

Developing Early Childhood Self-Protection Skills Through Role-Playing: Insights from Bandura's, Vygotsky's, and Bronfenbrenner's Theoretical Perspectives

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Abstract

Ensuring children's growth and development within the school environment is critical to helping them develop self-protection skills. The purpose of this study is to describe how role-playing activities can develop self-protection skills in early childhood based on an analysis of three developmental theories: Bandura's social cognitive theory, Vygotsky's sociocultural theory, and Bronfenbrenner's ecological theory. This study employed a qualitative research method, with data collected through observation during role-playing activities. Observations were conducted in two kindergartens in Indonesia, each of which implemented micro and macro types of role-playing. The observational data obtained through documentation and field notes were analyzed using the Miles and Huberman framework, involving the collection, reduction, and presentation of data in accordance with the thematic patterns of the three developmental theories. The results of the analysis of these three theories indicate that role-playing—whether at the micro or macro level—provides children with opportunities to practice self-protection skills through observation, imitation, scaffolding, and social support. Teachers need to incorporate role-playing as a targeted and collaborative learning strategy that involves both the school and family contexts to ensure that children's protective skills develop optimally.

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INTRODUCTION

Early childhood should be a developmental stage rich in stimulation that supports a child's growth and development. This period marks the beginning of a child's physical, cognitive, language, emotional, social, and overall well-being development ([Duminda et al., 2026](#)). This process does not necessarily begin at birth, but rather at the very start of conception, with the hope that the child will grow into a person with great potential ([Pentiernitasari et al., 2025](#)). Creating an environment that supports a child's potential requires efforts across various sectors of the child's surroundings. Families, schools, communities, and even the government, through its policies, play a decisive role in a child's success in the process of growth and development ([El Zaatari & Maalouf, 2022](#); [Sloss et al., 2026](#)).

However, the reality is that children's safety during their growth and development does not always go smoothly. According to data from the Indonesian Child Protection Commission (2025), it was reported that throughout 2024, there were 2,057 child protection complaints, with the majority of cases—1,097—involving issues within the family and alternative care settings, followed by 265 cases of child victims of sexual crimes, and 240 cases of child victims of physical and psychological violence ([2024 Annual Report of the Indonesian Child Protection Commission, 2025](#)). This indicates that violence against children is highly diverse and that no environment is safe for children, not even within their own homes. In terms of age, the largest group of victims was actually toddlers aged <1–5 years, with 581 cases, followed by children aged 6–8 years with 378 cases. If early childhood is defined as the 0–8 age range, then there were at least 959 reported cases involving young children in 2024. This data indicates that early childhood is not only a golden period of development but also a period of high vulnerability to violence, which inevitably threatens all aspects of development.

Given the realities on the ground, children should be equipped with self-protection skills as early as possible. Teaching self-protection skills to preschoolers is a deliberate effort by educators to guide children in recognizing and handling risky situations, so that they can keep themselves safe ([Hue & Nguyen, 2021](#); [Jati, 2024](#)). Self-protection skills in early childhood are multidimensional abilities closely linked to various aspects of development, particularly cognitive, language, physical-motor, and social-emotional development. Cognitively, children must understand the body, health, pain, danger, and simple cause-and-effect relationships so that they know when to seek help, in line with the concept of health literacy, which emphasizes the understanding and use of information appropriate to their developmental stage ([Bröder et al., 2017](#)). In terms of language, children use body vocabulary, express complaints, refuse requests, and ask for help, enabling them to communicate their need for protection to adults; meanwhile, the social-emotional aspect requires courage, self-confidence, anxiety management, and the ability to build secure relationships that support social adaptation, psychological well-being, and independence ([Hosokawa et al., 2024](#)). On the other hand, physical and motor skills also support children's independence—such as washing their hands, taking care of themselves when they are sick, and using tools safely—and lay the foundation for self-care behaviors, as demonstrated by the link between motor skills and self-care in preschoolers ([Sezici & Akkaya, 2020](#)). Therefore, self-protection skills are an

integrated developmental achievement built upon understanding, communication, emotional regulation, social interaction, motor skills, and concrete daily experiences.

