



Research article

Effective Sexual Education Model For Preventing Sexual Violence in Children

Ida Erni Sipahutar¹, Ni Nyoman Hartati¹, Ni Nengah Runiari¹, Ni Made Wedri¹, Ni Luh Ketut Suardani¹

¹ Politeknik Kesehatan Kemenkes Denpasar, Indonesia

Article Info

Article History:

Submitted: March 22nd 2024

Accepted: July 19th 2024

Published: Nov 15th 2024

Keywords:

Children; Sexual Education;
Prevention of Sexual Violence

Abstract

The aim of the study was to measure the level of knowledge of fostering family welfare mothers before and after being given sexual health education on efforts to prevent sexual violence in children, to prove the effectiveness of developing a sexual health education model for efforts to prevent sexual violence in children. The research method uses Quasi-Experimental with the research design used is nonequivalent Control Group Design. The results of the study found that the most knowledge level of respondents in the pre-test treatment group had a low knowledge level of 33 respondents (55%) and had a high level of knowledge of 27 respondents (45%). The level of knowledge of respondents in the post-test treatment group with the highest level of knowledge was 44 respondents (73.3%) and 16 respondents (26.7%) had a low level of knowledge, the P-Value was .001. The attitude of the respondents in the pre-test treatment group had the most with less than 60 respondents (100%) and 0 respondents (0%) had a good attitude. The attitude of the respondents in the post-test treatment group was the most lacking, 31 respondents (51.7%) and 29 respondents (48.3%) had a good attitude, the P-Value was .073. Most of the respondents in the pre-test control group had a low knowledge level of 32 respondents (53.3%) and had a high level of knowledge of 28 respondents (46.7%). The highest level of knowledge of respondents in the post-test control group had a high level of knowledge of 31 respondents (52.1%) and had a low level of knowledge of 29 respondents (48.8%), the P-Value was .000. The attitude of the most respondents in the pre-test control group had a less attitude of 34 respondents (56.7%) and had a good attitude of 26 respondents (43.3%). The attitude of most of the respondents in the post-test control group had a good attitude of 33 respondents (55%) and had a less attitude of 27 respondents (45%), the P-Value was .000.

INTRODUCTION

In 2015, the Indonesian Commission for the Protection of Children (KPAI) reported a total of 2,898 incidents of violence against children, with sexual abuse accounting for

62% of these cases. There has been a notable increase in the number of cases from 2014 to 2,737, with some instances remaining unreported.¹

Corresponding author:

Ida Erni Sipahutar

idasipahutar26@gmail.com

South East Asia Nursing Research, Vol 6 No 3, Nov 2024

ISSN:2685-032X

DOI: <https://doi.org/10.26714/seanr.6.3.2024.142-150>

The findings of a study conducted among high school students in the province of Bali revealed that the majority of respondents belong to one of three categories: 140 (70%), 58 (29%), and less than 2 (1%).² However, it is important to note that a significant number of respondents, specifically 58 (29%), have a sufficient level of knowledge in this category, while only 2 (1%) are susceptible to becoming victims of sexual abuse or perpetrators of sexual assault. Children who experience sexual abuse may be subjected to several forms of mistreatment, such as being subjected to abuse, being subjected to bullying, being targeted with derogatory language (such as "my dear," "my love," or "my honey"), being exposed to pornographic videos by their friends, and being compelled to engage in sexual intercourse by another individual.²

According to the findings of a qualitative study, interviews conducted revealed a number of instances where individuals aged 13 to 20 years were identified as perpetrators of sexual assault. The offender confessed to regularly viewing explicit films on platforms such as YouTube, Instagram, Facebook, and Twitter. The offender experienced sexual arousal. The family circumstances of sexual violence victims are predominantly detached from their familial environment.³

In a research study that examining the influence of sexual education on the prevalence of sexual violence among children, it was observed that 23 participants (35.9%) had encountered instances of sexual violence before to receiving treatment.⁴ However, following three sessions of sexual health education, a significant majority of respondents (82.2%) reported no instances of sexual violence.⁴

Children are considered a susceptible demographic when it comes to experiencing sexual abuse due to their perceived physical limitations that render them incapable of physically combating those of greater strength. Additionally, individuals suffer

fear when faced with threats to withhold reporting of the incidents they have encountered. Sexual violence cases are typically committed by someone in close proximity to the victim, including members of the immediate family, neighbours, and relatives.⁵ Parents provide ongoing sexual education to children, ensuring that they receive appropriate knowledge tailored to their age.⁶

