

Formative Research on Knowledge, Perception and Practice of Parents on Health Education and Relationship with Family for Children aged 5-9 years in Central Jakarta, Indonesia

Final Report

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Background

1.1. Reproductive Health

WHO (2006) defines sexual health as a good physical, emotional and mental condition related to sexuality, not solely free from disease, dysfunction, or disability. While reproductive health is a complete physical, mental, and social condition, not only free from disease, dysfunction or disability in all aspects related to the reproductive system, its functions and processes. Sexual and reproductive health remains a public health challenge today as the HIV / AIDS epidemic and sexually transmitted infections continue to increase. As one of the third SDGs achievement targets -good health and welfare- by 2030, the world must ensure universal access to sexual and reproductive health services including information, education and reproductive health integration services into national programs and strategies (WHO, 2016).

In Indonesia, based on information from the National Population and Family Planning Board (BKKBN), there are three important health challenges facing young people in Indonesia: unhealthy sexual behavior caused by a lack of understanding of sexual and reproductive health issues, HIV / AIDS, and drug addiction (Goodwin & Martam, 2014). Numerous studies have reported that young Indonesians exhibit risky behavior for reproductive health during puberty (Susanto, Saito, et al., 2016).

There are a number of factors related to the negative attitudes of young people on reproductive health: young age, living in urban areas, lack of communication with parents about reproductive health, lack of knowledge about reproductive health, and lack of maturity of puberty development (Susanto, Saito, et al., 2016). In Indonesian culture, the topic of sexual and reproductive health is still considered taboo when discussing it with family, even in school and in the community, which causes confusion when wanting to make decisions or in addressing reproductive health issues (Susanto, Rahmawati, et al., 2016). Leerlooijer et al. (2014) stated that adolescents in Indonesia have limited access to sexuality education that triggers sex outside marriage and unsafe sex, increased numbers of HIV / AIDS and other sexually transmitted diseases and illegal abortion.

Reproductive health education topics in Indonesia are taught at the junior and senior high school level (K-13 curriculum). Reproductive health education at the elementary school level is included in science (natural - biology) and thematic. When included in school education - there will be many topics that are limited and adapted to the ability of the teacher to convey a topic. Discussions on reproductive health are often considered as taboo topics and are rarely discussed openly.

Based on research from Gray, Azzopardi, Kennedy, Willersdorf, and Creati (2013), in low and middle income countries, influencing factors in decision making related to reproductive health are exacerbated by several other factors such as hunger, gender inequality, marriage early, low level of education, sociocultural, and obstacles related to regulation in accessing reproductive health information and services. Although sex before marriage is prohibited socially, there is an increase in the number of

pregnant teenagers outside of marriage which indicates an increase in sexual activities outside of marriage (Leerlooijer et al., 2014; Utomo & McDonald, 2009).

Providing access to information will contribute to a more positive attitude towards reproductive health. There is a relationship between a high level of knowledge of reproductive health with a reduction in negative attitudes in women (Susanto, Saito, et al., 2016). Health education especially reproductive health will increase knowledge and will likely support them to develop a more positive attitude towards reproductive health.

Education related to reproductive health and relationships is an educational process for children, adolescents, and teenagers about sexuality, changes in their bodies, relationships and everything they need to know to prepare them for the future. Educating children about reproductive health is important and should begin before the puberty stage. It is surprising that children, adolescents, and teenagers now know more than their parents. However, parents should not assume that children know it all, and should not avoid or see sex education. Some parents also avoid talking about their children's sex, some even see it as a topic that is not good to treat, and some people think that the child is so young to be taught about sex.

Parents, family members, schools, and community members are expected to have the responsibility of teaching children about reproductive health and relationships from an early age. Education related to reproductive health and relationships must begin with the family. Children need to know about their body changes, the causes of these changes and to stay healthy and have a good relationship with their environment. Education related to reproductive health and this relationship protects a child from all types of sexual harassment, mistreatment from friends, older people, family members, teachers and other community members. In addition, education on health and relationships also creates awareness of diseases and infections, teaches them how to manage sexual behavior, emotions, how to control them and how to stay safe.

1.2. Dolanan Pintar (Smart Games)

DOLPIN or Dolanan Pintar is an educational toy with health and family-based relationships themes for children aged 5-9 year old in Indonesia. The development of DOLPIN uses the principle of Human Centred Design. There will be several processes for the DOLPIN development stage: the formative research process, the development of DOLPIN prototype based on the results of formative research, and the Rapid Prototyping process to determine the appropriate product design, and the product launch process.

1.3. Objectives

- a. Identify issues, problems and needs of parents with children aged 5-9 years in Central Jakarta, especially related to the education process at the family level related to reproductive health and relationships
- b. Understand parents' experience and perception in providing education at the family level related to health and relationships

- c. Analyze the stakeholders involved in providing education services for children related to health and relationships in the research area.

Methodology

2.1 Sample and recruitment method

Central Jakarta consists of 8 sub-districts and 44 villages. One of the sub-districts is Kemayoran. Kemayoran Subdistrict consists of 8 kelurahan: Harapan Mulia, Cempaka Baru, Sumur Batu, Utan Panjang, Kemayoran, Serdang, Kebon Kosong, and Gunung Sahari Selatan. Based on the Central Jakarta City Administration Central Statistics Agency (2017), the total population of Central Jakarta is 921,344 people. The percentage of the population aged 5-9 years is 8.24% (75,919 people) (Central Jakarta City Central Statistics Agency, 2017). Based on calculations, the number of samples that need to be recruited for this study is 400 respondents. As many as 409 parents with children aged 5-9 years who lived in Central Jakarta were successfully recruited to participate in the survey.

2.2 Data collection

This study used cross sectional design as researchers do observation or measurement of variables at a certain time. Data was collected through filling out questionnaires. Questionnaires were developed based on references from several standard questionnaires with modification of questions to explore more in the practice of parents in providing education related to health and family-based relationships. The process of filling out the questionnaire was done using paper. Data collection was carried out by the main researcher and assisted by eight enumerators.

2.3 Independent and outcome variables

The independent variables in this study are demographics (age, gender, family income, number of family members who live at home, residence status, marital status, education of parents). The dependent variable in this study is the level of knowledge, perception, practices related to health education and family-based relationships for children 5-9 years. This study also explores a number of factors that influence parents' intention to provide education related to health and relationships for their children, as well as the various efforts that have been made to and the difficulties and challenges faced in providing health-related education and relationships for their children.

2.4 Inclusion and exclusion criteria

The inclusion criteria for this study were parents of children aged 5-9 years in the District of Cempaka Baru, Central Jakarta who were willing to become respondents. Respondents who live outside this area and / or have children over this age range were not included in data research and analysis. For families who have children aged 5-9 years more than one person, then observations were made to one of the children.

2.5 Data analysis

SPSS 22.0 for PC is used to analyze data. To analyze demographic data such as gender, age, economic level, parents' education status, descriptive statistics were used. To answer the research question, inferential statistics were used. Chi-square tests with a 0.05 level of significance were used to analyze the relationship between independent variables and dependent variables. Fisher's Exact Test (FET) will also be used if the Chi-square Test is invalid. In addition, univariate and multivariable logistic regression analyzes were also carried out. T-test for scoring the overall level of knowledge, attitude, and behavior were also carried out.

2.6 Ethical considerations

As the study involves the participation of human participants, ethical approval is needed. Ethics were obtained from the Ethics Committee at the University of Indonesia. A letter to conduct research was then sent to the Central Jakarta One-Stop Service Office (*Pelayanan Terpadu Satu Pintu/PTSP*) to get permission from the Mayor, then a Cover Letter was sent to Cempaka Baru Village, Kemayoran Sub-District, Central Jakarta. Before the research took place, we distributed the consent form to the potential respondents. Some information submitted in the information sheet included:

- Research objectives and benefits for respondents.
- Duration of completing the questionnaire.
- Major themes that will be asked in the survey.
- Respondents' participation is voluntary and they can decide not to continue completing the survey at any time. The researcher also will not give negative sanctions to those who do not participate.
- Statement that the researcher will maintain the confidentiality of the respondent by not requesting information on names and other identities and ensuring that the results of the survey will not be informed directly to the school. Regarding the confidentiality of data storage, the results of the survey will be stored at the Tulodo Indonesia Office. For electronic data, it will be stored and can only be accessed by internal researchers. Data will be stored for 3 years (until December 2021). After this time period, the data will be destroyed (for paper, it will be destroyed by paper shredder, and for electronic data will be deleted).
- There are no potential hazards arising from filling out surveys.
- Researchers do not provide compensation for respondents who participated in this study.
- The results of this survey will only be used by the researchers and several parties related to this research.

2.7 Additional studies

This report also contains additional research to complete the preliminary research. Additional research includes:

- Focus Group Work for (section 3.2)
- Analysis of toy suppliers (section 3.3)

- Analysis of online supplier (section 3.4)\
- Consumer survey at store (section 3.5)
- Pretesting communication messages from the Dolpin brand (sub-chapter 3.6)

Results

3.1 Formative Research

3.1.1 Sample characteristics

The number of respondents who participated in this study were 409 parents with children aged 5-9 years in Kemayoran District, Central Jakarta, which consisted of 94.4% (n = 387) women and 5.4% (n = 22) men. Based on the type of respondent, 85.1% (n = 348) of interviews were conducted with the primary caregiver / mother, 6.4% (n = 26) with the head of the household, and 8.6% (n = 35) of other adults.

- *Age.* 40.8% (n = 167) aged between 25-34 years, 39.9% (n = 163) between 35-44 years old, 11.0% (n = 45) between 45-54 years old.
- *Education.* 59.9% (n = 245) had a high school education, 21.5% (n = 88) of junior secondary education, 11.7% (n = 48) had elementary education, 6.4% (n = 26) had university education or other high school, 0.5% (n = 2) not attending school.
- *Home ownership.* 43.5% (n = 178) lived with parents / in-laws / family, 32.5% (n = 133) rented, and 24.0% (n = 98) lived in their own homes.
- *Source of household income.* 61.5% (n = 251) worked in the private sector including as workers or traders, 17.4% (n = 71) worked as laborers in a shop or company.
- *Monthly income.* 35.8% (n = 146) reported that monthly income was between 3-4 million rupiahs, 23.3% (n = 95) between 2-3 million rupiah, 17.2% (n = 70) between 1-2 million rupiah per month.
- *Households possessions.* Smartphone (86.3%), TV (88.0%) and motorbikes (80.2%) ownerships are very high. 20.0% have a computer, 21.5% have a tablet.
- *Communication methods.* 58.9% communicate with the telephone, 57.2% via social media such as FB and WA, 46.0% via SMS.
- *Number of families.* 52.3% only one family lived in one house, 17.1% there were two families, and 14.7% there were three families lived in one house.
- *Respondent's status.* 92.9% of respondents were married, 5.4% were widowed, 0.7% divorced and 0.7% were not married.
- *Religion.* 97.6% are Muslims, 1.0% are Catholic, 1.0% are Christian, 0.2% are Hindu, 0.2% are Buddhist.
- *Language.* All speak Indonesian. Other languages used at home: 14.7% Betawi, 7.3% Javanese and 7.3% Sundanese.

3.1.2 Characteristics of children

Based on the number of children aged 5-9 years in the nuclear family, 88.0% of respondents had one child aged 5-9 years, 10.8% had two children aged 5-9 years and as many as 1.0% had three children aged 5-9 years. Based on the sex of the child, 56.0% were girls, and 44.0% were boys.

- *Age.* 35.5% were 5 years old, 17.4% were 6 years old, 23.7% were 7 years old, 18.6% were 8 years old and 4.9% were 9 years old.
- *Child education.* 56.2% went to primary school, 24.0% were in PAUD, 16.6% were still in kindergarten, 2.7% (n = 11) did not attend school.

3.1.3 Use of toys

Types of toys given to children. Sports toys, bicycles and scooters (65.8%), action figures (50.6%), and puppets (49.9%) were the most common toys for children in Central Jakarta.

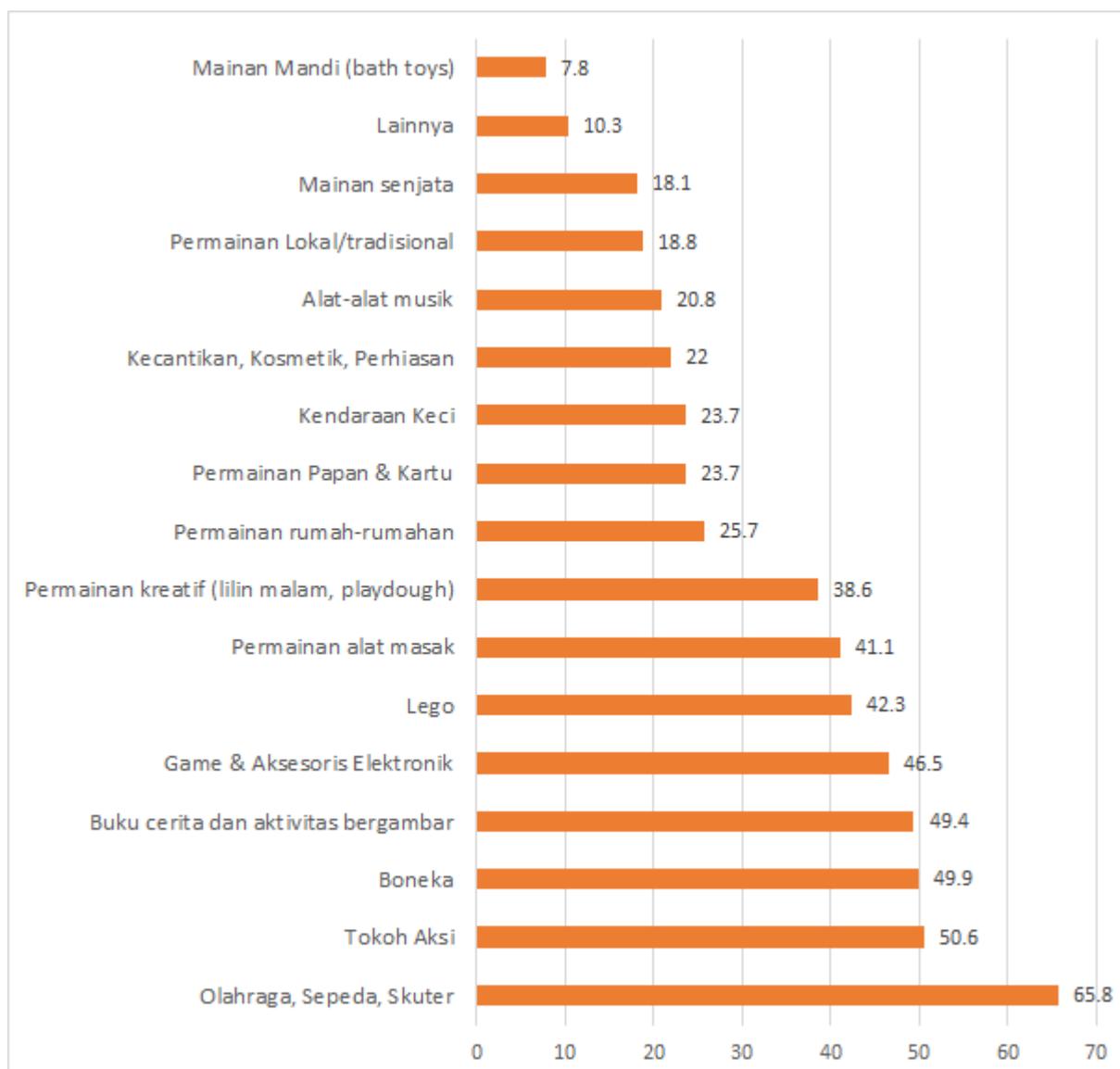


Figure 1. Types of toys given to children

Factors contributing in choosing toys

Three main things that are considered by parents in choosing toys for children: safe (91.2%), appropriate to the age of the child (82.2%), and durable (59.4%).

