

Parents' knowledge, attitude, and preventive practice about
sexual harassment of children in travel and tourism destination
in Lombok, Indonesia

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ทางเพศต่อเด็ก ของพ่อแม่ในเมืองท่องเที่ยวลอมบอก ประเทศอินโดนีเซีย. (

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ในปัจจุบัน เป็นที่ทราบกันดีว่าการท่องเที่ยวมีบทบาทสำคัญต่อการเติบโตทางเศรษฐกิจ เกาะลอมบอกในประเทศอินโดนีเซีย เป็นอีกสถานที่หนึ่ง ที่มีนักท่องเที่ยวจำนวนมากมาเยี่ยมชม แต่การที่จำนวนนักท่องเที่ยวเพิ่มสูงขึ้น กลับส่งผลให้เกิดปัญหาการล่วงละเมิดทางเพศของเด็ก (Child Sexual Harassment: CSH) ในท้องถิ่นมากขึ้น ด้วย การล่วงละเมิดทางเพศเด็ก (CSH) เป็นหนึ่งในปัญหาที่ผู้ปกครองมีความสำคัญอย่างมากในการป้องกัน ซึ่งผู้ปกครองสามารถทำหน้าที่เป็นด่านป้องกันที่แข็งแกร่งของเด็กได้ แต่การศึกษาเกี่ยวกับความรู้ ทักษะ และพฤติกรรมการป้องกัน (KAPP) ของผู้ปกครองเกี่ยวกับการล่วงละเมิดทางเพศเด็ก โดยเฉพาะในสถานที่ท่องเที่ยวยังคงจำกัดอยู่ ในการศึกษาครั้งนี้ จึงมีวัตถุประสงค์เพื่อ (1) ประเมินระดับ KAPP เกี่ยวกับ CSH ของผู้ปกครอง และ (2) เพื่อค้นหาความสัมพันธ์ระหว่างปัจจัยด้านสังคม – ครอบครัวและชุมชน กับระดับ KAPP เกี่ยวกับ CSH ของผู้ปกครอง ในสถานที่ท่องเที่ยวลอมบอก ประเทศอินโดนีเซีย เป็นการศึกษาแบบภาคตัดขวาง โดยมีผู้เข้าร่วมทั้งหมด 313 คน เป็นผู้ปกครองที่อาศัยอยู่ในแหล่งท่องเที่ยวเมืองลอมบอก ในอินโดนีเซีย และมีลูกอายุระหว่าง 5-17 ปี รวบรวมข้อมูลโดยใช้แบบสอบถามออนไลน์ จากผลการศึกษาพบว่า ระดับความรู้เกี่ยวกับ CSH ของผู้ปกครองส่วนใหญ่ (72.4%) อยู่ในระดับปานกลาง ทั้งผู้ปกครองเพศชาย (72.4%) และเพศหญิง (69.5%) ผู้ปกครอง 58.1% มีทัศนคติเชิงบวก และผู้ปกครองเพศชายมีทัศนคติเชิงบวก (69.2%) สูงกว่าผู้ปกครองเพศหญิง (42.2%) พฤติกรรมการป้องกันส่วนใหญ่อยู่ในระดับพอใช้ (53.7%) โดยเพศหญิงส่วนใหญ่มีพฤติกรรมการป้องกันระดับดี (49.2%) ในขณะที่ผู้ปกครองเพศชายส่วนใหญ่อยู่ในระดับพอใช้ (61.1%) ปัจจัยด้านข้อมูลส่วนบุคคล ปัจจัยครอบครัว และปัจจัยชุมชน มีความสัมพันธ์อย่างมีนัยสำคัญ กับ KAPP ของผู้ปกครองแตกต่างกันไป ในแต่ละปัจจัย มีเพียงระดับการศึกษา ที่เป็นปัจจัยที่มีความสัมพันธ์อย่างมีนัยสำคัญ กับทั้งความรู้ ทักษะ และพฤติกรรมการป้องกัน ผลการศึกษานี้ สามารถใช้เป็นข้อมูลพื้นฐาน ในการพัฒนาการศึกษาเพิ่มเติมและพัฒนาโปรแกรมเกี่ยวกับการป้องกันการล่วงละเมิดทางเพศเด็ก ในแหล่งท่องเที่ยวได้

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Siti Syahidati Fauzana : Parents' knowledge, attitude, and preventive practice about sexual harassment of children in travel and tourism destination in Lombok, Indonesia. Advisor: Pokkate Wongsasuluk, Ph.D.

Tourism is known as a promoter for economic growth. Lombok island is a place of interest where plenty tourists visit, but a high increasing number of visitors affect to increasing sexual harassment of local children. Child sexual harassment (CSH) is one of the seriously concerned issues. And parents are the best position with high potential to prevent CSH, they can act as a strong external obstacle to the offender accessing children. But there are limited studies were conducted on parent's knowledge, attitude, and preventive practice (KAPP) about child sexual harassment especially tourism destination. The aims of this study were (1) to assess the level of KAPP about CSH of parents and (2) to find the association between socio-demographic, family, and community factors with the level of KAPP about CSH of parents in tourism destination Lombok, Indonesia. A cross-sectional study was conducted to assess this research. The total of 313 participants were parents who live in tourism destinations, Gili Indah village, Lombok, Indonesia, and have children age between 5-17 years old. Data collecting by using an online questionnaire. Most of the parents in this study had moderate knowledge (71.2%), both in male (72.4%) and female (69.5%) parents. The level of parents' attitude towards child sexual harassment prevention in tourism destinations was positive (58.1%), but in detail, positive attitudes of male parents are higher than female parents, which is 69.2% and 42.2%. The preventive practice of parents was at a fair level (53.7%), with mostly male (61.1%) had fair preventive practice while female mostly had good preventive practice (49.2%). Sociodemographic factors, family factors, and community factors show significant association with KAPP of parents. But among knowledge, attitude, and preventive practice the factor they had significant association was not exactly similar. Only education that constantly showed significant association with KAPP. Finding related to factors that had a significant association with KAPP in this study can be a baseline to develop further study and program about child sexual harassment in tourism destinations.

Field of Study: Public Health

Student's Signature

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Hopefully, this thesis can give a contribution to public health related to topic child sexual harassment in tourism destinations.

Siti Syahidati Fauzana

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CHAPTER 1 INTRODUCTION

1.1. Background and Rationale

Tourism is known as a promoter for economic growth in local tourism destination. This happens in almost all parts of the world including in Southeast Asia. In 2015, Southeast Asia attracted 104 million international visitors, and this is the biggest growth increase in the tourism sector. However, the increase in the growth of international visitors has an impact on increasing sexual harassment of children in the tourist destination (Davy, 2017). Because typically, tourists who have the intention to sexually exploit children come from richer countries and will travel to low and middle income countries with Asia at the forefront of the problem. (Carolin L, 2015).

Indonesia is part of Southeast Asia and one of the world's major tourist destinations. There were so many tourists visited this country both local and foreign tourists. Their interest was affected by easy access and there were so many flights and accommodations offering cheap prices. Unfortunately, the high number of tourists visits also increases the chances of sexual occurrence of children by tourists in tourism destination. This can be ironic when foreign exchange from the tourism sector increases, but Indonesian children who experience sexual harassment also increase (ECPAT, 2016). ECPAT mention that Indonesia is known as one of the countries that has become a kind of 'paradise' for pedophiles because of 30% of women working as a sex worker in Indonesia are under eighteen, with an estimated 40,000 to 70,000 Indonesian children being victims of commercial sexual exploitation each year (Affan, 2018). There were two children sexual harassment cases revealed in Indonesia. Robert Andrew Fiddes Ellis case from Victoria that alleged sexual abused of 11 girls between eight and 17 years at his boarding house in Bali between 2014 and 2015 (Azzi, 2016). The other case is Peter Dundas Walbran. He was jailed for three years in Lombok prison for doing sexual abuse to three boys aged between 8 and 12 (Hawley, 2015).

Lombok is one of the famous tourist destinations in Indonesia. The location is near to Bali. It can attract up to million tourists. The number of foreign and domestic tourists that come to West Nusa Tenggara increase more than 100% of visitors from 619,370 in 2009 become 3,094,437 in 2016 (BPS, 2017). In 2019 Lombok also got Best Halal Tourist Destination on the 2019 Indonesia Muslim Travel Index (IMTI) s. On the other hand, in 2009, a rapid assessment study was carried out in seven major locations in Indonesia - Jakarta, Lampung, Lombok, Batam, Bandung, Bali and Pontianak. This study was conducted on 272 children in Indonesia who were involved in sexual harassment and the results were found that children who were victims of harassment between the ages of 12 and 18 were victims of sexual harassment through child sex tourism and the others were sex worker, pornography, child trafficking for sexual goals, and child marriage (Davy, September 2017). Another assessment done around 2016-2017 by The Ministry of Women Empowerment and Child Protection (MoWECP) of Indonesia collaborating with ECPAT in 10 tourism destination in Indonesia. The result showed using score card, there are red, yellow, and green. Lombok got red card that means the area showed the challenges and harassment of children is occurs and it's carried out by tourists, but measures of prevention and control and law enforcement have not been taken (ECPAT, 2018).

Child abuse and harassment will cause health and well-being problem of children in all over the world. Some of the effects that can be caused are early pregnancy, children infected with Sexual Transmitted Infection (STI) including HIV, mental disorders such as depression and psychological trauma and soon maybe will lead to suicidal. Children who have been become a victim of sexual harassment will be very likely to show bad sexual behavior such as masturbation and even they are able to become offenders for other children. (Radford, Allnock, & Hynes, 2016).

Study by Indonesia government with activist institutions conclude that cases of sexual violence against children still occur in tourist destination because of parents, communities and local authorities pursue economic benefits rather than understanding child-friendly tourism (Affan, 2018). UNICEF also reports in the review report evidence that prevents and responds to sexual abuse and harassment of children that there is a lack of awareness, understanding and recognition of sexual abuse and

harassment among parents and the community which makes it difficult to identify children living with sexual abuse and harassment (Radford et al., 2016). Previous studies about child sexual abuse found that there are several factors that have a relationship with the level of parents' KAPP regarding child sexual abuse, namely the level of education, age, number of wives, number of boys and girls, and income. (AlRammah et al., 2018; Alzoubi, Ali, Flah, & Alnatour, 2018; Guo et al., 2019; Walsh, Brandon, & Chirio, 2012). But most of that research only tried to find socio demographic factor as an independent variable.

Parents are the best position to be able to prevent sexual harassment of children, because parents can act as a strong external obstacle to the offender accessing children. Finkelhor identified four preconditions that would facilitate the occurrence of Children Sexual Abuse (CSA). The first is the motivation of the offender to sexually abuse a child. The second is actors who can expertly overcome internal barriers to being able to access children. Third, the offender does not have external barriers to CSA (such as parental supervision, strong parent / child relations). The fourth prerequisite is that the offender can overcome the rejection made by the child. He highlighted in his theoretical model that a guardian, including parents, who is absent or sick and inadequate supervision of a child is a condition that makes it easy for the offender to overcome external barriers in sexual abuse of children (Finkelhor, 1984). Parents play a very important role in preventing sexual harassment of children by creating a safer environment for their children and by helping their children feel safe and confident to avoid being targeted by sexual offenders (Rudolph, Zimmer-Gembeck, Shanley, & Hawkins, 2017). Therefore, the knowledge, attitude and preventive practice of parents can protect the children from sexual harassment. Thus, this study result will tell us the level of KAPP parents and which factors that have positive association with it. And it can help to identify the most effective way to raise knowledge, attitude preventive practice of parent on the issue of sexual harassment of children in travel and tourism destination.

1.2. Research gap

Limited studies were conducted on parent's knowledge, attitude, and preventive practice (KAPP) about child sexual harassment especially tourism destination.

1.3. Research Question

- a. What is the level of parent's Knowledge, Attitude, and Preventive Practice about child sexual harassment in tourism destination Lombok, Indonesia?
- b. Is there association between socio-demographic factors, family factors, community factors with the level of parents Knowledge, Attitude, and Preventive Practice about child sexual harassment in tourism destination Lombok, Indonesia?

1.4. Research Objectives

- a. To assess the level of parent's knowledge, attitude, and preventive practice about CSH in tourism destination Lombok, Indonesia.
- b. To find the association between socio-demographic factors, family factors, community factors with the level of parent's knowledge, attitude, and preventive practice about CSH in tourism destination Lombok, Indonesia.

1.5. Research Hypothesis

$H_0 \rightarrow$ There is no association between socio-demographic factors, family factors, community factors and level of parent's knowledge, attitude, and preventive practice about CSH in tourism destination in Lombok, Indonesia.

$H_a \rightarrow$ There is association between socio-demographic factors, family factors, community factors and level of parent's knowledge, attitude, and preventive practice about CSH in tourism destination in Lombok, Indonesia.

1.6. Expected Outcomes

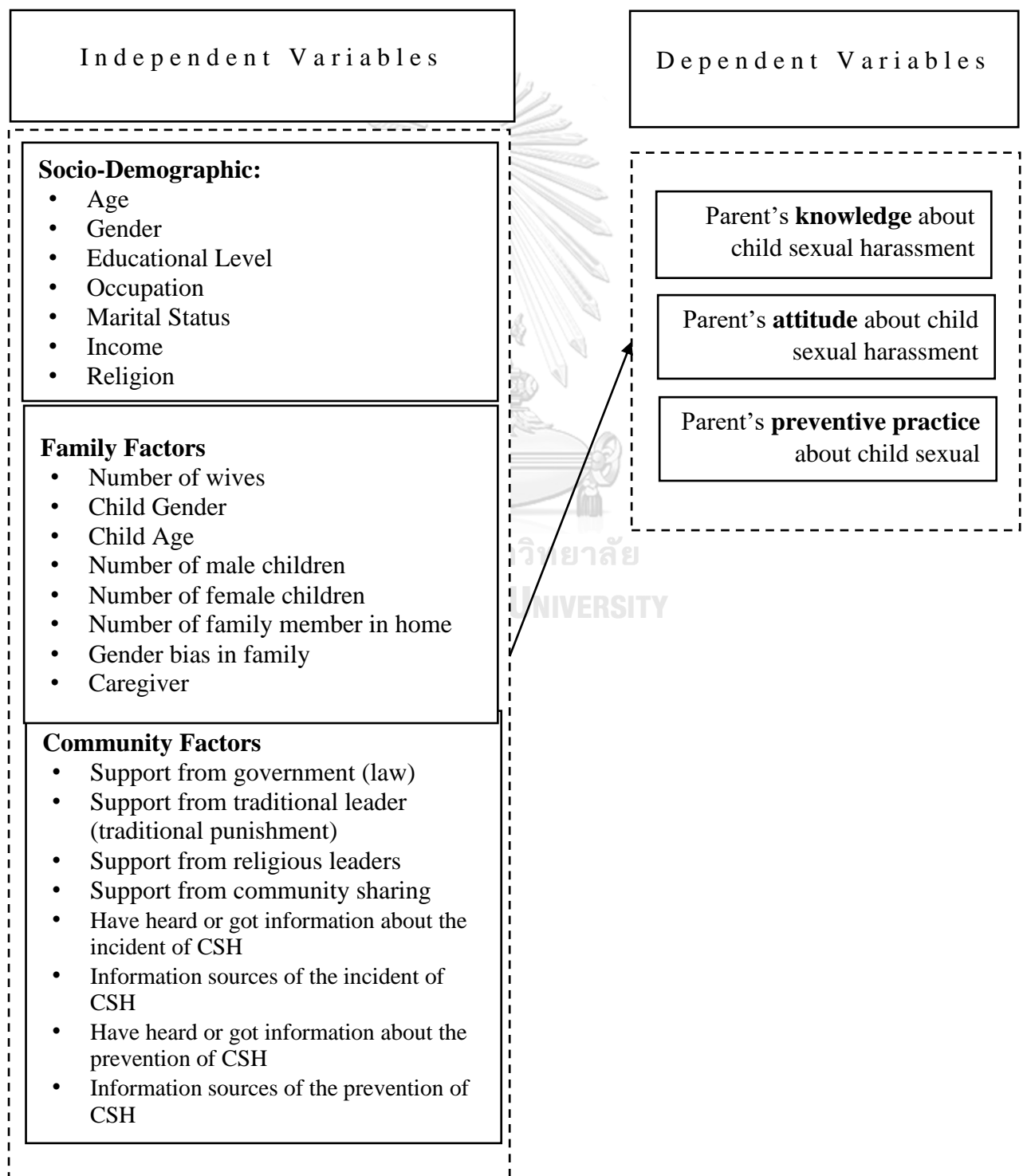
This research has two outcomes:

1. Reveal the level of parent's knowledge, attitude, and preventive practice about CSH in tourism destination Lombok, Indonesia.

2. Reveal sociodemographic, family, and community factors associated with the level of parent's knowledge, attitude, and preventive practice about CSH in tourism destination Lombok, Indonesia.

This result, hopefully, will be useful to investigate the characteristic parents of intervention thus the intervention about KAPP in CSH in tourism destination, Lombok, Indonesia, will be efficient.

1.7. Conceptual Framework



1.8. Operational Definitions

Children	In this research, children is defined as someone who have age between 5-17 years old because 5 years old is the regular age for children to start go to kindergarten (MoEC, 2017).
Child Sexual Harassment in Tourism Destination	<p>Refer to acts of sexual harassment of children such as:</p> <ul style="list-style-type: none"> • Actual or attempted rape or sexual assault. • Touching and not touching behavior including sexual kissing, hugging, patting, or stroking to child; making inappropriate touches or caressing a child's genitals, breasts, or backsides. • Genital-oral contact. • Sexual or digital penetration using fingers. • Force the child to see or use the child as an object of pornography. • Staring intently at a child's body. • Verbal pressure for sex • Unwanted pressure for sexual favors, leaning over, cornering, or pinching, sexual looks or gestures, sexual teasing, jokes, remarks, or questions. • Whistling at someone. • Cat calls. • Sexual comments. • Sexual comments about a person's clothing, anatomy, or looks. • Touching the person's clothing, hair, or body • Touching or rubbing oneself sexually around another person. • Facial expressions, winking, throwing kisses, or licking lips. • Making sexual gestures with hands or through body movements. <p>That acts are implanted in the context of travel, tourism, or both and carried out by domestic or foreigner tourists or travelers.</p>
Tourism Destination	In this study, tourism destination refers Gili Indah Village as one of most visited tourism destinations in Lombok, Indonesia.

