

The Effectiveness of the Family Intervention Model on Parents' Assertive Behavior on Sexual Violence

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ABSTRACT

The number of cases of violence that occur in children and adolescents illustrates the gradient of sexual violence and mental health in children, this affects the social, psychological and physical of children. On 2018, there were cases of sexual violence against women and children in West Kalimantan, a total of 115 cases of sexual violence out of a total of 425. Parents should increase their primary prevention efforts through assertive behavior. This research aims to determine the effectiveness of the Family Intervention Model on parental assertive behavior on sexual violence before and after the intervention. The study uses a mixed-type research design on both quantitative and qualitative research approaches. This research comprised 23 wives and 23 husbands from Kecamatan Sajingan District, and the purposive sampling technic was the sampling method. The family Intervention Model (FIM) was used as the intervention for 46 subjects. Qualitative data was collected with observations. During the research, the Parental Assertive Behavior Scale was used as means of quantitative data collection. The pre-test scale was given in the rapport-building session, and the post-test for the last session of intervention. The data has been analyzed using Wilcoxon Test. The study revealed that there is an improvement in parental assertive behavior. The Wilcoxon test showed the Z value is -5.456 with a significance value (p-value) of 0.000. The test significance value (p-value) is smaller than 0.05 ($0.000 < 0.05$), so it was decided that there was a significant difference in parental assertive behavior after the intervention.

Keywords: *family intervention model, parental assertive behavior, sexual violence*

Introduction

The family is essential in forming the child's personality and introducing good values to develop a character ready to overcome problems and environmental influences. In essence, the family has a substantial contribution and role in protecting their family members, one of which is protection in preventing sexual violence against their family members.

Children's knowledge of sexuality education should be given from an early age. The provision of sex education is given with the aim of self-protection, one of which is against acts of sexual violence (Yafei, 2017). Violence against children is any mistreatment either physically and or emotionally, sexually, neglect and exploitation that has an impact on the child's health, development or self-esteem. According to Law No. 35 of 2014, violence against children is any act against a child that results in physical, psychological, sexual, and neglect. The incidence of sexual violence against children and adolescents is increasing every year. Children and adolescents as at-risk individuals are one of the easy targets to become victims of sexual violence. Sexual violence is

behavior that shows sexual things, carried out by force or one party that is not expected, so it can cause an adverse reaction for victims who experience it (UNESCO, 2015).

Considering the vulnerability of children to be one of the victims of sexual violence requires behavior or actions to be able to protect themselves with the courage to say "no" and behave assertively. Assertive behavior is the ability of individuals to express positive or negative feelings and thoughts firmly and freely while still paying attention to the feelings of others. One of the assertive individuals can say "no" to something harmful and unwanted. Individuals are more able to express their emotions correctly without having to be aggressive or permissive (Karniyanti & Lestari, 2018).

The purpose of parents' assertive behavior is to provide protection and direct children to remain consistent and not easily influenced by a less good environment, given the many problems children and adolescents face. This is in line with research (Yahono & Prasetyo, 2022) that assertiveness can solve the problems parents and children face. The same thing was also conveyed by (Suhariyanti & Margowati, 2018) that parental participation has a good effect in meeting the needs and providing facilities for children's assertive behavior as an anticipation of sexual violence in school-age children. Therefore, parents' role in forming assertive behavior from an early age, carried out continuously, plays a crucial role (Ketut & Suarti, 2012).

West Kalimantan is a region prone to sexual violence against children and adolescents. In 2018, there were 115 cases of sexual violence against women and children in West Kalimantan out of 425 cases (Data from the Office of Women's Empowerment and Child Protection Prov. West Kalimantan, Kemen PPA Symphony). Data from the West Kalimantan Regional Women and Child Protection Commission (KPPAD) throughout January 2020 recorded 36 reports in the form of complaints and non-complaints related to violations of children's rights (Maksum, 2022). Of that number, Pontianak City and Sambas Regency have the highest number of cases of sexual crimes against children (Jauhari, 2020). Information from KPPAD data of West Kalimantan Province, Sambas Regency, showed data on sexual violence cases in early 2022, namely 14 cases. In 2018 there were also cases of sexual violence against children in the Sajingan Besar Sub-district (Sambas Tribune, 2022).