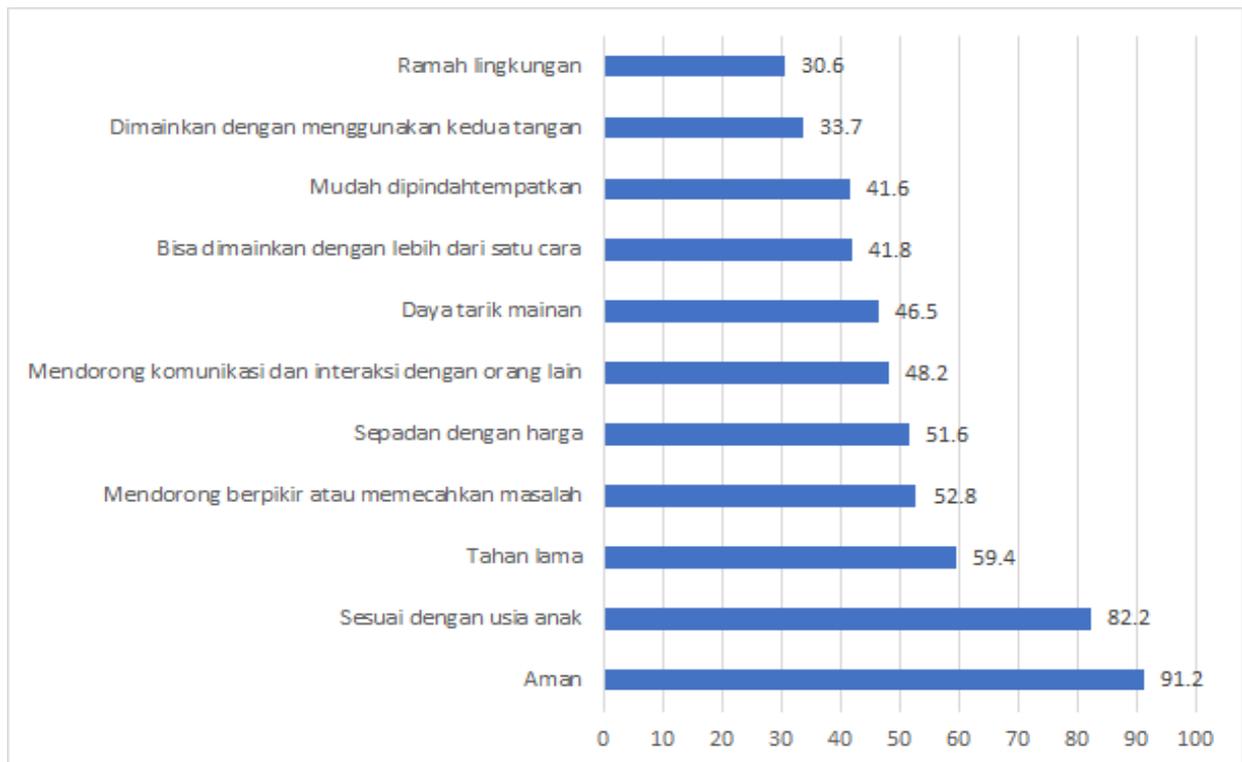


Figure 2. Considerations in choosing toys

Toy durability. 30.6% of respondents expected toys to last for more than 5 years since purchase, whilst 26.2% expect to last up to 1-3 years.

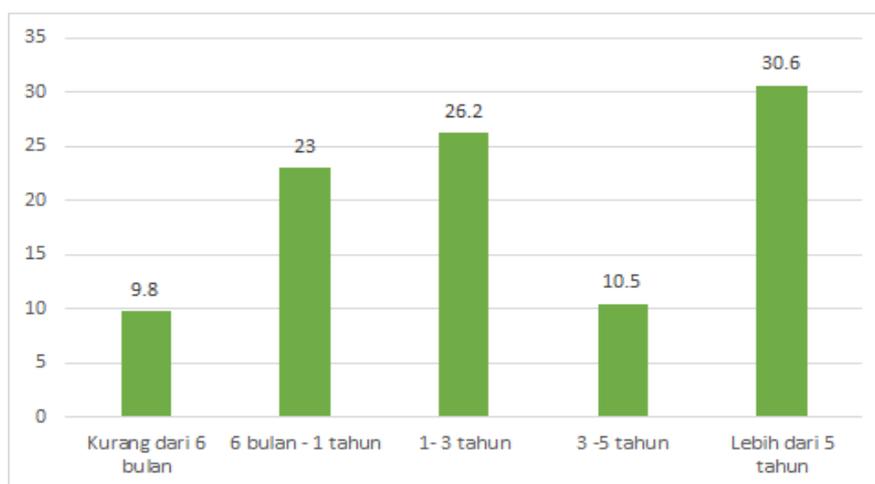


Figure 3. Toy durability

Types of games performed by children. 60.1% often performed physical games while 45.7% perform imaginative games.

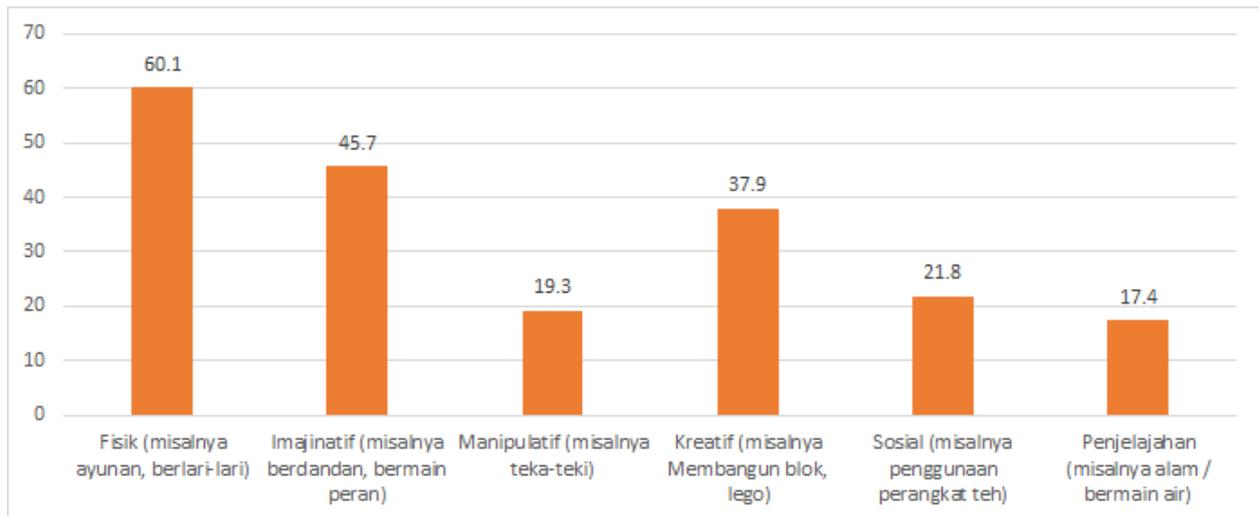


Figure 4. Types of games performed by children

Duration playing with toys. Most children (58.4%) play for 1-3 hours with their toys.

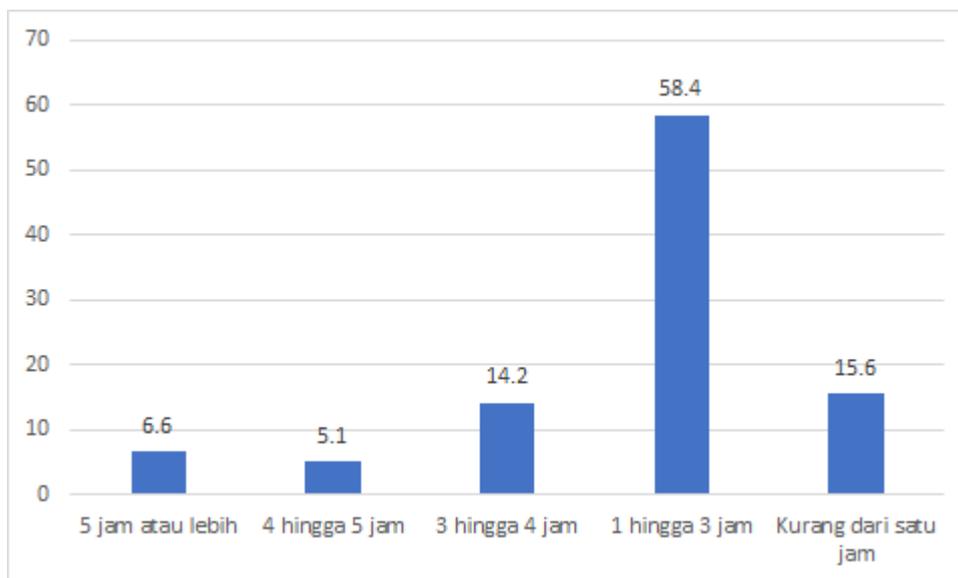


Figure 5. Duration playing with toys

Information about toys. Most parents obtained information about toys from the store (65.3%), and saw other children using the toys (informed by their children) (55.5%), as well as from TV (37.2%) and social media (36.4%).

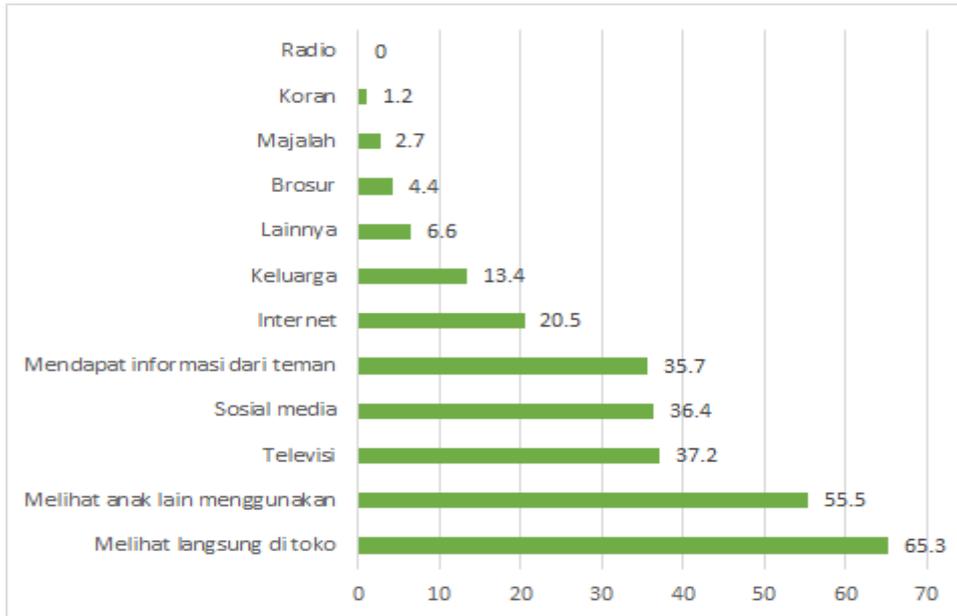


Figure 6. Source of information about toys

Social media. Of the respondents who reported that they received information from social media, 24.0% reported getting information from YouTube, while 13.2% from Facebook and 11.2% from Instagram.

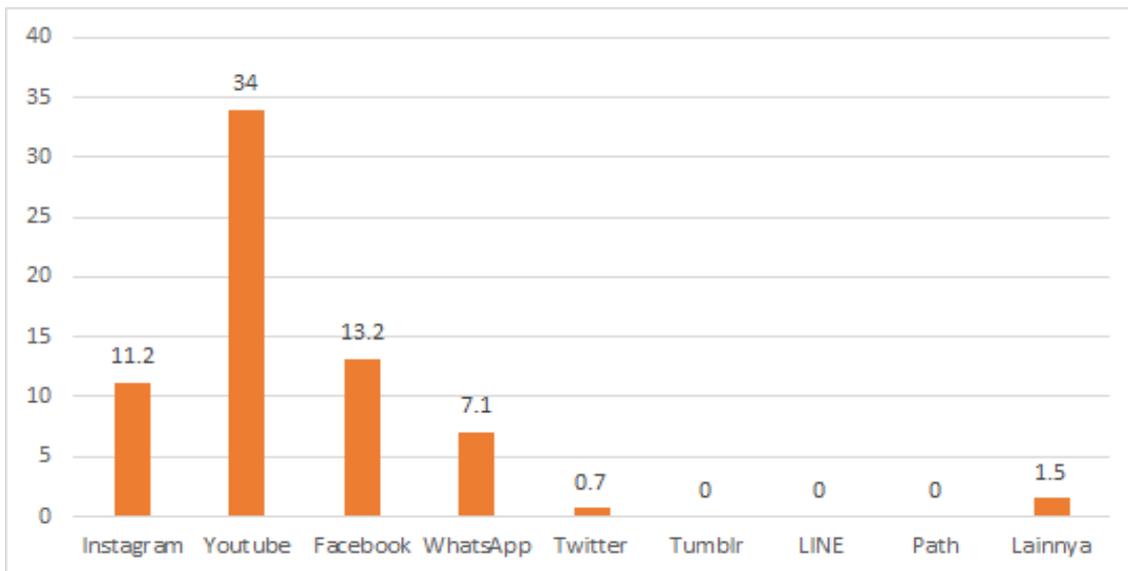


Figure 7. Sources of Information about toys through social media

Access to toys. Most respondents bought toys at the toy store on the market (81.4%) and toy retailers on the street (60.9%).