Participant	Refer to parents in accordance with the inclusion and exclusion criteria. It will be chosen for 1 person/household.
Parents	Refer to father and mother
Age	Refers to the participant's age at the same year of interview.
Gender	Refers to the participant's sex.
Educational Level	Refers to the participant's highest formal education that they finished.
Occupation	Refers to the participant's occupation. It will be classified into employee in lodging or hotel, employee in a restaurant or café, employee in a bar, diving instructor, tour guide, civil servant, seller, fisherman, not working, and other.
Marital Status	Refers to the participant's marital status. It will be classified into married, divorced, widowed, separated.
Religion	Refers to what religion that the parents believe.
Family Local Economy Status	Refers to the participant's family income from father and mother and the other wives (if there) per month at the time of interview divided by the number of people in that family (parents + children).
Number of wives	Refers to number of wives who lives together in the participant family although the participant male and female. It will be classified into only one and more than one.
Child Gender	Refers to gender of their children.
Child Age	Refers to age of their children at the research year.
Number of male children	Refers to number of male children in the participant family. It will be classified into 2 or less and more than 2.

Number of female children	Refers to number of female children in the participant family.
Gender bias in family	Refer to how parent differentiating children as male and female on the basis of gender or gender-based functions (Mukherjee Asst, 2015). In this research, gender bias refers to how parent threat the children in social function that will affect to parent's knowledge and attitude about CSH and their practice to prevent CSH.
Caregiver	Refer to the person who is caring for the children.
Support from government (law)	Refer to if parent feel that they got support from government by making the law of sexual harassment of children.
Support from traditional leader (traditional punishment)	Refer to if parent feel that their traditional leader made a punishment for the offender of sexual harassment of children.
Support from religious leaders	Refer to if their religious leader give sermon about how to protect their children based on the teaching of the religion.
Support from community sharing	Refer to if they feel that their community share about how to protect their children and help them to protect children in the community.
Have heard or got information about the incident of CSH	Refer to if parents already heard or got information about the incidents of Sexual Harassment of Children. It will be classified as yes and no.
Information sources of the incident of CSH	If parents say yes, they refer to this question to know the sources of parents' information if they already heard or got information about it. It will be classified into social media, radio, television, family, socialization from community, and other.
Have heard or got information about the	Refer to if parents already heard or got information about the prevention of Sexual Harassment of Children. It will

prevention of CSH	be classified as yes and no.
Information sources of the prevention of CSH	If parents say yes, they refer to this question to know the sources of parents' information if they already heard or got information about it. It will be classified into social media, radio, television, family, socialization from community, and other.
Parent's knowledge about child sexual harassment	Refer to parents' knowledge about general information of child sexual harassment in the term of children and tourist and the sign of symptoms. It will be categorized in 3 level of knowledge: poor (<60%), moderate (60-79%), and good (80-100%) based on the Bloom's cut-off point.
Parent's attitude about child sexual harassment	Refer to parents' tendency to react, behave, see, and interpret child sexual harassment. It will be categorized in 3 level of attitude: negative (<60%), neutral (60-79%), and positive (80-100%) based on the Bloom's cut-off point.
Parent's preventive practice about child sexual harassment	Refers to application of knowledge and rules that produce an action to prevent CSH in Gili Indah Village. It will be categorized in 3 level of practice: poor (<60%), fair (60-79%), and good (80-100%) based on the Bloom's cut-off point.

CHAPTER 2 LITERATURE REVIEW

2.1. Children Rights

A child is any person under the age of 18. In the United Nations Convention on the Rights of the Child there are fifty-four right that cannot be taken away from them. Some of the articles that related to sexual harassment of children are (UN, 1989):

Article 1

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 18

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or legal guardians have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.
2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal

guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmers to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.



Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
 - a) To diminish infant and child mortality.
 - b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care.
 - c) To combat disease and malnutrition, including within the framework of primary health care, though, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-

water, taking into consideration the dangers and risks of environmental pollution.

- d) To ensure appropriate pre-natal and post-natal health care for mothers.
 - e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.
 - f) To develop preventive health care, guidance for parents and family planning education and services.
3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
 4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, account shall be taken of the needs of developing countries.



Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral, and multilateral measures to prevent:

- a) The inducement or coercion of a child to engage in any unlawful sexual activity.
- b) The exploitative use of children in prostitution or other unlawful sexual practices.
- c) The exploitative use of children in pornographic performances and materials.

Article 36

States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

2.2. Child Sexual Harassment in Travel and Tourism

Tourist destinations lead to "the geographical location where a person travels". More clearly, the geographical location here is understood as a unique entity that has a political and legislative framework for marketing and tourism planning (Manhas, Manrai, & Manrai,

2016). Tourism is the largest industry in many countries representing about 35% of world service exports and can reach 70% in the least developed countries. In 2006 there were an estimated 846 million international tourist arrivals and 4 billion domestic tourists. The number is predicted to continue to increase every year. Therefore, tourism is a strong economic and social force in the world and is the poorest countries which sustain the greatest impact due to weaknesses in their social and economic infrastructure (O'Briain, Grillo, & Barbosa, 2008).

Child sexual harassment in tourist areas continues to increase throughout the world. Child sexual harassment is a serious crime against children's rights that can be committed by both men and women. It is a serious violation of children's rights. But that is a global reality in all countries and social groups. It is cross-culturally understood that children are vulnerable and need adult protection to ensure their physical and psychological well-being. It is estimated that 7.9% of men and 19.7% of women worldwide experience sexual harassment before the age of 18 (Pereda, Guilera, Forns, & Gómez-Benito, 2009).

Child sexual harassment in tourism and travel can happen because the offender attract the attention of children to be able to commit sexual acts in their tourist destinations while they are on a trip by giving children money, food, gifts, travel or other things. The offender is known as a Traveling Child Sex Offender (TCSO). The perpetrators of sexual crimes are divided into two groups namely preferential offenders who deliberately travel to look for children to have sex and the second is situational offenders who travel not for the purpose of sexually exploiting children, but if there is an opportunity, they will commit acts of sexual harassment. The perpetrators of sexual harassment crimes against children make use of travel and tourism industry facilities such as airlines, hotels, tour guides and transportation, to gain access to do sexual harassment to children (Perera, 2016).

CSH in Tourism Destination Situation in Indonesia

Indonesia already had a law on Child Protection no. 23/2002. However, the law has not significantly reduced the level of sexual harassment against children. This law also does not have part that concentrate regulates related to sexual harassment in tourism destination (Gatra, 2018).

According to the Australian Federal Police (AFP), at least 1194 sexual offenders who have been convicted in Australia came to visit Indonesia in 2011. The increasing number of cases of pedophilia in Indonesia link to the increasing number of tourist visits and the free visa program by the government for several countries. And most of the perpetrators are wealthy tourists. This makes it easier for them to approach victims by giving money, toys or taking children to go for a walk. In addition, the perpetrators also have an online forum for sharing information. If one perpetrator succeeds in obtaining the victim, their photo, identity and address will be uploaded to the internet (Tempo, 2014).

2.3. Impact of Sexual Harassment to Children

Child sexual harassment (CSH) is a serious problem affect to children's lives physically, psychologically, socially, and developmentally (Alzoubi et al., 2018). Child abuse and harassment will cause health and well-being problem of children in all over the world. Experiencing sexual abuse for children can adverse their physical health that can cause early pregnancy, children infected with sexual transmitted infection (STD) including HIV(Radford et al., 2016). In the long run, CSH has been linked to various illnesses and disabilities for long-term disease or disability. Physical health outcomes include an increase in body mass index (BMI), heart problems and problems surrounding childbirth (Fisher, Goldsmith, Hurcombe, & Soares, 2017).

Mental health also being outcomes for children include depression, anxiety disorders, post-traumatic stress disorder (PTSD) that will lead to self-harm and suicide, as well as a range of other mental health conditions and psychological trauma and soon may be suicidal. Children who have been become a victim of sexual harassment will be very likely to show bad sexual behavior such as masturbation and even they are able to become offenders for other children (Fisher et al., 2017; Radford et al., 2016).

Research showed that people with a history of CSA have a greater number of doctor and hospital contacts - 20 percent higher than those without CSA - which can be an indicator of poor physical health. Some victims and survivors report symptoms 'that cannot be explained medically', which can include non-epileptic seizures and chronic pain (Fisher et al., 2017).The difference between child with sexual abused

and non-abused have found that abused children have more frequent somatic complaints, act out sexually, report promiscuity, have had same sex contact, display more behavioral and emotional problems (Pullins & Jones, 2006).

2.4. Parent's Role to Prevent CSH in Tourism Destination

Parents have very important role in reporting, preventing, and detecting CSH. This happens because usually children belief that parents are people that they can rely on to tell sensitive case, for some traditions discussing sexuality is taboo. Parents also practice and review the contents of school-based programs and teach and strengthen personal safety rules at home (Guo et al., 2019; Walsh et al., 2012). Finkelhor (1984) identified four preconditions that must be present for Children Sexual Abuse (CSA) to occur. The first is a perpetrator motivated to sexually abuse a child. The second is the perpetrator's ability to overcome personal internal inhibitions toward such abuse. Third, the perpetrator must be able to overcome the external barriers to committing CSA (such as parental supervision, strong parent/child relationship). The fourth precondition is that the perpetrator must be able to overcome the child's resistance. Prerequisite 3 (external barriers), parents and caregivers are in the best position to act as external barriers to prevent offenders from gaining access to children. A study states that perpetrators easily exploit children if there is no supervision from parents. In fact, the harassment of children may occur because there are opportunities even without the intention planned (Rudolph et al., 2017).

Therefore, parents can play an important role as protectors of their children through two channels: (i) the first directly, by providing strong external barriers to the offender by monitoring the children; and (ii) indirectly, by telling children what needs to be done to prevent sexual harassment to them and telling them how to reveal what has happened if something happens to them. The most significant contribution of parents may be their ability to prevent abuse from happening by creating a safer environment for their children and by helping their children feel safe and confident so they can avoid being targeted by sexual offenders (Rudolph et al., 2017). In addition, parents with good CSH prevention practices such as healthy parents - child communication can also strengthen children's knowledge and skills about CSH prevention. (Guo et al., 2019; Walsh et al., 2012).

2.5. Knowledge Attitude and Practice (KAP)

KAP surveys are conducted to gather information about knowledge (ie, what is known), attitudes (that is, what is thought), and practice (ie, what is done) about general and / or specific topics of a particular topic (WHO, 2014). Knowledge, attitudes, and practice (KAP) are widely used as a study guides in public health (PH), and the results of KAP research are important tools for political persuasion (Muleme, Kankya, Ssempebwa, Mazeri, & Muwonge, 2017).

The knowledge, attitude, and practice (KAP) model also known as the rational model. This model is an educational strategy model that is useful for encouraging individuals and public to choose healthy behaviors. This model is based on the premise that increasing one's knowledge will drive behavior change. This assumes that the only obstacle to acting "fully responsible" and rational is ignorance, and that is the only information that can affect relationships by "fixing" knowledge about this: changes in knowledge will change in beliefs / and will change in relationships (WHO, 2012).

Based on Badran (1995), knowledge attitude and practice definition are

Knowledge

Knowledge is a person's capacity to obtain, maintain and use information, which is a mixture of understanding, experience, sharpness, and skill. The essence of knowledge is understanding that enables us to be able to distinguish between right and wrong, as learned by logic (deductive reasoning) and scientific methods (formulating and testing hypotheses). That is what we know as exact science. The climax towards knowledge is truth.

Education is a prerequisite of knowledge. This is the same as raising a child into an adult so that he a) acquires intellectual and manual skills; b) develop moral quality; and c) show others good manners and behavior (Badran, 1995).

Attitude

Attitude is a tendency to react, see and interpret an event in a certain way; or to organize opinions into coherent and interrelated structures. Values are closely related to attitude. Value can connote a) price is inherent in intellectual or moral

status; b) how to value services; and sometimes c) description of a set of "ethical actions". Ethics is very prominent among all the materials that form attitudes (Badran, 1995)

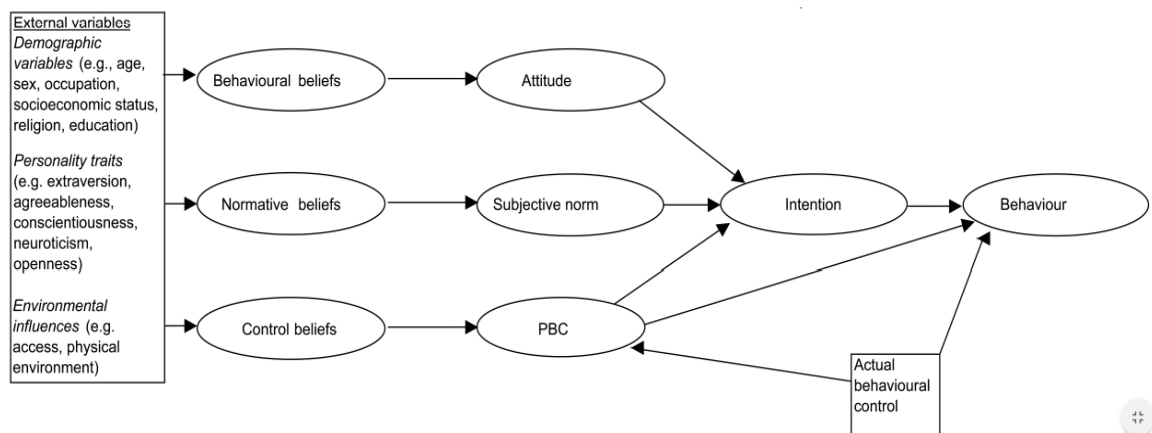
Practice

Practice can be interpreted as the application of knowledge and rules that produce an action. Good practice is an art that is related to the advancement of knowledge and technology and is carried out ethically (Badran, 1995)

2.6. Related Independent to Dependent Variables

2.6.1. Socio-Demographic

Figure 1 Framework of Theory of Planed Behavior (TPB)



Source: (Ajzen, 1991)

In health behavior change interventions to make it be effective, strategies should be designed with an understanding of the recipients, or target audiences: sociodemographic. Sociodemographic variable has recognized as the importance background factors in TPB. Some studies have found a direct, unmediated effect of background variables on intentions or behavior. In contrast, many studies have demonstrated that background factors influence intentions and behavior indirectly by their effects on behavioral, normative or control beliefs (Ajzen & Fishbein, 2004)

Research in Saudi Arabia found that age, education level, income as a socio-demography factors has association with parent's knowledge about Child Sexual Harassment (CSH) (AlRammah et al., 2018). This result has similar result with study in Jordan that focused on mother as subject. The study implies that mother with high

level of education, employment, and lives in a household with a high income will increase maternal knowledge about signs and symptoms of CSH. Age and the number children in the family also being one of the factors that increase knowledge of prevention practices (Alzoubi et al., 2018). Age as a factor that associate with knowledge regarding child abuse also showed in study in Community Health Workers in Tabriz Health Centers. They also found that field study of the health workers is associated with their attitude about child abuse (Hassan Sahebihagh et al., 2016).

Parents who have partners or teamwork in creating a family context also relate to the parent's KAPP. Based on the research of Walsh, et al (2012) this is related to the existence of partners in preventing harassment of children because mothers who are married or living with a partner have partners to discuss related to the topic of prevention by involving their children compared to mother who single, live separated, divorced or widowed. (Walsh et al., 2012).

2.6.2. Family Factors

Study that conducted in Saudi Arabia in 2014 resulted family features like number of wives, number of male children, and number of female children have association with parent's knowledge about CSH (AlRammah et al., 2018).

Study from Walsh et al (2012) found relation of preventive practice related to the characteristics of the child: age, sex, and status of only the child. The proportion of mothers who discuss the prevention of sexual harassment is higher in mothers with children aged 5-12 years compared to mothers who have children aged 0-4 years and 12 years and over. This relates to their reluctance to start early on the grounds it would pose a danger when discussing the prevention of sexual abuse of children early on and reminders that talking to older children is still needed, with an overall message that focuses on the value of talking to children throughout childhood.

In addition, in that study also found the fact that mothers with more than one child tend to discuss the prevention of sexual abuse to children compared to mothers with single children. One plausible explanation is that, as with gender findings, mothers with two or more children capture the opportunities presented by sibling interactions on a regular basis to take advantage of "teachable moments" regarding prevention of sexual harassment. Other explanations might touch upon the

sociological factors associated with caring for an only child, including parental alertness and in some cases anxiety. It may be that other people than single children may be more likely to, at the same time, be too careful in discussing topics that can instill fear in children and too confident that they are able to protect their children (Walsh et al., 2012).

Other factor that identified has relation to knowledge attitude and preventive practice of parents about CSH is about gender bias. Gender bias in family also can lead to parent's knowledge, attitude, preventive practice of child sexual harassment how they treat male and female. Clear gender bias can be observed in the literature relating to interpersonal relationships - and especially parents - children. For example, in a study that looked at the risk of negative parenting to CSH events, research like this usually focused on mothers. In fact, both fathers and mothers have the same role in raising children and preventing CSH in children (Fisher et al., 2017).

In the study area, gender bias still occurs. More than 60% of people that part of Sasak ethnic groups (majority ethnic groups in Lombok Island) hold the patriarchal culture that places males in a superior position compared to females (Guilmoto, 2015). Having a son is considered more important and valuable than a daughter. Boys are expected to support family, not only in economic terms but also in all lines. As a result, the priority of family funds will always be for the education of boys rather than girls. Because of the higher educational level of their son, the higher the family value and position in society. That is why males always take precedence in many respects. For example, mostly in this study area, females prepare food and let males to eat first (men first). After that, females clean up the former food of males and tidy it up before finally female will prepare their own food. Another effect of this culture is females never invited to make decisions in the household or community. In addition, in the view of the community in the study area, females should obey and always follow the norms that apply in society (Halimatussakdiyah, 2016).

2.6.3. Community Factors

Communities is developed based on a shared interests or characteristics, such as race or ethnicity, sexual orientation, or occupation. Communities have been defined variously as (1) functional spatial units meeting basic needs for sustenance,

(2) units of patterned social interaction, (3) symbolic units of collective identity, and/or social units where people come together politically to make change (Minkler, Wallerstein, & Wilson, 2008)

Concepts and principles of community engagement have guided public health professionals and community leaders with a science base as well as with core values and practical strategies for engaging the public in decision making and social action. The process of engagement is a dialectic exchange that challenges and transforms knowledge, promotes critical consciousness, and advances the collective power of partnership (Freire, 1970).

Community organizing is defined as the process by which community groups are helped to identify common problems or change targets, mobilize resources, and develop and implement strategies to reach their collective goals (Minkler & Wallerstein, 2012). Community have important role to improve KAPP of parents by supporting parents and take responsibility for preventing abuse (CDC, 2019). Parents can go for advice on what to do to prevent CSH. These people could include: Doctor, Maternal and child health nurse if you have a young child, Child's teacher or childcare worker, Local council or community health center, Local Aboriginal community-controlled organization or cooperative.