Based on the results of screening 300 subjects from 3 villages, namely sebunga, kaliau and sanatab, in Sajingan Besar District, it shows that the assertive behavior of parents towards children related to sexual violence is still low. This is indicated by the number of parents who can express opinions and feelings about sexuality. The number of cases of violence that occur in children and adolescents illustrates the gradient of sexual violence and mental health in children (Schönbucher et al., 2012). This significantly impacts children's social, psychological and physical well-being. Families have a vital role in helping to change this condition, which can be done with other family members, and of course, it requires skill and sufficient knowledge to make it happen. The Family Intervention Model (FIM) is one of the family-based intervention models through efforts to change cognitive, affective and behavioral aspects (Caro & Derevensky, 1991). The purpose of FIM (Family intervention Model) is to activate family functions so that changes in one family member can affect other family members, resulting in changes in individual cognition and behavior. The intervention model is implemented through psychoeducation, problem-solving skills, and increasing family certification behavior against sexual violence. The purpose of this study was to determine the effectiveness of the Family Intervention Model on assertive parental behavior in sexual violence before and after being given the intervention.

Method

Participants

The subjects in the current study were parents with children aged 6-17 years, male and female; educated to at least junior high school level; residing in the Sajingan Besar sub-district; and

willing to follow the Family Intervention Model (FIM) intervention from start to finish. The subjects were 46 married couples (23 husbands and 23 wives).

Research design

This study used a one-group pre-test post-test experiment research design with the form of activities in the form of interventions, including providing knowledge and psychoeducation and training. This is used to determine changes in the level of assertive behavior of parents before and after being given the Family Intervention Model (FIM) intervention. The intervention activities were carried out in 6 sessions. The first session was screening, the second session was pre-test, the third session was psychoeducation, the fourth session was assertive training, the fifth session was a focus group discussion, and the sixth session was post-test.

Research instruments

The effectiveness of the Family Intervention Model intervention on assertive parental behavior was measured using an assertive scale. The assertive scale uses three aspects of (Hamzah, 2006) containing 22 items with validity tests in this study using Professional Judgment techniques. Cronbach's alpha value of 0.866 is more significant than 0.700, which means reliable (Sugiyono, 2014). This scale was given twice as a pre-test and post-test with predetermined answer categories: score one strongly disagrees, score two disagree, score three undecided, score four agree, and score five strongly agree. This study also used observation techniques during Focus Group Discussion (FGD) sessions in the intervention, and this was done to measure the ability of parents' assertive behavior towards sexual violence.

Procedure

The pre-test results were given to the subject before starting the intervention activities and the post-test was given after the intervention. The Family Intervention Model (FIM) stages can be seen in the table below.

Table. 1
Stage of the Family Intervention Model

Session	Method	Information
Screening	Measurement Scale	The subject fills in the assertiveness scale
Pre-Test	Measurement Scale	The subject fills in the assertiveness scale
<i>Rapport-Building</i>	<i>Games</i> <i>Ice Breaking</i>	<ul style="list-style-type: none"> • The subject did <i>ice breaking</i> • Introduction to the Research Team and Resource Persons
Session 1. Materials "Psychoeducation and Parenting Communication about Sexual Violence"	<ul style="list-style-type: none"> • Lectures Education • Discussion Q&A • Role Play 	Participants understand the concept and meaning of <i>sexual violence</i> , communication in parenting, and how to communicate with children through <i>role-play activities</i> .
Session 2. • Material "Acts of Violence against Sexual Violence" • Assertive Training on Sexual Violence	<ul style="list-style-type: none"> • Lectures Education • Discussion Q&A • Role Play 	Participants understand the concept and understanding of action against <i>sexual violence</i> , assertive behaviour, and assertive behaviour in the face of <i>sexual violence</i> .
Session 3. "Expectation Sharing and Case Discussion (FGD)"	Discussion	Participants conceptualize the role of parents in providing sexual education to children, communicating prevention of sexual violence in children, and actions and follow-up related to cases of sexual violence.
Post-Test	Measurement Scale	The subject fills in the assertiveness scale

Analysis

The data analysis technique was carried out using the statistical technique of a non-parametric test with the Wilcoxon test. This test is conducted to see if there is a significant change before and after being given an intervention that will be tested using SPSS 26 for windows (Dexter, 2013).

Results

After the screening stage, the next stage is determining the research sample to determine the research subject and being given an intervention, namely the Family Intervention model. Based on the screening data, the characteristics of the subjects were determined based on gender, education and age. Restrictions on research subjects were adjusted to the research objectives and determined based on the research sample criteria from the three villages. The characteristics of the research subjects are shown in Table 2.

