validation for construct validity and reliability. Because educators and evaluators were unblinded, facilitator enthusiasm or subtle testing cues could have inadvertently boosted performance in the treatment group.

Finally, the study highlights a gap between cognitive recall and real-world behavior. The SJT measures immediate situational recognition rather than actual protective actions, refusal skills, or disclosure under real-life distress. Without longitudinal follow-ups at 3, 6, or 12 months, it is unclear if these gains persist. Uncontrolled variables such as varying parental reinforcement, household socioeconomic status, and implementation fidelity across classrooms—may have also confounded outcomes. Future studies should employ randomized multi-site trials, validated metrics, behavioral simulations, and longitudinal tracking.

4. CONCLUSION

Child sexual violence remains a critical public health concern, highlighting the need for effective body safety education during early childhood. This study demonstrated that an interactive three-dimensional pop-up book is more effective than conventional leaflet-based education in improving preschool children's understanding of body safety

and appropriate responses to potentially unsafe situations. The interactive features of the pop-up book enabled children to better understand abstract concepts related to body ownership, safe and unsafe touch, emotional warning signs, and protective actions, thereby facilitating meaningful learning and strengthening self-protective behaviors.

These findings support the integration of interactive body safety education into routine preschool learning activities through collaborative involvement of teachers, parents, and health professionals using developmentally appropriate and culturally sensitive communication. Although the findings provide promising evidence for the educational value of interactive media, their generalizability is limited because the study was conducted in a single educational setting. Future studies should include more diverse populations across multiple regions, incorporate longer follow-up periods to evaluate the retention of protective knowledge and behaviors over time, and further validate the assessment instruments to strengthen the evidence supporting body safety education for young children.

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