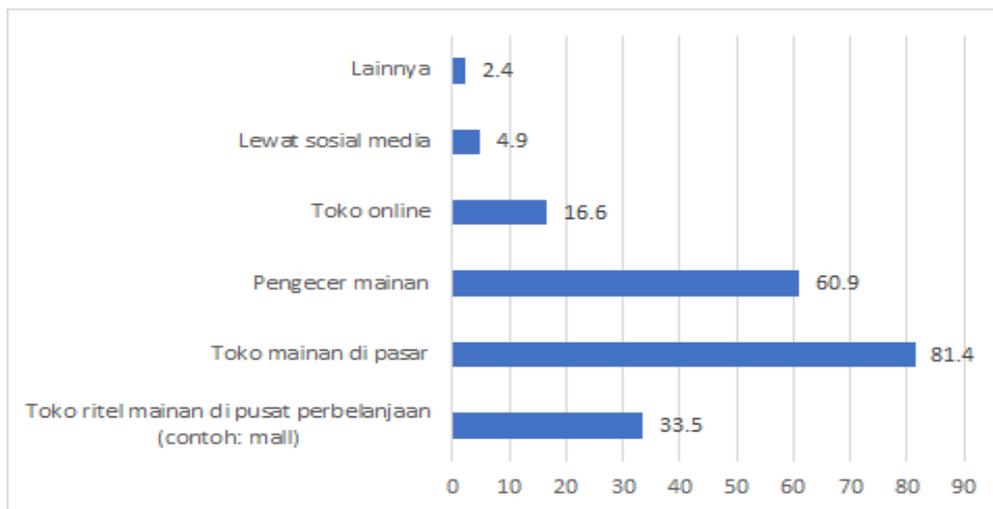


Figure 8. Access to toys

Frequency of toy purchases. Most respondents reported that they bought toys every few months (32.3%) and once a month (21.5%).

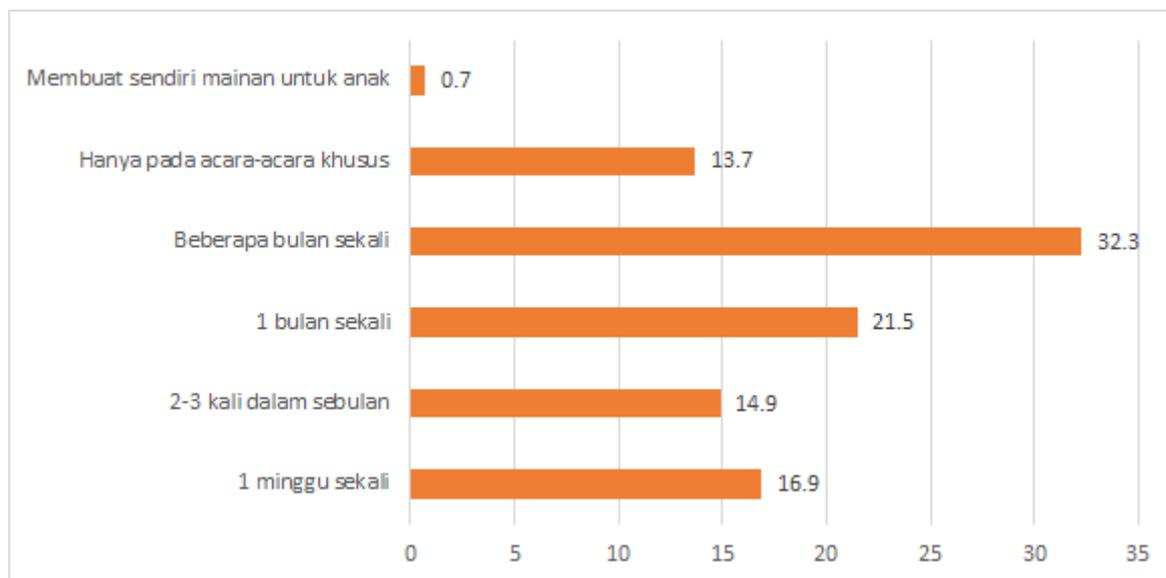


Figure 9. Frequency of toy purchases

Purchasing toys. 50.6% of respondents reported that they would spend less than IDR 100,000 for each toy purchased.

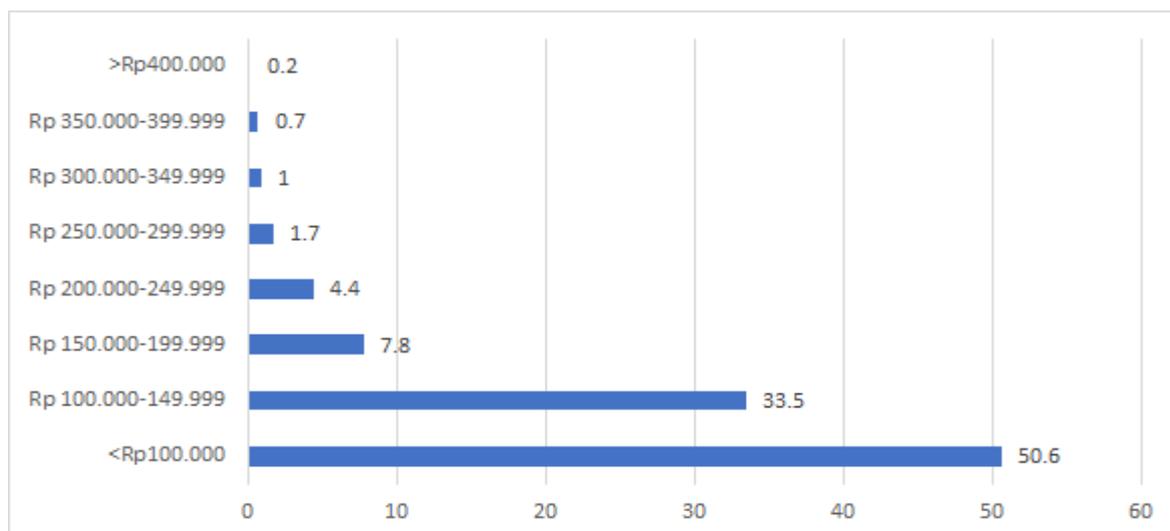


Figure 10. Total expenditure for toys

3.1.4 Structured and unstructured play

- Structured play is playing with supervision from parents or other adults, there is interaction / communication between children and parents, the game has certain rules, there are certain goals to be achieved, not including routine habits such as feeding or defecating. Most respondents (45.2%) reported that in a day, their children spent 1 hour to play structured.
- Unstructured play, which is free play without supervision from parents or other adults but does not include screen time. Most respondents (28.4%) reported that in a day, their children spent 1 hour and 2 hours (31.3%) to play unstructured.
- Screen time is the playing time that uses the screen including from smartphone, tablet, computer, TV, etc. Most respondents (42.2%) reported that in one day, their children spent 1 hour and 2 hours (26.2%) on screen time.

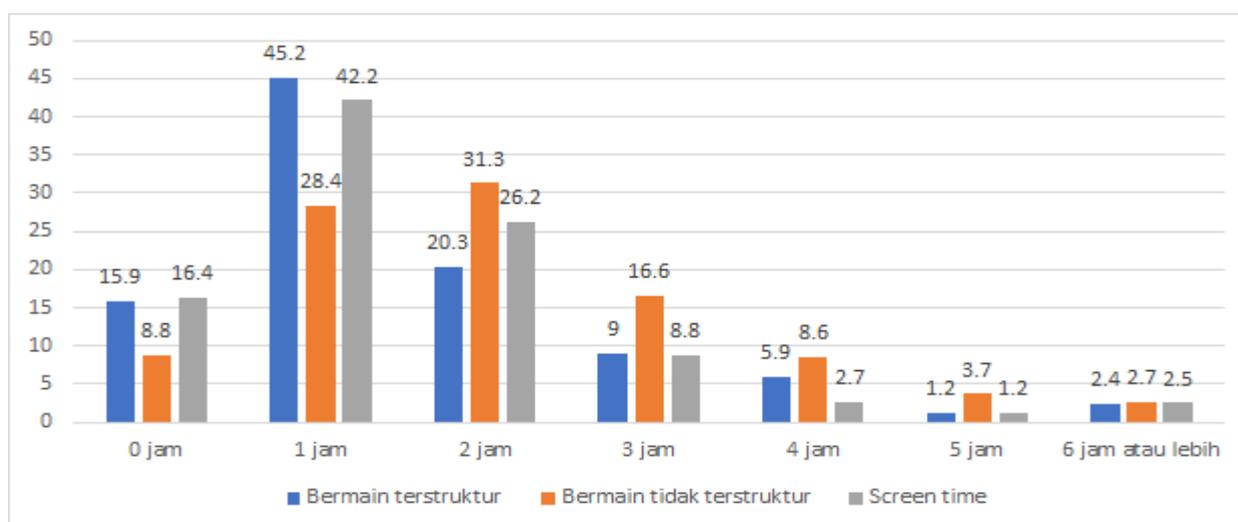


Figure 11. Average length of structured play, unstructured and screen time in a day

Out of school activities. Most of the respondents reported that their children participated in the following out-of-school activities: religious activities (75.1%), learning with parents (69.4%), playing at the playground (36.9%), and tutoring (private lessons / *Calistung* (*Baca Tulis Hitung*/Reading Writing Calculating) (33.7%).

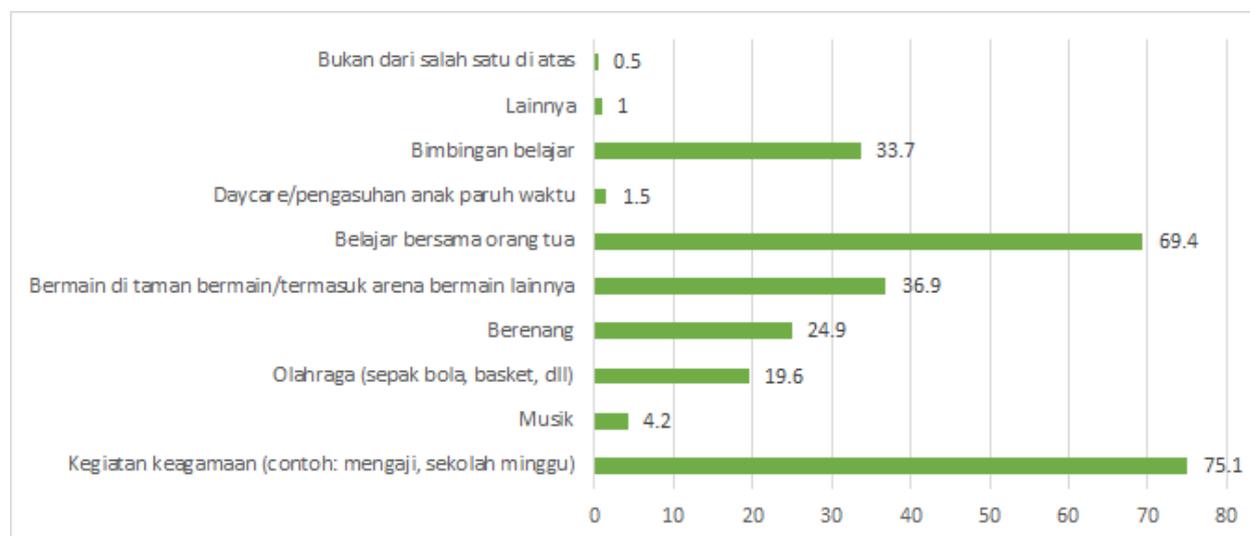


Figure 12. Activities of children outside of school

Perceptions of Structured and Unstructured Playing

- *Children aged 5-9 years need structured activities to support their development.* Most respondents strongly agree (50.9%) and agree (47.7%) with this statement. 1.5% disagree with this statement.
- *Time spent playing freely / unstructured playing is also a learning time for my child.* Most respondents agree (54.8%) and strongly agree (28.9%) with this statement. 14.4% disagree and 2.0% strongly disagree with this statement.
- *It is important for my child to have free play time outdoors.* Most respondents agree (59.4%) and strongly agree (27.4%) with this statement. 10.5% disagree and 2.7% strongly disagree with this statement.
- *Screen time (for example watching television, and using computers, tablets or cellphones / smartphones) is important for my child.* Most respondents disagree (52.1%) and strongly disagree (6.8%) with this statement. 37.9% agree and 3.2% strongly agree with this statement.

Perception about Toys

- *When choosing toys for children, I looked for toys that were educational / educational as possible.* Most respondents strongly agree (61.9%) and agree (35.9%) with this statement. 2.2% disagree.
- *Toys have a very big role in children's development.* Most respondents agree (57.6%) and strongly agree (38.5%) with this statement. 3.9% disagree.
- *I always buy toys for children when they ask / demand to buy.* Most respondents agree (38.5%) and strongly agree (16.9%) with this statement. 38.2% disagree and 6.4% strongly disagree with this statement.

- *I rarely talk about topics related to reproductive health or sexuality themes in the family.* Most respondents agree (37.0%) and strongly agree (21.1%) with this statement. 38.5% disagree and 3.4% strongly disagree with this statement.
- *We prohibit family members from discussing topics related to the themes of sexuality and reproductive health.* Most respondents agree (35.5%) and strongly agree (18.6%) with this statement. 42.2% disagree and 3.7% strongly disagree with this statement.

