Empowering Teachers in The Genital Childhood Health

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Abstract. The age of early childhood education (ECE) students are 2-6 years old. They have the period when students enter the learning period for toilet training well. The ECE teachers and parents have a role in collaborating in toilet training so that children can urinate and defecate correctly and follow Islamic rules. Community service activities aimed at increasing the knowledge and skills of ECEP Aisyiyah teachers in Ngaglik. The activity is implemented in the form of lectures, discussions, and practices, as well as the distribution of handkerchiefs to dry the genital area after the child urinates or defecates. In this community service activity, we have distributed medicine packets for the first treatment of sick children at school. Evaluation at the end of the activity showed that there was an increase in knowledge of 15%.

Keywords: genital hygiene, early childhood education, drug selection, teachers

1. Introduction

The head of Aisyiyah Branch (PCA) Ngaglik is in Sariharjo sub-district, Ngaglik sub-district, Sleman. Ngaglik sub-district area is located 13.8 km from the campus of Muhammadiyah University of Yogyakarta. There are 10 early childhood education charities in PCA Ngaglik's work area including 8 kindergartens and 2 playgroups, with characteristics as shown in Table 1. The number of Aisyiyah Early childhood education (ECE) students in the Ngaglik area is 645 children, aged 2-6 years, consisting of 315 (49%) boys and 330 (51%) girls. The average number of students is 15-16 children per class.

Early childhood education (ECE) which includes kindergarten and playgroup is a coaching effort aimed at children from birth to the age of 7 years which is carried out through the provision of educational stimuli to help the physical and spiritual growth and development of children (1). One of the infrastructures needed is the school health room (SHR) (2). The availability of health facilities is shown by the existence of SHR in almost every school, but there are still 2 schools that do not have SHR.

The SHR program in ECE has a special function, namely, to create a healthy learning environment, through the presence of adequate sanitation facilities and parent classes whose material covers the essential needs of early childhood, including education/psychosocial stimulation, health, and nutrition. The presence of a healthy learning environment also supports the national program to accelerate stunting prevention in Indonesia, as well as the realization of integrative holistic early childhood development that can be provided in ECE units. The Aisyiyah ECE in the Ngaglik area already has a healthy learning environment with adequate sanitation facilities, parent classes every 2 months with psychosocial and Islamic education materials.

Health facilities supporting UKS activities, such as medicine boxes with several medicines, scales, meters, height measuring instruments, Snellen charts, color pieces, star pictures, and balls have been owned by all schools. However, the selection and use of drugs

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for the initial treatment of sick children is still not well understood. This is shown by the type of medicine that is not adequate and some teachers do not understand how to select, administer and store the right medicine for sick children at school. The selection and administration of drugs that are not in accordance with the dose will of course result in the effectiveness of treatment or the incidence of drug side effects. While inappropriate storage of drugs can affect the effects of treatment or poisoning due to the use of expired drugs (3).

Currently, face-to-face learning activities in ECE schools have begun to implement an independent curriculum, which focuses on essential materials and the development of students' character and competence (4). To support the learning of this independent curriculum, materials are needed to practice knowledge in daily activities, such as practicing toilet training (TT) knowledge and maintaining children's genital health. As complained by several teachers from Aisyiyah ECE school in Ngaglik, who explained problems in cleaning the genitals after urinating or defecating, such as children who looked wet their pants, complained of itching especially after urinating, parents complained of spots on children's underwear.

Good and correct toilet training can prevent various genital inflammation in children, especially those related to microorganisms. The various problems in Aisyiyah ECE require teacher and student understanding about student health maintenance, especially maintaining health and complaints in the child's genitals, and how to select, administer and store drugs correctly.