Given the high rates of child abuse, child protection is no longer primarily a curative effort but rather a preventive one that focuses on educational issues, particularly in schools as agents of change. School must now provide a curriculum that fosters self-protection skills ([Gubbels et al., 2021](#); [H. Wulandari & Lestari, 2020](#); [M. D. Wulandari et al., 2022](#)). This is a long-term investment in shaping a generation with great potential. The implementation of self-protection skills training is, of course, tailored to the children's age level. One learning strategy that aligns with the characteristics of young children is role-playing. Role-playing provides a space and an opportunity for children to learn how to represent real-life situations within a safe symbolic world ([Halifah, 2020](#)). Research findings indicate that role-playing plays a significant role in fostering self-protection skills, particularly in the prevention of sexual violence ([Alucyana, 2018](#); [Yilmaz Irmak et al., 2025](#)). This occurs because, through role-playing, children come to understand self-protection not merely as a cognitive skill, but as a social practice that emerges through dialogue, imitation, and play experiences facilitated by the teacher ([Skene et al., 2022](#)).

Theoretically, the development of self-protection skills through role-playing can be analyzed from three developmental perspectives. Role-playing is one of the most sophisticated forms of play, involving symbolic representation, the coordination of social roles, and an understanding of implicit rules ([Smilansky, 1968](#)). Role-playing is often divided into two types: macro role-play and micro role-play. Macro role-play is an activity in which children directly embody and act out a role using props that are life-sized or scaled to the child's body, such as professional costumes, life-sized toy medical equipment, or home play sets ([Uswari et al., 2023](#)). Micro-role-playing, on the other hand, refers to activities in which children use small figures, such as miniature people, vehicles, or tabletop dolls—to represent characters and control the plot ([Nurhasanah et al., 2020](#)).

First, Bandura's social learning theory explains how children acquire behaviors through observation, imitation, and reinforcement from people around them ([Bandura, 1977](#)). Second, Vygotsky's sociocultural theory emphasizes the role of social interaction and language as scaffolding processes that support children's learning. Third, Bronfenbrenner's ecological theory highlights how multiple layers of the environment influence children's developmental experiences ([Vygotsky, 1978](#)). Third, Bronfenbrenner's ecological systems theory highlights how different layers of the environment influence children's developmental experiences ([Bronfenbrenner, 1979](#)). Therefore, in the context of role-playing to develop children's self-protection skills, these three theories will serve as a strong foundation.

Various studies show that game-based approaches are significantly effective in developing children's cognitive, social, and emotional ([Hirsh-Pasek et al., 2009](#); [Yogman et al., 2018](#)). Several previous studies have shown that role-playing can improve self-confidence, self-control, social skills, and verbal communication skills ([Andini et al., 2025](#); [Khoerunnisa, 2015](#); [Nurwahyuni & Khadijah, 2025](#); [Putri & Andani, 2025](#); [Sakti, 2022](#); [Yunifia & Wardhani, 2023](#)). In addition, other studies have shown that role-playing is effective for

self-safety education and the prevention of violence among young children, but most of these studies have focused solely on evidence of pedagogical effectiveness ([Irmawati & Diana, 2022](#); [Lulianti, 2024](#); [Tunc & Yavas, 2022](#)). However, these studies only demonstrate the effectiveness of role-playing in child development, they do not yet address how role-playing works from a developmental theory perspective. Therefore, this study expands the literature by integrating the theories of Bandura, Vygotsky, and Bronfenbrenner to explain the mechanisms of self-protection skill development through social observation, scaffolding, and the child's ecological context during role-playing activities. This study addresses this gap by directly observing health-themed role-playing activities at a kindergarten in Indonesia. Drawing on the theoretical frameworks of Bandura's Social Cognitive Theory, Vygotsky's Zone of Proximal Development, and Bronfenbrenner's Ecological Systems Theory, this study aims to demonstrate how role-playing activities contribute to the development of early childhood self-protection skills.

METHOD

This study employed a qualitative descriptive approach with a theory-informed analysis framework. This approach was selected to explore how role-playing activities support the development of children's self-protection skills ([Creswell, 2014](#)) through the perspectives of Bandura's social cognitive theory, Vygotsky's sociocultural theory, and Bronfenbrenner's ecological systems theory. Classroom observation was employed to allow researchers to capture children's interactions, behaviors, and responses naturally during role-playing activities without interfering with the learning process. This study was conducted at two kindergartens in Serang City, Indonesia, that implemented role-playing activities.