Perceptions of learning health themes and relationships

- *Your child learns about body parts.* Most respondents reported that this was very important (57.0%) and important (42.3%) with this statement. 0.7% reported that this was not important.
- *Your child learns about how to protect certain body parts.* Most respondents reported that this was very important (61.6%) and important (38.1%) with this statement. 0.2% reported that this was not important.
- *Parents teach children how to recognize and take care of body parts.* Most respondents reported that this was very important (56.2%) and important (43.8%) with this statement.
- *Parents teach children about having positive relationships with family and other children.* Most respondents reported that this was very important (54.8%) and important (45.0%) with this statement. 0.2% reported that this was not important.
- *There are special tools or toys for children to teach children about their organs and functions.* Most respondents reported that this was important (54.3%) and very important (39.9%) with this statement. 5.9% reported that this was not important.

Discussion behavior about body function

- 91.7% of respondents reported having discussed with children about body function, and 8.3% had never discussed it.
- *Theme of discussion with children.* The theme that was discussed with children related to body function: 94.7% about the human body part, 81.6% the importance of taking care of this body part, 72.5% about the difference in male and female organ function.

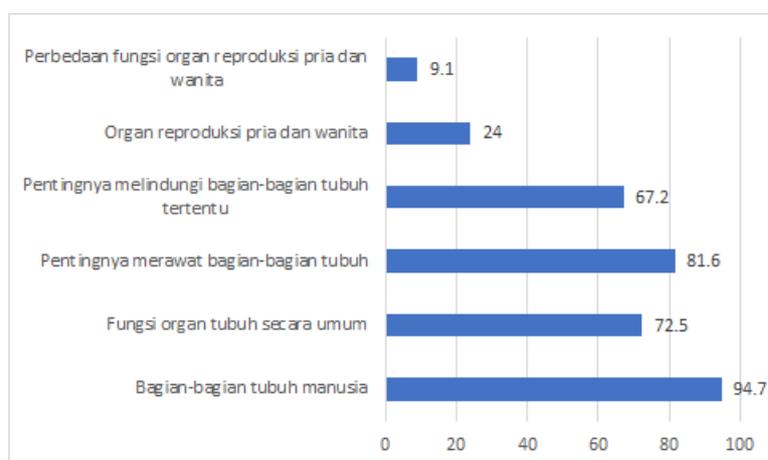


Figure 13. Theme of discussion about body functions

- *Methods of introducing body parts.* Most of the respondents taught their children through the story (72.55) and through showing the body directly (47.5%).

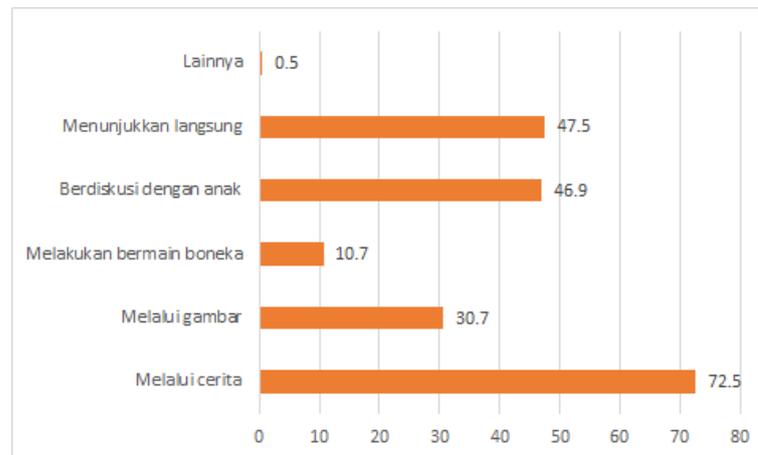


Figure 14. Methods for introducing of body functions

- *Use of special terms.* 61.1% of respondents did not use special terms while 38.9% used special terms. For male reproductive organs commonly used terms: birds, dick, elephants. For female reproductive organs: duck, wallet, puput, pepet.
- Most respondents reported that those who should teach about reproductive health were parents (97.6%) and teachers at school (62.1%).

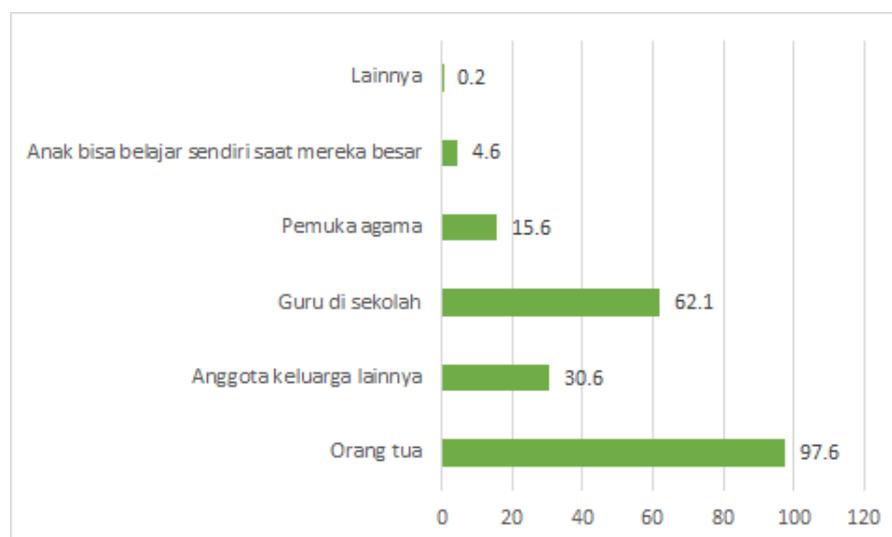


Figure 15. Education about reproductive health

- When asked when children can be introduced about body organs and body functions in general, the average age of the most widely mentioned is 5 years.
- When asked when children can be introduced, they are introduced about the theme of reproductive health (for example: puberty, pregnancy, wet dreams, menstruation), the most commonly mentioned age is 12 years.

Communication about Reproductive Health Discussion

We also ask whether parents feel comfortable when discuss about reproductive health topics around sexuality and about differences in male and female bodies. Most respondents feel comfortable and very comfortable discussing this theme.

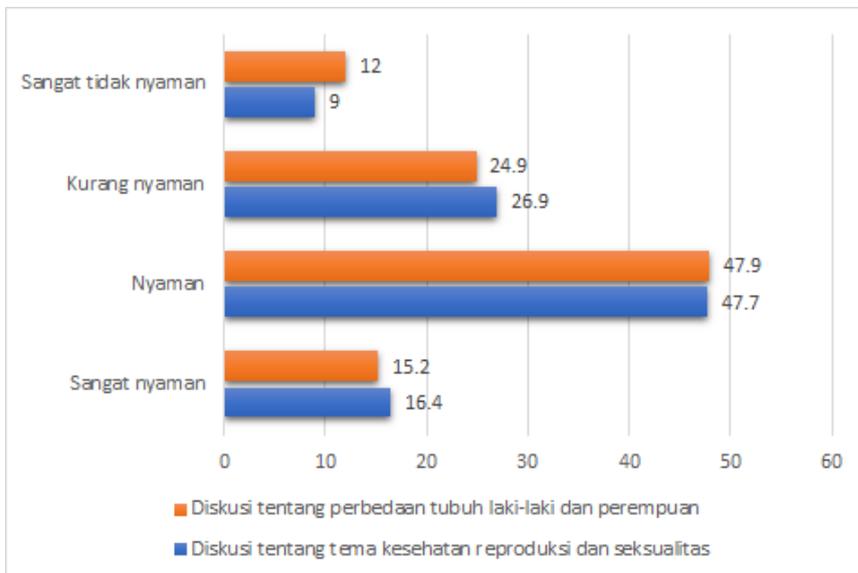


Figure 16. Convenience in discussing reproductive health themes

Regarding confidence when discussing reproductive health themes or themes around sexuality and about the differences in male and female bodies, most respondents felt confident and very confident about this theme.

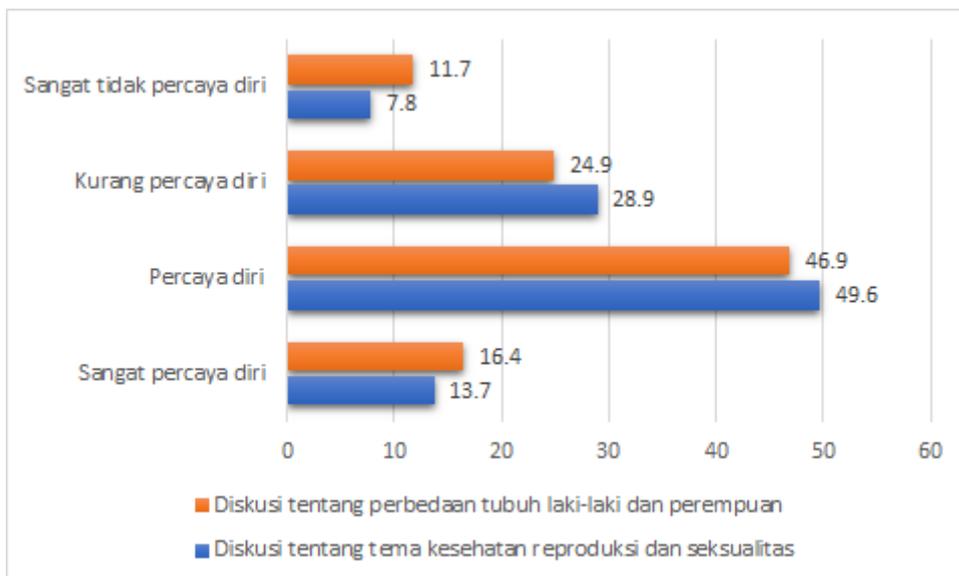


Figure 17. Confidence in discussing reproductive health themes

3.1.5 Media Use

- *Internet browsing.* About half of the respondents use the internet less than 3 hours a day. Nearly 40% of respondents did not use the internet.
- *Social media.* About half of respondents used social media less than 3 hours a day. Nearly 30% of respondents did not use social media.
- *TV.* Exposure to TV was quite high. About half of respondents watched TV between 1-3 hours a day, 20% watch less than one hour a day, and 15% between 3-5 hours a day.
- *Radio.* Radio exposure was very low. More than 90% didn't listen to the radio.
- *Magazines and newspapers.* Exposure to magazines and newspapers was very low. About 90% didn't read magazines or newspapers.

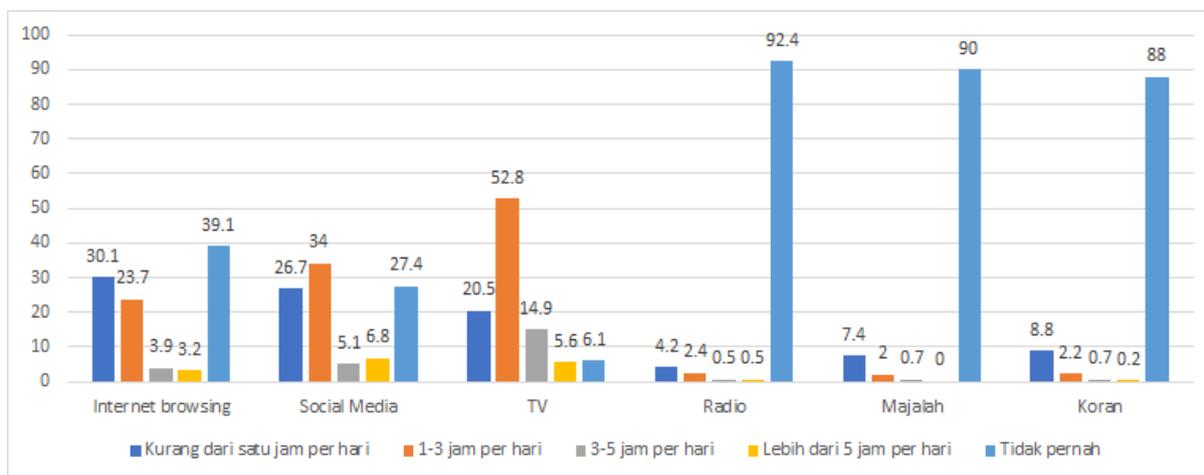


Figure 18. Media usage

Use of Social Media. The most common social media used by households daily is WhatsApp (80.2%), Facebook (53.1%), YouTube (39.4%), and Instagram (30.6%).

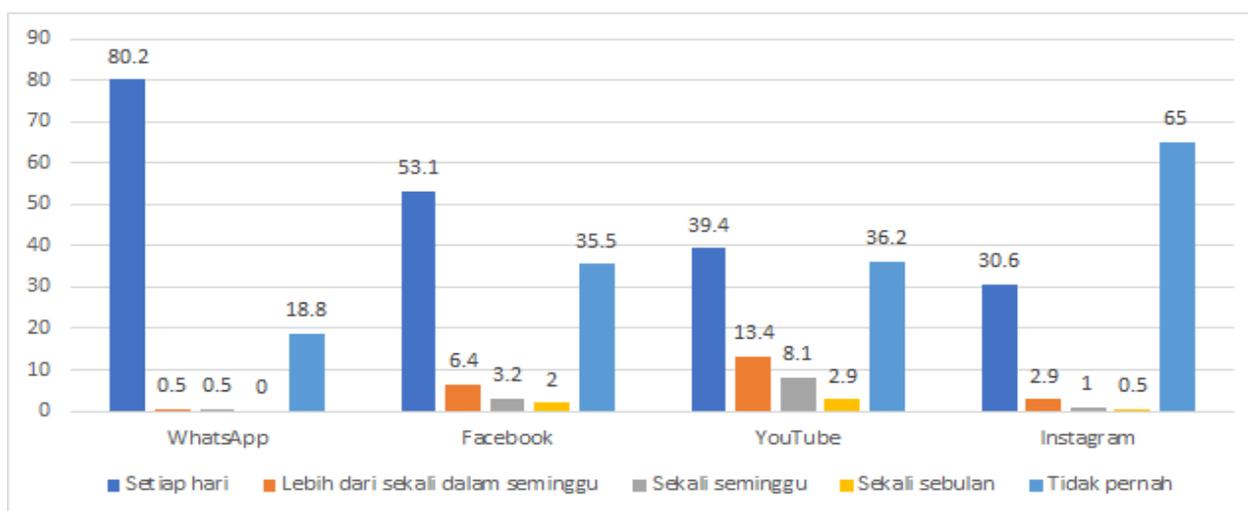


Figure 19. Social media used by respondents

The use of other social media such as Twitter, LINE, BBM, Telegram was very low. More than 90% never used this channel.