Table 1. Data on Kindergarten Aisyiyah in Ngaglik

<table>
<thead>
<tr>
<th>No</th>
<th>School Name</th>
<th>Village</th>
<th>N Teachers</th>
<th>N Tendi k</th>
<th>N Students</th>
<th>Total</th>
<th>N Class es</th>
<th>N School Health Room</th>
<th>N Toilets</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>TK ABA Rejodani</td>
<td>Sariharj o</td>
<td>8</td>
<td>3</td>
<td>59</td>
<td>73</td>
<td>13 / 2</td>
<td>8</td>
<td>1</td>
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<td>2</td>
<td>TK ABA Losari</td>
<td>Wukirharjo</td>
<td>4</td>
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<td>35</td>
<td>62</td>
<td>4</td>
<td>1</td>
</tr>
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<td>3</td>
<td>TK ABA Siti Mariyah</td>
<td>Sardono harjo</td>
<td>3</td>
<td>1</td>
<td>26</td>
<td>25</td>
<td>51</td>
<td>3</td>
<td>1</td>
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<tr>
<td>4</td>
<td>ABA Sumberan Kindergarten</td>
<td>Sariharj o</td>
<td>4</td>
<td>2</td>
<td>43</td>
<td>37</td>
<td>80</td>
<td>4</td>
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<tr>
<td>5</td>
<td>TK ABA Minomartani</td>
<td>Minomartani</td>
<td>7</td>
<td>1</td>
<td>32</td>
<td>42</td>
<td>74</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>TK ABA Taruna Minomartani</td>
<td>Minomartani</td>
<td>6</td>
<td>3</td>
<td>56</td>
<td>59</td>
<td>11 / 5</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>KB Aisyiyah Rejodani</td>
<td>Sariharj o</td>
<td>3</td>
<td>1</td>
<td>21</td>
<td>18</td>
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<td>8</td>
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<td>2</td>
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<td>26</td>
<td>2</td>
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<tr>
<td>9</td>
<td>Surya Kencana Kindergarten</td>
<td>Donoharjo</td>
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<td>2</td>
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<td>1</td>
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<td>31</td>
<td>330</td>
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</table>

2. Methodology

The stages of service activities are as follows:
2.1. Observation and focus group discussion to establish technical activities. The facilitation method will use focus group discussion (FGD) or focus group discussion (DKT) to determine the technical implementation of this community service activity. Focus group discussion is the process of systematically collecting data and information on a particular very specific problem through group discussion (5).

2.2. Disseminating questionnaires on genital health and drug use, to teachers and PCA.

2.3. Procurement of handkerchiefs, towels, and medicine for school use.

2.4. Making training media, namely power points and leaflets.

2.5. Lectures, discussions and practice lectures on health, disorders, and management of genital disorders in children and the use of appropriate drugs for children at school to teachers.

The method of lectures and discussion activities followed by practice is proven as one of the methods of providing knowledge and skills that can increase the understanding and skills of participants (6) support the implementation of an independent curriculum that prioritizes soft skills and character development (4).

2.6. The delivery of health facilities and samples of medicines suitable for children to kindergarten and family planning was witnessed by PCA.

2.7. Disseminate evaluation questionnaires about the material that has been given.

3. Result and Discussion

3.1. Result

The service activity began with observation and group discussion together with PCA, teacher representatives and the Sleman ECE Forum to discuss the timing and technical implementation of the activity, in January 2023. The second stage, the procurement of a small towel as a genital drying device after urinating or defecating and the necessary drugs in the UKS room.

The third stage, service activities carried out in March 2023, were carried out in the form of lectures, discussions, and practices about 1. Genital health and toilet training in children by dermatovenereologist, 2. The use of appropriate drugs for children at school by Aptheker, so that partners have understanding and skills in teaching, maintaining children's genital health. Furthermore, it was agreed that toilet training material would be implemented in an independent curriculum in ECCE schools, in the form of teacher observations on the attitudes and behaviours of children's daily bowel movements with an agreed checklist.

At this event, goods grants were also handed over from UMY in the form of towel handkerchiefs to be distributed to all Aisyiyah PAUD students and teachers, as well as 10 medicine packages for the first treatment of sick children at school to 10 Aisyiyah PAUD schools in Ngaglik sub-district.

Evaluation of activities such as filling out questionnaires through google forms before and after lectures, discussions, and practice activities, showed an increase in knowledge by an average of 15% with an average pre-test score of 63% and post-test of 78%.

Training materials are provided in the form of hardcopy and softcopy, so that they can be used by teachers to teach students, counsel mothers or parents of students. The last stage, a 3-month evaluation will be carried out to determine changes in teacher and student behaviours in maintaining genital health appropriately, especially in terms of toilet training learning.

3.2. Discussion
Early childhood education is a coaching effort aimed at children from birth to the age of 6 years which is carried out through providing educational stimuli so that children have readiness to enter further education (1). The material on health and nutrition in this community service activity is intended to increase the capacity of teachers and parents, especially about toilet training (TT) and the first handler of sick children. As complained by several teachers from Aisyiyah PAUD school in Ngaglik, who explained problems in cleaning the genitals after urinating or defecating, such as children who looked wet their pants, complained of itching especially after urinating, parents complained of spots on children's underwear.