The participants consisted of 31 children aged 5–6 years from Group B kindergarten classes, including 17 children from Kindergarten A and 14 children from Kindergarten B. This age group was selected because children aged 5–6 years demonstrate increasing symbolic thinking, social interaction, and verbal communication skills, which are essential for participating in role-playing activities. Kindergarten A implemented macro role-playing activities involving direct enactment of social roles using life-sized props, whereas Kindergarten B implemented micro role-playing activities using miniature objects and symbolic representation.

Data were collected through intensive classroom observations conducted over two full learning sessions (7:30–11:00 a.m. western Indonesian time), focusing specifically on structured role-playing activities related to health and self-protection themes. The primary research instrument was a structured observation sheet containing the following indicators: (a) the types of roles played by the children, (b) verbal and nonverbal interactions during play, (c) the use of props, (d) the emergence of self-protective behaviors, and (e) the children's responses to simulated health scenarios. These indicators were developed to capture observational evidence related to modeling processes, scaffolding interactions, and environmental support as reflected in the three theoretical frameworks. In addition to observations, photographic documentation of the activities was also collected as supporting data to reinforce the description of the findings.

Data analysis followed Miles and Huberman’s interactive model, which involved data reduction, data display, and conclusion drawing/verification (Miles & Huberman, 1994). These themes were developed through repeated review of observation records, field notes, and documentation, followed by the coding of meaningful units, the grouping of similar codes into categories, and the synthesis of these categories into broader themes. These themes were then verified through ongoing comparison with the original data during the data presentation and conclusion-drawing stages. Although the initial coding was conducted inductively based on observed behavioral patterns, the interpretation stage was guided by Bandura’s, Vygotsky’s, and Bronfenbrenner’s theoretical perspectives. The observational findings were then interpreted through the lens of the three theoretical frameworks discussed above. To ensure data credibility, methodological triangulation was conducted by comparing multiple sources of evidence, including observation records, field notes, photographic documentation, and researcher reflective memos.

RESULT

Based on the results of the observations, which have undergone a process of data reduction, four thematic categories can be identified: (1) teacher guidance, (2) media and teaching aids, (3) children’s actions, (4) teacher–student interaction, and (5) teacher-child-peer interactions. The data were collected between Kindergarten A, which used macro role-playing activities, and Kindergarten B, which used micro role-playing activities, to demonstrate the diversity of implementations that both aimed at developing self-protection skills.

1. Teacher Instruction

Table 1. Data of Teacher Instruction

Data Code	Kindergarten A — Macro Role Play	Kindergarten B — Micro Role Play
CD/CL 1	The teacher began the class with a question about health: “What does a doctor do?” The child answered: “Examine patients.” The teacher confirmed the child's answer. (CL 1 TK 1)	As an introduction to the activity, the teacher showed the children a video about personal hygiene. (CL 1 TK 2)
CD/CL 2	The teacher introduces the role-playing props and the available settings. (CL 2 TK 1)	The teacher uses a doll as a prop and points out the private areas: “This is the vagina; its function is to urinate. For boys, it’s called the penis.” (CL 2 TK 2)
CD/CL 3	The teacher explains the roles to be played: doctor, nurse, patient, pharmacist, and receptionist. (CL 3 TK 1)	The teacher asks while pointing to the buttocks: “Is it okay to touch someone else’s buttocks without permission?” The teacher explains: “You shouldn’t touch someone’s buttocks without permission, because the buttocks are part of the private area, just like the penis, vagina, or breasts.” (CL 3 TK 2)

Data Code	Kindergarten A — Macro Role Play	Kindergarten B — Micro Role Play
CD/CL 4	The teacher explains the examination process at the hospital: “What does the doctor do to the patient? What should you do if you’re the patient?” (CL 4 TK 1)	The teacher takes a doll’s outfit and asks: “Why do we need clothes?” The teacher explains that clothes serve to protect the body from the sun’s heat and rain. (CL 4 TK 2)
CD/CL 5	The teacher selects and assigns roles to the children: doctor, nurse, patient, pharmacist, etc. (CL 5 TK 1)	The teacher explains oral and dental hygiene and how to practice it. (CL 5 TK 2)
CD/CL 6	The teacher explains the examination procedures, such as measuring weight and height before the examination. (CL 6 TK 1)	The teacher uses a TV to show a video about physical health to support the explanation. (CL 6 TK 2)

The observations indicate that teacher guidance served as an initial mechanism for introducing self-protection concepts. Through questioning, demonstration, and direct explanation, teachers helped children recognize health-related situations, understand body boundaries, and identify appropriate protective responses. These findings suggest that teacher instruction functioned not only as information delivery but also as an initial scaffold that prepared children to practice self-protection behaviors during role-playing activities.