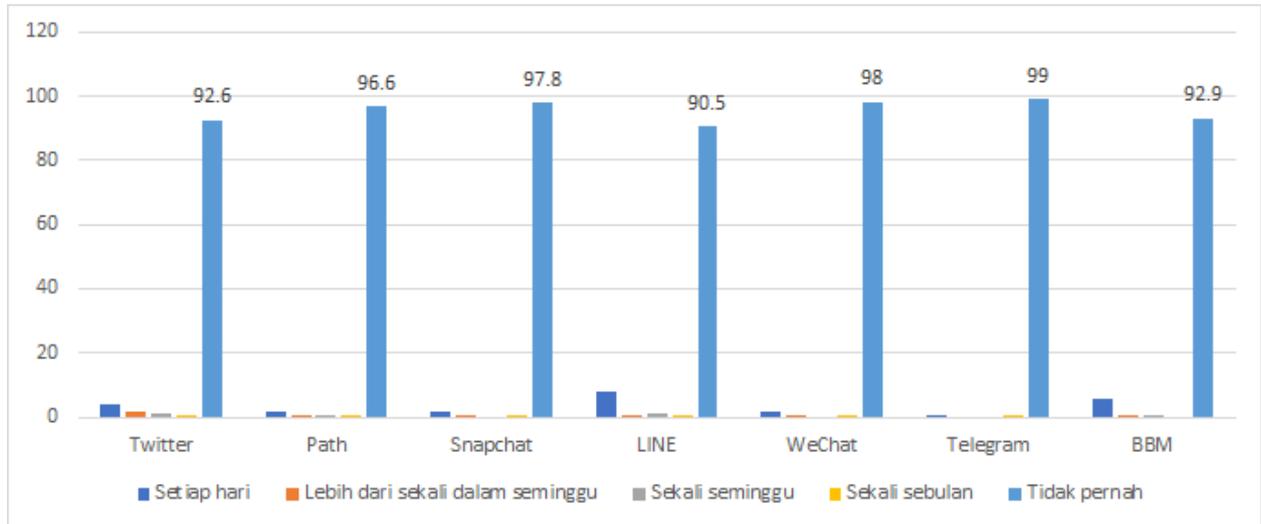


Figure 20. Use of other social media

Furthermore, the use of online blogs and media such as Detik.com and Tribun news was also very low.

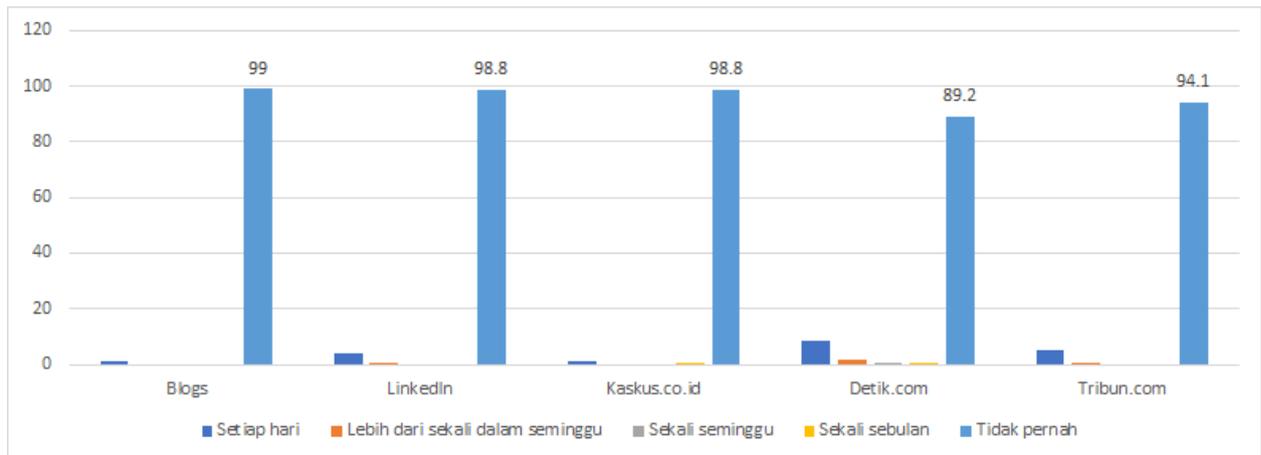


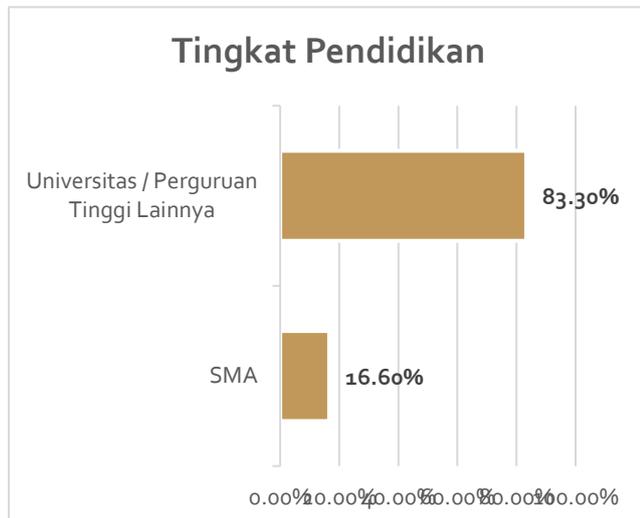
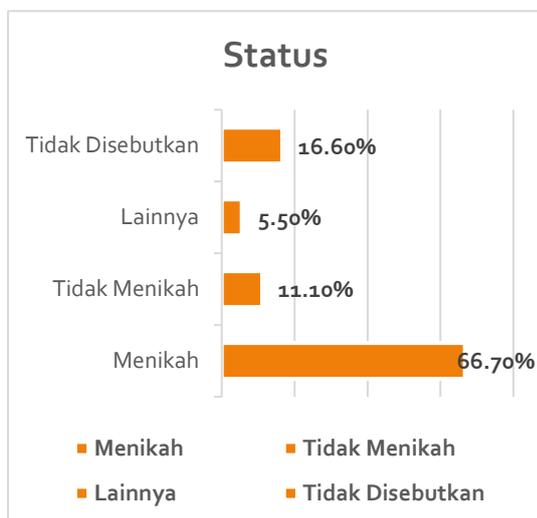
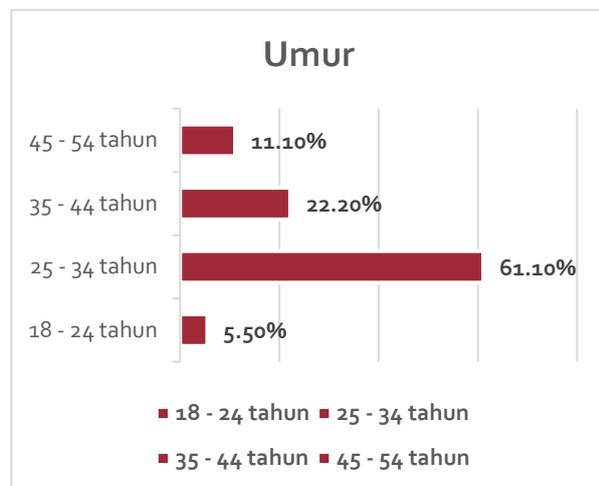
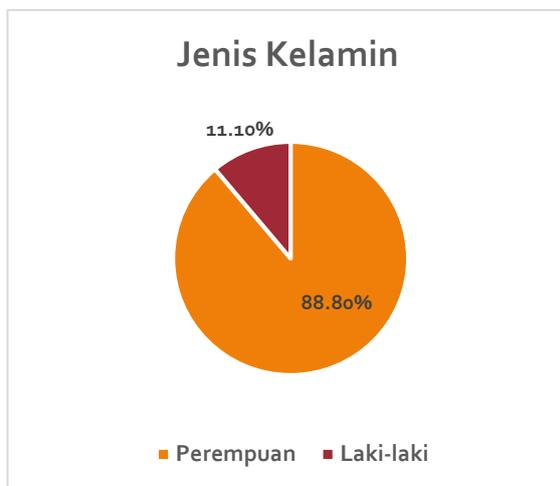
Figure 21. Use of online media

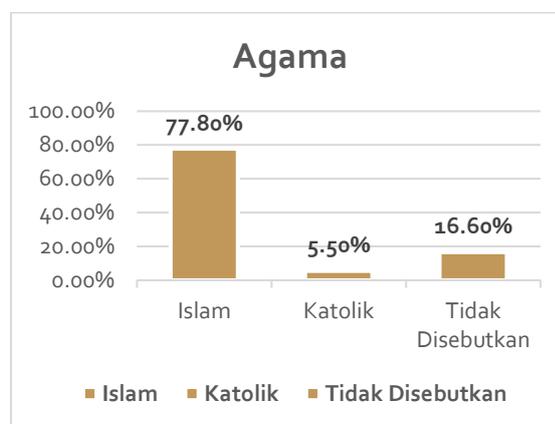
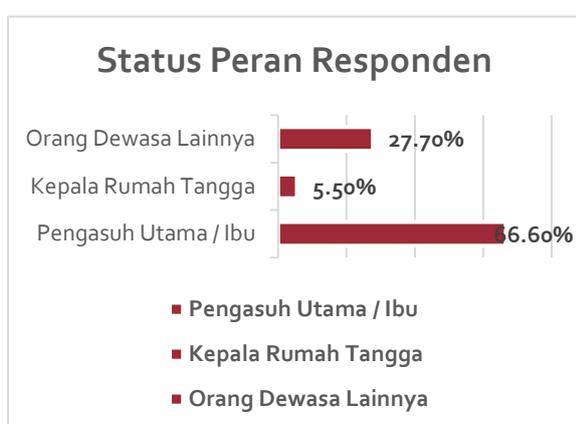
3.2 Focus Group Work

The Focus Group Work aims to find out determinant factors in providing reproductive health-related education for children. The findings will be used to complement the findings in the formative research and in the development of DOLPIN. Focus Group Work activities include trigger discussions, developing themes and insights.

3.2.1 Participants characteristics

The following are the characteristics of the sample that follows the activities of the Focus Group Work (FGW). The total number of respondents was 18 people, 88.3% (n = 16) were women and 11.7% (n = 2) were men.





3.2.2 Trigger Discussion, Developing themes and Insights

In this activity, participants were divided into two groups. Each group is accompanied by one facilitator and one note-taker. Some questions are asked in groups. Responses and opinions from participants are recorded. The findings in the trigger discussion enriched understanding on how parents provide sexuality education to children. Following are the results of the discussion:

Educational Resources related to Reproductive Health

When asked about where and how participants get sexuality education when they were young, some participants received reproductive health education from several sources, such as:

- *Parents.* Most participants reported getting reproductive health education from their parents, especially when getting their first period. There are also other materials related to reproductive health. The material taught by their parents also varies, such as about the parts of the body that must be covered, taught about shame. As stated by one participant: "*My mother also always says that when sitting, we are not allowed to open our legs!*" (Rini - Child Psychologist).
- *School.* Some participants received information at school. For example, the material of reproductive organs obtained from Biology lessons. Some participants obtained the information

from religious studies, as expressed by one respondent *"In the past, in the madrasah there were books that specifically taught it, so everything was from religious studies. I got the lesson in class 6. I already knew everything, from religious studies."* (Siti-Parents) and *"yes, it's called Kinsiah, I also got it"* (Ola Child Psychologist).

- *Other sources.* Some participants obtained information about reproductive health and sexuality education from other sources such as media. One of the participants got information about this issue from non-formal education activities in their area, *"it was introduced through a small pesantren in the village. There is a yellow book. Class 4-5 elementary school, there is a yellow book that teaches about sex. How to have sex. I was in grade 4/5 elementary school. There is an explanation in the yellow book. Actually the book is for those who are ready to get married. As I was still young, I was just laughing"* (Ulya-Enumerator).

Most of the participants have actually received reproductive health education, even though the materials and methods of delivery are different. It was also known that some of the participants' parents delivered reproductive health education in an inappropriate manner, as experienced by one of the following participants as a child. *"When I was young, my parents often told me that when I used skirt, I need to wear extra pants, don't get to close with guys, no holding hands, because it will make you get pregnant, I was threatened"* (Fitri-parent). *"There are parts of the body that must be covered, but (we) don't know why it should be covered."* (Syfa-Segara.ID Games).

One participant also shared a story that she had experienced sexual abuse when she was a child and a teenager. *"I have been sexually abused when I was a child, but did not know and was not aware at all, because I didn't know if at that time I was being harassed. When I realized, I felt like I was really dirty, it was useless, from there I thought for all to do a free lifestyle. When I was in middle school when I realized I was being harassed, I also never told my parents or other people, because why I told my parents, they didn't care. There now I am now making toys about sexual education, because I know that it is very important."*

Regarding about what questions or topics children often ask for participants as adults or parents, it is known that most children ask about where they came from or where the baby came from, and the difference between men and women, as cited by one participant, *"My child once asked, 'why do men have "snake"-penis? why women don't have it? Why is my breast big? Why he doesn't have it?"* (Dewi-parents). Children also tend to ask questions after seeing or watching something. Like a statement from one of the participants, *"My little kid asks more, 'why am I on earth? Mum, what is sodomy? Even though he was 4 years old and knew from the television and wanted me not to explain in detail. Because of the news from television, what is a rapist?"* (Mrs. Yulina, Owner of Malva Kayla Toys).

There are various ways participants respond to the questions from their children. They said that they tried to give explanation to the child. The differences are their method to deliver the messages because of values or culture in their family. Some respondents delivered the information or explained to their children when they were bathing with children, because in the family there was a habit of bathing

together. Some also explained the issues with the help of other media such as by using books or videos on Youtube. Some participants also have implemented sexuality education for their children at home, such as by mentioning the name of the reproductive organ; vagina, penis, explaining parts of the body that cannot be touched by others, and so on.

Some parents have tried to explain the child's questions. However, some participants reported that they explained with incorrect information, such as the story of one of the parents, *"If my child asks about where the baby comes from, yes I usually explain it when the baby comes from wheat flour, make it for the kitchen" The problem is that they are still too small*" (Putut-Parents). Parents feel the children are still too young to be given such an explanation. They also felt reluctant when explaining because they considered it as taboo.