Indonesia is country that well known as with large of Muslim. Religious leader can be source of knowledge about sexual harassment of children and how to prevent it. Notable examples were found in Pakistan (Dost Foundation and Department of Psychiatry at Hamdard University). Rozan in Pakistan has initiated the White Ribbon Campaign, this campaign aims to sensitize men in the context of gender violence related to their recognition that the prevention of sexual abuse of children is their responsibility also through a religious approach. The campaign was carried out by a group of young men who talked to male truck drivers at the gas station about gender violence using religious messages from the Qur'an. It was found that the use of religious messages from the Qur'an to talk to men about CSA is a very effective way (Slugget, 2003).

CHAPTER 3 METHODOLOGY

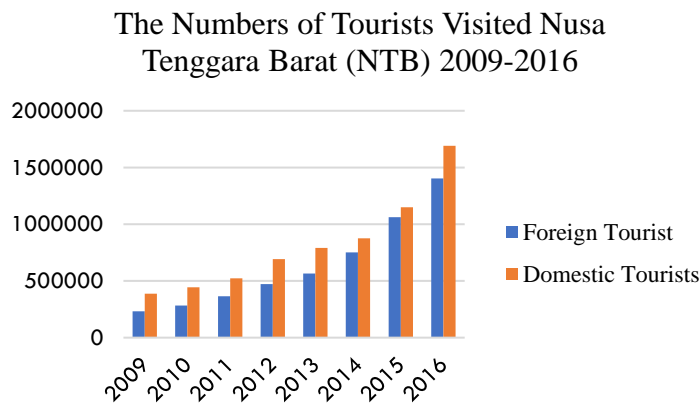
3.1. Research Design

A cross-sectional study was conducted to assess Parent’s Knowledge, Attitude and Preventive Practice about Child Sexual Harassment in Travel and Tourism Destination in Lombok, Indonesia.

3.2. Study Area

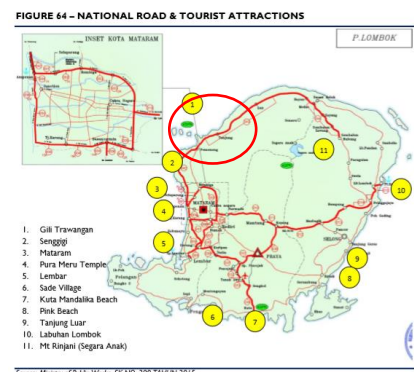
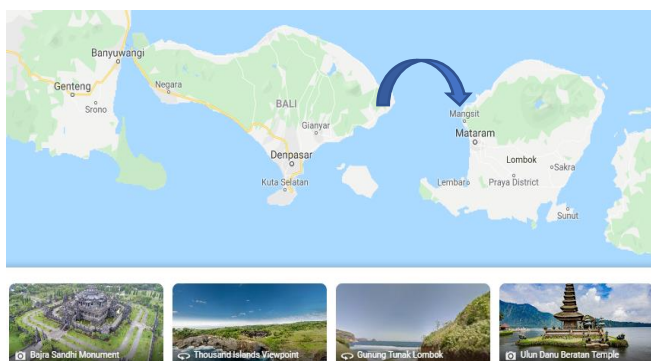
Location of this study was in Lombok Island. Lombok is one from two islands in Nusa Tenggara Barat Province, province that showed an increase in the number of tourists year by year (**Figure 2**), of Indonesia. This study specifically implemented in Gili Indah Village as one of the most visited destination by tourist and traveler in Lombok Island because of its location that near to Bali, the most tourist and traveler destination in Indonesia (**Figure 3**). This village consist of three small islands Gili Terawangan, Gili Meno, and Gili Air.

Figure 2 Number of tourists visited Nusa Tenggara Barat 2009-2016



Source: (BPS, 2017)

Figure 3 Lombok Island



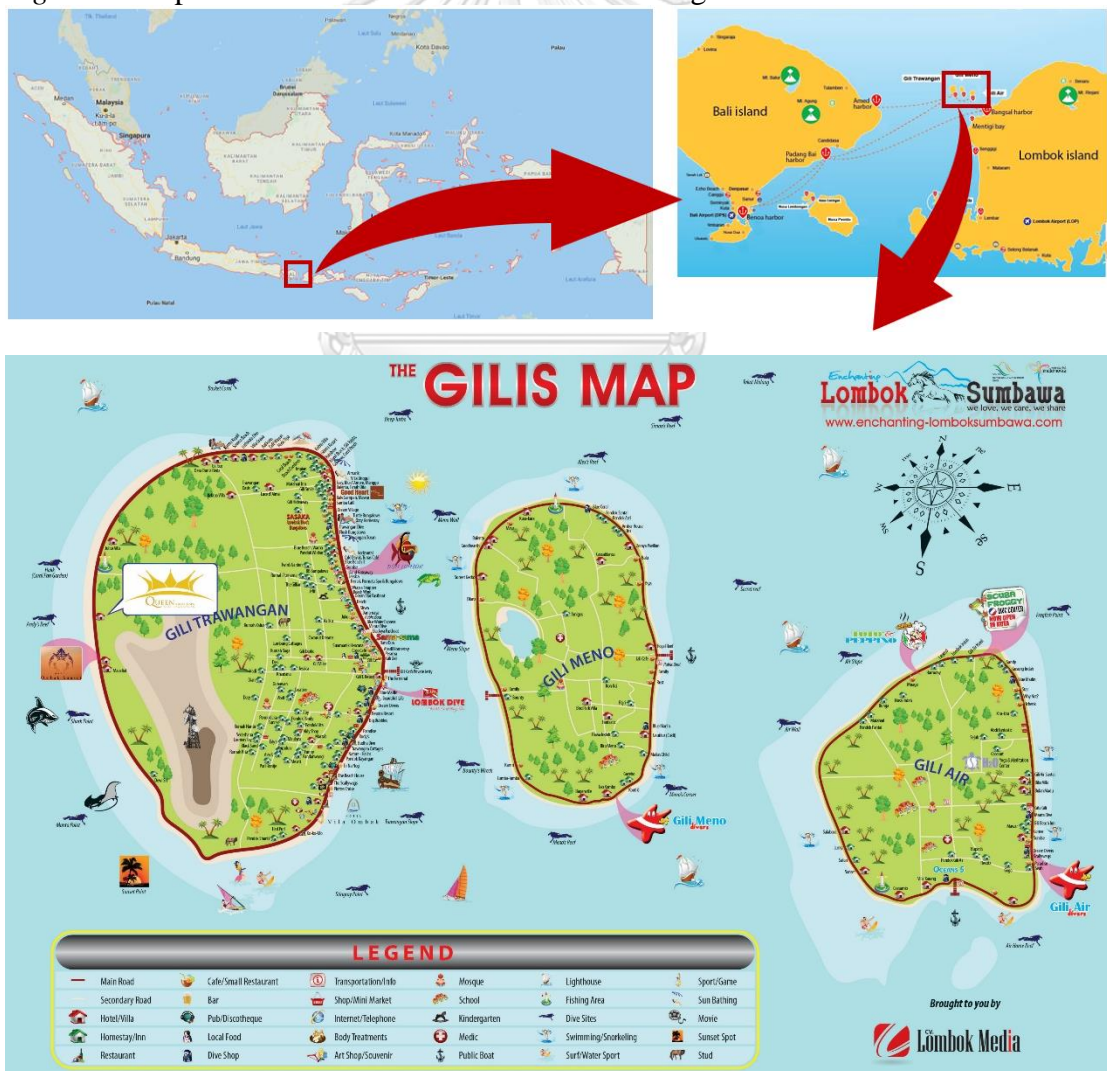
Source: (Horwath, 2015)

Lombok-Gili Indah Village

Geography

Lombok is an island in Indonesia, West Nusa Tenggara province (**Figure 3**) with 3.3 million population, based on census 2014. The island is part of the Lesser Sunda Islands chain, with the Lombok Strait separating Bali in the west and Sumbawa in the east. The total area of the island is 4,725 square kilometers and is circular in shape. There are 4 regencies on this island namely West Lombok (Lombok Barat), North Lombok (Lombok Utara), Central Lombok (Lombok Tengah) and East Lombok (Lombok Timur) and one city namely Mataram City (Kota Mataram).

Figure 4 Map of Indonesia-Lombok-Gili Indah Village



Source: Google maps

Culture

Lombok has a diverse culture with various religions and ethnicities. At present, the island's population is 85% of the Sasak, 10-15% of the Balinese, and the remaining very small are Javanese, Indonesian Arabs, Sumbawa, and Chinese-Peranakan. Most of the Sasak tribe which is the majority tribe on the island are Muslim; even though historically, the island's inhabitants were once influenced by Hinduism and Buddhism originating from Java with a very long time to be vulnerable. With a large Muslim population, because of a deep Islamic background, the island has the nickname of the island of a thousand mosques because most of the local villages in Lombok have mosques and minarets.

Gili Indah Village

Gili Indah Village (**Figure 4**) consists of three small island, Gili Trawangan (340 Ha), Gili Meno (150 Ha) and Gili Air (188 Ha). This village is part of Pemenang Sub-district under North Lombok District, with 1117 household live on it with details 454 household in Gili Air, 133 household in Gili Meno, and 530 household in Gili Trawangan (Combine Resource, 2019). The Gili Islands are the main attraction and the main tourist area in Lombok. The archipelago is gaining popularity due to easy access from Bali and because of its beauty. In addition, there are no motorized vehicles on these islands, so that it can provide peace for those who vacation on this island. Among the three islands, Gili Trawangan is the most visited Gili and more crowded than the other 2 islands. This is because of the larger size of the island and more accommodations and restaurants. While Gili Air and Gili Meno are smaller and accommodations on this island seem more luxurious because it is much quieter with its upscale resorts.

Gili Island was known as the island without police. But the police were coming after drug users and dealers in Gili Trawangan, an island off the coast of Lombok famous for its over-the-top parties (Wargadiredja, 2019). Previously, although there were no police on this island, they have traditional system of rules that known as *awiq-awiq*. This rule applies to anyone who commits a violation on Gili Indah, including foreign tourists. In 2016, two tourists from Australia got the

punishment known as the “walk of shame” on this island after a CCTV recording caught that they both stole a bicycle from a hotel. The perpetrators will be paraded around the village with a board that reads the crime they had committed and then hung around their necks. This tradition of punishment is called *awiq-awiq* or traditional punishment given to those who according to the villagers have committed crimes that disturb the peace on the island (McMah, 2016).

3.3. Participants

In this research, the population was all parents in Gili Indah Village who had children between 5-17 years old.

Sample were chosen based on inclusion and exclusion criteria, as following:

Inclusion criteria

- Parents age 20-60 years old (adult age)
- Parent who have census registration in Lombok Island
- Parent who have children in age 5-17 years old
- Parent who can read
- Parent who have access to smartphone/computer with internet connection

Exclusion criteria

- Parents who their child/children not permanently living together or living in the short period and move out
- Parent who have child/children with disability (cannot go outside house)

3.4. Screening Questions

Data in this research was collected using an online form and to make sure the participant meets with the inclusion and exclusion criteria and only 1 person per household who answer this questionnaire. First, the participants answered screening questions before answer questionnaire, with the details:

1. Are you living in Gili Indah Village?

If yes, next

If no, the form would automatically be next to submit form part

2. Is your age in range of 20-60 years old?

If yes, next

- If no, the form would automatically be next to submit form part
3. Are you parents with children in age 5-17 years old?
If yes, next
If no, the form would automatically be next to submit form part
 4. Are your children living permanently with you?
If yes, next
If no, the form would automatically be next to submit form part
 5. Do your children have disability (cannot go outside house)?
If yes, the form would automatically be next to submit form part
If no, next
 6. For wife: Is your husband already fill this questionnaire?
For husband: Is your wife already fill this questionnaire?
If yes, the form would automatically be next to submit form part
If no, next

Figure 5 One of screening question in the online form

docs.google.com/forms/d/1BZVP9C9DjfbLBn9oCy3GzDD-wYvIX2LwiyM097h6-uE/edit

Sampling - Steven... Metode Penelitian... Sampling bias PowerPoint Present... DALYs Indonesia Liz IELTS Listening Tips... Diagram for Consol...

Screening Questions

Description (optional)

1. Are you living in Gili Indah Village?

Multiple choice

Yes Continue to next section

No Submit form

Add option or [add "Other"](#)

Required

2. Is your age in range of 20-60 years old? *

Yes

Figure 5 was an example of screening questions in the online form, but the screening question of this research was in the Indonesian language with the same format as above.

3.5. Sampling Method

Sample in this research was chosen based on convenience. Because the links for online form shared to the villager from social media such as: Facebook and WhatsApp application that become a famous social media platform in that area. They were parents who meet our inclusion and exclusion criteria who got our link to fill the questionnaire.

3.6. Sample Size Calculation

Based on the calculation in the sample size calculator website (<https://www.calculator.net/sample-size-calculator.html>) using Cochran's formula for calculating sample size when population size is finite, the result was 262 sample. This number came from assumption that our participant was 1 person/household because household was used as unit of sample in this research.

Result

Sample size: **262**

This means 262 or more measurements/surveys are needed to have a confidence level of 95% that the real value is within ±5% of the measured/surveyed value.

Confidence Level: <input type="text" value="95%"/>	<input type="text" value="5%"/>
Margin of Error: <input type="text" value="5%"/>	<input type="text" value="66.7%"/> Use 50% if not sure
Population Proportion: <input type="text" value="66.7%"/>	Population Size: <input type="text" value="1117"/> Leave blank if unlimited population size.

Finite population:
$$n' = \frac{n}{1 + \frac{z^2 \times \hat{p}(1-\hat{p})}{\epsilon^2 N}}$$

where

z is the z score

ε is the margin of error

N is population size

p̂ is the population proportion

Source: (Cochran, 1977)

Information: Population size was 1117 households. It's from the number of households in Gili Indah Village (Combine Resource, 2019). Population proportion of 66.7% was the proportion of parents with high prevention knowledge about child abuse in children 3-5 years old in KB Aisyiah in Yogyakarta, Indonesia (Wahyuni, 2017).

The minimal sample that needed to collect for this research was 314 ($262 + (262 \times 20\%)$) to reduce the probability if there were samples that should be eliminated in this pandemic situation and because this is online questionnaire. The proportion sample for each island depended on the percentage of households at the island with details:

Island	Household	Percentage from total household (1117)	Sample (314)	Sample (262)
Gili Trawangan	530	47.5%	149	124
Gili Air	454	40.6%	127	106
Gili Meno	133	11.9%	38	32

Thus, at least participants from Gili Trawangan was 137, Gili Air was 117 and Gili Meno was 34 households or 1 person/household. But, for real data collection total samples were 313, Gili Trawangan was 114 (36.4%), Gili Air was 95 (30.4%), and Gili Meno was 104 (33.2%).

3.7. Research Instrument and Measurement

The questionnaire in this research developed through various literature. The questionnaire was developed in English version, and then translated into Indonesia language. And back translated to English to check if the questionnaire had similar meaning with the English version by 3 native Indonesia who fluent in English with minimal score TOEFL 450:

- The first translator was representative of people who worked in public health area and understand about the issue, he is Indonesian Ph.D. student in College of Public Health Sciences, Chulalongkorn University with TOEFL score 570.
- The second translator was representative of general population that did not work in health area with TOEFL score 510.
- The third translator was representative of general population too that did not work in health area with TOEFL score 470.

After back translation, the Indonesia questionnaire version tested for its reliability. The questionnaire was piloted with minimum 30 participants. In the result,

we got 54 participants for its acceptability and consistency. The pilot study was conducted in Lombok Island with the same inclusion and exclusion criteria but not live in Gili Indah Village. Internal consistency assessed using The Kuder Richardson 20 coefficient, that it was used to assess interrelatedness among dichotomous items, for Knowledge scale and Cronbach's alpha for Attitude and Preventive Practice (Di Iorio, 2005). The questionnaire was reliable if the Cronbach's alpha score were 0.60-0.95. The result showed that The Kuder Richardson 20 coefficient Knowledge was 0.68, Cronbach's alpha for Attitude was 0.81, and Preventive Practice was 0.93.

Item-Objective Congruence (IOC) content validity tested using Rovinelli and Hambleton developed in 1977. IOC is a procedure used in test development for evaluating content validity at the item development stage. This test used to check the validity for each item with range from -1 to 1. The minimum score for each item is 0.5. But we used score 0.8 in this research, this score indicated the valid objective defined to be measured by the item (Turner & Carlson, 2003). Content validity of the questionnaire performed by 4 experts. And the result was 0.99 for questionnaire in this research. It means this questionnaire was valid to be used.

The questionnaire divided into 4 parts:

1) Part 1, collected data about sociodemographic using general questionnaire, consisted of 7 questions there were gender, old, education level, occupation, marital status, religion, and family income. These questions were chosen from (AlRammah et al., 2018; Alzoubi et al., 2018; Guo et al., 2019; Mlekwa, Nyamhanga, Chalya, & Urassa, 2016) with modification for the choices in occupation, religion, and education level variables.

2) Part 2, collected data about family factors using general questionnaire, this part consisted of 13 questions with questions 1 and 2 (Number of wives, Number of male and female children) from (Mlekwa et al., 2016), questions 3 and 4 (Number of family member live together and caregiver) added by researcher, 9 questions of gender bias in parent's attitude with 4 questions (Husband takes part dominant in major household decisions in my family, Husband takes most decisions regarding time allocation/activities of the family members (for example, going to schools, going to work,

going outside), Wife must always obey the husband, Educated male-child is more responsible than educated female-child) from (Begum, Grossman, & Islam, 2018) and the rest of that was developed by researcher. The maximum score for gender bias was 45 and minimum score was 9. The smaller score for gender bias it means the gender bias does not exist in this family. The score of gender bias divided into two categories, the first one was lower than median that means the gender bias is low and then similar or higher than median that meant the gender bias was high.

3) Part 3, collected data about community factors, consisted of 8 questions (support from government (law), support from traditional leader (traditional punishment), support from religious leaders, support from community sharing, have heard or got information about the incident of CSH, information sources of the incident of CSH, have heard or got information about the prevention of CSH, and information sources of the prevention of CSH) this part was added by researcher after consult with experts.

4) Part 4 collected data about Knowledge, Attitude, and Preventive Practice of parents about Child Sexual Harassment in tourism destination. Knowledge scale was modified from (Chen & Chen, 2005) for item numbers 1, 5, 6, 7, 9, 10, 11, 12 were based on two point scale, Yes or No, the original Cronbach's Alpha was 0.42. Item number 2 and 3 with original response true and false and Cronbach's alpha score was 0,51 and items number 24 and 26 with Cronbach alpha was 0.82 were developed by (Alzoubi et al., 2018). Item number 18, 19, 21, 22, 23 were based on (Salvagni & Wagner, 2006) with Cronbach's alpha was 0.71. The rest of question were modified from literature (Finkelhor, 1984) and for question related to child sexual harassment in tourism destination was added by modified report and fact in (ECPAT, 2008). The final internal consistency in current study using KR20 for knowledge scale was 0.68.