2. Media and Teaching Aids

Table 2. Data of Media and Teaching Aids

Data Code	Kindergarten A — Macro Role Play	Kindergarten B — Micro Role Play
CD/CL 7	Examination room setup: scale, height measuring device, stethoscope, bed with sheets, and scrubs. (CL 7 TK 1)	Teachers use dolls as teaching aids to explain the parts and functions of the body. (CL 7 TK 2)
CD/CL 8	There are 3 role-play zones: (a) registration area, (b) pharmacy area, and (c) examination area. (CL 8 TK 1)	The teacher provides 2 dolls (male and female) for children to use in practicing cleaning and caring for the body. (CL 8 TK 2)
CD/CL 9	The teacher uses name tags for each role the children play (doctor, nurse, pharmacist, receptionist, patient). (CL 9 TK 1)	Children use pictures to simulate brushing their teeth. (CL 9 TK 2)

The findings indicate that learning media and teaching aids played an important role in transforming abstract concepts of health, body awareness, and self-protection into concrete experiences that children could understand. Macro role-playing materials, such as medical equipment and role identity tools, enabled children to simulate real-life health situations, whereas micro role-playing materials, such as dolls and visual media, supported children in recognizing body parts, hygiene practices, and personal boundaries. These materials provided meaningful contexts that encouraged children to connect symbolic play with practical self-protection behaviors.

3. Children's Actions and Behavior

Table 3. Data of Children's Actions and Behavior

Data Code	Kindergarten A — Macro Role Play	Kindergarten B — Micro Role Play
CD/CL 10	The children role-play as doctors, nurses, and patients under the teacher's guidance. The doctor asks the patient, "What's wrong with you?" (CL 10 TK 1)	A child dresses a doll, but makes a mistake: a boy's shirt is put on a girl doll. (CL 10 TK 2)
CD/CL 11	A female doctor uses a stethoscope to examine a male patient's chest. The patient remains silent during the examination. Two nurses are present. (CL 11 TK 1)	The child changes the female doll's clothes—which had previously been mistakenly dressed in boys' clothing—to appropriate girls' clothing. (CL 11 TK 2)
CD/CL 12	A nurse accidentally touches a patient's genitals. The patient spontaneously screams and resists. (CL 12 TK 1)	A child bathes a doll using soap and shampoo. (CL 12 TK 2)

Children's actions during role-playing demonstrated the transition from receiving information to actively practicing self-protection behaviors through simulated experiences. The observed behaviors showed that children were not only following teacher instructions but also applying their understanding through decision-making, verbal responses, and corrective actions during play situations. This indicates that role-playing created opportunities for children to internalize protective behaviors within meaningful social contexts.

4. Teacher-Student Interaction

Table 4. Data of Teacher-Student Interaction

Data Code	Kindergarten A — Macro Role Play	Kindergarten B — Micro Role Play
CD/CL 13	The teacher approaches the patient to confirm: "Did you do the right thing? You have to shout if anyone touches your private parts." The teacher reminds the nurse to be careful when touching the patient's body. (CL 13 TK 1)	The teacher asks: "Is that a boy or a girl?" The child answers, "A boy." Teacher: "Why is he called a boy?" Child: "Because he has a penis." (CL 13 TK 2)
CD/CL 14	The teacher helps the child recall the procedure for picking up medication at the pharmacy. (CL 14 TK 1)	The teacher asks why the child is changing the doll's clothes. The child answers: "Because she's a girl doll, so she has to wear girls' clothes." (CL 14 TK 2)
CD/CL 15	The teacher helps the child put on a nurse's costume while asking: "What are a nurse's duties?" The child answers: "Helping the doctor examine patients." (CL 15 TK 1)	The teacher points to the doll's penis: "What is this called?" The child answers hesitantly: "Bird." The teacher corrects: "Not a bird, but a penis. Is it okay for someone else to touch your penis?" The teacher emphasizes: "No, it's not okay; other

		people shouldn't touch your penis." (CL 15 TK 2)
CD/CL 16	The teacher mostly observes the children's activities. Occasionally, she approaches and asks: "After examining the patient with a stethoscope, what else does the doctor need to do?" (CL 16 TK 1)	A child is having trouble dressing the doll. The teacher helps a little, then the child continues on their own. (CL 16 TK 2)