There was an interesting experience shared by one of the participants when interacting with parents from the middle to lower economic level, as told by one of the participants, *"I have met with women in Kwitang because actually PKBI education is not just for children and teachers but targeting the parents and I met the parents who gave sanctions to their children. In conclusion, people who live in densely populated areas with a lower economic level will more easily give sanctions. For example, there are children who ask, "Mom why do my penis getting harder when I wake up? Some parents respond: HUSH! Don't hold it! And then beaten and hit her child's mouth. it turns off the curiosity of her child."* (Muvi-Representative of PKBI).

The participants as adults or parents of children said they had carried out sexuality education to their children, whether basic information about child health or sexuality. Some provide education about gender differences through the habit of bathing -boys will bathe with their father, while girls will bathe with their mothers. In addition, the material that is usually given by participants to their children is about the stage of puberty, how to socialize with other people and being careful with strangers.

In this discussion the participants also assessed benefits of obtaining sexual education -to prevent the sexual violence and to maintain personal hygiene. A slightly different opinion came from Ms. Syifa- Owner of Segara. ID Games, she stated that getting sexuality education had an effect on one's self-confidence and prevent bullying, *"Being more confident, and don't mind when breasts getting bigger because I already know why. It also prevents being a bully to other friends "how come you have menstruated?", "How come you haven't menstruated", things like that "*.

Some challenges of reproductive health education for children -within the core family and the community- is the openness to the issue. Some participants stated that even in their own extended family, reproductive health issues are still taboo to talk about. There are participants who have provided sexuality education to their children but admit that they cannot intervene in their larger families. This is due to different values in each family. As told by one participant, *"Usually when joining the gathering, there are certain languages limited to sexual education by others. So it's difficult to talk to other parents because the languages and values are not the same or appropriate."* (Ola-Child Psychologist).

In addition, there are other barriers that were identified by participants in providing reproductive health education for children, as parents do not know how to communicate appropriately to children, there are no reliable sources, communication is not open between parents and children, so children are more open to his friend, there are no tools that help explaining the reproductive health issue and gender bias.

Use of medical terms for explaining reproductive organs

Some participants reported that they preferred to use medical terms in explaining reproductive health organs: *"My mother is a nurse and we used biological terms....So you are used to it. Then I know from a book, like about giving birth. The explanation is indeed medical. If men grow hair on the armpits and mustache I know from my father but more from my mother"* (Irang, participant). *"We use biological term. Because we want to explain the concept. I am afraid that the child will be confused, for example if the penis is said to be a bird, then he thinks the bird is a penis on his father or a flying bird. What values must be built has become a process...So when we say penis, it's comfortable because it's normal. Without laughing so the child is not confused because it is normal"* (Muvi, PKBI representative). "From dad because I like to read encyclopedias, why menstruations, so he explained medically. Because the explanation is more theoretical than technical. Because it's a scientific basis, so I don't believe in myth...."(Parents). There were also participants who asked to conduct a training *"Conduct training, guidelines for parents and their children. The language needs to be as general as possible, so that we can understand...."*(Parents).

Developing themes and insights

For developing themes and insights, participants were divided into two groups. Each group will get a flipchart and several pieces of paper with themes based on the findings in the formative research and trigger discussion as follows:

No	Themes
1	Parents are confused about how to start a discussion about reproductive health or sexuality.
2	Parents are not the only source that provides information about reproductive health / sexuality
3	Children are less open to parents and ask friends more.
4	Parents lack knowledge about reproductive / sexuality health.
5	Parents lack confidence in explaining body functions
6	Parents avoid when children ask about reproductive health / sexuality issue.
7	Parents feel less comfortable in talking about body functions or the theme of reproductive health / sexuality
8	Parents are busy, less time to communicate with children.
9	Religious education also helps explain reproductive health / sexuality themes
10	Reproduction / sexuality health topics are still taboo / sensitive to talk about.

Participants then discussed to choose three themes considered most important in the reproductive health education. After choosing three themes, each group is given opportunity to choose one of the main themes and some explanations on how Dolpin would later be able to answer the challenges of the issues.

Developing Themes and Insights

Selected themes	Reasons
1. Parents lack knowledge about reproductive health / sexuality	<ul style="list-style-type: none"> • Educational background is different (Example: Have forgotten the lesson). • Limited sources of knowledge (Example: information sources, not all use social media). • Many sources are less valid (myths). • Lack of awareness of the reproductive issues or reproductive health is considered not important, and children can learn when the time comes / adult. • Different environmental / economic / cultural influences.
2. Parents are not the only source that provides information about reproductive / sexuality health	<ul style="list-style-type: none"> • The school curriculum is different, according to the level / type of school. For example, private and public schools. • <i>Guru Ngaji</i> (religious teacher) teaches about reproductive health (distinguished by gender). • Brothers (uncle and aunt) can explain to children (background needs to be considered) • Reproductive health book (ebook, etc.). Shimajiro
3. Lack of educational toys related to reproductive health / sexuality depends on or about the introduction of body equipment	<ul style="list-style-type: none"> • The introduction of body organs and functions (in kindergarten), there is no focus on reproductive organs. Even if there is, the tool is expensive (need training and very expensive). • Books related to reproductive health are expensive • Lack role of the government

Developing insights to develop prototype

Selected theme	How to address the issue
The need for parents or caregivers to know how to start discussion and deliver information about reproductive health and sexuality	<ul style="list-style-type: none"> • Developing material according to the age of the child • The toys / materials used are in accordance with the guidelines on how to use them. • Using communicative language and not patronizing, easily understood by children and their parents, • More use of visualization and materials that stimulate child sensory. • Can stimulate children to explore the toys • Gender sensitif - visualization of body parts made as closely as possible to the original so as not to confuse. • Affordable prices, a maximum of IDR100,000. • Using safe materials

Group 2

Selected themes	Reasons
1. Lack of educational toys related to reproductive health / sexuality depends on or about the introduction of body equipment	<ul style="list-style-type: none"> • The price of educational toys is more expensive, not all parents can afford it. • Number and variety of toys are not widely available • Information about educational toys is not much

	<ul style="list-style-type: none"> • Access to get these toys is limited (not sold in all stores, only to certain groups) • Expensive software
2. Parents are confused about how to start talking about reproductive health and avoid if children ask about reproductive health / sexuality	<ul style="list-style-type: none"> • Worried that the child does not understand the message • Different ways of looking at other family members. • Taboo to talk about. Not comfortable discussing reproductive health and sexuality. • Do not know how what will be delivered to children.
3. Lots of information obtained from TV, YouTube, and other sources that make children become active in asking about reproductive health / sexuality.	<ul style="list-style-type: none"> • There is no "filter" to sorting shows and channels for children. Children can watch anything. • Parents or caregivers do not understand the provisions / rules that are included in each show / game / channel

Selected theme	How to address the issue
<p>Parents lack knowledge about reproductive health so that the Dolpin toys should help parents to explain related issues.</p>	<ul style="list-style-type: none"> • One complete package (Books, CDs, Audio Books (can be pressed) because children have different interests, can be slammed (long lasting), and images must be concrete. • Flash Card / Like a calendar (flipchart) • Training with PKK mothers (coordinating with the kelurahan), contacting the Governor, going to the Posyandu • Provide instructions for using books. The Manual which explains the game for children of what age, it must be clear what age. • General language but also scientific language. • Visualization according to culture (not too vulgar). For example, by using animation, images are cut or not full body, nude images vs. using a swimsuit. • Material presented if there is an emphasis on reproduction. Example: Sexual harassment has a term or illustration example. • There are assessments from experts • There is market research to schools and PKK.

3.3 Supply analysis – Toy stores

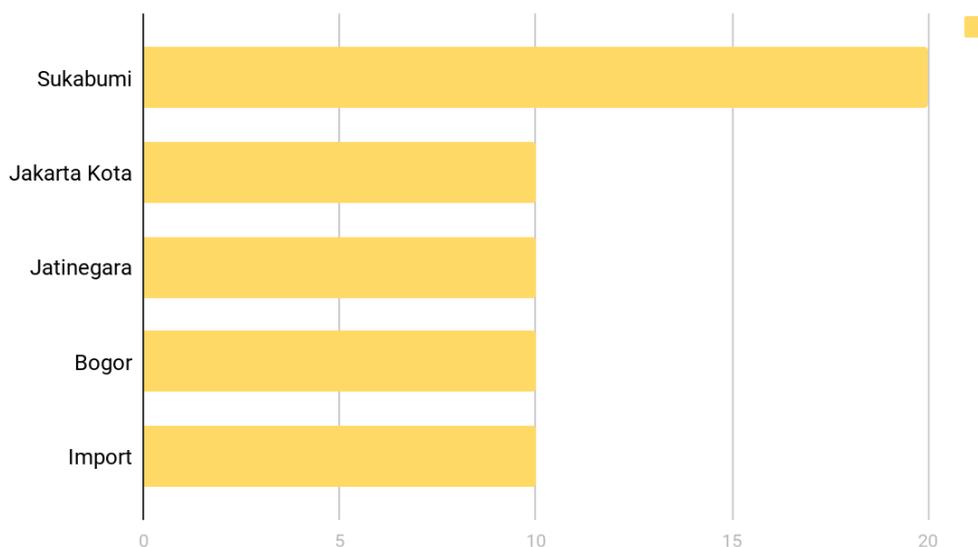
Additional study on the analysis of toy store suppliers aims to provide a deeper understanding on the pattern of toy sales. A total of 10 toy stores located in the Gembrong Market, East Jakarta and Asemka Market, Central Jakarta were interviewed.

3.3.1 Sample characteristics

The number of respondents is 10 people including store owners and staffs, consisting of 70% (n=7) women and 30% (n=3) men. Based on age, most respondents were aged 18-24 years (40%, n=4), 45-54 years (30%, n=3), 25-34 years (20%, n=2) and 55-64 years (10%, n=1). Based on education level, most respondents have junior high school education (junior high school) (50%, n=5), high school (senior high school) (40%, n=4) and university or high school level (10%, n=1).

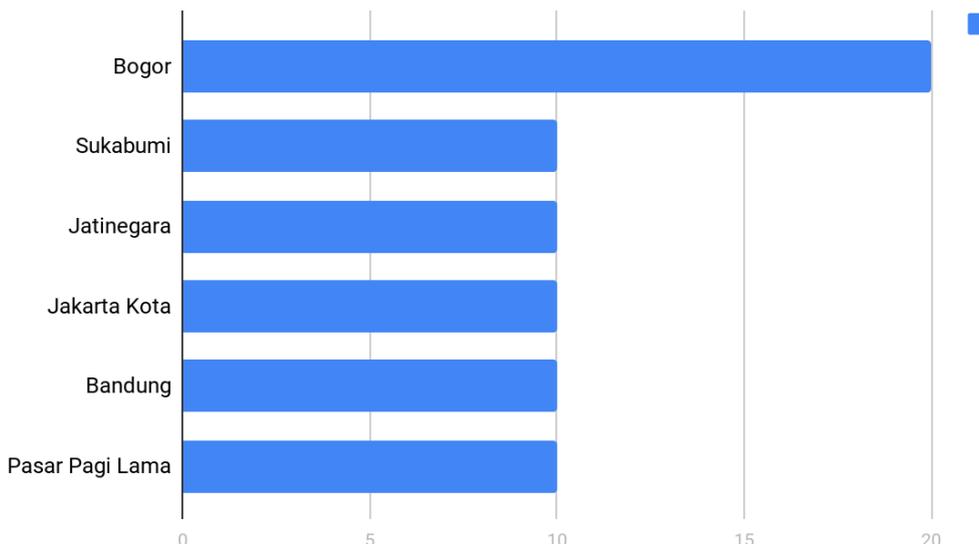
Shop Information

Toy stores are self-owned 30% (n=3) and 60% (n=6) rented from others. The average income is IDR 10 million and above (40%) and between IDR 5-10 million (10%). Based on the location of the toy shop business partners, 20% were in Sukabumi, 10% in Kota Jakarta, 10% in Jatinegara, 10% in Bogor, 10% in Imports (Oriental and Horizon). 80% of toy stores documented the administration, while 20% of toy shops did not have it.

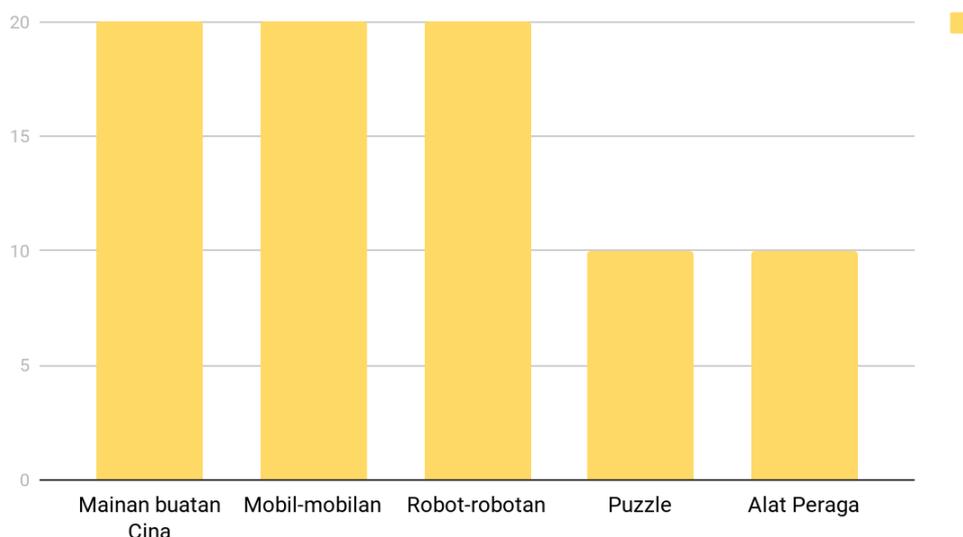


Toy Products

90% of respondents (n=9) reported that they sold imported goods and domestic products, while only 10% sold only domestic products (n=1). For toys produced locally, 20% were from Bogor, 10% from Sukabumi, 10% from Jatinegara, 10% from Jakarta Kota, 10% from Bandung, 10% from Pasar Pagi Lama and 10% from others.