Attitude scale was modified from some literature. Item number 2, 3, 4, and 5 were developed by (Chen & Chen, 2005) with Cronbach's alpha score was 0.81, and item number 6, 8, and 9 were originally from (Mlekwa et al., 2016), the rest of that, item number 1, 7, and 10 were added by researcher based on suggestion from ECPAT Indonesia. The present Cronbach's alpha of attitude scale result in this study was 0.81. Preventive practice scale was developed from various literatures with some

modification based on experts' suggestion for item that difficult to understand because some words was bewildering. Items number 1, 2, 3, 4, and 5 were originally from (Chen & Chen, 2005) with modification in item number 5, the word 'store' change to 'tourist's place'. The internal reliability was 0.61. Items number 6, 7, 8, and 9 were developed by (Guo et al., 2019) with Cronbach's alpha was 0.82. Item number 10 was added based on expert's suggestion. The Cronbach's alpha for preventive practice in current study was 0.93.

- **Knowledge**, consisted of 17 general knowledge and 9 sign and symptoms. General knowledge involved about child sexual abuse that focused on knowledge as general, child, and tourist. The maximum score for knowledge was 29. A correct answer was given 1 and wrong answer was 0. In this research the score used the original cut off point was 80.0%–100.0%, 60.0%–79.0%, and $\leq 59.0\%$, the KAP study Knowledge categorized in 3 level of knowledge: poor ($\leq 59.0\%$ or score under 16), moderate (60-79% or score between 16-20), and good (80-100% or score higher than 20) based on the Bloom's cut-off point (Bloom, 1968). But for bivariate analysis the knowledge was categorized became lower or similar with median as a poor knowledge and higher than median as a good knowledge. The cut off point used median because the data distribution was not normal.

-**Attitude**, there were 10 questions of parents' attitude about child sexual harassment. It assessed using Likert scale from 1-5, for positive statements the score would be 1= Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree, and for negative statements the score would be 5= Strongly Disagree, 4=Disagree, 3=Neutral, 2=Agree, 1=Strongly Agree. Maximum score for attitude was 50 and the lowest score was 10. It was categorized in 3 level of attitude: negative ($<60\%$ or score less than 30), neutral (60-79% or score 30-39), and positive (80-100% or score 40-50) based on the Bloom's cut-off point (Bloom, 1968). Similar like knowledge categorize, attitude also was categorized in bivariate analysis became lower or similar with median as a negative attitude and higher than median as a positive attitude.

-**Preventive Practice**, consisted of 10 questions. The answer for this question had score 0 if they never practice, 1 if they sometime practiced it, and 2 if they often practiced it. Sometime means at least they did it once, and often if they did it at least

one a week. Maximum score was 20. It was categorized in 3 level of practice: poor (<60% or score less than 12), fair (60-79% or score 12-16), and good (80-100% or score more than 16) based on the Bloom's cut-off point (Bloom, 1968). In bivariate analysis, score of preventive practice was categorized became lower or similar with median as a poor preventive practice and higher than median as a good preventive practice.

3.8. Data Collection

Before conducted the data in research area. Researcher asked permission from Lombok Utara district government (*Kabupaten Lombok Utara* (KLU)) by sending a letter from College of Public Health Sciences (CPHS). The letter addressed to District Planning Development Agency (*Badan Perencanaan Pembangunan Daerah* (Bappeda)). After got the permission letter, the letter copied to Lombok Utara National Unity, Politics and Community Protection Office (*Kantor Kesatuan Bangsa, Politik dan Perlindungan Masyarakat* (Kesbangpol)) and Lombok Utara Tourism and Culture Office (*Dinas Kebudayaan dan Pariwisata* (Disbudpar)).

Data collected for two months from May 2020-June 2020 by online form. In this data collection, researcher was helped by two assistants graduated from diploma of health major that live in the same district with the research area. Before doing the data collection, researcher had an online meeting with the assistants to explain about the objective of this research, who was the participant in this research, and the questionnaire. Then, researcher' assistants shared the online form to villager in the research area.

The first time the links' questionnaire was shared, the number of participants was low. We offered an internet data package for 20 persons that will be chosen using random and recruited a villager in Gili Indah Village to help us shared the link by travel to their neighborhood. Because of the condition of Covid-19, access to the islands was closed for non-villager. And because he lives in Gili Meno, he needs to travel to Gili Trawangan and Gili Air. That was also the reason why our participants mostly from Gili Meno.

Time for a participant to fill the questionnaire was around 20 minutes. And to protect the participants' rights, we added the information sheet for participants and the inform consent at online form, if participants chose to fill the questionnaire it meant they understood with the information sheet and agreed with the inform consent. And to minimizing risks and maintain confidentiality of participants, we did not record their email and did not ask to fill their name, but they needed to fill their number phone as our source to do participant's validation. When the data collection time end, we set the link to not accept respond again. After that, all data cleaned in excel. Although we asked screening question in the online form, there were some participant that filled the questionnaire although they did not meet with our criteria. We cleaned the data by check the age of the participants and linked to the children age and last education. Because in the pilot study we found there was a participant 21-year-old, had children with age 5 years old but her last education was Senior high school while senior high school at least had age 17 to graduated, other case was sometime the system was error and sent double for participant's answer. After cleaning the data, we chose randomly at least 1% from all the participant to do participants' validation by contact their number and asked 'are they truly fill our questionnaire' and asked some question randomly like their age, children's age, and other question. For participants who gave difference answer we eliminated them from our participants list. After all data was clean, the data was moved to SPSS to be analyzed.

3.9. Data Analysis

This research used Statistical Packages Program for Social Sciences (SPSS-22) for Windows to analyze the result. In this research the analysis was descriptive of variable for dependent and independent and bivariate to determine the significant association between independent variable with the dependent variable. The analysis technic used in this research:

Analysis	Variables	Objective
K-S test	Numeric	check normality of the data
Chi Square	Categoric-Categoric	to find if there was a significant association between

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3.12. Budget

Table 2 Research's Budget

Budget Items	Price each item	Quantity	Total (in Baht)
1. Assistants	1500	2	3,000
2. Transportation costs for research permit	125	4	500
TOTAL			3,500 THB

CHAPTER IV RESEARCH RESULTS

4.1 Univariate Analysis

The univariate analysis aims to describe each variable of the research results. The variables to be described were dependent variables (knowledge, attitude, and preventive practice) and independent variables (socio-demographic, family, and community) based on the characteristics of parents in the tourism area.

4.1.1 Socio-Demographic

Table 3 Socio-demographic characteristics of male and female participants.

Characteristics	Total		Male		Female	
	n	%	n	%	n	%
Total	313	100.0				
Gender						
Male	185	59.1				
Female	128	40.9				
Age (years)						
Mean \pm SD (Range)	36.9 \pm 0.4 (20.0-65.0)		38.4 \pm 0.6 (20.0-65.0)		34.8 \pm 0.6 (20.0-60.0)	
Median (Q1-Q3)	38.0 (30.0-42.0)		39.0 (32.0-44.0)		34.5 (29.3-39.0)	
Education						
Illiterate	3	1.0	1	0.5	2	1.6
Elementary School	22	7.0	7	3.8	15	11.7
Junior High school	102	32.6	72	38.9	30	23.4
Senior High school	146	46.6	86	46.5	60	46.9
Diploma	2	0.6	0	0.0	2	1.6
Undergraduate	36	11.5	18	9.7	18	14.1
Graduate	2	0.6	1	0.5	1	0.8
Occupation						
Employee in Lodging/Hotel	57	18.2	47	25.4	10	7.8
Employee in Restaurant/Cafe	32	10.2	19	10.3	13	10.2
Employee in Bar	11	3.5	11	5.9	0	0.0
Diving Instructor	6	1.9	5	2.7	1	0.8
Tour Guide	10	3.2	8	4.3	2	1.6
Civil Servant	11	3.5	4	2.2	7	5.5
Seller	20	6.4	4	2.2	16	12.5
Fisherman	64	20.4	60	32.4	4	3.1
Housewife	35	11.2	0	0.0	35	27.3
Not Working	39	12.5	3	1.6	36	28.1
Other	28	8.9	24	13.0	4	3.1
Marital status						
Married	295	94.2	178	96.2	117	91.4
Divorced	7	2.2	3	1.6	4	3.1
Widowed	11	3.5	4	2.2	7	5.5
Income (USD)*						

Mean \pm SD (Range)	195.1 \pm 16.1 (6.9-3,448.3)	198.2 \pm 23.4 (34.5-3,448.3)	190.5 \pm 20.4 (6.9-1,379.3)
Median (Q1-Q3)	117.2 (69.0-206.9)	124.1 (69.0-210.4)	110.4 (69.0-206.9)
Religion			
Islam	290	92.7	125
Hinduism	8	2.6	1
Buddhism	14	4.5	1
Confucianism	1	0.3	1

*1 USD = 14,500 IDR

The result in table 3 showed there were 313 parents as participants in this study with number of male parents (59.1%) had a percentage higher than female parents (40.9%). The median age of participants was 38 with a median male was 39 and female was 34.5. Most of the participants were in the senior high school education level, both male (46.5%) and female (46.9%). For the occupation of participants, most of the male participants work as fishermen (32.4%) and female was a housewife (27.3%) and not working (28.1%). The status of marriage both male (96.2%) and female (91.4%) were mostly married. Household income of the participants in this study showed in the median 117.2 USD with a far range between 69.0 USD until 206.9 USD. For religion, Indonesia is known as one of the countries with the largest Muslim, the result in this study also showed mostly the participants was Islam (92.7%) and followed by Buddhism (4.5%).

4.1.2 Family Factors

Table 4 Family characteristics of male and female participants.

Characteristics	Total		Male		Female	
	n	%	n	%	n	%
Total	313	100.0	185	100.0	128	100.0
Number of wives						
0	18	5.8	7	3.8	11	8.6
1	289	92.3	174	94.1	111	89.8
2	5	1.6	4	2.2	1	0.8
3	1	0.3	0	0.0	1	0.8
Child gender						
Only Female	61	19.5	38	20.5	23	18.0
Only Male	103	32.9	52	28.1	51	39.8
Female and Male	149	47.6	95	51.4	54	42.2
Youngest child age (5-17 yr.)						
Mean \pm SD (Range)	9.2 \pm 0.2 (5-17)		9.1 \pm 0.3 (5-17)		8.6 \pm 0.3 (5-17)	
Median (Q1-Q3)	8 (7-11)		9 (7-12)		8 (6.2-10)	
Number of children						
1	86	27.5	45	24.3	41	32.0

2	135	43.1	76	41.1	59	46.1
3	66	21.1	50	27.0	16	12.5
4	21	6.7	12	6.5	9	7.0
5	5	1.6	2	1.1	3	2.3
Number of male children						
0	61	19.5	38	20.5	23	18.0
1	139	44.4	71	38.4	68	53.1
2	101	32.3	68	36.8	33	25.8
3	10	3.2	7	3.8	3	2.3
4	2	0.6	1	0.5	1	0.8
Number of female children						
0	103	32.9	52	28.1	51	39.8
1	147	47.0	96	51.9	51	39.8
2	53	16.9	34	18.4	19	14.8
3	9	2.9	3	1.6	6	4.7
4	1	0.3	0	0.0	1	0.8
Number of family member						
2	4	1.3	1	0.5	3	2.3
3	65	20.8	30	16.2	35	27.3
4	125	39.9	72	38.9	53	41.4
5	81	25.9	60	32.4	21	16.4
6	32	10.2	19	10.3	13	10.2
7	4	1.3	2	1.1	2	1.6
9	1	0.3	1	0.5	0	0.0
10	1	0.3	0	0.0	1	0.8
Caregiver						
Mother	253	80.8	155	83.8	98	76.6
Father	22	7.0	15	8.1	7	5.5
Grandparents	26	8.3	13	7.0	13	10.2
Babysitter	5	1.6	0	0.0	5	3.9
Neighbor	3	1.0	0	0.0	3	2.3
Other Family	4	1.3	2	1.1	2	1.6
Gender bias score						
Mean \pm SD (Range)	27.7 \pm 0.2 (13-39)		27.7 \pm 0.2 (15-34)		27.8 \pm 0.4 (13-39)	
Median (Q1-Q3)	29 (26-29)		29 (27-29)		29 (25.2-30)	

As seen in table 4, in married parents most of them only had 1 wife (92.3%). Zero wives (5.8%) mean they were divorced or a widow. Forty-seven-point-six percent of parents in this study had both male and female children, followed by only males (32.9% and only females (19.5%) with median youngest age of children (5-17 yr.) was 8 years old. The highest number of children in the family was 2 children (43.1%) and the lowest was 5 children (1.6%) with the number of male children was mostly 1 child (44.4%) and female children also 1 child (47.0%). The number of a family member was dominated by 4 members (39.9%) and followed by 5 members (25.9%). In the participants' family, the one who most taking care of the children was

a mother (80.8%). And the median of gender bias score in the participants' family was 29 with the range 13 to 39 with maximum score can up to 45.

4.1.3 Community Factors

Community characteristic of the participants (Table 5) in this study showed, most of them got support from the government that associated with the law about child sexual harassment in tourism destination with a percentage of 77.6%. Generally, in this community parents got support from traditional leaders (86.3%) in the form of traditional punishment called *awiq-awiq* by local people and religious leaders (92.0%) in the form of a sermon about how to protect children based on religion. Most of the parents in this community also got support from the community (92.0%) by community sharing on how to protect children from offenders.

Table 5 Community characteristics of male and female participants.

Characteristics	Total		Male		Female	
	n	%	n	%	n	%
Total	313	100.0	185	100.0	128	100.0
Support from government						
No	70	22.4	22	11.9	48	37.5
Yes	243	77.6	163	88.1	80	62.5
Support from traditional leader						
No	43	13.7	23	12.4	20	15.6
Yes	270	86.3	162	87.6	108	84.4
Support from religious leaders						
No	25	8.0	15	8.1	10	7.8
Yes	288	92.0	170	91.9	118	92.2
Support from community						
No	25	8.0	18	9.7	7	5.5
Yes	288	92.0	167	90.3	121	94.5
Heard or got information about the incident of CSH						
No	33	10.5	16	8.6	17	13.3
Yes	280	89.5	169	91.4	111	86.7
Source of Information Incident (280 participants answered “heard or got information about the incidents of CSH”)^a						
Social media	211	75.4	122	65.9	89	80.2
Internet	86	30.7	62	33.5	24	21.6
Radio	9	3.2	5	2.7	4	3.6
Community	23	8.2	17	9.2	6	5.4
Television	127	45.4	84	45.4	43	38.7
Family	79	28.2	54	29.2	25	22.5
Newspaper	35	12.5	24	13.0	11	9.9
Heard or got information about prevention of CSH						
No	42	13.4	21	11.4	21	16.4
Yes	271	86.6	164	88.6	107	83.6
Source of Information Prevention (271 participants answered “heard or got information						

about prevention of CSH”)^a

Social media	173	64.1	89	48.1	84	79.2
Internet	77	28.4	49	26.5	28	26.2
Radio	14	5.2	8	4.3	6	5.6
Community	20	7.4	11	5.9	9	8.4
Television	153	56.5	103	55.7	50	46.7
Family	109	40.2	83	44.9	26	24.3
Newspaper	26	9.6	17	9.2	9	8.4
Others (book)	2	0.7	0	0.0	2	1.9

^aOnly yes answer and participants can answer more than 1 source

According to the table above, 89.5% of parents in this study already heard or got information about the incident of child sexual harassment with the source from social media 75.4% followed by television 45.4%, and internet 30.7%. From the 86.6% parents who already heard or got information on how to prevent child sexual harassment the highest source was social media 64.1% and television 56.5%, different from the source of the incident, the third was family 40.2%.

4.1.4 Level of Knowledge, Attitude, and Preventive Practice

Table 6 Level of knowledge, attitude, and preventive practice of male and female participants toward child sexual harassment in tourism destination.

Characteristics	Total		Male		Female	
	n	%	n	%	n	%
Knowledge						
Poor	21	6.7	9	4.9	12	9.4
Moderate	223	71.2	134	72.4	89	69.5
Good	69	22.0	42	22.7	27	21.1
Attitude						
Negative	4	1.3	2	1.1	2	1.6
Neutral	127	40.6	55	29.7	72	56.3
Positive	182	58.1	128	69.2	54	42.2
Preventive Practice						
Poor	43	13.7	33	17.8	10	7.8
Fair	168	53.7	113	61.1	55	43.0
Good	102	32.6	39	21.1	63	49.2

As seen in Table 6, most of the parents in this study had moderate knowledge (71.2%), both in male (72.4%) and female (69.5%) parents. However, the percentage of good knowledge was higher in male parents (22.7%) than female parents (21.1%). Similarly, with knowledge, the percentage of positive attitudes of male parents was higher than female parents, which was 69.2% and 42.2%. Female parents tended to have a neutral attitude with a percentage of 56.3%, higher than a positive attitude. Differently with the level of preventive practice, most of the female parents were at

good preventive practice. The female percentage for good preventive practice was 49.2% while male parents were 21.1%. Male parents incline at a fair level of preventive practice toward child sexual harassment in a tourism destination.

4.1.5 Knowledge

All in all, the knowledge of participants in this study were at a moderate level. Further, as seen in Table 7, there were 26 items to build the knowledge of parents about child sexual harassment in tourism destination. Items number 4, 6, 10, 11, 14, 15, and 20 had wrong answer. It meant if the participants answer true to that statements, their answers were wrong. There were 7 items of knowledge about child sexual harassment in the tourism area that the parents got a percentage of more than 50% in the wrong knowledge. That high percentage in the wrong answer was led by male parents that got more than half a percent in the wrong answer in the 7 items while females got a percentage more than 50% in the wrong answer only in 2 items. But, besides 7 items, in item number 5, half of the female parents believed that “boys cannot be harassed” while 71.4% of male parents stated that they can.