Teacher-student interactions revealed the importance of guided participation in helping children develop self-protection skills. Teachers supported children by providing prompts, corrective feedback, and gradual assistance while allowing them to solve problems independently. These interactions demonstrate that adult guidance during role-playing activities created a supportive learning process in which children could develop confidence, understand appropriate behaviors, and gradually perform self-protection actions with greater independence.

5. Children's Interactions with Peers

Table 5. Data of Children's Interactions with Peers

Data Code	Kindergarten A — Macro Role Play	Kindergarten B — Micro Role Play
CD/CL 17	The nurse teaches the doctor how to ask about a patient's condition. (CL 17 TK 1)	Two children are working together: one is bathing a doll, and the other is dressing it. They comment on each other's activities. (CL 17 TK 2)
CD/CL 18	Children help each other measure their friends' heights. (CL 18 TK 1)	The child in the yellow shirt approaches his friend: "Is this a girl?" His friend answers: "Yes." The child in the yellow shirt then goes to get a girl's outfit for the doll. (CL 18 TK 2)
CD/CL 19	A child helps a friend crush medicine in the corner of the pharmacy. (CL 19 TK 1)	The child in the yellow shirt helps brush the teeth of a friend's doll. (CL 19 TK 2)

Peer interactions observed during role-playing activities demonstrated that children also learned self-protection skills through collaborative experiences. Children exchanged information, corrected each other's actions, and provided assistance during play scenarios. These interactions indicate that peers functioned as social learning partners who supported the development of protective behaviors through observation, imitation, and shared problem-solving.

DISCUSSION

Modeling Self-Protective Behavior in Role-Playing

Bandura asserts that individuals learn not only through direct experience, but also through observing and imitating the behavior of others (observational learning) ([Bandura, 1977](#); [Lesilolo, 2019](#)). This process involves four components: attention, retention, reproduction, and motivation ([Bandura, 1977](#); [Parwata et al., 2023](#)). Field notes from both kindergartens

indicate that these four components were clearly activated during role-playing activities.

In Kindergarten A, the attention component was evident from the moment the teacher began the class with specific questions about the role of a doctor and examination procedures (CL 1–6 TK 1). The children watched the teacher’s demonstration enthusiastically before it was their turn to play. When one child, playing the role of a doctor, used a stethoscope to examine a patient’s chest (CL 11 TK 1), the other children watched, including the two children playing the roles of nurses, who simply stood and observed. Spontaneously, they adopted the same gestures and procedures when it was their turn. This is a natural mechanism of retention and reproduction: children retain information about medical procedures through observation and then reproduce it in play.

The most significant finding confirming the internalization of self-protection norms occurred in the context where a nurse accidentally touched the patient’s genitals; the patient spontaneously screamed and refused (CL 12 TK 1). The teacher then validated this response: “What you did was right; you must scream if anyone touches your private areas.” (CL 12 and 13 TK 1). This screaming response from the patient was not explicitly taught during that session. This response suggests that self-protection knowledge began to develop into a behavioral tendency demonstrated during the role-playing context, a learning achievement that transcends the cognitive realm and enters the realm of spontaneous behavior. Bandura refers to this as enacted mastery: the ability is not merely known but also applied ([Bandura, 1977](#)).

In Kindergarten B, observational learning takes place through observing dolls. After the teacher demonstrates the names and functions of private areas using dolls (CL 2–3 Kindergarten B), the children actively reproduce that understanding. When a child mistakenly dressed a female doll in boys’ clothes (CL 10 TK 2), she immediately corrected herself and explained her reasoning when asked by the teacher: “Because she’s a girl, she has to wear girls’ clothes” (CL 14 TK 2). This behavior reflects the internalization of gender identity awareness formed through observation and self-regulation based on internal standards long before the child achieves conceptual maturity regarding [gender \(Bussey & Bandura, 1999\)](#). In the context of self-protection, the internalization of gender identity and an understanding of gender-based bodily boundaries are essential foundational components of children’s self-protection skills ([Gubbels et al., 2021](#); [Yılmaz Irmak et al., 2025](#)). Furthermore, in the data from CL 18 TK 2, the child in the yellow shirt who observed his friend caring for a female doll proactively fetched a dress for the doll without being asked, demonstrating a mechanism of vicarious reinforcement—that is, the child learned from observing his friend’s actions.