The best-selling toys are toys made in China (20%), cars (20%), robots (20%), puzzles (10%) and others (10%).



80% of respondents reported that they bought toys directly from distributors, 50% of toys were purchased directly from toy manufacturers and 30% produced their own toys. Some reasons why sellers sell toys in their stores: popular toys (60%), many consumers are looking for it (10%) and match their tastes (10%).

Based on the types of most popular toys were dolls (80%), action figures, bath toys and musical instruments (60%), beauty toys, games & electronic accessories, creative games (night candles, play dough) (50%), lego, soccer, small vehicles, home games and board & card games and local / traditional games (40%), weapons (30%), and tennis racquet games (10%). In addition to children's toys, 20% of respondents said that their shop also sells stationery and accessories and clothing and sports equipment (10%).

Educational toys

60% (n=6) of respondents reported that they did not sell educational toys related to health including body parts and 10% (n=1) sold educational games related to health including body parts. 30% (n=3) of respondents said that educational toys were one of the best-selling products in the store, while 70% (n=7) said that educational toys were products that were not too selling and 10% (n=1) sell stickers, lunch boxes, wallets and bags.

Consumers

Based on the type of consumer, 80% (n= 8) reported that consumers who come and buy children's toys were usually individuals and 60% (n=6) are distributors/retailers while 10% (n=1) are representatives from school (elementary school and early childhood).

Complaint management and other policies

Toy stores also had policies related to toy sales. 40% (n=4) had a policy that the items that have been purchased cannot be returned, 30% (n=3) said that the items they want to buy must be tried first at store, 20% of the seller has a policy that the purchased goods can exchanged for new toys if the previously purchased toy is damaged, 10% say that the seller guarantees a service to the toy purchased by the buyer.

90% (n=9) reported that they have received complaints from consumers. Complaints that are often received by sellers are toys that use batteries that are damaged (40%), toys are dirty and torn (20%), and their children do not like the toys (10%). The complaint management includes receiving toys that are damaged but not exchanged for money, but with new toys (30%), assisted with repairing damaged toys (20%), the seller helps by providing information on the service place toys (10%), if the toy is broken or heavily damaged the seller will do nothing (10%).

Price information

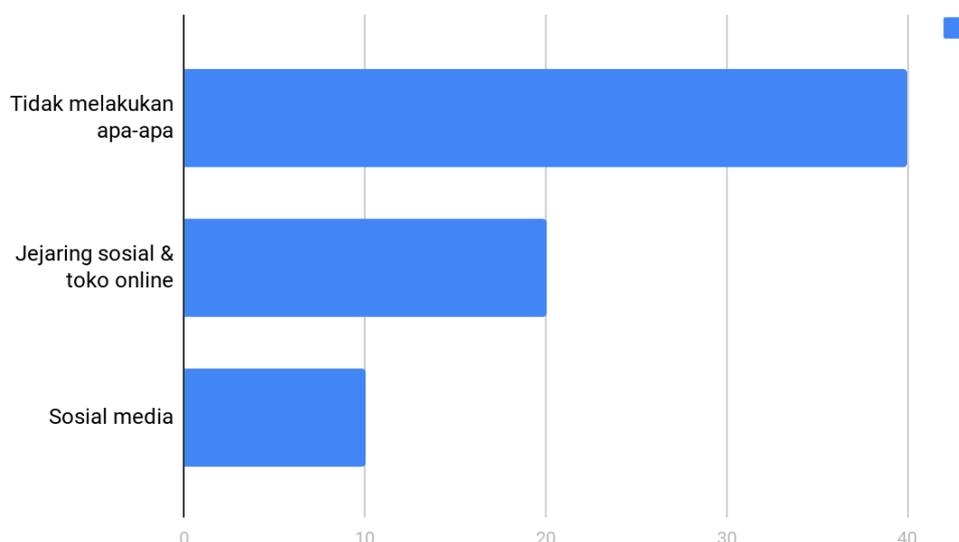
The lowest price range of toys (units) sold in toy stores were IDR 20,000 (30%), IDR 7,000 (20%), and IDR 15,000 (10%) and IDR 70,000 (10%). For the highest price range, the toys (units) sold in the toy store were IDR 2,000,000 (30%), IDR 500,000 (20%) IDR 300,000 (20%), IDR 200,000 (10%) and IDR 5,000,000 (10%).

Toy placement at store

30% of toy sellers arrange the placement of children's toys in their stores based on the size and the popularity, 20% of sellers arrange the toys based on their tastes, then 10% arrange their toys based on gender (toys for female and male), popular items, special promos and toys with the most expensive prices. Based on the location, 30% reported that the best-selling toys were placed in front of the store and 20% said it was in the middle of the shop, whilst others reported that the shop layout did not affect sales. For the rack part, 30% of the sellers say that the middle shelf (eye level) is the best-selling toy.

Promotional Activities

40% of respondents did nothing to promote their sales, 20% promote the products through social networks (Whatsapp) and online stores, and 10% promoted their products via social media.



10% (n = 1) of toy sellers said that they had an online group with other toy store owners and 90% (n = 9) reported no. Regarding promotional activities, 40% of sellers said that they had received promotional materials from toy manufacturer sales and 10% said they had never received any promotional materials. Promotions from toy manufacturers usually used brochures (40%) and banners (10%).

Regarding promotional activities at toy stores, 40% of sellers reported that toy manufacturers could put promotional materials in the toy store while 60% said that toy manufacturers could not put promotional materials at the seller's shop. Related to the requirements that must be fulfilled by the toy manufacturer if they want to put promotional material in the toy store, 20% of the sellers say that the promoted items need to be available at store, 30% of the sellers say that they must see the promotional material first. 40% of sellers said that they offered special price/discount for large quantities purchase.

When there are items that are not sold out, the seller reported that they will sell the product at a price of capital (70%) and some reported that they will place the toys in a place that can be seen by more people (10%).

Best-selling seasons. The seller said that the best-selling season were during Eid holidays (40%), school holidays (30%), national holidays and year-end (20%), and during Valentine's Day (10%).

3.4 Analysis of Supplier via Online Channel

Additional study was also conducted to analyze toy suppliers from the online market. This study aims to explore the promotion activities conducted in the online market and a number of services provided to consumers via online shop. The interviews were conducted by contacting the owner of an online store by telephone, where previously the Dolpin team asked about their willingness to be a respondent.

Sample characteristics

Interviews were conducted from September 8 to 12, 2018, and were joined by 5 business people in the online market. The person interviewed were the business owner, except for Fun Cican, the respondents interviewed was the Project Manager. The respondents consisted of 4 female respondents and 1 male respondents. And most respondents aged 35-44 years (60%).

Online Shop	Details
 <p>funcican Follow</p> <p>1,824 posts 11.1k followers 65 following</p> <p>Fun Cican Karakter imajinatif Kelinci berambut poni Sahabat Anak Indonesia! Email: funcican@hellomotion.com #FunCican #Cican #TeamCican #CicanAyoGambar www.youtube.com/c/FunCican</p>	<p>Fun Cican - Character using bunny with bangs. The Instagram account has 11,100 followers. Fun Cican also has Instagram store @cicanstore, and other media such as Youtube, Twitter and Facebook. The products are available via online store at https://www.kdri.co and through the online store of its distributor - Bentang Pustaka and Mizan Store.</p>
 <p>menthilis Follow</p> <p>986 posts 31.9k followers 301 following</p> <p>Paket Kreativitas Anak  Beragam project edukatif dan seru, dalam sebuah boks!</p> <p>Whatsapp :0878-2428-3244 Line: @menthilis Katalog: @menthiliskatalog</p> <p> Click to order linktr.ee/menthilis</p>	<p>Menthilis Project - Educational toys with various themes in one box. The Instagram account has 31,900 followers. Menthilis has two Instagram accounts: @menthilis @katalogmenthilis. Menthilis Project has other channels to promote its products such as websites (still under repair), Youtube, Facebook, and Line. Menthilis Project also sells its products through online stores: https://linktr.ee/menthilis, Shopee and Tokopedia.</p>
 <p>ilokids Follow</p> <p>432 posts 24.3k followers 213 following</p> <p>ilokids handcrafted busy book for kids</p> <p>— order/details</p> <p> Line: @ilokids  WA: +62 821 1330 0177 (chat only)  no call or dm</p> <p>— Mon — Fri 08.00 — 16.00</p>	<p>Ilo Kids - Educational toys in the form of <i>busy books</i>. The Instagram account has 24,300 followers. Ilo Kids also sells its products through Shopee and Tokopedia.</p>

 <p>kotakmainmainan Follow</p> <p>219 posts 8,679 followers 7,343 following</p> <p>Kotak Mainmainan Kids play and learn supplies! Order via whatsapp: 0821 2600 4676 NEW 📅 Senin Rabu Jumat</p> <p>Play ideas: @thisishowweplay www.shopee.co.id/kotakmainmainan</p>	<p>Toy Box - Provides a variety of educational toys. The Instagram account has a total of 8,679 followers. In addition, the Toy Box has another Instagram account which contains how to play various products at @thisishowweplay, and sells its products through Shopee.</p>
 <p>ideokids.edugames Follow</p> <p>24 posts 101 followers 16 following</p> <p>ideokids.edugames Edugames Children Books 📞 0822-300-300-88 (WA/Telp) 📍 Surabaya, Indonesia 🚚 JNE / Wahana / Pos Indonesia / JNT / Tiki 👉 Open Reseller</p>	<p>IdeoKids.EduGames - Provides educational toys in the form of snake ladder boards and puzzle blocks. The Instagram account has a total of 101 followers. They sell products using a reseller system.</p>

Most of the stores (60%, n=3) have been selling their products via online within 3-5 years, while 40% (n=2) have been selling for 1-3 years. Regarding the availability of offline stores, only one store (20%, n=1) had an offline store, namely Fun Cican with the name Hello Motion in Tebet Barat, others (80%, n=4) only using online media. Regarding website for online sales, there are only two stores (40%, n=2) which have their own websites -Fun Cican (<https://www.kdri.co/>) and Menthilis Project ([https:// linktr .ee / menthilis](https://linktr.ee/menthilis)) whilst other stores (60%, n=3) do not have a specific website to promote their products or online stores.

Online toy store income

Of the five shops interviewed, almost all (80%, n=4) had income above 10 million rupiah per month, while one shop had gross income of between 1-5 million rupiah per month. There was one shop that sells products with a price range of IDR 2,500 - 130,000 whilst others some in the range of IDR 30,000 - 350,000. The estimation price of the most popular toy was between IDR 40,000 - 80,000 (40%, n=2).

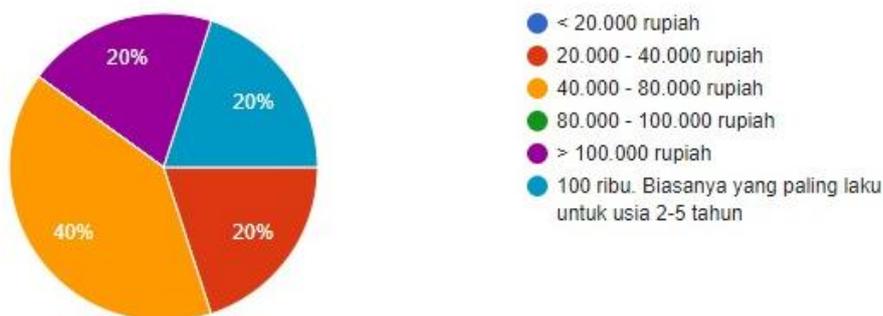


Figure X. The most widely purchased toy price range

Business partner

When asked about business partners, most online stores (80%, n=4) reported that they have partners to support their business. The business partners were not only limited to toy manufacturers, but more broadly such as material suppliers, neighbors who are employed as employees, book publishers, or parenting communities.

Product attributes

Of the five shops interviewed, the products sold were mostly (80%, n = 4) local / domestic products. These five online stores also produce their own toys (100%). There is a shop whose concept collects several items that are made together for sale (assembled) / crafty toys. The products come from local and imported. Regarding the origin of the material, there is one shop that gets products from locally within the area they operate the business (eg living in Bandung, then getting the toy material from Bandung), Fun Cican also works with publishers in Bandung. For imported products or materials, the respondent does not know the exact origin of the item.

Of the five online stores, most sell a variety of children's toys, such as story books and pictorial activities, bath toys, board and card games, cooking utensils, dolls, house games, t-shirts and blocks. One shop does not only sell children's educational toys, but also some crafty equipment, such as washi tape, tray, and others.

When asked about the best-selling products, each respondent said the products they made were the consumers' favorites. Some stores have products such as IdeoKids. EduGames has 2 products sold, namely snake ladder boards and wooden block puzzles. Or the Menthilis Project has several series of educational toys. There were various reasons that encourage respondents to sell toy products in their online stores: provide creative toys and imaginative tools for Indonesian children, see the market potential for educational toys.

Educational toy products related to reproductive health

Of the five online stores, there were two stores (40%, n=2) that sold educational toys related to reproductive health including introducing body organs and their functions -IdeoKids.EEGames by using snakes and ladders, and Toy Boxes by using story telling - body recognition stories.

Consumers characteristics

Consumers were mostly from individuals even though there were also orders coming from the community or government institutions. Consumers usually purchased products through online stores (40%, n=2), WhatsApp (40%, n=2), and visiting the bookstore or offline store - Fun Cican (20%, n=1).

Services to customers and complaining management

60% of respondents (n=3) reported that consumers had ever experience dissatisfaction with the products. All stores have their policies regarding the complaining management:

- **Menthilis Project.** Complaints received by this online store were usually around the packaging of damaged products, because the packaging material were made of cardboard. Menthilis Project provides a customer service contact to receive complaints from consumers and provide a product guarantee for three months (for new products to be replaced with new ones) or by providing vouchers for future purchases.
- **Fun Cican.** Fun Cican works with book publishers in Bandung. For management of customer complaints and purchasing policies, the issue will be handled directly by the publisher.
- **Ilo Kids.** The most common complaints received by this online store was about shipping, for example toys that have not arrived. Customers also actually provide input for the improvements of the products for example about adding pages. Regarding the policy, if there is a product that is damaged, can be returned and will be replaced with a new one.
- **Toy Box.** The most common complaints received by this online store was about shipping, for example, late delivery, or incomplete products. When receiving complaints from consumers, the owner will apologize and help track the item. If it turns out that it is indeed the fault of the shop owner, the item can be returned.
- **IdeoKids.EduGames.** The complaints were mostly about damaged packages received, shipping problems. The owner reported that they use insurance from the shipping party, so that when there is a damaged product, it will be replaced. For special requests from consumers, the owner will explain carefully that they cannot fulfil their request at the moment.