The first item with the wrong answer was item number 4 that showed parents got misconceptions about “children can get sexual harassment by tourists” because 51.8% of parents think that the statement was false, where that item was true. The misconception came from male parents with a percentage of 61.6% in false answers, contrarily with female parents that gave answer true 62.5%. Item number 6, “children who are ever sexually harassment are threatened not to disclose the incidence”, also showed that more than 50% of parents answer false, where the right answer is true. Males had a percentage of 64.3% in the wrong answer while females had a percentage of 63.3% in the right answer. Item number 10, “there will usually be no obvious physical evidence on sexually harassment children”, 83.8% male and 78.9% female parents answer wrong. Item number 11, “females tourists will not sexually harass children”, male parents tended to answer it wrong because they state that the sentence was true (66.5%) whereas females answered it right by state that the statement was false (57.0%). In item number 14, “tourist that kind to local people will not do sexual harassment to children”, both males and females gave the wrong answer. More than half of them believed that tourists that kind to local people will not do sexual harassment to children with percentage of 88.1% and 78.1%.

Item number 15 almost has a similar statement with item number 14, “tourist that providing goods and assisting your children financially will not do child sexual harassment”. Differently, 54.7% of females in this statement believed that even tourists providing goods and assisting children financially, they still had the possibility to do sexual harassment to children while 73.5% of male parents gave the wrong answers because most of them stated that the statement was true. The last item was item number 20 with the false statement, “happy to go outside with friends”, 57.8% of females gave the right answer by stated that it as a false statement while 55.7% of males give the wrong answer.

Table 7 Knowledge of male and female participants toward child sexual harassment in tourism destination.

Items	Total (n=313)			Male (n=185)			Female (n=128)		
	F	n	%	F	n	%	F	n	%
1. The problem of CSH exists around the world (T)		55	17.6		13	7.0		42	32.8
2. There are mandatory laws that protect children from Sexual Harassment (T)		15	4.8		8	4.3		7	5.5
3. There are social organizations that provide services for children exposed to sexual Harassment in tourism and travel (T)		89	28.4		36	19.5		53	41.4
4. Children can get sexual harassment by tourist (T)		162	51.8		114	61.6		48	37.5
5. Boys cannot be sexually harassment (F)		196	62.6		132	71.4		64	50.0
6. Children who are ever sexually harassment are threatened not to disclose the incidence. (T)		166	53.0		119	64.3		47	36.7
7. All children who report sexual harassment can be trusted (T)		29	9.3		16	8.6		13	10.2
8. CSH does not have impact to children's physical, social, and psychological (F)		268	85.6		155	83.8		113	88.3
9. A person who did sexual harassment will likely repeat the offense (T)		34	10.9		17	9.2		17	13.3
10. There will usually be no obvious physical evidence on sexually harassment children (T)		256	81.8		155	83.8		101	78.9

11. Females tourist will not sexually harassment children (F)	135	43.1	178	56.9	62	33.5	123	66.5	73	57.0	55	43.0
12. Men sexually harassment children in most cases (T)	63	20.1	250	79.9	15	8.1	170	91.9	48	37.5	80	62.5
13. CSH can happen to children because the offenders are motivated (children lack supervision) to do that (T)	7	2.2	306	97.8	3	1.6	182	98.4	4	3.1	124	96.9
14. Tourist that kind to local people will not do sexual harassment to children (F)	50	16.0	263	84.0	22	11.9	163	88.1	28	21.9	100	78.1
15. Tourist that providing goods and assisting your children financially will not do child sexual harassment (F)	119	38.0	194	62.0	49	26.5	136	73.5	70	54.7	58	45.3
16. Only foreigner tourist that will do sexual harassment to children (F)	301	96.2	12	3.8	177	95.7	8	4.3	124	96.9	4	3.1
17. Tourist that stay at luxurious hotel also can-do sexual harassment to children (T)	88	28.1	225	71.9	35	18.9	150	81.1	53	41.4	75	58.6
18. Abnormal interest in or curiosity about sex or genitals (T)	85	27.2	228	72.8	29	15.7	156	84.3	56	43.8	72	56.3
19. Fear of being alone with a certain person (T)	110	35.1	203	64.9	74	40.0	111	60.0	36	28.1	92	71.9
20. Happy to go outside with friends (F)	156	49.8	157	50.2	82	44.3	103	55.7	74	57.8	54	42.2
21. Sudden emotional or behavioral changes (not like usual) (T)	16	5.1	297	94.9	8	4.3	177	95.7	8	6.3	120	93.8
22. Abandonment of previous play habits (T)	24	7.7	289	92.3	12	6.5	173	93.5	12	9.4	116	90.6
23. Genital/anal injuries (T)	18	5.8	295	94.2	9	4.9	176	95.1	9	7.0	119	93.0
24. Pain during urination or defecation (T)	14	4.5	299	95.5	7	3.8	178	96.2	7	5.5	121	94.5
25. Suddenly isolating themself (T)	109	34.8	204	65.2	84	45.4	101	54.6	25	19.5	103	80.5
26. Unexplained soreness or bruises around genitals (T)	63	20.1	250	79.9	16	8.6	169	91.4	47	36.7	81	63.3

4.1.6 Attitude

Overall, parents' attitude was positive about child sexual harassment prevention. More distant, the attitude consisted of 10 items. Items number 3,4, and 5 were negative items. It meant if parents answered those items with a positive attitude, their answers showed that they had a negative attitude about child sexual harassment prevention. Table 8 showed the participants' attitudes towards child sexual harassment. The percentage for correct attitude almost higher in all the items. But, for females (Table 9), there were 3 items that had a higher percentage in neutral answer and 1 item with a high percentage in the wrong attitude. That means they had an uncertain attitude

toward that statements. The first was number 3 (35.9%), “there was no need to conduct CSH prevention education, because the child will acquire such knowledge as he/she grows up”. The second was number 5 (35.9%), “CSH cases are rare, so it is unnecessary for children to learn how to prevent CSH”. The last was number 10 (35.2%), “a poster or promotion media about preventing child sexual abuse in this village is essential”. And number 4 with the wrong attitude, 50.0% of female parents agree that “CSH prevention education may induce a child to know too much about sex”. For males, Table 8 showed 41.6% of males agree that “CSH cases are rare, so it is unnecessary for children to learn how to prevent CSH”.

Table 8 Attitude of participants toward child sexual harassment in tourism destination.

Items	Total (n=313)									
	1		2		3		4		5	
	n	%	n	%	n	%	n	%	n	%
1. Prevention education of child sexual harassment for parents is necessary (ex. from Kelompok Sadar Wisata (Group of community who aware about tourism in Indonesia)) (Positive)	5	1.6	0	-	15	4.8	187	59.7	106	33.9
2. Learning CSH prevention knowledge in school is very important to all children (Positive)	5	1.6	1	0.3	20	6.4	78	24.9	209	66.8
3. There is no need to conduct CSH prevention education, because the child will acquire such knowledge as he/she grows up (Negative)	79	25.2	143	45.7	73	23.3	9	2.9	9	2.9
4. CSH prevention education may induce child to know too much about sex (Negative)	30	9.6	104	33.2	47	15.0	112	35.8	20	6.4
5. CSH cases are rare, so it is unnecessary for children to learn how to prevent CSH (Negative)	64	20.4	61	19.5	74	23.6	93	29.7	21	6.7
6. Parents' can play a big role on preventing CSH in their locality (Positive)	8	2.6	3	1.0	13	4.2	50	16.0	239	76.4
7. It is appropriate to develop CSH prevention programmed in the tourism destination (Positive)	4	1.3	2	0.6	21	6.7	72	23.0	214	68.4
8. It is necessary to have one stop center for CSH prevention issues (Positive)	3	1.0	2	0.6	23	7.3	196	62.6	89	28.4

9. Prevention of CSH should be agenda in the village meetings (Positive)	1	0.3	3	1.0	45	14.4	119	38.0	145	46.3
10. A poster or promotion media about preventing child sexual abuse in this village is essential (Positive)	6	1.9	19	6.1	70	22.4	70	22.4	148	47.3

1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

Table 9 Attitude of male and female participants toward child sexual harassment in tourism destination.

Items	Male (n=185)					Female (n=128)				
	1	2	3	4	5	1	2	3	4	5
	n	%	n	%	n	%	n	%	n	%
1. Prevention education of child sexual harassment for parents is necessary (ex. from klomp Sadar Wisata (Group of community who aware about tourism in Indonesia)) (Positive)	2	1.1	0	0.0	10	5.4	112	60.5	61	33.0
2. Learning CSH prevention knowledge in school is very important to all children (Positive)	2	1.1	0	0.0	13	7.0	50	27.0	120	64.9
3. There is no need to conduct CSH prevention education, because the child will acquire such knowledge as he/she grows up (Negative)	44	23.8	104	56.2	27	14.6	4	2.2	6	3.2
4. CSH prevention education may induce child to know too much about sex (Negative)	15	8.1	83	44.9	26	14.1	48	25.9	13	7.0
							15	11.7	21	16.4
							35	27.3	39	30.5
							5	3.9	5	3.9
							28	21.9	89	69.5
							7	5.5	28	21.9
							5	3.9	75	58.6
							0	0.0	5	3.9
							0	0.0	5	3.9
							3	2.3	0	0.0
							3	2.3	1	0.8
							3	2.3	1	0.8
							39	30.5	46	35.9
							5	3.9	5	3.9
							3	2.3	3	2.3
							21	16.4	21	16.4
							64	50.0	7	5.5
							7	5.5	7	5.5

5. CSH cases are rare, so it is unnecessary for children to learn how to prevent CSH (Negative)	35	18.9	38	20.5	28	15.1	77	41.6	7	3.8	29	22.7	23	18.0	46	35.9	16	12.5	14	10.9
6. Parents' can play a big role on preventing CSH in their locality (Positive)	1	0.5	2	1.1	10	5.4	31	16.8	141	76.2	7	5.5	1	0.8	3	2.3	19	14.8	98	76.6
7. It is appropriate to develop CSH prevention programmed in the tourism destination (Positive)	1	0.5	1	0.5	14	7.6	41	22.2	128	69.2	3	2.3	1	0.8	7	5.5	31	24.2	86	67.2
8. It is necessary to have one stop center for CSH prevention issues (Positive)	0	0.0	1	0.5	17	9.2	121	65.4	46	24.9	3	2.3	1	0.8	6	4.7	75	58.6	43	33.6
9. Prevention of CSH should be agenda in the village meetings (Positive)	0	0.0	2	1.1	30	16.2	51	27.6	102	55.1	1	0.8	1	0.8	15	11.7	68	53.1	43	33.6
10. A poster or promotion media about preventing child sexual abuse in this village is essential (Positive)	2	1.1	7	3.8	25	13.5	44	23.8	107	57.8	4	3.1	12	9.4	45	35.2	26	20.3	41	32.0

1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

4.1.7 Preventive Practice

Overall, parents in the present study had fair preventive practice about child sexual harassment prevention. As shown in Table 10, generally parents did the preventive practice of child sexual harassment to their children, especially female parents. Female parents tended to often do preventive practice with a percentage of more than 50.0% except for item number 3, “told their children not to go with others, even familiar grown-ups, unless they had parental permission”. For that item, female parents tended to practice it sometime, it means they did it at least 1 time. On the other side, there were two preventive practices that most of the male parents never did before.

The first one was also item number 3. Fifty-five-point one percent of male parents never practice it. Second was 54.1% male parents never “told the children that everyone can be offenders including the person children’s familiar, famous, or favorite may also do sexual harassment to children”.

Table 10 Prevention Practice of male and female participants toward child sexual harassment in tourism destination.

Items	Total			Male			Female											
	Never n	%	Often n %	Never n	%	Often n %	Never n	%	Often n %									
1. Have you ever talked with your children about their private parts (parts covered by swimsuit/bathing suit) and taught they should not be touched by others	23	7.3	39	12.5	251	80.2	17	9.2	24	13.0	144	77.8	6	4.7	15	11.7	107	83.6
2. Have you ever told your children if someone wanted to see or touch their private parts, they should definitely say ‘No’ and leave at once	19	6.1	28	8.9	266	85.0	17	9.2	16	8.6	152	82.2	2	1.6	12	9.4	114	89.1
3. Have you ever told your children not to go with others, even familiar grown-ups, unless they had parental permission	142	45.4	90	28.8	81	25.9	102	55.1	37	20.0	46	24.9	40	31.3	53	41.4	35	27.3
4. Have you ever told your children not to accept gifts from strangers, unless they had parental permission	12	3.8	86	27.5	215	68.7	6	3.2	32	17.3	147	79.5	6	4.7	54	42.2	68	53.1

5. Have you ever told your children that if a person they did not know want to bring him/her to the tourist's place, they should not go with him/her	13	4.2	25	8.0	275	87.9	10	5.4	16	8.6	159	85.9	3	2.3	9	7.0	116	90.6
6. Have you ever told your children if they want to go to meet people they know online; they should ask permission to parent	18	5.8	72	23.0	223	71.2	13	7.0	30	16.2	142	76.8	5	3.9	42	32.8	81	63.3
7. Have you ever told your children that if someone touched their private parts and let them hold the secret, they must not obey and should told parents or other trustworthy adults	38	12.1	42	13.4	233	74.4	26	14.1	28	15.1	131	70.8	12	9.4	14	10.9	102	79.7
8. Have you ever told your children that everyone can be offenders including person you familiar, famous, or favorite may also do sexual harassment to children	134	42.8	43	13.7	136	43.5	100	54.1	27	14.6	58	31.4	34	26.6	16	12.5	78	60.9
9. Have you ever told your children if they became victim of sexual harassment, it was not their fault and should not feel ashamed	60	19.2	48	15.3	205	65.5	40	21.6	31	16.8	114	61.6	20	15.6	17	13.3	91	71.1
10. Have you ever observed whether are there any risk CSH environment in your community (e.g. toilet, quite beach, tree, etc.)	30	9.6	45	14.4	238	76.0	21	11.4	22	11.9	142	76.8	9	7.0	23	18.0	96	75.0

4.2 Bivariate Analysis

The bivariate analysis used to find independent variables (sociodemographic, family, and community characteristics) that had a significant association with dependent variables (knowledge, attitude, and preventive practice). The analysis used in this study were chi-square except for variables *child gender*, *child age*, and *caregiver*. Those variables were analyzed using binary logistic regression because they had more than 2 categories.

4.2.1 Socio-Demographic and KAPP

Table 11 Association between socio demographic and level of knowledge towards child sexual harassment in tourism destination

Characteristics	Total	Knowledge		OR (95% CI)	P-value
		Poor	Good		
Total	313 (100.0)	165 (52.7)	148 (47.3)		
Gender					
Male	185 (59.1)	93 (50.3)	92 (49.7)		
Female	128 (40.9)	72 (56.3)	56 (43.8)	0.79 (0.50-1.24)	0.298
Age					
>= Median (>=38)	157 (50.2)	81 (51.6)	76 (48.4)		
<Median (<38)	156 (49.8)	84 (53.8)	72 (46.2)	0.91 (0.59-1.42)	0.690
Education					
Low Education	127 (40.6)	91 (71.7)	36 (28.3)		
High Education	186 (59.4)	74 (39.8)	112 (60.2)	3.83 (2.31-6.21)	<0.001***
Occupation					
Directly contact with tourist	136 (43.5)	49 (36.0)	87 (64.0)		
Not directly contact with tourist	177 (56.5)	116 (65.5)	61 (34.5)	0.30 (0.19-0.47)	<0.001***
Marital status					
Married	295 (94.2)	160 (54.2)	135 (45.8)		
Others	18 (5.8)	5 (27.8)	13 (72.2)	3.08 (1.07-8.86)	0.029*
Income (USD)¹					
<= Median (117.2)	157 (50.2)	109 (69.4)	48 (30.6)		
>Median (117.2)	156 (49.8)	56 (35.9)	100 (64.1)	4.05 (2.53-6.50)	<0.001***
Religion					
Islam	290 (92.7)	155 (53.4)	135 (46.6)		
Others	23 (7.3)	10 (43.5)	13 (56.5)	1.49 (0.63-3.51)	0.357

* *p*-value < 0.05, if statistically significant at $\alpha = 0.05$

** *p*-value < 0.01, if statistically significant at $\alpha = 0.01$

*** *p*-value < 0.001 if statistically significant at $\alpha = 0.001$

¹1 USD = 14,500 IDR

As seen in Table 11, there were some associations between independent and dependent variables. A significant association was shown between education and knowledge (p-value= <0.001). Parents who had high education more likely 3.83 (95% CI 2.31-6.21) times to have good knowledge than parents in low education. The occupation also had a significant association with the knowledge of parents about child sexual harassment (p-value= <0.001). Parents who work not directly contact with tourists more likely to reduce the odds of 70% to have a good knowledge compare with parents who work directly in contact with tourists. Those who not married also had chance 3.08 (95% CI 1.07-8.86) times to have good knowledge than parents in a married relationship with p-value 0.029 (<0.05). Significantly association between income and knowledge also shown with p-value <0.001 and odd ratio 4.05 (95% CI 2.53-6.50). It means parents who had income more than 117.2 USD or more than income median in that area more likely to have good knowledge than parents with an income of 117.2 USD or less.

Table 12 Association between socio demographic and level of attitude towards child sexual harassment in tourism destination

Characteristics	Total	Attitude		OR (95% CI)	P-value
		Negative	Positive		
Total	313 (100.0)	157 (50.2)	156 (49.8)		
Gender					
Male	185 (59.1)	72 (38.9)	113 (61.1)		
Female	128 (40.9)	85 (66.4)	43 (33.6)	0.32 (0.20-0.52)	$<0.001^{***}$
Age					
\geq Median (≥ 38)	157 (50.2)	64 (40.8)	93 (59.2)		
$<$ Median (< 38)	156 (49.8)	93 (59.6)	63 (40.4)	0.47 (0.30-0.73)	0.001**
Education					
Low Education	127 (40.6)	49 (38.6)	78 (61.4)		
High Education	186 (59.4)	108 (58.1)	78 (41.9)	0.45 (0.29-0.72)	0.001**
Occupation					
Directly contact with tourist	136 (43.5)	60 (44.1)	76 (55.9)		
Not directly contact with tourist	177 (56.5)	97 (54.8)	80 (45.2)	0.65 (0.41-1.02)	0.061
Marital status					
Married	295 (94.2)	146 (49.5)	149 (50.5)		
Others	18 (5.8)	11 (61.1)	7 (38.9)	0.62 (0.23-1.65)	0.338
Income (USD)¹					
\leq Median (117.2)	157 (50.2)	78 (49.7)	79 (50.3)		
$>$ Median (117.2)	156 (49.8)	79 (50.6)	77 (49.4)	0.96 (0.62-1.50)	0.865
Religion					

Islam	290 (92.7)	139 (47.9)	151 (52.1)		
Others	23 (7.3)	18 (78.3)	5 (21.7)	0.26 (0.09-0.71)	0.005**

* p-value < 0.05, if statistically significant at $\alpha = 0.05$
** p-value < 0.01, if statistically significant at $\alpha = 0.01$
*** p-value < 0.001 if statistically significant at $\alpha = 0.001$
¹1 USD = 14,500 IDR

Table 12 reveals gender (p-value=<0.001), age (p-value=0.001), education (p-value=0.001), and religion (p-value=0.005) parents had significant associations with attitudes parents about child sexual harassment in a tourism destination. If the parents were female, it would reduce the odds of having a positive attitude of 67% (95% CI 0.20-.51) compared if the parents were male. And if the parents had age less than 38, they reduced the probability to have a positive attitude of 53% (95% CI 0.30-.73). In contrast with the result of Table 11, if parents had high education, it would reduce the odds of being had a positive attitude of 55% (95% CI 0.29-0.72) than parents with low education. Based on this study also showed that parents with a religion other than Islam would reduce the odds to have a positive attitude of 74% (95% CI 0.09-0.71) than Islam parents.