Findings from both kindergartens confirm Bandura’s assertion that children do not merely imitate actions but internalize the meaning behind them. Role-playing provides optimal conditions for observational learning: there is a model to observe (teachers and peers), a safe context to reproduce behavior, and reinforcement from teachers that strengthens children’s motivation to repeat correct behavior.

Scaffolding Self-Protection Skills Through Teacher-Child-Peer Interaction

The concept of the Zone of Proximal Development (ZPD) refers to the gap between what a child can do independently and what they can achieve with

guidance from a more competent person ([Vygotsky, 1978](#)). Field data reveal two layers of scaffolding that work synergistically: scaffolding provided by teachers (CL 13–16) and scaffolding provided by peers (CL 17–19).

Teacher scaffolding in Kindergarten A is procedural and step-by-step. The teacher helps the child remember the sequence of taking medicine (CL 14 TK 1), asks guiding questions while putting on the nurse's costume: "What are a nurse's duties?" (CL 15 TK 1), and continues to monitor the play with scaffolding questions: "After checking with a stethoscope, what else must the doctor do?" (CL 16 TK 1). These questions position the teacher as a more competent figure who gradually supports the children's procedural understanding, encouraging them to move from actual ability toward potential ability ([Pyle et al., 2022](#); [Yusof, 2021](#)). Thus, in role-playing activities, teachers do not merely supervise the play but actively build a bridge between children's spontaneous experiences and a more complex procedural understanding of self-protection ([Skene et al., 2022](#)).

The teacher's scaffolding in Kindergarten B is more explicit and directly addresses the core of self-protection skills. The sequence of interactions in CL 13–15 of Kindergarten B demonstrates layered scaffolding: the teacher prompts the recognition of gender identity through questions about dolls (CL 13 of Kindergarten B), clarifies the reason the child is changing the doll's clothes to reinforce gender reasoning (CL 14), then explicitly corrects the name of the body part from "bird" to "penis" and immediately links it to self-protection rules: "No, you shouldn't let others touch your penis" (CL 15 TK 2). In CL 16 TK 2, when a child struggles to dress a doll, the teacher provides minimal assistance and then steps back so the child can continue on their own; this demonstrates appropriate scaffolding technique—providing just enough support within the Zone of Proximal Development (ZPD), rather than completing the task for the child. The precision of scaffolding is indeed key to successfully fostering the child's independence in mastering this skill—in this case, self-protection skills ([Ertugruloglu et al., 2023](#); [Gubbels et al., 2021](#); [Ollonen & Kangas, 2024](#)).

Mastery of the correct anatomical vocabulary in CL 15 TK 2 goes beyond mere linguistic considerations. Without the correct names for body parts, children cannot effectively report incidents of abuse to adults ([Kandi et al., 2022](#); [Shahbaztabar et al., 2024](#)). This vocabulary scaffolding directly reinforces one of the critical components of self-protection skills: the ability to communicate one's physical condition to an authority figure ([Shahbaztabar et al., 2024](#)).

Peer scaffolding emerged organically in both kindergartens without any intervention from the teachers. In Kindergarten A, a nurse taught a doctor how to ask about a patient's condition (CL 17 Kindergarten A). A naturally formed ZPD interaction took place between a child who was more competent in a certain role and a child who was less competent. The children also helped each other measure their heights (CL 18 Kindergarten A) and worked together to crush medicine in the pharmacy corner (CL 19 Kindergarten A). In Kindergarten B, two children collaborated to care for a doll while commenting on each other's actions (CL 17 Kindergarten B); the child in the yellow shirt proactively helped a friend choose the right clothes for the doll (CL 18 Kindergarten B) and helped brush the doll's teeth (CL 19 Kindergarten B). These interactions confirm that the ZPD is not only created by the teacher but also forms organically within the peer learning community.