Table 2.
Frequency Distribution of Subject Characteristics

Characteristics	Group						Total
	Kaliau Village		Sanatab Village		Sebunga Village		
	frequency	%	frequency	%	frequency	%	
Gender							
Man	7	50	8	50	8	50	
Woman	7	50	8	50	8	50	
Education							
SD	0	0	7	43,7	0	0	15,2
JUNIOR HIGH SCHOOL	2	14,2	2	12,5	4	25	17,4
SENIOR HIGH SCHOOL	12	85,7	6	37,5	12	75	65,3
College	0	0	1	6,25	0	0	2,1
Age							
19-30	1	7,1	1	6,25	2	12,5	8,7
31-40	9	64,3	11	68,7	10	62,5	65,2
>40	4	28,5	4	25	4	25	26,1
AMOUNT	14	100	16	100	16	100	

The data results show the frequency of the number of male subjects from Kaliau village, totalling seven people; Sanatab village totalling eight people, and Sebunga village totalling eight people. While the female subjects from Kaliau village amounted to seven people, Sanatab village amounted to eight people, and Sebunga village amounted to eight people. The frequency distribution of subject characteristics results shows that the highest percentage at the education level is high school graduates, with a percentage of 65.3%. While at the age level, the highest percentage is in the age category 31-40 years, with a percentage of 65.2%.

Table 3
Analysis of Pre-test Data in the Three Villages

Village Name	PRE-TEST					
	km	MP	KMP	KBSL	KMH	SO
SEBUNGA (n=16)	110	148	208	251	258	304
KALIAU (n=14)	68	110	131	182	178	194
SANATAB (n=16)	95	133	201	240	232	286
TOTAL	273	391	540	673	668	784
AVERAGE	91	130.3	180	224.3	222.7	261.3

Based on the results of the pre-test calculation in table 3 above show that each indicator of assertive behavior of parents in the three villages, namely Sebunga Village, Kaliau Village and Sanatab Village, has a different score. The ability to express feelings in the indicator of the ability to accept and express feelings directly and honestly is still lacking, which is an average score of 91. While in the aspect of the ability to defend personal rights, the indicator of an optimistic attitude by not allowing others to interfere and take advantage shows an average score of 261.3.

Table. 4
Analysis of Post Test Data in the Three Villages

Village Name	POST-TEST					
	RA	RF	AEP	ACDO	ADR	OA
SEBUNGA (n=16)	117	175	218	258	276	328
KALIAU (n=14)	92	126	163	204	204	241
SANATAB (n=16)	112	134	236	241	264	318
TOTAL	321	435	617	703	744	887
AVERAGE	107	145	205.7	234.3	248	295.7

Based on the results of the post-test shows the highest and lowest average score on the same aspects and indicators as the pre-test results. This shows the consistency of subject behavior on the same indicators, namely optimism and the ability to defend rights. While the indicator with a low score on the ability to accept the subject. The pre-test and post-test results show an increase in the score of each indicator with a score range of 14 - 34.4.

Table. 5
Empirical and Hypothetical Data

	Empirical Score				Hypothetical Score			
	Max	Min	Means	SD	Max	Min	Means	SD
Assertive Behavior	95	50	80.6	9.8	110	22	66	14.7

Table 5 presents a brief description of the research, which contains essential statistical functions, including being divided into empirical scores (obtained from research subjects) with a maximum score of 95, a minimum score of 50, a mean of 80.6, and a standard deviation of 9.8. Hypothetical score (possible) with a maximum score of 110, a minimum score of 22, a mean of 66, and a standard deviation of 14.7.

Table. 6
Categorization of Assertive Behavior of Parents on Sexual Violence

Variable	Category	Criteria	Frequency	Percentage (%)
Assertive Behavior	Low	$X < 51.3$	1	2.2 %
	Currently	$51.3 \leq X < 80.7$	14	30.4 %
	Tall	$80.7 \geq X$	31	67.4 %
	Amount		46	100 %

The table above shows that the description of the level of assertive behavior of the subject towards the problem of sexual violence studied in the study is in the high category, with a total percentage score of 67.4%.

Table. 7
Results of statistical analysis of pre-test and post-test of parents' assertive behavior

		N	Mean Ranks	Sum of Ranks
Post-test – Pre-test	Negative Ranks	4	8.63	34.50
	Positive Ranks	41	24.40	1000.50
	ties	1		
	Total	46		

Table. 8
Results of statistical analysis of pre-test and post-test of parents' assertive behavior

	Post-test – Pre-test
Z	-5.456
Asymp. Sig. (2-tailed)	.000

The Wilcoxon Signed Rank Test results of pre-test and post-test assertive behavior of parents obtained opposing ranks or negative difference between the results of assertive behavior for pre-test and post-test is the value of N 4, which means that the four subjects experienced a decrease in the pre-test to post-test scores. The mean rank or average is 8.63, while the number of opposing ranks or the sum of ranks is 34.50. Positive ranks or positive completion between the results of assertive behavior for the pre-test and post-test is the value of N 41, which means that 41 subjects experienced an increase in pre-test and post-test scores. The mean rank or average is 24.40, while the number of positive ranks or sum of ranks is 1000.50. The value of ties one is the same between the pre-test and post-test.