Table 13 Association between socio demographic and level of preventive practice towards child sexual harassment in tourism destination

Characteristics	Total	Preventive Practice		OR (95% CI)	P-value
		Poor	Good		
Total	313 (100.0)	211 (67.4)	102 (32.6)		
Gender					
Male	185 (59.1)	146 (78.9)	39 (21.1)		
Female	128 (40.9)	65 (50.8)	63 (49.2)	3.63 (2.21-5.95)	<0.001***
Age					
>= Median (>=38)	157 (50.2)	113 (72)	44 (28)		
<Median (<38)	156 (49.8)	98 (62.8)	58 (37.2)	1.52 (0.94-2.45)	0.084
Education					
Low Education	127 (40.6)	105 (82.7)	22 (17.3)		
High Education	186 (59.4)	106 (57)	80 (43)	3.60 (2.09-6.20)	<0.001***
Occupation					
Directly contact with tourist	136 (43.5)	97 (71.3)	39 (28.7)		
Not directly contact with tourist	177 (56.5)	114 (64.4)	63 (35.6)	1.37 (0.85-2.23)	0.196
Marital status					
Married	295 (94.2)	202 (68.5)	93 (31.5)		
Others	18 (5.8)	9 (50)	9 (50)	2.17 (0.83-5.65)	0.104
Income (USD)					
<= Median (117.2)	157 (50.2)	115 (73.2)	42 (26.8)		

>Median (117.2)	156 (49.8)	96 (61.5)	60 (38.5)	1.71 (1.06-2.76)	0.027*
Religion					
Islam	290 (92.7)	193 (66.6)	97 (33.4)		
Others	23 (7.3)	18 (78.3)	5 (21.7)	0.55 (0.20-1.53)	0.249

* p-value < 0.05, if statistically significant at $\alpha = 0.05$

** p-value < 0.01, if statistically significant at $\alpha = 0.01$

*** p-value < 0.001 if statistically significant at $\alpha = 0.001$

¹ 1 USD = 14,500 IDR

According to Table 13, only 3 socio-demography factors that significantly associated with the preventive practice of child sexual harassment. The first one was gender (p-value=<0.001), female parents had odds to do good preventive practice 3.63 (95% CI 2.21-5.95) times compared with male parents. Second was Education (p-value=<0.001), the odds of being good at preventive practice for parents with high education was 3.6 times (95% CI 2.09-6.20) that of parents with low education. The last was income (p-value=0.027), the odds of parents with income more than median 1.71 times (95% CI 1.06-2.76) higher to have good preventive practice than parents with income 117.2 million USD or less.

4.2.2 Family Factors and KAPP

As seen in Table 14, family factors that significantly associated with knowledge of parents were child gender, number of male children, caregiver, and gender bias score. If parents only had male children in the family, it would reduce the possibility to have good knowledge of 61% (95% CI 0.20-0.75, p=0.004) compare with parents that only had female children in the family and reduce possibility 45% (95% CI 0.33-0.93, p=0.024) compare with parents that had female and male children in their family. And if the parents had male children more than 1, it also would reduce 41% (95% CI 0.37-0.94, p=.026) odds of parents having good knowledge compared with parents who had only 1 male child in their family. In the family, if the one who most taking care of the children was father, it would decrease the possibility of 73% (95% CI 0.09-0.83, p=0.022) of parents to have good knowledge compared if the children taking care with other people (grandparents, other family members, neighbor, or babysitter). On the other hand, there was no significant difference in knowledge of parents if in their family the one who most taking care of the children was mother or father (OR 0.54; 95% CI 0.21-1.38, p=0.198). This study also revealed, if the participants had a low score of gender bias or less than the median score, which

means good, they were more likely 3 times (95%CI 1.91-4.81, $p < 0.001$) to have good knowledge compare with parents with a score of gender bias same with median or more.

Table 14 Association between family characteristic and level of knowledge towards child sexual harassment in tourism destination

Characteristics	Total	Knowledge		OR (95% CI)	P-value
		Poor	Good		
Total	313 (100.0)	165 (52.7)	148 (47.3)		
Number of wives					
Other	24 (7.7)	8 (33.3)	16 (66.7)		
1 wife	289 (92.3)	157 (54.3)	132 (45.7)	0.42 (0.17-1.01)	0.077
Child gender^a					
Only Female	61 (19.5)	25 (41.0)	36 (59.0)		
Only Male	103 (32.9)	66 (64.1)	37 (35.9)	0.39 (0.20-0.75)	0.004**
		Female and Male ²		0.55 (0.33-0.93)	0.024*
Female and Male	149 (47.6)	74 (49.7)	75 (50.3)	0.70 (0.38-1.29)	0.254
Child age^a					
Baby (5 yr.)	46 (14.7)	25 (54.3)	21 (45.7)		
Kids (6-11 yr.)	196 (62.6)	101 (51.5)	95 (48.5)	1.12 (0.59-2.13)	0.731
		Teen (12-17 yr.) ⁵		1.15 (0.66-1.98)	0.620
Teen (12-17 yr.)	71 (22.7)	39 (54.9)	32 (45.1)	0.98 (0.46-2.06)	0.951
Number of children					
1	86 (27.5)	49 (57)	37 (43)		
>1	227 (72.5)	116 (51.1)	111 (48.9)	1.27 (0.77-2.09)	0.353
Number of male children					
<=1	200 (63.9)	96 (48)	104 (52)		
>1	113 (36.1)	69 (61.1)	44 (38.9)	0.59 (0.37-0.94)	0.026*
Number of female children					
<=1	250 (79.9)	134 (53.6)	116 (46.4)		
>1	63 (20.1)	31 (49.2)	32 (50.8)	1.19 (0.69-2.07)	0.532
Number of family member					
<=4	194 (62)	104 (53.6)	90 (46.4)		
>4	119 (38)	61 (51.3)	58 (48.7)	1.10 (0.70-1.73)	0.686
Caregiver^a					
Mother	253 (80.8)	136 (53.8)	117 (46.2)		
Father	22 (7)	15 (68.2)	7 (31.8)	0.54 (0.21-1.38)	0.198
		Other ⁸		0.27 (0.09-0.83)	0.022*
Other	38 (12.1)	14 (36.8)	24 (63.2)	1.99 (0.99-4.03)	0.055
Gender bias score					
>=Median (29)	163 (52.1)	107 (65.6)	56 (34.4)		
<Median	150 (47.9)	58 (38.7)	92 (61.3)	3.03 (1.91-4.81)	<0.001***

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- * p-value < 0.05, if statistically significant at $\alpha = 0.05$
 ** p-value < 0.01, if statistically significant at $\alpha = 0.01$
 *** p-value < 0.001 if statistically significant at $\alpha = 0.001$
^aBinary logistic regression
¹Only male compared to only female
²Only male compared to female and male
³Female and male compared to only female
⁴Kids (6-11 yr.) compared to baby (5 yr.)
⁵Kids (6-11 yr.) compared to teen (12-17 yr.)
⁶Teen (12-17 yr.) compared to baby (5 yr.)
⁷Father compared to mother
⁸Father compared to other
⁹Other compared to mother
-

Some of the family factors and attitudes of parents had a significant association (Table 15). Parents with children more than 1 had odds 2.5 (95% CI 1.49-4.19, $p < 0.001$) times to develop a positive attitude compare with parents with only 1 child in their family. Similarly, with knowledge and the number of male children in Table 14, attitude and number of male children also show a significant association, but if parents had male children more than 1 they would more likely 2.57 (95%CI 1.60-4.15, $p < 0.001$) to have a positive attitude. If in the family had more than 4 members, parents had probability 2.38 (95% CI 1.49-3.80, $p < 0.001$) to develop positive attitude than parents with 4 family members or less. Differently, with the association between gender bias and knowledge, if parents had gender bias less than median they would reduce 56% (95% CI 0.28-0.69, $p < 0.001$) probability to have a positive attitude compared with parents with gender bias score same with median or more.

Table 15 Association between family characteristic and level of attitude towards child sexual harassment in tourism destination

Characteristics	Total	Attitude		OR (95% CI)	P-value
		Negative	Positive		
Total	313 (100.0)	157 (50.2)	156 (49.8)		
Number of wives					
Other	24 (7.7)	15 (62.5)	9 (37.5)		
1 wife	289 (92.3)	142 (49.1)	50.9	1.72 (0.73-4.07)	0.208
Child gender^a					
Only Female	61 (19.5)	37 (60.7)	24 (39.3)		
Only Male	103 (32.9)	51 (49.5)	52 (50.5)	1.57 (0.83-2.99)	0.168
				0.88 (0.53-1.45)	0.616
Female and Male	149 (47.6)	69 (46.3)	80 (53.7)	1.79 (0.97-3.28)	0.060
Child age^a					

Baby (5 yr.)		46 (14.7)	25 (54.3)	21 (45.7)		
Kids (6-11 yr.)	Baby (5 yr.) ⁴	196 (62.6)	98 (50)	98 (50)	1.19 (0.62-2.27)	0.596
	Teen (12-17 yr.) ⁵				0.92 (0.53-1.58)	0.760
Teen (12-17 yr.)	Baby (5 yr.) ⁶	71 (22.7)	34 (47.9)	37 (52.1)	1.30 (0.62-2.73)	0.495
Number of children						
1		86 (27.5)	57 (66.3)	29 (33.7)		
>1		227 (72.5)	100 (44.1)	127 (55.9)	2.50 (1.49-4.19)	<0.001***
Number of male children						
<=1		200 (63.9)	117 (58.5)	83 (41.5)		
>1		113 (36.1)	40 (35.4)	73 (64.6)	2.57 (1.60-4.15)	<0.001***
Number of female children						
<=1		250 (79.9)	130 (52.0)	120 (48.0)		
>1		63 (20.1)	27 (42.9)	36 (57.1)	1.44 (0.83-2.52)	0.195
Number of family member						
<=4		194 (62)	113 (58.2)	81 (41.8)		
>4		119 (38)	44 (37)	75 (63)	2.38 (1.49-3.80)	<0.001***
Caregiver^a						
Mother		253 (80.8)	123 (48.6)	130 (51.4)		
Father	Mother ⁷	22 (7)	10 (45.5)	12 (54.5)	1.13 (0.47-2.72)	0.776
	Other ⁸				2.06 (0.71-5.98)	0.185
Other	Mother ⁹	38 (12.1)	24 (63.2)	14 (36.8)	0.55 (0.27-1.12)	0.098
Gender bias score						
>=Median (29)		163 (52.1)	66 (40.5)	97 (59.5)		
<Median		150 (47.9)	91 (60.7)	59 (39.3)	0.44 (0.28-0.69)	<0.001***

* p-value < 0.05, if statistically significant at $\alpha = 0.05$

** p-value < 0.01, if statistically significant at $\alpha = 0.01$

*** p-value < 0.001 if statistically significant at $\alpha = 0.001$

^aBinary logistic regression

¹Only male compared to only female

²Only male compared to female and male

³Female and male compared to only female

⁴Kids (6-11 yr.) compared to baby (5 yr.)

⁵Kids (6-11 yr.) compared to teen (12-17 yr.)

⁶Teen (12-17 yr.) compared to baby (5 yr.)

⁷Father compared to mother

⁸Father compared to other

As seen in Table 16, only caregiver variable that had a significant association with preventive practice. If in the family children were taken care of other people, parents would more likely 3.39 (95%CI 1.68-6.82, p=0.001) times to have a good preventive practice compared if children were taken care of their mother.

Table 16 Association between family characteristic and level of preventive practice towards child sexual harassment in tourism destination

Characteristics	Total	Preventive Practice		OR (95% CI)	P-value
		Poor	Good		

Total		313 (100.0)	211 (67.4)	102 (32.6)		
Number of wives						
Other		24 (7.7)	13 (54.2)	11 (45.8)		
1 wife		289 (92.3)	198 (68.5)	91 (31.5)	0.54 (0.23-1.26)	0.150
Child gender^a						
Only Female		61 (19.5)	38 (62.3)	23 (37.7)		
Only Male	Only Female ¹	103 (32.9)	74 (71.8)	29 (28.2)	0.65 (0.33-1.27)	0.205
	Female and Male ²				0.78 (0.45-1.32)	0.364
Female and Male	Only Female ³	149 (47.6)	99 (66.4)	50 (33.6)	0.83 (0.45-1.55)	0.567
Child age^a						
Baby (5 yr.)		46 (14.7)	30 (65.2)	16 (34.8)		
Kids (6-11 yr.)	Baby (5 yr.) ⁴	196 (62.6)	131 (66.8)	65 (33.2)	0.93 (0.47-1.83)	0.834
	Teen (12-17 yr.) ⁵				1.18 (0.66-2.13)	0.580
Teen (12-17 yr.)	Baby (5 yr.) ⁶	71 (22.7)	50 (70.4)	21 (29.6)	0.79 (0.36-1.74)	0.555
Number of children						
1		86 (27.5)	59 (68.6)	27 (31.4)		
>1		227 (72.5)	152 (67)	75 (33)	1.08 (0.63-1.84)	0.782
Number of male children						
<=1		200 (63.9)	127 (63.5)	73 (36.5)		
>1		113 (36.1)	84 (74.3)	29 (25.7)	0.60 (0.366-1.00)	0.066
Number of female children						
<=1		250 (79.9)	169 (67.6)	81 (32.4)		
>1		63 (20.1)	42 (66.7)	21 (33.3)	1.04 (0.58-1.88)	0.888
Number of family member						
<=4		194 (62)	123 (63.4)	71 (36.6)		
>4		119 (38)	88 (73.9)	31 (26.1)	0.61 (0.37-1.01)	0.053
Caregiver^a						
Mother		253 (80.8)	180 (71.1)	73 (28.9)		
Father	Mother ⁷	22 (7)	15 (68.2)	7 (31.8)	1.15 (0.45-2.94)	0.769
	Other ⁸				0.34 (0.11-1.02)	0.055
Other	Mother ⁹	38 (12.1)	16 (42.1)	22 (57.9)	3.39 (1.68-6.82)	0.001**
Gender bias score						
>=Median (29)		163 (52.1)	114 (69.9)	49 (30.1)		
<Median		150 (47.9)	97 (64.7)	53 (35.3)	1.27 (0.79-2.04)	0.320

* p-value < 0.05, if statistically significant at $\alpha = 0.05$

** p-value < 0.01, if statistically significant at $\alpha = 0.01$

*** p-value < 0.001 if statistically significant at $\alpha = 0.001$

^aBinary logistic regression

¹Only male compared to only female

²Only male compared to female and male

³Female and male compared to only female

⁴Kids (6-11 yr.) compared to baby (5 yr.)

⁵Kids (6-11 yr.) compared to teen (12-17 yr.)

⁶Teen (12-17 yr.) compared to baby (5 yr.)

⁷Father compared to mother

⁸Father compared to other

4.2.3 Community Factors and KAPP

Table 17 below showed the result of the association between community factors and the knowledge of parents. Support from government showed significant association with parents knowledge (p-value=0.013) if parents feel they got support from government to prevent child sexual harassment by making a law, they would likely 2 (95% CI 1.15-3.47) times to develop good knowledge compared with parents that feel no support from the government. Significantly association between support from the traditional leader with p-value <0.001 (OR 0.26; 95%CI 0.12-0.53) and support from the community with p-value 0.003 (OR 0.26; 95% CI 0.10-0.66) with level knowledge of parents about child sexual harassment. It means parents who feel they got support from traditional leaders like a traditional law or parents who got support from the community like community sharing would reduce 74% their odds to have good knowledge.

Table 17 Association between community characteristic and level of knowledge towards child sexual harassment in tourism destination

Characteristics	Total	Knowledge		OR (95% CI)	P-value
		Poor	Good		
Total	313 (100.0)	165 (52.7)	148 (47.3)		
Support from government					
No	70 (22.4)	46 (65.7)	24 (34.3)		
Yes	243 (77.6)	119 (49)	124 (51)	2.0 (1.15-3.47)	0.013*
Support from traditional leader					
No	43 (13.7)	11 (25.6)	32 (74.4)		
Yes	270 (86.3)	154 (57)	116 (43)	0.26 (0.12-0.53)	<0.001***
Support from religious leaders					
No	25 (8)	11 (44)	14 (56)		
Yes	288 (92)	154 (53.5)	134 (46.5)	0.68 (0.30-1.56)	0.363
Support from community					
No	25 (8)	6 (24)	19 (76)		
Yes	288 (92)	159 (55.2)	129 (44.8)	0.26 (0.10-0.66)	0.003**
Heard or got information about the incident of CSH					
No	33 (10.5)	22 (66.7)	11 (33.3)		
Yes	280 (89.5)	143 (51.1)	137 (48.9)	1.92 (0.89-4.10)	0.090
Source of Information Incident (n=280, heard or got information about the incident)^a					
Social media	211 (67.4)	104 (49.3)	107 (50.7)	1.34 (0.77-2.31)	0.297
Internet	86 (27.5)	25 (29.1)	61 (70.9)	3.79 (2.19-6.55)	<0.001***
Radio	9 (2.9)	2 (22.2)	7 (77.8)	3.80 (0.77-18.60)	0.078
Community	23 (7.3)	3 (13)	20 (87)	7.98 (2.31-27.51)	<0.001***
Television	127 (40.6)	40 (31.5)	87 (68.5)	4.48 (2.71-7.42)	<0.001***
Family	79 (25.2)	47 (59.5)	32 (40.5)	0.62 (0.37-1.05)	0.077
Newspaper	35 (11.2)	11 (31.4)	24 (68.6)	2.55 (1.20-5.43)	0.013*

Heard or got information about prevention of CSH

No	42 (13.4)	25 (59.5)	17 (40.5)		
Yes	271 (86.6)	140 (51.7)	131 (48.3)	1.38 (0.71-2.66)	0.342
Source of Information Prevention (n=271, heard or got information about prevention of CSH)^a					
Social media	173 (55.3)	82 (47.4)	91 (52.6)	1.58 (0.96-2.61)	0.073
Internet	77 (24.6)	17 (22.1)	60 (77.9)	6.11 (3.31-11.28)	<0.001***
Radio	14 (4.5)	6 (42.9)	8 (57.1)	1.45 (0.49-4.30)	0.498
Community	20 (6.4)	2 (10)	18 (90)	10.99 (2.50-48.37)	<0.001***
Television	153 (48.9)	58 (37.9)	95 (62.1)	3.73 (2.24-6.21)	<0.001***
Family	109 (34.8)	57 (52.3)	52 (47.7)	0.96 (0.59-1.56)	0.864
Newspaper	26 (8.3)	5 (19.2)	21 (80.8)	5.15 (1.88-14.11)	0.001**
Others (book)	2 (0.6)	0 (0.0)	2 (100)		0.142

* p-value < 0.05, if statistically significant at $\alpha = 0.05$

** p-value < 0.01, if statistically significant at $\alpha = 0.01$

*** p-value < 0.001 if statistically significant at $\alpha = 0.001$

^aOnly yes answer and participants can answer more than 1 source

There were 280 participants in this study that answers they heard or got information about the incidents of CSH and 271 participants heard or got information about prevention of CSH (Table 17). The sources of their information that had a significant association with level of parents' knowledge was the internet (OR 3.79; 95% CI 2.19-6.55, $p < 0.001$), community (OR 7.98; 95% CI 2.31-27.51, $p < 0.001$), television (OR 4.48; 95% CI 2.71-7.42, $p < 0.001$), and newspaper (OR 2.55; 95% CI 1.20-5.43, $p < 0.013$). Source of information which significantly associated with knowledge of parents was internet (OR 6.11; 95% CI 3.31-11.28, $p < 0.001$), community (OR 10.99; 95% CI 2.50-48.37, $p < 0.001$), television (OR 3.73; 95% CI 2.24-6.21, $p < 0.001$), and newspaper (OR 5.15; 95% CI 1.88-14.11, $p = 0.001$).