Early sexual education is provided to children to ensure their comprehension of safeguarding their body parts from external threats. Sex education is imparted to children through narratives utilising both visual and non-visual aids, with a consistent and ongoing approach to enhance retention and comprehension. Additionally, parents are encouraged to enhance their knowledge and abilities in order to effectively engage in this educational process. The provision of age-appropriate sex education to youngsters.⁷ Parents should provide early sex education to children, as it is crucial for them to acquire knowledge on how to protect themselves from sexual violence. By imparting sexual education, parents can prevent their children from downplaying the importance of this information and instead encourage them to seek guidance from peers, including peers of their age, who may have doubts about their own truth and how to communicate it. Parents can effectively provide sexual education to their children by employing suitable delivery techniques that align with the child's age.

METHODS

The research methodology employed in this study is the Quasi Experimental research approach. The study employed a nonequivalent control group design as its research methodology. This method consists of two distinct groups. The first group, referred to as the intervention group, is provided with a module that encompasses various aspects related to sexual violence.

The study sample consisted of moms affiliated with the PKK in the Karangasen area and Bangli district. The intervention group consisted of 30 respondents from the Jasri traditional village in Karangasem Regency, while the control group consisted of 30 respondents from the Pakuwon hamlet in Cempaga sub-district, Bangli Regency. The control group was also conducted in the Jasri traditional village in Karangasem Regency, with 30 respondents, and the Pakuwon hamlet in Cempaga sub-district, Bangli Regency, with 30 respondents. Method of random sampling.

Intervention

Sexual education module includes information on the concept of sexual violence, the frequency of incidents of sexual violence, the types of violence commonly experienced by children, the consequences of physical violence, sexual violence, and emotional violence experienced by children. Additionally, the module explores strategies for children to avoid engaging in violent behaviour and the role of parents in educating their children to protect themselves against physical, sexual, and emotional violence. The second group, known as the control group, is exposed to a video presentation that focuses on the concept of preventing sexual violence against children.

Instruments

The instrument employed for assessing knowledge level is a questionnaire of 23 statements. A value of 1 is assigned to a positive statement when answered properly, and a value of 0 is assigned to a negative statement when answered erroneously. The validity of the questionnaire was assessed, yielding a range of values between 0.380 to 0.513. The 23 statement items in the questionnaire were deemed valid as they above the threshold of 0.361 in the *r* table. Additionally, the questionnaire

demonstrated reliability with a Cronbach's alpha value of 0.77.

The instrument employed for assessing attitudes is a questionnaire of 19 statement questions, each accompanied by a set of answer options: strongly agree, 4, agree, 3, disagree, 2, strongly disagree, 1 (indicating a positive statement), and strongly agree, 1, agree, 2, disagree. If the statement is negative, provide a score of 3 for strongly disagree and a score of 4. The validity of the attitude measuring questionnaire was assessed, yielding a result ranging from 0.420 to 0.521. The validity of the 19 statement questions was determined based on their acquired value exceeding the critical value of 0.361 from the *r* table. Additionally, the reliability of the questionnaire was established with a Cronbach's alpha coefficient of 0.71.

The Wilcoxon test and paired T test were employed for bivariate analysis. The present study has obtained ethical approval under the reference number LB.02.03/EA/KEPK/0376/2022, issued on 13 May 2022.

RESULTS

Based on Table 1, it was found that the average knowledge score of respondents in the pre-test treatment group was 17.38. The median knowledge score was 20, the mode knowledge score was 22, the lowest knowledge score was 1, and the highest score was 23, with a standard deviation of 6.19. Based on the results of Kolmogorov-Smirnov, the knowledge score is not normally distributed, with a *p*-value of .000. The average knowledge score of respondents in the post-test treatment group was 20.58, the median knowledge score was 22, the mode of knowledge score was 23, the lowest knowledge score was 2, and the highest score was 23, with a standard deviation of 3.94. Based on the results of Kolmogorov-Smirnov, the knowledge score is not normally distributed with a *p*-value of .000. The average attitude

score of respondents in the pre-test treatment group was 59.13, the median attitude score was 58, the mode attitude score was 53, the lowest attitude score was 49, the highest score was 73, with a standard deviation of 5.90. Based on the results of Kolmogorov-Smirnov, the attitude score is normally distributed with a p-value of.081. The average attitude score of respondents in the post-test treatment group was 61.16, the median attitude score was 61, the mode attitude score was 66, the lowest attitude score was 37, and the highest score was 76, with a standard deviation of 6.28. Based on the results of Kolmogorov-Smirnov, the attitude score is normally distributed with a p-value of.200.