Based on the Test statistics output, the calculated Z value is -5.456 with a significance value (p-value) of 0.000. The test significance value (p-value) is smaller than 0.05 ($0.000 < 0.05$), so it is decided that there is a significant difference in assertive parental behavior between the pre-test and post-test.

Table. 9
Accumulation of Scores for Each Aspect in the Three Villages

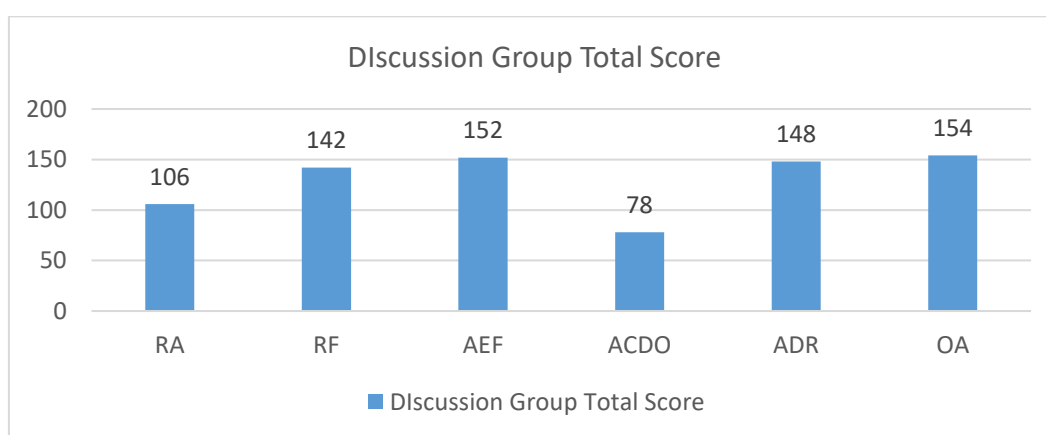
Nama Desa	PRE-TEST						POST-TEST					
	RA	RF	AEP	ACDO	ADR	OA	RA	RF	AEP	ACDO	ADR	OA
SEBUNGA (n=16)												
KALIAU (n=14)	273	391	540	673	668	784	321	435	617	703	744	887
SANATAB (n=16)												
SELISIH PRE-POST							48	44	77	30	76	103
DESCRIPTION												
RA : Receiving Ability												
RF : Revealing Feelings												
AEP : Ability to express opinions												
ACDO : Ability to communicate directly and openly												
ADR : Ability to defend rights												
OA : Optimistic Attitude												
										MIN	MAX	

The difference in the results of the three villages on the indicators of assertive behavior accumulated in table 9 shows that the highest indicator is an Optimistic Attitude, and the lowest is the ability to communicate directly and openly.

Judging from the results of the Pre-test Post-test based on quantitative data processing of assertive behavior indicators, which include the ability to accept, and express feelings, the ability to express opinions, the ability to communicate directly and openly, the ability to defend rights, an optimistic attitude where the results show that the low score is on the indicator of the ability to communicate directly and openly with a score of 30, and the highest result is on the indicator of an optimistic attitude with a score of 103.

Picture. 1

Assertive Behavior of Parents



The description of the increase in the skills and abilities of the participants was shown from the results of observations during the intervention activities, which showed an increase in the skills and assertive behavior of the subjects in question and answer discussions, assertive training and FGD (Focus Group Discussion) at the end of the activity session. The subject's assertive behavior shows the ability to communicate directly and openly (ACDO), showing a low total score of 78. The highest score results on an optimistic attitude indicator (OA), with a score of 154.

Discussion

The pre-test results of the three villages showed that the subject's assertive behavior was still low. The low score on the ability to express feelings explains where the subject cannot accept and express feelings directly and honestly towards acts of sexual violence. Several things influence the factors that support the low assertive behavior of parents in acting. According to (Rathus & Nevid, 1977), factors that influence assertive behavior include gender, self-esteem, parenting and environment, culture, level of education, occupation, socioeconomic conditions, and intelligence. The highest score from the pre-test results in table 3 in the aspect of the ability to defend personal rights in the subject's optimistic attitude indicator is shown by the attitude of not allowing other people to disturb and take advantage.

Post-test scores for each aspect and indicator have increased. This can be seen in table 4. Namely, the score on the aspect of the ability to defend personal rights in the optimistic attitude indicator still occupies the position at the highest score, while the aspect of the ability to express feelings on the indicator of the ability to receive and express feelings directly and honestly is at the lowest score. This shows that the subject's assertive behavior in showing the ability to accept and express feelings directly and honestly towards acts of sexual violence is still lacking.