The finding reinforced various previous studies on the role of peers in shaping the ZPD. Among them, Navé Wald & T. Harland, who examined the “more capable peer” concept, suggesting peer relationships can function as ZPD contexts ([Wald & Harland, 2022](#)). In the context of early education, Svanhild Breive (2020) found that a kindergarten teacher and five-year-old girl “co-create a ZPD by expanding each other’s action possibilities ([Breive, 2020](#)).

The teaching aids in both kindergartens serve as cognitive scaffolding, that is, concrete physical representations that help children understand abstract health concepts. At Kindergarten A, stethoscopes, mortars, name tags, queue forms, and scales help children understand the flow of healthcare procedures as a structured system. At Kindergarten B, dolls of different genders, soap, shampoo, and toothbrush images help children operate the concepts of hygiene, gender identity, and body protection through concrete, repeatable actions.

The Classroom Environment as a Microsystem Supporting Self-Protection

The classroom is the most intensive microsystem in the life of a preschooler ([Bronfenbrenner, 1979](#)). Field notes indicate that both kindergartens consciously designed this microsystem to support the development of self-protection skills.

Kindergarten A designs the classroom as a complete mini public health care ecosystem. Media data (CL 7–9 TK 1) reveal three interconnected functional zones: an examination zone with a scale, stethoscope, and patient bed; a pharmacy zone with a mortar and medication-compounding simulation tools; and a registration zone equipped with role-playing name tags. As children interact with the full workflow—starting from registration, moving through the examination, receiving a prescription, and picking up medication (CL 10–16 TK 1)—they practice the procedures they will encounter in the real healthcare system. The physical design of the classroom intentionally replicates the structure of the exosystem (the public healthcare system) on a microsystem scale that is safe and explorable for children. This is an example of the implementation of Bronfenbrenner’s principles, where a carefully designed microsystem environment can serve as a bridge to prepare children to understand and navigate broader system layers ([Bronfenbrenner, 1979](#)).

Kindergarten B designed a microsystem as a self-care environment centered on the body and personal identity. Teacher guidance data (CL 1–6 TK 2) and media data (CL 7–9 TK 2) indicate that all classroom elements—such as male and female dolls, soap, shampoo, health videos on TV, and toothbrush images—are designed to create a holistic learning experience regarding the body, hygiene, and personal boundaries. The use of TV to broadcast health videos (CL 6 TK 2) explicitly links the classroom microsystem with the exosystem in the form of information from the mass media. This is an example of a mesosystem linkage within Bronfenbrenner’s framework.

The ecological perspective describes how peer interactions (CL 17–19) in both kindergartens create a self-regulating social microsystem. When the child in the yellow shirt at Kindergarten B proactively helps his friend choose the right clothes for the doll (CL 18 Kindergarten B) and brushes his friend’s doll’s teeth (CL 19 Kindergarten B), he not only demonstrates individual understanding but also contributes to the formation of social norms within his classroom microsystem—that proper body care is an action valued and

supported by the peer community. Social norms within this microsystem, according to Bronfenbrenner, possess formative power equivalent to explicit instructions from the teacher ([Katerkamp & Horn, 2025](#)).

Identified Self-Protection Skills

Based on the analysis of all field notes (CL 1–19) using the three theoretical frameworks described above, four self-protection skills were confirmed to emerge and develop through role-playing activities in both kindergartens. These skills align with the framework that emphasizes the importance of knowledge, communication skills, and self-confidence in children’s self-protection ([Jati, 2024](#)). (see table 6)