Currently, face-to-face learning activities in ECCE schools have begun to implement an independent curriculum, which was developed as a more flexible curriculum framework, while focusing on essential materials and developing the character and competence of students (3). However, in this post-pandemic learning recovery, schools are given the freedom to determine the curriculum to be chosen, whether the 2013 curriculum, prototype or independent curriculum. Eight Aisyiyah PAUD schools in Ngaglik, one school has implemented an independent curriculum, namely ABA Rejodani Kindergarten, while 7 other schools use the prototype curriculum or the 2013 curriculum. In independent curriculum learning is marked by 1. Project-based learning for the development of soft skills and character according to the Pancasila student profile, 2. Focus on essential materials so that there is sufficient time for in-depth learning of basic competencies such as literacy and numeracy, 3. Flexibility for teachers to conduct differentiated learning according to the ability of students and adapt to local contexts and content. To support the learning of this independent curriculum, materials are needed to practice knowledge in daily activities, such as practicing toilet training knowledge and maintaining children's genital health, according to the problems faced by children, parents and teachers mentioned above.

Toilet training is the ability to start and finish urinating and defecating independently. The average age of a child capable of TT is 2 years 7 months ± 9.3 months, and is similar in boys and girls (5). One method of toilet training was develop. Innovative aspects of the toilet training method were a 2-hour training on two consecutive days, carried out in small groups in daycare centres. The intervention had a significant influence on the duration of toilet training in healthy children, with a median duration of 2 week (8). Toilet training according to the normal time span, shows good growth and development of children, and good and correct TT can prevent various genital inflammation in children, especially those related to microorganisms.

Genital inflammation is characterized by redness and/or discharge from the vagina or often referred to as vaginal discharge or fluorine albus (9). Genital inflammation due to the invasion of microorganisms that often occur in children in the form of bacterial or fungal infections, such as bacterial vaginosis and vulvovaginal candidiasis. Bacterial vaginosis (BV) is a polymicrobial infection caused by an imbalance of the normal bacterial flora commonly present in the vagina (10). The exact causative pathogen is unknown, but there has been a decrease in the population of Lactobacillus sp (7) and an increase in the population of a group of gram-negative stem anaerobic bacteria (Prevotella sp, Mobiluncus sp), Gardnerella vaginalis and Mycoplasma hominis (8). BV patients can be accompanied by complaints or with complaints of white, sticky and fishy vaginal discharge, can be accompanied by itching (10). Vulvovaginal candidiasis (KVV) is a fungal infection of Candida sp. on the vaginal mucosa or skin around the vagina. KVV patients often complain of itching, and thick white milky discharge occurs. In the genital mucosa, or perianal skin, Candida sp. infection can occur which is characterized by moist reddish patches or nodules, and itching (9,10).
Various factors associated with the incidence of vaginal discharge in children include the behaviour and physical condition of children (15). Poor hygiene, such as how to clean dirt after improper bowel movements, namely rubbing from back to front (10). This will carry pathogenic faeces to the vulvar and vaginal area. The habit of scratching will bring dirt and pathogens to the vulvar area and result in skin damage, so the skin is more sensitive to secondary infections. The habit of not drying the perineal area after washing, causes a good moist environment to support the growth of bacteria and fungi. Improper urination also results in urine collecting and contaminating the vulvar and vaginal area. The use of underwear too tight from nylon material that does not absorb sweat, also favours the incidence of vaginal discharge (6).

The physical condition of the child or prepuberty which is characterized by a thin vaginal mucosa, atrophy, and neutral pH tends to be alkaline, causing the vagina to be more sensitive to bacterial infections and supported by the location of the vagina close to the anus will facilitate faecal contamination. Obese children have more difficulty cleaning the perineal area (6). These various things will make it easier for children to experience genital inflammation.

The ability of teachers to maintain genital health and use appropriate daily medication can continue to be utilized at any time in face-to-face teaching activities, whether in the 2023 curriculum or independently. Increasing the knowledge and skills of teachers and students in this activity is expected to make students and teachers carry out face-to-face learning more safely, healthily, and comfortably.

The results of the evaluation and comments showed that all participants stated that the material provided was in accordance with the problems at school, useful as learning material for students and the implementation of activities went well. Participants hope that this activity will continue regularly with other materials, such as stunting, dental health, handling fussy or afraid children, and so on.

4. Conclusions

ECE students aged 2-6 years are the period when students enter the learning period for defecated and urinated well. ECE teachers and parents have an important role to accompany ECE children to conduct toilet training so that children can do urination correctly and according to Islamic principles. Service activities aimed at improving the knowledge and skills of Aisyiyah ECE teachers in Ngaglik about this matter have been carried out in the form of lectures, discussions, and practices, as well as the distribution of towel handkerchiefs to dry the genital area after the child defecated. In this activity, medicine packages were also distributed for the first treatment of sick children at school. Evaluation at the end of the activity showed that there was a knowledge increase of 15%.

References