Based on table 1, it was found that the average knowledge score of pre-test control group respondents was a mean of 17.38, a median knowledge score of 20, a mode of knowledge score of 22, the lowest knowledge score of 1, the highest score of 23, with a standard deviation of 6.19. Based on the results of Kolmogorov-Smirnov, the control group's post-test knowledge scores were not normally distributed, with a p-value of 0.000. The average knowledge score of post-test control group respondents was a mean score of 16.11, a median score of 18, a mode of knowledge score of 21, the lowest knowledge score of 1, the highest score of 23, with a standard deviation of 6.47. Based on the results of Kolmogorov-Smirnov, the control group's post-test knowledge score was not normally distributed with a p-value of 0.001. The average attitude score of pre-test control group respondents was a mean of 65.15, a median attitude score of 67, a mode of attitude score of 68, the lowest attitude score of 55, the highest score of 74, with a standard deviation of 5.37. Based on the results of Kolmogorov-Smirnov, the attitude score has a normal distribution with a p-value of.000. The average attitude score of post-test control group respondents was a mean of 59.86, a median attitude score of 67, a mode of attitude score of 61, the lowest attitude score of 41, and the highest score of

74, with a standard deviation of 7.64. Based on the results of Kolmogorov-Smirnov, the attitude score is normally distributed with a p-value of.069.

Table 1
Pre-Post-Test of Knowledge and Attitude Score of Intervention and controll Group

Indicators	Group	
	Intervention Mean±SD	Control Mean±SD
Knowledge		
Pre-Test	17,38 (±6,19)	17,38 (±6,19)
Post-Test	20,58 (±3,94)	16,11 (±6,47)
Attitude		
Pre-Test	59,13 (±5,90)	65,15 (±5,37)
Post-Test	61,16 (±6,28)	59,86 (±7,64)

Based on table 2, it was found that the level of knowledge of respondents in the pre-test treatment group was the highest, with 33 respondents (55%) having a low level of knowledge and 27 respondents (45%) having a high level of knowledge. The respondents with the respondents with the highest level of knowledge in the post-test treatment group had a high level of knowledge, while 44 respondents (73.3%) and 16 respondents (26.7%) had a low level of knowledge. Based on the Wilcoxon Signed Ranks Test, the P-value was.001, which means that the hypothesis was accepted that there was an influence of education to prevent sexual violence in children on increasing mothers' knowledge to prevent sexual violence in children. It found that the attitude of the respondents in the pre-test treatment group had the largest number of less than 60 respondents (100%), and 0 respondents (0%) had a good attitude. The attitude of the respondents in the post-test treatment group was the highest, with 31 respondents (51.7%) and 29 respondents (48.3%) having a good attitude. Based on the paired sample T test, the P-value was obtained at.073, which means that the hypothesis was rejected that there was no effect of education to prevent sexual violence in children on mothers' readiness to prevent sexual violence in children.

Table 2
Cross Tabulation Pre-Post-Test of Knowledge and Attitude of Intervention Group

Variables	Pre-Test		Post-Test		p-Value
	f	%	f	%	
Knowledge					
High	27	45	44	73,3	.001
Fair	33	55	16	26,7	
Attitude					
Positive	0	0	29	48,3	.073
Negative	60	100	31	51,7	

Based on table 3, it was found that the pre-test control group respondents' knowledge level was the highest, with 32 respondents (53.3%) having a low level of knowledge and 28 respondents (46.7%) having a high level of knowledge. The post-test control group respondents had the highest level of knowledge, while 31 respondents (52.1%) and 29 respondents (48.8%) had a low level of knowledge. Based on the Wilcoxon Signed Ranks Test, a P-value of .000 was obtained, which means that the hypothesis was accepted that there was an influence of education to prevent sexual violence in children on increasing mothers' knowledge to prevent sexual violence in children. It was found that 34 respondents (56.7%) had poor attitudes in the pre-test control group, and 26 respondents (43.3%) had good attitudes. The attitude of the respondents in the post-test control group was that 33 respondents (55%) had a good attitude and 27 respondents (45%) had a poor attitude. Based on the paired sample T test, a P-value of .000 was obtained, which means that the hypothesis is accepted that there is an influence of education to prevent sexual violence in children on the mother's readiness to prevent sexual violence in children.