Qualitative results were obtained during observation activities during the Family Intervention Model (FIM) intervention, namely during the process of implementing assertive training and conducting FGDs, showing that, on average, subjects did not dare to accept and express their feelings directly and honestly regarding acts of sexual violence. The ability to defend personal rights by optimism shows the highest score of 154. In essence, most subjects have an optimistic attitude in defending personal rights regarding sexual violence. However, efforts that support anticipating preventive measures in dealing with sexual violence problems should acquire skills—other supports. Based on the observation results, it was also found that the subject already had an optimistic attitude in responding to sexual violence. The subject's behavior showed this in responding to the sexual violence case that was given. This ability is related to defending personal rights. Namely, the subject can show an attitude by not letting other people disturb and take advantage (Hamzah, 2006).

Based on the accumulated pre-test and post-test scores for each aspect and indicator in the three villages, namely Sebunga Village, Kaliau Village, and Sanatab Village, it can be seen in table 6 that the difference in the highest score is in the ability to defend personal rights in the optimistic attitude indicator with the difference in the pre-test to post-test scores of 103. Aspects of communicating directly and openly with a pre-test to post-test score difference of 30. This shows effectiveness in changing the subject's assertive behavior, especially in the optimistic attitude indicator, because of the significant average increase or difference in scores on this indicator. The ability to communicate directly and openly shows an average increase or the lowest difference in score. When viewed from the analysis of the items in the questionnaire, this indicator gets a higher score than the other indicators.

The subject's actions regarding sexual violence are shown from the analysis of statement items on the indicator of communicating directly and openly, showing high scores on the subject's actions to seek medical and psychological help when the child experiences abuse, use appropriate names or terms to refer to genitals and teach children to look polite and not open. The accumulated score of the difference between the pre-test to the post-test shows a low difference, and this illustrates a good understanding of the subject regarding their attitude towards the problem of sexual violence both before and after the intervention.

Overall the subject's behavior shows that they have a response by being optimistic about cases of sexual violence. However, they are still unable to demonstrate the ability to accept and express feelings directly and honestly about sexual problems that occur, so action or training is needed that can help subjects to be able to respond and act quickly and appropriately.

Based on the results of the research that has been conducted show the effectiveness of providing the Family Intervention Model to change parents' assertive behavior towards the problem of sexual violence in children and adolescents in Sajingan Besar District, Sambas Regency, West Kalimantan Province. This is obtained from the average level of assertive behavior of the subject towards sexual violence (Mean = 66) and is in the high category. Most of the subjects who have a high level of assertive behavior can be seen from the data obtained 31 subjects have high assertive behavior with a percentage of 67.4%, 14 subjects are in the medium category, and one person is in a low category.

The improvement of parents' abilities and skills is illustrated by the results of observations during the activity by showing the involvement of subjects and their roles in question-and-answer discussions and assertive training activities, and FGDs at the end of the activity session. FIM (Family Intervention Model) activities were carried out with a total of 46 subjects participating in three sessions, namely, psychoeducation sessions, assertive training sessions and FGD sessions. All subjects were married couples from representatives of Sebunga Village, Kaliau Village, and Sanatan Village.

A family intervention model is a form of intervention that aims to provide knowledge and training to increase parents' understanding of the importance of the role of parents in the form of communication and assertive behavior against sexual violence. In line with the results of research conducted by (Suhariyanti & Margowati, 2018), parental participation in meeting the needs and providing facilities, providing motivation and providing guidance to children on children's assertive behavior as an anticipation of sexual violence in children and adolescents. Other researchers argue that family-based service provision can optimize the "fit" between the family, the child, and the services provided (Bailey et al., 1985).

Actions and forms of assertive behavior are reactions that are raised to convey thoughts and feelings towards social situations in life. Parents are the individuals who are expected to have assertive behavior with their experience and age capacity that has entered the adult development phase.

Conclusion

The subject's ability to assertive behavior against sexual violence has increased in the post-test phase. Based on the qualitative results obtained from the three villages, namely Sebunga Village, Kaliau Village, and Sanatab Village, shows the highest score seen from several indicators, the highest score on the optimistic attitude indicator of 154. Based on the quantitative results obtained using statistical data analysis using the Wilcoxon test, it shows a significant effect on changes in parental behavior towards sexual violence after being given the Family Intervention Model (p -value = 0.000). The categorization results show an increase in assertive parental behavior shows a high category with a percentage of 67.4%.

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