Promotion activities

In conducting promotion activities, each online store has different ways and strategies.

- **Menthilis Project.** Through social media and sponsorship with PAUD / TK.
- **Fun Cican.** Promote via Youtube, Instagram, Bookstore, attending bookfair.
- **Ilo Kids.** Through Instagram, creating a workshop that invites parents and children, communities and partners (depending on request).
- **Toy Box.** Through Instagram and Shopee accounts, creating another Instagram account that contains information about how to play using products sold.
- **IdeoKids.EduGames.** Through the store owner' Instagram - a famous child book writer. In addition, the owner said that those who actively conduct promotions are resellers.

The online platform used to sell the products were Instagram (100%, n = 5) and other online store platforms (80%, n=4) such as Shopee and TokoPedia. When conducting promotion activities via Instagram or Twitter, all online stores use hashtags for their posts. Most respondents use hashtag #mainanedukasi. One of respondents (Menthilis Project) reported that he did not like using hashtags,

because he feels that using hashtag is hardselling and it will make consumers uncomfortable. In addition, 60% (n=3) of respondents reported that they had conducted a number of promotion activities at the online store such as giving discounts in large quantities, buy 1 free 1 promo, through events, or by using advertisements on Instagram.

When asked about what will be done if there are products that have not been sold. Most respondents (66.7%) answered that they would sell it at a low price or give a discount. Some have taken other ways to promote it on a large scale in online media (33.3%), some also choose not to sell it (33.3%).

Partnership with online stores. When asked about the possibility of other sales / manufacturers promoting toy products in their online stores, 60% (n=3) respondents responded positively on the condition of having similarities in vision, mission, concept, target market, and price range. There are also those who mentioned that there is a need to have agreement first on how much profit will be obtained from the online store.

Best selling time. When asked about the best-selling time / season, consumers bought toys, the answers from respondents varied from the time of school holidays (40%, n=2), Eid holidays (40%, n=2), each month at payday (20%, = 1).

3.5 Consumer Analysis

This additional study on consumer in Asemka Market and Gembrong Market aims to understand more about the consumer purchase behavior in the market. Six respondents participated in the interview.

Sample characteristics

83.3% (n=5) of respondents reported that the purchase of toys were intended for their children whilst 16.7% (n=1) for relatives (nephews, neighbors). All consumers (100%, n=6) bought toys for boys and 50% (n=3) bought toys for girls, all for children under 5 years old (100%, n=6).

Shop Information

66.7% (n=4) of respondents bought toys at Pasar Gembrong and 33.3% (n=2) bought toys at Pasar Asemka. The reason respondents bought toys at that location was because the toy prices there were cheap (33.3%), while 66.7% reported others (e.g., happened to pass).

Toy attributes

Toys purchased by respondents at the time of the interview were: replicas of Transjakarta buses (still searching), not buying, educational toys (letter and number recognition), lego, rugs, coloring books, puzzles, dancing dolls, rideable cars, action figures, and sand model. For toy material purchased, 66.7% of toys are made of plastic, 16.7% of toys are made of wood, 16.7% of toys are made of paper, and 33.3% of others answer (have not found the toy they want to buy). The dimension of toys purchased are between 30x10x10cm³, 40x60x40cm³, 30x10x4cm³, 30x20x5cm³. 83.3% (n=5) of respondents reported they bought toys based on the child's gender, while 16.7% did not choose children's toys based on gender.

66.7% (n=4) of the respondents had determined what toys they would buy before coming to the store, 16.7% (n=1) had not decided, 16.7% did not answer (n=1). For types of toys purchased in general, 50% (n=3) of respondents stated that they chose educational toys for their children. 16.7% (=1) bought toys that were appropriate to their child's age, 66.7% (n=4) bought toys as requested by the child. While 16.7% (n = 1) answered others, buying toys according to the child's gender.

The price of toys purchased last time by respondents was 16.7% answered below IDR 20,000, 16.7% answered between IDR 20,000 - Rp 40,000, 16.7% answered between IDR 40,000 - Rp 80,000, 33.3% answered above IDR 100,000. One respondent did not remember.

Use of toys with children

83.3% of respondents reported that they often played with children using toys. Toys played by respondents with children are robots, toy trucks, lego, letter blocks, cooking utensils, home, and doctors. Regarding what was felt by respondents when playing a game with children, there were no respondents who felt bored (0%), 33.3% felt enthusiastic, and 50% answered others; 2 people answered to be entertained and 1 person answered normal.

3.6 Pretesting of Communication Messages of Dolpin Brand

This pretesting of communication messages aims to explore communication messages that will be used in Dolpin activities and campaigns. This pretesting activity was conducted during the FGW activities attended by 18 participants. In this activity, participants filled out a number of questions presented in the Question Box.

Seberapa penting kampanye Dolpin untuk anda? Ya Tidak	Kata-kata yang pas untuk Mainan edukasi anak, seperti Dolpin? Aman Pintar Sehat Terpercaya Ramah Lainnya	Apakah anda paham dengan istilah Kesehatan Reproduksi? Ya Tidak	Kata-kata yang baik dan mudah dimengerti untuk istilah Kesehatan Reproduksi menurut anda? Letakkan jawaban anda di kotak ini	Topik apa yang ingin anda ketahui dari kampanye Dolpin? Mengapa anak saya harus belajar tentang Kesehatan Reproduksi? Apa saja hal yang harus diketahui oleh anak saya terkait kesehatan reproduksi? Keuntungan yang anak dapatkan dengan bermain mainan seperti Dolpin Cara-cara bermain sambil belajar yang baik dengan anak? Lainnya
Apakah anda akan memakai waktu anda untuk melihat kampanye Dolpin? Ya Tidak	*Pilihan bisa lebih dari satu.	Apakah anda paham dengan istilah Mainan Edukasi untuk Anak? Ya Tidak	Letakkan jawaban anda di kotak ini	Letakkan jawaban anda di kotak ini
Apakah anda pernah melihat kampanye seputar Kesehatan Reproduksi atau Mainan Edukasi untuk anak? Ya Tidak	Bila pernah melihat, kampanye apa yang pernah anda lihat? Letakkan jawaban anda di kotak ini	Kata-kata yang baik dan mudah dimengerti untuk istilah Mainan Edukasi menurut anda? Letakkan jawaban anda di kotak ini	Letakkan jawaban anda di kotak ini	Letakkan jawaban anda di kotak ini
Kampanye Dolpin, sebaiknya dalam bentuk? Infografik/Gambar Artikel Singkat/Teks Video	Penyebaran kampanye Dolpin, sebaiknya lewat? Whatsapp Facebook Instagram Twitter Lainnya	Waktu untuk melihat sosial media/whatsapp? Pagi Siang Sore Malam Lainnya	Siapa yang paling sering bermain sosial media atau bermain whatsapp di rumah anda? Ibu Bapak Anak Saudara (kakak, nenek, paman atau bibi)	*Pilihan bisa lebih dari satu

Gambar X. Question Box 1

Contoh Kampanye Dolpin PILIHAN 1 Hal 1: Topik Kesehatan Reproduksi yang tepat untuk anak 3-5 tahun? Hal 2: 1. Anak mulai datangnya bagi Hal 3: 2. Diskusi tentang persetujuan	Bahasa Jelas Kurang Jelas	Gambar Jelas Kurang Jelas	Kritik dan Saran
Taruh pilihan anda di kotak ini	Warna Baik Kurang Baik	Huruf Jelas Kurang Jelas	
PILIHAN 2 4 PERATURAN TENTANG TUBUH 1. Aku adalah laki-laki perempuan 2. Aku adalah laki-laki perempuan 3. Tidak boleh ada orang yang boleh memukul/menggunakan kekerasan terhadapku 4. Jika ada orang yang melakukan sesuatu terhadapku, reproduksiku, atau harus ada orang yang menyetujui yang dapat aku lakukan 5. Aku bertanggung jawab atas tindakan seksualku	Bahasa Jelas Kurang Jelas	Gambar Jelas Kurang Jelas	Kritik dan Saran
Taruh pilihan anda di kotak ini	Warna Baik Kurang Baik	Bentuk huruf Jelas Kurang Jelas	

Gambar X. Question Box 2

Preferred terms to describe Dolpin's educational toys. Some preferred words chosen by respondents related to educational toys are the words "Smart" (70.5%), "Safe" (58.8%), "Healthy" (52.9%), "Friendly" (52.9%), and "Trusted" (35.3%).

Understanding the term reproductive health. 70.6% of respondents understood the term RH, while 23.5% did not understand the term RH.

Preferred terms for reproductive health. Some personal hygiene / genitals (35.3%), taking care of themselves (29.4%), genitals (23.5%), body health / genitals (23.5%), protecting the body (17.6%), directly mentioning the organ name – biological terms (5.9%).

Understanding the term children's educational toys. All participants (100%) understand the term Educational Toys for children (*Mainan edukasi untuk anak*).

Preferred terms for educational toy. The following are the terms chosen by respondents to explain educational toys: smart toys (41.2%), intelligent toys (29.4%), educational media (5.9%), learning toys (17.6%), exciting toys (5.9%), toys stimulating creativity (5.9%).

Knowledge about campaigns about reproductive health or educational toys for children. 70.6% have seen campaigns about reproductive health or educational toys for children, while 23.5% have never seen it.

Respondents also reported a number of campaigns about reproductive health or educational toys for children:

- Family Planning (using billboard): 2 children are enough.
- Educational campaign: protecting yourself from bad people.
- Campaigns about what body parts may and should not touch or hold and can only touched by mothers or fathers.
- Campaign for hygiene
- Safety campaign, taking care of reproductive organs, particularly from sexual crime
- Parentalk.id, Education of dandelion houses, UNICEF (Sexual Violence) using videos
- Educational toys to enhance creativity, I am Independent "I Can Keep Yourself", from ACT.
- Campaign for sexual violence against women and children.
- Sex education for children in school.
- Training program: using slides, and toys.
- Sex education training program on introducing body parts
- Theater performances of children "Aku & Anda" for life skills education campaigns for children aged 4-6 years.

Proposed campaign channels. 94.1% preferred video, 64.7% suggested using infographics / images and 23.5% preferred using short / text articles.

Proposed campaign channel via social media. The following social media channels are the preference for Dolpin campaigns: Instagram (76.4%), Facebook (64.7%), Whatsapp (58.8%), Twitter (29.4%), Kids Magazine (17.6%), Youtube (11.8%), IGTV (5.9%).

Exposure to social media or chat app: Night time (100%), daytime (64.7%), afternoon (52.9%), morning (47.1%), and others - when stuck or waiting (5.9%).

Family members who are often posting information on social media or chat applications. (58.8%), mother (35.3%), father (29.4%), child (0%).

Proposed topics to discuss in the Dolpin campaign:

- Why should my child learn about reproductive health? (64.7%)
- How to play while learning with children? (64.7%)
- What should my child know about reproductive health? (58.8%)
- The advantage that children get by playing toys like Dolpin? (52.9%)
- *Other proposed topics:* Introduction of body parts related to reproductive health (5.9%); How to protect children (under 5 years) from sexual predators (5.9%); What the impact of not teaching reproductive health to children (5.9%); Maintain and protect body organs so that children can understand reproductive health (5.9%); Access to Dolpin products and other product information (5.9%); the benefits of Dolpin toys (5.9%).

Conclusions and Recommendations

Here are some Dolpin principles that can be used as guidelines for prototype development:

1. **Universal.** Dolpin can be used by all parents from various background. Each parent has a different parenting method, according to cultural, economic and other factors. Every parent is a natural educator.
2. **Fun and Communicative.** The use of Dolpin encourages open communication between parents and children, in a way that is fun and in accordance with Dolpin's focus on family-based toys.
3. **Affordable Prices.** There are many educational toys available, but the price is high. There is a need for providing toys for the middle class economy.
4. **Supporting Parents.** Dolpin is used by parents who are aware of the importance of reproductive health education for children and become an alternative tool for parents in providing reproductive health education. Most parents already have knowledge to educate their children. There is a need to improve the delivery methods, and its content.
5. **Child Focus.** Dolpin supports the child's development stage. Children aged 5 years are developing cognitive aspects, so they can ask serious questions and usually look for guidance from parents. The material delivered is in accordance with the stage of child development.
6. **Safe.** Materials used are not harmful to children's health.
7. **Informative.** Dolpin contains information that is factual, evidence-based, clear, and easy to understand.

References

- Badan Pusat Statistik Kota Administrasi Jakarta Pusat. (2017). *Statistik Kesejahteraan Rakyat Kota Administrasi Jakarta Pusat 2017*. Jakarta: BPS.
- Goodwin, N., & Martam, I. (2014). *Indonesian youth in the 21st century*. Jakarta, Indonesia: United Nations Population Fund (UNFPA).
- Gray, N., Azzopardi, P., Kennedy, E., Willersdorf, E., & Creati, M. (2013). Improving adolescent reproductive health in Asia and the Pacific: do we have the data? A review of DHS and MICS surveys in nine countries. *Asia Pac J Public Health*, 25(2), 134-144. <http://dx.doi.org/10.1177/1010539511417423>
- Leerlooijer, J. N., Ruiter, R. A., Damayanti, R., Rijdsdijk, L. E., Eiling, E., Bos, A. E., & Kok, G. (2014). Psychosocial correlates of the motivation to abstain from sexual intercourse among Indonesian adolescents. *Trop Med Int Health*, 19(1), 75-92. <http://dx.doi.org/10.1111/tmi.12217>
- Susanto, T., Saito, R., Syahrul, Kimura, R., Tsuda, A., Tabuchi, N., & Sugama, J. (2016). Immaturity in puberty and negative attitudes toward reproductive health among Indonesian adolescents. *Int J Adolesc Med Health*, <http://dx.doi.org/10.1515/ijamh-2016-0051>
- World Health Organization. (2006). *Defining sexual health: Report of a technical consultation on sexual health 28–31 January 2002, Geneva*. Geneva: WHO.