Table 3
Cross Tabulation Pre-Post-Test of Knowledge and Attitude of Intervention Group

Variables	Pre-Test		Post-Test		p-Value
	f	%	f	%	
Knowledge					
High	28	46,7	31	51,2	.000
Low	32	53,3	29	48,8	
Attitude					
Positive	26	43,3	33	55	.000
Negative	34	56,7	27	45	

DISCUSSION

The research findings indicate that the pre-test control group exhibited the highest level of knowledge, with 32 respondents (53.3%) demonstrating a low level of knowledge and 28 respondents (46.7%) demonstrating a high level of knowledge. In the post-test control group, the respondents exhibited varying levels of knowledge. Among them, 31 respondents (52.1%) demonstrated a high level of knowledge, while 29 respondents (48.8%) exhibited a low level of knowledge. The obtained P-Value of 0.000 indicates that the hypothesis, which posits an effect of preventive education, was accepted. The focus of this study is to enhance maternal awareness in order to mitigate instances of sexual abuse against children.

Child sexual violence is a global health issue. The emotional and physical well-being of children can be significantly impacted by instances of sexual violence.⁸ The emotional consequences encompass a range of affective states, such as fear, confusion, anger, post-traumatic stress disorder (PTSD), feelings of insecurity, low self-esteem, animosity towards men, anxiety, depression, body image issues, cognitive impairments, impaired social skills, substance misuse, and a heightened interest in sexual behaviour. These effects may contribute to the potential for children to engage in sexual violence as adults.⁹ The observed physical effects encompass reduced hunger, redness, persistent urinary retention, excessive urination, constipation, unintended pregnancy, vaginal, penile, rectal, and sexually transmitted infections (STIs).⁸

The significance of parental involvement in mitigating instances of sexual abuse against children cannot be overstated. Parents play a crucial role in imparting knowledge to children, particularly in the area of sexual education throughout their early years.¹⁰ Parents play a crucial role in mitigating instances of sexual violence against children

by imparting a clear comprehension of permissible and impermissible behaviours, particularly those of a sexual nature involving others.¹¹ However, there exists a subset of parents who experience confusion and lack clarity on the appropriate timing and approach to initiate such conversations. Some parents even hold the belief that engaging in conversations about sexual matters with their children is inappropriate. Consequently, it is imperative for parents to possess sufficient knowledge and attitudes pertaining to the prevention of sexual violence against children.¹² Parents' comprehension of their children's sexuality can foster a favourable disposition while imparting sex education to them.¹³

The study was carried out using two distinct groups: a treatment group consisting of 60 participants, and a control group also consisting of 60 participants. The study was conducted at three distinct time points. Initially, a pre-test was conducted to gather data pertaining to the knowledge and attitudes of the participants. Subsequently, the experimental group received a module containing educational content pertaining to the prevention of sexual assault against minors, which was developed by researchers. In contrast, the control group was exposed to a sexual violence prevention movie that was developed by the researcher. The third phase of the study involved the collecting of post-test data to assess the knowledge and attitudes of the participants following the implementation of the intervention.

The research findings indicate that the pre-test treatment group had a low degree of knowledge among respondents, while 33 respondents (55%) and 27 respondents (45%) shown a high level of knowledge. The post-test treatment group exhibited a high level of knowledge among respondents, with 44 individuals (73.3%) demonstrating a high level of knowledge and 16 individuals (26.7%) displaying a low level of knowledge. The Wilcoxon Signed Ranks Test yielded a P-Value of 0.001, indicating a

significant impact of education on the prevention of sexual violence against children. This was demonstrated through the implementation of modules aimed at enhancing mothers' knowledge to prevent sexual violence against children. The findings of this study align with previous research on the efficacy of booklet media for sexual violence prevention education.¹⁴ The booklet media was found to be suitable for student use, considering factors such as page count, design, colour, letter type and size, paper quality, substance, message, and depth of content. Communication.¹⁴