As seen in Table 18, support from government was significantly associated with the attitude level of parents (OR 7.94; 95% CI 3.97-15.88, $p < 0.001$). It means parents that feel they got support from the government would be more likely 7.94 times to have a positive attitude compare with parents that feel not get support from the government. Support from traditional leaders would increase the probability of 2.3 (95% CI 1.16-4.54, $p = 0.015$) times of parents to have a positive attitude. Support from the religious leader would increase 8.31 (95% CI 2.43-28.38, $p < 0.001$) the chance for parents to have a positive attitude.

Table 18 Association between community characteristic and level of attitude towards child sexual harassment in tourism destination

Characteristics	Total	Attitude	OR (95% CI)	P-value
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		Negative	Positive		
Total	313 (100.0)	157 (50.2)	156 (49.8)		
Support from government					
No	70 (22.4)	59 (84.3)	11 (15.7)		
Yes	243 (77.6)	98 (40.3)	145 (59.7)	7.94 (3.97-15.88)	<0.001***
Support from traditional leader					
No	43 (13.7)	29 (67.4)	14 (32.6)		
Yes	270 (86.3)	128 (47.4)	142 (52.6)	2.30 (1.16-4.54)	0.015*
Support from religious leaders					
No	25 (8)	22 (88)	3 (12)		
Yes	288 (92)	135 (46.9)	153 (53.1)	8.31 (2.43-28.38)	<0.001***
Support from community					
No	25 (8)	15 (60)	10 (40)		
Yes	288 (92)	142 (49.3)	146 (50.7)	1.54 (0.67-3.55)	0.305
Heard or got information about the incident of CSH					
No	33 (10.5)	21 (63.6)	12 (36.4)		
Yes	280 (89.5)	136 (48.6)	144 (51.4)	1.85 (0.88-3.91)	0.102
Source of Information Incident (n=280, heard or got information about the incident)^a					
Social media	211 (67.4)	114 (54)	97 (46)	0.40 (0.22-0.71)	0.001**
Internet	86 (27.5)	46 (53.5)	40 (46.5)	0.75 (0.45-1.25)	0.273
Radio	9 (2.9)	6 (66.7)	3 (33.3)	0.46 (0.11-1.88)	0.270
Community	23 (7.3)	10 (43.5)	13 (56.5)	1.25 (0.53-2.95)	0.610
Television	127 (40.6)	48 (37.8)	79 (62.2)	2.23 (1.38-3.61)	0.001**
Family	79 (25.2)	28 (35.4)	51 (64.6)	2.11 (1.23-3.62)	0.006**
Newspaper	35 (11.2)	11 (31.4)	24 (68.6)	2.27 (1.07-4.84)	0.030*
Heard or got information about prevention of CSH					
No	42 (13.4)	21 (50)	21 (50)		
Yes	271 (86.6)	136 (50.2)	135 (49.8)	0.99 (0.52-1.90)	0.982
Source of Information Prevention (n=271, heard or got information about prevention of CSH)^a					
Social media	173 (55.3)	110 (63.6)	63 (36.4)	0.20 (0.11-0.35)	<0.001***
Internet	77 (24.6)	37 (48.1)	40 (51.9)	1.13 (0.66-1.91)	0.658
Radio	14 (4.5)	9 (64.3)	5 (35.7)	0.54 (0.18-1.66)	0.279
Community	20 (6.4)	7 (35)	13 (65)	1.96 (0.76-5.09)	0.158
Television	153 (48.9)	60 (39.2)	93 (60.8)	2.80 (1.71-4.61)	<0.001***
Family	109 (34.8)	27 (24.8)	82 (75.2)	6.25 (3.62-10.77)	<0.001***
Newspaper	26 (8.3)	9 (34.6)	17 (65.4)	2.03 (0.87-4.74)	0.095
Others (book)	2 (0.6)	0 (0.0)	2 (100)		0.154

* p-value < 0.05, if statistically significant at $\alpha = 0.05$
** p-value < 0.01, if statistically significant at $\alpha = 0.01$
*** p-value < 0.001 if statistically significant at $\alpha = 0.001$
^aOnly yes answer and participants can answer more than 1 source

Based on the table above, there was no significant difference proportion between parents who have heard or got information about the incident of child sexual harassment with the attitude of parents (OR 1.85; 95% CI 0.88-3.91, p=0.102). But, some source of the information showed a significant association with the attitude of parents. There were social media that would 60% (95% CI 0.22-0.71, p=0.001) reduce

the odds of parents to have a positive attitude and television (OR 2.23;95% CI 1.38-3.61,p=0.001), family (OR 2.11;95% CI 1.23-3.62, p=0.006), newspaper (OR 2.27;95% CI 1.07-4.84, p=0.03) would increase the odds of parents to have a positive attitude.

Table 19 Association between community characteristic and level of preventive practice towards child sexual harassment in tourism destination

Characteristics	Total	Preventive Practice		OR (95% CI)	P-value
		Poor	Good		
Total	313 (100.0)	211 (67.4)	102 (32.6)		
Support from government					
No	70 (22.4)	18 (25.7)	52 (74.3)		
Yes	243 (77.6)	193 (79.4)	50 (20.6)	0.09 (0.05-0.17)	<0.001***
Support from traditional leader					
No	43 (13.7)	31 (72.1)	12 (27.9)		
Yes	270 (86.3)	180 (66.7)	90 (33.3)	1.29 (0.63-2.63)	0.481
Support from religious leaders					
No	25 (8)	22 (88)	3 (12)		
Yes	288 (92)	189 (65.6)	99 (34.4)	3.84 (1.12-13.15)	0.022*
Support from community					
No	25 (8)	17 (68)	8 (32)		
Yes	288 (92)	194 (67.4)	94 (32.6)	1.03 (0.43-2.47)	0.948
Heard or got information about the incident of CSH					
No	33 (10.5)	24 (72.7)	9 (27.3)		
Yes	280 (89.5)	187 (66.8)	93 (33.2)	1.33 (0.59-2.97)	0.491
Source of Information Incident (n=280, heard or got information about the incident)^a					
Social media	211 (67.4)	129 (61.1)	82 (38.9)	3.35 (1.66-6.76)	<0.001***
Internet	86 (27.5)	63 (73.3)	23 (26.7)	0.65 (0.37-1.13)	0.126
Radio	9 (2.9)	7 (77.8)	2 (22.2)	0.56 (0.11-2.78)	0.477
Community	23 (7.3)	15 (65.2)	8 (34.8)	1.08 (0.44-2.65)	0.868
Television	127 (40.6)	102 (80.3)	25 (19.7)	0.31 (0.18-0.53)	<0.001***
Family	79 (25.2)	68 (86.1)	11 (13.9)	0.23 (0.12-0.47)	<0.001***
Newspaper	35 (11.2)	22 (62.9)	13 (37.1)	1.22 (0.58-2.54)	0.598
Heard or got information about prevention of CSH					
No	42 (13.4)	35 (83.3)	7 (16.7)		
Yes	271 (86.6)	176 (64.9)	95 (35.1)	2.70 (1.15-6.31)	0.018*
Source of Information Prevention (n=271, heard or got information about prevention of CSH)^a					
Social media	173 (55.3)	94 (54.3)	79 (45.7)	4.59 (2.46-8.60)	<0.001***
Internet	77 (24.6)	56 (72.7)	21 (27.3)	0.61 (0.34-1.08)	0.091
Radio	14 (4.5)	7 (50)	7 (50)	1.92 (0.65-5.65)	0.229
Community	20 (6.4)	11 (55)	9 (45)	1.57 (0.63-3.93)	0.333
Television	153 (48.9)	118 (77.1)	35 (22.9)	0.29 (0.17-0.48)	<0.001***
Family	109 (34.8)	97 (89)	12 (11)	0.12 (0.06-0.23)	<0.001***
Newspaper	26 (8.3)	16 (61.5)	10 (38.5)	1.18 (0.51-2.70)	0.702
Others (book)	2 (0.6)	0 (0.0)	2 (100)		0.053

* p-value < 0.05, if statistically significant at $\alpha = 0.05$

** p-value < 0.01, if statistically significant at $\alpha = 0.01$

*** p-value < 0.001 if statistically significant at $\alpha = 0.001$

^aOnly yes answer and participants can answer more than 1 source

According to table 19 above, support from government would decrease the chance of parents to have good preventive practice 91% (95% CI 0.05-0.17, $p < 0.001$) and support from a religious leader would increase 3.83 (95% CI 1.12-13.15, $p = 0.022$) times chance for parents to have good preventive practice. Although there was no significant association if parents heard or got information about child sexual harassment with the level of parents' preventive practice (OR 1.33; 95% CI 0.59-2.97, $p = 0.491$). But some source information gives a significant association with the level of parent's preventive practice. There were social media (OR 2.11; 95% CI 1.23-3.62, $p = 0.006$), television (OR 0.31; 95% CI 0.18-0.53, $p < 0.001$), and family (OR 0.31; 95% CI 0.18-0.53, $p < 0.001$).

If parents already heard or got information about the prevention of CSH it would more likely for them to have a good preventive practice 2.7 (95% CI 1.15-6.31) times compare to parents that never heard or got information about the prevention of child sexual harassment (Table 19). The source information that significantly had association with preventive practice was social media (OR 4.59; 95% CI 2.46-8.60, $p < 0.001$), television (OR 0.29; 95% CI 0.17-0.48, $p < 0.001$), and family (OR 0.12; 95% CI 0.06-0.23, $p < 0.001$).

4.3 Limitation of Research

This research was conducted using cross sectional study design. It means, we do not know what variable come first. We only know if the variables had significant association or not. On the other hand, now we face the issue of Covid-19. In the research area, they had case of positive Covid-19, that made the data collected using online form. It means, we cannot generalize the result to population. There were also so many factors that we cannot control from data that collected using online form like if the person who fill the form was truly our inclusion or exclusion criteria. And then it was possibly that it was difficult for us to get participant because unlike face-to-face method, online method needs internet data package. Online questionnaire also affected to lack of interaction between researcher and participants. But we tried to minimize it by give screening question before the participant answer questionnaire

and by use assistants who know well people in that village to share the form link to people in the study area.

This study was quantitative study, it cannot answer the reason behind the result. And because of this study only analysis the data until bivariate, it cannot see what factors that really have association with KAPP after adjusted with other factors.



CHAPTER V DISCUSSION

5.1 Participants Characteristic

This study was conducted with a design study cross-sectional on 313 parents in Gili Indah Village. Finding results in this study showed the sociodemographic characteristic almost like the village profile of Gili Indah. Most of the participants were male parents with the dominant religion was Islam. In the village profile, the number of males was 51.08% with the majority was Islam 98.47%. Most of our participants had last education in senior high school (46.6%), different from the village profile, it states that the highest percentage of last education in that village was in elementary school (33.34%) and second was in senior high school (17.76%) (Combine Resource, 2019).

Occupation in that village, the majority was student 34.93% following by household mother 16.6%, general employee 16.5%, not working 12.7%, entrepreneur 8.3%, farmer 2.0%, fisherman 1.8%, seller 1.5%, and the rest of that was other occupation. In the current study, the highest percentage was the employee that divided into employee in lodging/hotel, restaurant/cafe, and bar. But in the employee part, parents who work as an owner of the place, which was an entrepreneur, also include in employee part. Second was fisherman and following by not working and household mother. Because of the condition of data collection in the Covid-19 pandemic situation, the researcher thought that it would affect to high numbers of not working parents. But after comparing it with the village profile, the percentage was almost similar. In the present study, the percentage of not working parents was 12.5% while in the village profile was 12.7% (Combine Resource, 2019).

The age of parents between 20-64 in Gili Indah Village based on village profile was highest in the group 25-29 and following by 30-34. But this study revealed that the median age of parents was 38 years old. This could be happening because the inclusion criteria in this study were parents with children age 5-17 years old. The marital status in this study showed most parents were married and following by widowed, and divorce. This result was in line with the data from the village profile (Combine Resource, 2019). Regional minimum wage in the province level is 150.6

USD, this number is higher than medium income but lower than mean in this study (Zulkiflimansyah, 2019).

The finding results in this study showed the number of wives mostly was only 1 but still there were some participants with more than 1 wife or no wife because they were widowed or divorced. Participants with more than 1 wife were 1.9%, this number was lower than the previous study in Arab Saudi 15.5%. Although Arab Saudi also known as a country with a Muslim majority just like Indonesia, but the family characteristic was different. The number of male and female children in this study, not more than 5, but the study in Arab Saudi showed 6.8% of their participants had male children more than 5, and 6.6% had female children more than 5 (AlRammah et al., 2018).

Community characteristic in this study showed mostly they were got support from the government like the law to protect children from child sexual harassment, religious leaders, traditional leaders, and community like sharing among parents. In this community, they were mostly already got and heard information about child sexual harassment incident and how to prevent it. The most source of information was social media, internet, television, and family. In Indonesia, social media users reached 160 million users with time spent around 3 hours and 26 minutes, the fourth highest globally. And 175.4 million internet users with 8 hours and 36 minutes spent online per day, fifth-most digitally active country (Wong, 2019).

5.2 Knowledge of Parents

Overall, male parents had knowledge about child sexual harassment in tourism destination better than females. This result was consistent with previous research related to parents' knowledge about child sexual abuse in China. It showed that male parents had a mean of knowledge was 6.37 while the female was 6.20 (Chen & Chen, 2005). Another study also revealed males had a mean knowledge score of 5.72 and females 5.62 (Guo et al., 2019). But this result was in contrast with a study in the eastern province of Saudi Arabia. The study showed female parents had better knowledge than male parents with percentage 72.2% and 70.1% (AlRammah et al., 2018).

Male parents in this study mostly think that children cannot get sexual harassment by tourists. In fact, in the case of child sexual harassment in tourism destinations both commercial and non-commercial cases was existing around the world. Research conducted in German revealed from 1032 participants admitted having sexually abused a child in the past and 0.4% among these had made use of child sex tourism (Koops, Turner, Neutze, & Briken, 2017). The U.S. State Department reveal that American perpetrators travel to a variety of location such as areas in Southeast Asian to find children as their target for sex. Also, they estimate that there are a million children being victims in the commercial sex trade and there are so many untold numbers for children being victims in non-commercial sexual conduct in the tourism context (FBI, 2014).

Most of male parents tended to think female's tourist would not do sexual harassment to children. The previous study also found the result that most of parents incorrectly believed that females cannot harm the child (AlRammah et al., 2018). Knowledge like this was stereotypically in community. While in fact, female was a part of offender of child sexual harassment, known as female child sexual offenders (FCSO), and well established by scientific knowledge since 1980s (Gannon & Rose, 2008).

More than half of male and female also believed that tourist that kind to local people would not do sexual harassment to children. However, child sexual harassment in tourism and travel can happen because the offender attract the attention of children to be able to commit sexual acts in their tourist destinations while they are on a trip by giving children money, food, gifts, travel or other things. The offender was known as a Traveling Child Sex Offender (TCSO) (Perera, 2016). Although tourists provide goods and assisting children financially, they still can be child sex offenders. But, 73.5% of males in this study answer it cannot. Records from NGO Committee Against Sexual Abuse (CASA) in Lombok revealed the perpetrators would take time for two to three months to try to win the sympathy of the local community. And after tourists are accepted with the image of kind people, sincere to children and love children. They will start to choose children that will be the target (Sigi, 2006). The NGO also state that there was an international pedophile crime network and they also exist in Gili Air, Gili Trawangan, and Gili Meno (Hakim & Setiawan, 2006).

Child sexual harassment by tourist impact to children health and psychological well-being. A victim in Lombok died because of AIDS after adopted as child by tourist from Europe for 3 years and after the case revealed, the perpetrator disappears. Other case was the victim choose to stop socialize with people and drop out from school (Sigi, 2006). In this study, 55.7% male parents still do not know that children can stop to go outside after being a victim of child sexual harassment.

5.3 Attitude of Parents

Overall, the result of this study showed more than half of parents had positive attitude about preventing child sexual harassment. This was in line with previous study in Tanzania, 97.7% parents from total 384 participants had positive attitude towards preventive child sexual harassment (Mlekwa et al., 2016). The current study reveals males had a better attitude than females, which was also found in previous study in China, male had mean of score of attitudes 4.24 higher than females 3.92 (Chen & Chen, 2005). But this result also was in contrast with another previous study that also conducted in China. In that study females' mean attitude score was higher than males (4.17 and 4.09) (Guo et al., 2019).