Table 6. Identified Self Protection Skills

No.	Self-Protection Skill	Kindergarten A — Macro Role Play	Kindergarten B — Micro Role Play
1	Identifying and describing physical pain or discomfort <i>The ability to point to and communicate physical conditions to the appropriate person</i>	The child, playing the role of a patient, describes their symptoms to the doctor (CL 10 TK 1); the patient screams spontaneously when their private areas are touched without permission as a form of self-protective communication (CL 12 TK 1)	The child correctly names body parts following the teacher’s scaffolding (CL 13, 15 TK 2); the child identifies physical differences based on gender when caring for a doll (CL 10–11, 14 TK 2)
2	Understanding the procedure for seeking help <i>Knowledge of who to turn to for help and the steps involved in seeking assistance</i>	The child follows the complete procedure: registration → examination → prescription → pharmacy (CL 10–16 TK 1); the teacher helps the child remember the medication pickup procedure as a form of scaffolding (CL 14 TK 1)	The child understands the sequence of personal care: watching a video → learning the names of body parts → practicing bathing and cleaning a doll (CL 1, 7–9, 12 TK 2)
3	Understanding healthcare professionals as a trusted source of support <i>Building trust in healthcare providers; reducing fear of medical procedures</i>	Children learn about and practice the roles of doctors, nurses, pharmacists, and receptionists as an interconnected system (CL 3, 10–16 TK 1); they interact confidently in each role	Children learn about and practice the roles of doctors, nurses, pharmacists, and receptionists as a complementary system (CL 3, 10–16 TK 1); they interact confidently in each role Through videos and demonstrations by the teacher using puppets, children understand that there are trusted figures who can help with the

No.	Self-Protection Skill	Kindergarten A — Macro Role Play	Kindergarten B — Micro Role Play
			care and protection of the body (CL 1–8 TK 2)
4	Taking active responsibility for one's own body and that of others <i>The awareness that caring for and protecting the body is an active, not a passive, responsibility</i>	The patient screamed and actively resisted when private areas were touched without permission—indicating an internalized self-protective disposition (CL 12 TK 1); peer interactions during shared care (CL 17–19 TK 1)	The child actively cares for a doll: bathing it (CL 12 TK 2), dressing it according to gender (CL 10–11 TK 2), brushing its teeth (CL 9, 19 TK 2); the child in the yellow shirt helps a friend care for their doll (CL 18–19 TK 2)

The identified self-protection skills demonstrate that role-playing supports children's development across cognitive, communicative, and behavioral dimensions. Through repeated symbolic experiences, children practiced recognizing unsafe situations, communicating needs, seeking assistance, and demonstrating responsibility toward their own bodies and others. These findings suggest that self-protection development is not formed through direct instruction alone but through meaningful interactions among children, adults, learning materials, and the surrounding environment.

The findings of this study indicate that role-playing fosters self-protection skills directly related to child protection, particularly the ability to recognize and express physical pain or discomfort, understand procedures for seeking help, recognize healthcare providers as trusted sources of support, and take active responsibility for one's own body and that of others. These skills are important because young children are often in vulnerable situations and need basic abilities to recognize unsafe situations, communicate their experiences, and seek help from appropriate adults. Thus, role-playing serves not only as a method of play but also as a means of training in protective behaviors that support the prevention of and early response to child abuse.

This study has several limitations. First, the data analyzed were primarily derived from role-playing activities in a specific setting; therefore, generalizing the findings to the broader early childhood education context should be done with caution. Second, the focus of this study is still limited to self-protection skills that emerge during role-playing activities; thus, it does not fully illustrate the sustainability of children's behavioral changes in real-life situations outside the classroom. Third, this study's analysis emphasizes the qualitative dimensions of the learning process and outcomes; therefore, future research is recommended to use a mixed-methods or longitudinal design to examine the impact of role-playing on the development of children's self-protection skills in greater depth.

CONCLUSION

An analysis of field notes confirms that structured role-play in a well-designed early childhood education setting provides children with opportunities to demonstrate and practice behaviors related to self-protection. Through Bandura's lens, role-playing fosters the internalization of self-

protection norms that go beyond mere verbal memorization. From Vygotsky's perspective, the layered scaffolding provided by teachers and peers works synergistically to expand children's ZPD, with manipulatives serving as cognitive scaffolds that concretize abstract concepts. Both are reinforced by Bronfenbrenner's lens, which highlights the design of the classroom environment as a microsystem that ecologically replicates the real-world health ecosystem, preparing children to navigate the health system in daily life. The self-protection skills developed include identifying body parts and how to care for them, as well as describing physical pain or discomfort; understanding procedures for seeking help; recognizing healthcare professionals as reliable sources of support; and taking active responsibility for one's own body and the bodies of others.

Based on these findings, the study recommends: (1) early childhood education institutions need to design role-playing environments as an integral part of the curriculum grounded in the child protection system; (2) teachers need to be trained to facilitate role-playing as a structured learning medium, not merely free play; (3) high-quality role-playing media or props need to be prioritized in school budgets; (4) further research with a more complex design is needed to measure the long-term impact of role-playing.

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