Even though male had better attitude, most of male parents tended to give positive attitude to statement "CSH cases are rare, so it is unnecessary for children to learn how to prevent CSH". Whereas, the previous cross-sectional study in the United States revealed that education program about prevention of child sexual harassment may decrease the prevalence of CSH (Walsh, Zwi, Woolfenden, & Shlonsky, 2015). Most female parents in current study agree if children got education about prevention of sexual harassment it may induce child to know too much about sex. The proportion of parents who agree with that statement was also quite high in previous studies. From 385 participants, 47.3% agree that education of CSH prevention will induce children to know more about sex (Chen & Chen, 2005). In Tanzania, from 384 participants, 43.2% parents agree and 18.5% strongly agree to that statement (Mlekwa et al., 2016). This might be happened because of parents do not know what children will get or what the material in education of CSH prevention. The main point in the education of CSH prevention for young children is they are able to (a) identify the situation that dangerous for them; (b) against the psychological manipulations or threats from the

perpetrators; (c) escape from an adult; (d) omit what the perpetrators give to them (gifts, affection, material); and (e) report harassment that they got from someone they may familiar or like without any worry and fear (Rudolph et al., 2017).

5.4 Preventive Practice of Parents

The present study reveals female parents had better preventive practice than male parents. The same result was found in a study conducted in China. The preventive practice average score of female parents were 4.73 while male parents were 4.49 (Chen & Chen, 2005). For the total score, parents in this study show most of them had a fair level of preventive practice (53.7%), only 32.6% parents from total 313 participants that had a good preventive practice. The proportion of parents that only had good preventive practice less than half of the participants also identified in previous study in Tanzania. Parents with good preventive practice was only 27.3% from 384 participants (Mlekwa et al., 2016).

Proportion of parents in this study that never told their children to *not go with others, even familiar grown-ups, unless they had parental permission* and *everyone can be offenders including person you familiar, famous or favorite may also do sexual harassment to children* was quite high. Among never, sometime, and often, the proportion for never was 45.4% and 42.8% and mostly they were male parents. This result was similar with the research result by Finkelhor (1984). The study found that parents that told their children that the perpetrators might be a family member was only 6% or an adult known to the child was only 15% (Rudolph et al., 2017). In fact, there so many previous studies prove that most perpetrators were people who familiar with the victim. The finding in Zimbabwe showing 56.3% from 268 participant had been sexually abuse and some of them got it from someone they familiar with (Gwirayi, 2013). In the context of tourism, they will approach parents and children by showing their kindness to eliminate the external barriers and become a familiar person for parents and children, so that they can get access to the children (Sigi, 2006). Because, based on Finkelhor theory there were four preconditions that would facilitate the occurrence of CSH and one of them was the offender does not had external barriers (parents) (Finkelhor, 1984).

5.5 Association between Participant Characteristic and Knowledge

Participants characteristic that associated with knowledge of parents in the current study was education, occupation, marital status, and income as sociodemographic characteristic and child gender, the number of male children, caregiver, and gender bias as family characteristic and support from the government, support from a traditional leader, and support from the community as community characteristic. The previous study in China showed education also had an association with knowledge ($p=0.001$), higher their education higher the mean score of their knowledge. But child gender had not association with p -value 0.468 (Chen & Chen, 2005). Another study in China also showed education had an association with knowledge, if parents had last education in senior high school or higher it would increase 8.20 (95% CI 2.29-29.33) chance to have good knowledge than parents with last education in elementary school or less. But, family income had not an association in that study result (OR 0.99; 95% CI 0.52-1.91) (Guo et al., 2019). In Tanzania education level of parents ($p=0.70$) and occupation ($p=0.79$) had not association with parents' knowledge (Mlekwa et al., 2016). In Saudi Arabia study, which is a Muslim country just like Indonesia, education ($p=>0.05$), occupation ($p=>0.05$), marital status ($p=>0.05$) had not association with parents' knowledge, but income ($p=0.008$) and number of male children were associated with knowledge (AlRammah et al., 2018). But, research with mother as their participants in Jordan, most of characteristic of mother in that area was married and Muslim just like this current study. The result show education, occupation, and family income had associated with knowledge (Alzoubi et al., 2018).

The present study had a similar result but also different in some variable with previous study. For education, many previous studies show if parents had high education, the knowledge of parents would high too. As in this study parents with high education would be more likely to have good knowledge 3 times than low education parents. It is because education would affect parents to have better access for literacy skills to get good knowledge. Education itself had interact with income, more educate people more income they can get or more income the family had more chance for them to go to high level school (Feinstein, Sabates, Anderson, Sorhaindo,

& Hammond, 2006). For occupation, in this study it divided into directly and non-directly contact with tourists. Parents with direct contact with tourists would be more likely to have good knowledge than non-direct. It can happen because of the promotion program of preventive child sexual harassment in tourism mostly given to people who work directly in contact with the tourism sector. For marital status, the current study revealed parents that divorce or widowed would be more likely to have good knowledge. This result is contrast with research of Walsh, et al (2012). Because, this is related to the existence of partners to discuss about prevention by involving their children compared (Walsh et al., 2012).

In the family that had female children or had 1 male or less children, they were more likely to have good knowledge than family that only had male children. It was related to the statement of “boys cannot be sexually harassment” were 50.0% female parents in this study answer false for that statement. In fact, victims in non-commercial sexual harassment in tourism destinations report male children also victims. Research by the title “*A boy, being a victim, nobody really buys that, you know?*”: *Dynamics of sexual violence against boys*” proof that male children can be a victim and in reality, most parents and society did not realize or might be they know it but ignore it (Hohendorff, Habigzang, & Koller, 2017). This might be related to why gender bias scores in this study had an association with the level of parents' knowledge. If parents had gender bias score less than the median, which was good, they had a higher chance to have good knowledge than parents that had gender bias score same or higher than the median. If in the family other people taking care of the children, the parent had a chance to have good knowledge higher compare with parents which in their family the children were taking care of by their father.

Prevention of child sexual harassment is a multi-agency responsibility. Support for parents from the external environment is also important to help parents prevent child sexual harassment. In this study, support from the government, traditional leaders, and community significantly associated with parents' knowledge. But, the result of support from a traditional leader and community contrast with theory. As in theory, if parents got support from traditional leaders and community,

they had a chance more likely to have good knowledge compare with parents with no support from traditional leaders and community.

5.6 Association between Participant Characteristic and Attitude

Gender had significant association with the attitude of parents, male parents would be more likely to have a positive attitude at child sexual harassment prevention compare with female parents. This result was reasonable because female parents had an uncertain attitude with some statements. This result in line with study in China that showed significant association ($p=0.037$) between gender and attitude of parents with male had better attitude than female parents (Chen & Chen, 2005).

Another sociodemographic that had an association with the attitude of parents was age, education, and religion. Parents, with age at the median (38-year-old) or higher more likely to have a positive attitude toward the prevention of child sexual harassment compared with parents at age less than the median. This might be related to the experience of a mother for taking care of children such as protecting and prevent harm for them. The result from study in Tanzania also show 97.7% parents with age 30 to 50 had positive attitude (Mlekwa et al., 2016). But study in China for parents in elementary school and parents with hearing lost children showed there was not significant association between age and parents' attitude (Chen & Chen, 2005; Guo et al., 2019).

Education of parents in this study had a contra result with previous studies. In this study, parents with low education tended to have positive attitude compare with parent with high education. In previous study, parents with last education in senior high school or higher would more likely 4.98 (95% CI 2.19-11.34) time to have positive attitude compare with parents with last education in elementary school or less (Guo et al., 2019). Another study also showed participants in secondary and college levels of education had more positive attitudes towards preventing child sexual harassment than those with lower levels of education (Mlekwa et al., 2016).

Family characteristic, if parents had number of children more than 1 or number of male children more than 1 or number of family member more than 4, they were more likely had a chance to have positive attitude toward child sexual harassment preventive. This result was opposite with family characteristic that had

association with knowledge. As well as gender bias, if in knowledge, parents who had score gender bias less than median had more chance to have good knowledge, in attitude, parents who had scored less than median would decrease odds to have a positive attitude.

In the community characteristic, parents who get support from government, traditional leader, and religious leader had significant association with parents' attitude about child sexual harassment prevention. Support from them to parents would help parents to identify common problems, develop and implement strategies to reach the goals of community, like to solve child sexual harassment (Minkler & Wallerstein, 2012).

5.7 Association between Participant Characteristic and Preventive Practice

Sociodemographic characteristic of parents that had associated with parents' preventive practice about child sexual harassment was gender, education, and income. Differently, with attitude, female parents had a chance of 3.63 times to have good preventive practice compare with male parents. This result in line with a previous study conducted in parents with hearing lost children. The adjusted odds ratio (OR) of gender and preventive practice showed a significant association with females had odds 1.83 to have good preventive practice compares with male parents (Guo et al., 2019). As shown in the descriptive about family factors. The one who most taking care of the children was a mother. Thus, it could be the reason why although female parents had lower knowledge and attitude about child sexual harassment, but the practice was higher than males because they have more time communicating with children. Previous studies explain that mother and father had differences in quantitative and qualitative features of communication with children. There were some evidence that mothers talk more to their children compared with fathers (Rowe, Coker, & Pan, 2004).

Education did not stand-alone influence health behavior, which was preventive practice of CSH in this study, without interaction with another factor. Income was another variable of a sociodemographic that take an important role together with education in influencing health. Previous investigation also found education and income almost had the same effect to health (Feinstein et al., 2006).

Mother was the one who most taking care of the children shown in this study. But, if children were taken care of other people (not mother or father), parents more likely to have good preventive practice. This was good because parents in this study showed more awareness to prevent child sexual harassment by practicing CSH prevention when children were taking care of by other people. In fact, practicing CSH prevention by talking to children should not only applied when children were taking care by others but also when the children were taking care by their parents.

In this study, support from the government had a significant association with parents' preventive practice. The government take an important role to prevent child sexual harassment in tourism destinations. They had a responsibility to protect children from perpetrators. Because, when they had a plan to develop the travel and tourism industry in some areas, they should think about how they can protect the children there. They must make strict child protection rules and guidelines for the tourism industry, as well as for the selection of people who work closely with children (Perera, 2016). Parents in this study, who already feel that they got support from the government to protect children from child sexual harassment would reduce their chance to have good preventive practice. This result needs to investigate more because child sexual harassment prevention was a responsibility for everyone not only the government.

The result of this study revealed support from religious leaders also had a significant association with the preventive practice of parents. Religious leaders can be a source of knowledge about sexual harassment of children and how to prevent it. Research in Pakistan showed how religion can affect parents' preventive practice toward child sexual harassment. In that research, they used religious messages from the Qur'an and it was found that they used of religious messages from the Qur'an to talk to men about CSH was a very effective way (Slugget, 2003).

The current study also revealed significant association if parents heard or got information about the prevention of CSH they would be more likely to have good preventive practice. In detail, social media can be an effective platform to promote CSH prevention.

CHAPTER VI CONCLUSION AND RECOMMENDATION

6.1 Conclusion

Parents in this study had a moderate level of knowledge, both male and female parents. The level of parents' attitude towards child sexual harassment prevention in tourism destinations was positive, but in detail, male parents had a positive attitude while mostly females had an uncertain attitude towards child sexual harassment prevention. And the level of parents' preventive practice about child sexual harassment was at a fair level. In detail, male parents had fair preventive practice while female parents had a good level of preventive practice.

This study revealed the sociodemographic, family, and community factors had an association with the level of parent's knowledge, attitude, and preventive practice about CSH in tourism destination Lombok, Indonesia with detail as the following bellow:

Knowledge: Sociodemographic factors that significantly associated with knowledge was education (OR 3.83; 95% CI 2.31-6.21, $p < 0.001$), occupation (OR 0.30; 95% CI 0.19-0.47, $p < 0.001$), marital status (OR 3.08; 95% CI 1.07-8.86, $p = 0.029$), and income (OR 4.05; 95% CI 2.53-6.50, $p < 0.001$). Family factors that were child gender if children only male compared to only female (OR 0.39; 95% CI 0.20-0.75, $p = 0.004$) or female and male (OR 0.55; 95% CI 0.33-0.93, $p = 0.024$), number of male children (OR 0.59; 95% CI 0.37-0.94, $p = 0.026$), caregiver if father taking care for the children compared if other people (not mother or father) taking care the children (OR 0.27; 95% CI 0.09-0.83, $p = 0.022$), and gender bias (OR 3.03; 95% CI 1.91-4.81, $p < 0.001$). Community factors, there were support from government (OR 2.00; 95% CI 1.15-3.47, $p = 0.013$), support from traditional leader (OR 0.26; 95% CI 0.12-0.53, $p < 0.001$), support from community (OR 0.26; 95% CI 0.10-0.66, $p = 0.003$). Source of information about incidence of CSH that significantly had association with knowledge: internet (OR 3.79; 95% CI 2.19-6.55, $p < 0.001$), community (OR 7.98; 95% CI 2.31-27.51, $p < 0.001$), television (OR 4.48; 95% CI 2.71-7.42, $p < 0.001$),

and newspaper (OR 2.55; 95% CI 1.20-5.43, $p=0.013$). Source of information about CSH prevention that significantly had association with knowledge: internet (OR 6.11; 95% CI 3.31-11.28, $p<0.001$), community (OR 10.99; 95% CI 2.50-48.37, $p<0.001$), television (OR 3.73; 95% CI 2.24-6.21, $p<0.001$), and newspaper (OR 5.15; 95% CI 1.88-14.11, $p=0.001$).

Attitude: There were some sociodemographic variables that had significant association with attitude, but some result was inverse or not in line with theory, such as age and education. The variable that significantly had an association with attitude were gender (OR 0.32; 95% CI 0.20-0.52, $p<0.001$), age (OR 0.47; 95% CI 0.30-0.73, $p=0.001$), education (OR 0.45; 95% CI 0.29-0.72, $p=0.001$), and religion (OR 0.26; 95% CI 0.09-0.71, $p=0.005$). Family factors that significantly had an association with attitude were number of children (OR 2.50; 95% CI 1.49-4.19, $p<0.001$), number of male children (OR 2.57; 95% CI 1.60-4.15, $p<0.001$), number of family member (OR 2.38; 95% CI 1.49-3.80, $p<0.001$), and gender bias (OR 0.44; 95% CI 0.28-0.69, $p<0.001$). Community factors, there were support from government (OR 7.94; 95% CI 3.97-15.88, $p<0.001$), support from traditional leader (OR 2.30; 95% CI 1.16-4.54, $p=0.015$), and support from religious leader (OR 8.31; 95% CI 2.43-28.38, $p<0.001$). Heard or got information about incident and CSH preventive had not a significant association with attitude, but there some source information that significantly associated with attitude. There were social media (OR 0.40; 95% CI 0.22-0.71, $p=0.001$), television (OR 2.23; 95% CI 1.38-3.61, $p=0.001$), family (OR 2.11; 95% CI 1.23-3.62, $p=0.006$), and newspaper (OR 2.27; 95% CI 1.07-4.84, $p=0.03$) as a source of information about the incidence of CSH. And there were social media (OR 0.20; 95% CI 0.11-0.35, $p<0.001$), television (OR 2.80; 95% CI 1.71-4.61, $p<0.001$), and family (OR 6.25; 95% CI 3.62-10.77, $p<0.001$) as a source of information CSH prevention.

Preventive practice: The factors that significantly had an association with preventive practice, not as many as knowledge and attitude. The sociodemographic factors that had a significant association with preventive practice of parents were gender (OR 3.63; 95% CI 2.21-5.95, $p<0.001$), education (OR 3.60; 95% CI 2.09-6.20, $p<0.001$), and income (OR 1.71; 95% CI 1.06-2.76, $p=0.027$). Only caregiver, other

people (not mother and father) taking care of the children compare with mother taking care of the children (OR 3.39; 95% CI 1.68-6.82, $p=0.001$), as a family factor that had significant association with preventive practice of parents. Community factors that had a significant association with preventive practice were support from government (OR 0.09; 95% CI 0.05-0.17, $p<0.001$), support from religious leader (OR 3.84; 95% CI 1.12-13.15, $p=0.022$). Source of information about the incidence of CSH were social media (OR 3.35; 95% CI 1.66-6.76, $p<0.001$), television (OR 0.31; 95% CI 0.18-0.53, $p<0.001$), and newspaper (OR 0.23; 95% CI 0.12-0.47, $p<0.001$). In knowledge and attitude, heard or got information about CSH prevention had not a significant association. But, in preventive practice heard and got information about CSH prevention had a significant association with preventive practice of parents (OR 2.70; 95% CI 1.15-6.31, $p=0.018$) with the source of information were social media (OR 4.59; 95% CI 2.46-8.60, $p<0.001$), television (OR 0.29; 95% CI 0.17-0.48, $p<0.001$), and family (OR 0.12; 95% CI 0.06-0.23, $p<0.001$).

Based on the association above, some of the factors did not consistently have an association with knowledge, attitude, and preventive practice. It meant the KAPP result not hand in hand. It could happen because there were other factors not included in this study.

6.2 Recommendation

6.2.1 Recommendation for stakeholders

Individual Level

The result of this study showed that knowledge and attitude female parents were low, but the preventive practice was high. Thus, knowledge and attitude of mother need to be increased. Gender also showed significant association with preventive practice of parents toward child sexual harassment in tourism destination. Which was female parents had better preventive practice than male parents. It should be both fathers and mothers have the same level of preventive practice because the role in raising children and preventing CSH in children not only mother responsibility.

Community Level

This study can be one of evidence that knowledge, attitude, and preventive practice about child sexual harassment of parents in the tourism area need to be improved especially for parents with low education and susceptible on the economic matters, also if they are not working in directly contact with tourist. For some issues that need to be concern, such as: level of parents' knowledge was fair and there were lack of understanding in knowledge like male parents in this study mostly think that children cannot get sexual harassment by tourists, parents think female's tourist will not do sexual harassment to children, and they also think tourist that kind to local people will not do sexual harassment to children. The interesting point here also parents misunderstood in knowledge on who can be an offender of child sexual harassment and in preventive practice, they also showed a bad preventive practice in practicing "told children about the offender can be anyone". Parents also need to be educated on how important education about child sexual harassment prevention to children because the result in this study showed attitude of parents about that issue was negative.

Support from government, traditional leader, religious leader, and community showed significant association with at least knowledge, attitude, or preventive practice. Based on this result, promoting child sexual harassment in tourism destinations should involve cross-sectoral collaborating. Because the CSH problem is multi-agency responsibility.

Policy Level

This study showed that support from government had significant association with KAPP towards child sexual harassment in tourism destination. Government should concern to make the law about tourism destination based on child-friendly concept. If government had a plan to develop the travel and tourism industry in some areas, they should think about how they can protect the children there. They must make strict child protection rules and guidelines for the tourism industry, as well as for the selection of people who work closely with children.

6.2.2 Recommendation for further studies

Finding related to factors that had a significant association with KAPP in this study also can be a baseline to develop further study (specially to answer some finding of the association that not in line with theory using qualitative study or mix method) and program about child sexual harassment in tourism destinations.



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