The findings of this study align with the former study on media-based extension, demonstrating a notable enhancement in knowledge and skills as evidenced by the outcomes of pre- and post-test extension activities.¹⁵ His research on the utilisation of audio-visual media in extension also supports the current research findings. The utilisation of media yields highly efficacious outcomes in augmenting knowledge subsequent to receiving counselling. The findings of a study conducted by researchers indicate that the utilisation of picture media for sexual education might significantly enhance comprehension of sexual education ($z=-3.727$, $p=0.000 < 0.05$).¹⁶ This is further corroborated by a study, which demonstrates that animated video media has a significant impact on enhancing students' understanding of the consequences of engaging in unrestricted sexual activity, as indicated by a p-Value of 0.000.¹⁷

Paivio was determined that the utilisation of visual stimuli yields superior learning outcomes in the domains of memory retention, recognition, and the establishment of connections between facts and concepts.¹⁸ He also asserted that humans had two distinct memory systems: one for processing verbal symbols and another for absorbing nonverbal visuals. Consequently, incorporating the sense of sight and engaging other senses in the learning process will provide more

advantageous outcomes. This aligns with the findings of our performed research, specifically focusing on the efficacy of media modules and films in delivering education on the prevention of sexual violence against minors. The use of additional tools or media can enhance the dynamism of the learning process and facilitate the attainment of the desired objectives.¹⁸ The transmission of information is subject to the influence of the employed methodologies and media. Utilising suitable techniques and platforms to communicate information can greatly enhance the acquisition of knowledge. Image media is a sort of media that facilitates the reception of easily transmitted information. By utilising images or animations, individuals are more engaged and comprehend the provided material more effortlessly. In addition, utilising YouTube as a social media platform for knowledge dissemination can enhance individuals' language proficiency, creativity, inquisitiveness, and focus.⁷

The research findings indicate that all 60 respondents in the pre-test treatment group exhibited a negative attitude, whereas none of the respondents displayed a positive attitude. The post-test treatment group exhibited the greatest negative attitude among the responders. A total of 31 participants (51.7%) and 29 participants (48.3%) had a positive attitude. The obtained P-Value of 0.073 indicates that the hypothesis was rejected, suggesting that there is no significant impact of education on the prevention of sexual violence in minors. In relation to the readiness of mothers in mitigating instances of sexual violence against children. The research findings indicate a significant increase in attitudes from the pre-test to the post-test. Among the respondents, 60 individuals expressed the most negative attitudes, while no respondents expressed any positive attitudes. In the post-test, 31 respondents expressed the most negative attitudes, while 29 respondents expressed good attitudes. However, the p-value of 0.073 suggests that the violence prevention

education module had a significant impact. The effective utilisation of sexual violence in children as a means to alter parents' attitudes towards educating them about preventing sexual violence in children is currently lacking.

The findings of the study indicate that within the pre-test control group, 34 participants (56.7%) exhibited negative attitudes, whereas 26 participants (43.3%) demonstrated positive attitudes. In the post-test control group, 33 respondents (55%) exhibited a positive attitude, while 27 respondents (45%) displayed a negative attitude. A p-value of 0.000 was obtained. The hypothesis was confirmed, indicating that education has an impact on mothers' preparedness to prevent sexual violence against children, hence preventing sexual violence in children. The research findings indicate a significant increase in attitudes from the pre-test. Specifically, 34 respondents exhibited a poor attitude, while 26 respondents displayed a good attitude. In the post-test, 33 respondents maintained a good attitude, while 27 respondents displayed a poor attitude. The p-value of 0.000 suggests that the prevention education video had a significant impact. The utilisation of sexual violence against children as a means to effectively alter parental attitudes towards educating children about the prevention of such violence can yield significant outcomes.

CONCLUSION

Improving parents' knowledge of how to prevent sexual harassment in their children is one goal of sexual harassment education modules. It is not possible to adequately use the module on sexual development education for children to change people's attitudes about teaching children sexual development.

People should always pay attention to what children are doing and offer them physical and psychological support. Individuals actively promote sexual education to

children. In order to prevent sexual dysfunction in children, parents actively teach their children self-protection. The objective of the Instansi Dinas Pemberdayaan Perempuan dan Perlindungan Anak is to actively educate the public about the importance of preventing sexual abuse in children.

ACKNOWLEDGMENT

The authors would like to express their sincere gratitude to all participants and institutions involved in this study. Special thanks to the local community and health workers who facilitated the data collection process. We also appreciate the support from the Politeknik Kesehatan Kemenkes Denpasar for providing the necessary resources and ethical approval to conduct this research.

CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

BIBLIOGRAPHY

- Teja.M. Kondisi sosial ekonomi dan kekerasan seksual pada anak. *Majalah Info Kesejahteraan Sosial*. 2016;VIII.
- Sipahutar, I.E, Hartati, N.N, Suardani NK. Analisis Deskriptif Tingkat Pengetahuan, Sikap dan Kekerasan Seksual yang Dialami Anak di Provinsi Bali. *Jurnal Keperawatan STIKES Kendal*. 2021;13:1103-10.
- Raijaya,G.A.K SudibiaIK. Faktor-faktor Sosial Ekonomi Penyebab Terjadinya Kasus Pelecehan Seksual pada Anak di Kota Denpasar. 2017;XIII:9-17.
- Amallia, E, Afdila, F.L, Andriani Y. Pengaruh Pemberian Pendidikan Seksual Terhadap Kejadian Kekerasan Seksual pada Anak di SD Negeri 04 Balai Rupih Simalanggang Payakumbuh. *Jurnal Kesehatan Perintis*. 2018;5:162-8.
- Noviana I. Kekerasan Seksual Terhadap Anak: Dampak Dan Penanganannya. *Sosio Informa*. 2015;1:13-28.
- Ligina NL, Mardhiyah A, Nurhidayah I. Peran Orang Tua dalam Pencegahan Kekerasan Seksual pada Anak Sekolah Dasar di kota Bandung. *ejournal.umm.ac.id/index.php/keperawatan/article/view/5454*. 2018;9:109-18.
- Ligina NL, Mardhiyah A, Nurhidayah I. Peran Orang Tua dalam Pencegahan Kekerasan Seksual pada Anak Sekolah Dasar di kota Bandung. *ejournal.umm.ac.id/index.php/keperawatan/article/view/5454*. 2018;9:109-18.
- Noviana I. Kekerasan Seksual Terhadap Anak: Dampak Dan Penanganannya. *Sosio Informa*. 2015;1:13-28.
- WHO. Responding to children and adolescents who have been sexually abused. Vol. 38, *Paediatrics and International Child Health*. 2017. 85-86 p.
- Zhang W, Ren P, Yin G, Li H, Jin Y. Sexual Abuse Prevention Education for Preschool-Aged Children: Parents' Attitudes, Knowledge and Practices in Beijing, China. *J Child Sex Abus*. 2019;29:295-311.
- Solehati T, Pramukti I, Kosasih CE, Hermayanti Y, Mediani HS. Determinants of Sexual Abuse Prevention Knowledge among Children's Schools in West Java Indonesia: A Cross-Sectional Study. *Soc Sci*. 2022;11:3-10.
- Guo S, Chen J, Yu B, Jiang Y, Song Y, Jin Y. Knowledge, Attitude and Practice of Child Sexual Abuse Prevention among Parents of Children with Hearing Loss: A Pilot Study in Beijing and Hebei Province, China. *J Child Sex Abus*. 2019;28:781-98.
- Puspitaningrum EM. Hubungan pengetahuan dengan sikap ibu terhadap pendidikan seks usia dini pada anak di tk unggul sakti kota jambi. *Scientia Journal*. 2018;7:1-6.
- Paramastri I, Yayi JEP, Prabandari S, Ekowarni E. Buklet sebagai Media Pencegahan terhadap Kekerasan Seksual pada Anak-anak Booklet as A Preventive Media of Child Sexual Abuse. *Jurnal Kesehatan Masyarakat Nasional*. 2011;6:77-84.
- Listyarini AD, Hindriyastuti S. Penyuluhan dengan Media Audio Visual Meningkatkan Perilaku Hidup Bersih Sehat Anak Usia Sekolah. 2017;112-7.
- Damayanti, M.Anni, C.T, Mugiarto H. Indonesian Journal of Guidance and Counseling: Theory and Application. Layanan Informasi dengan Media Gambar untuk Meningkatkan Pemahaman Sex Education Siswa. 2018;7:37-44.
- Rahmi RH. Efektivitas Penyuluhan Media Power point dan Video Animasi terhadap

Pengetahuan Dampak Seks Bebas pada Siswi Kelas X dan XI di SMA Taman Madya Jetis Kota Yogyakarta. J Chem Inf Model. 2018;53:1689-99.

18. Arsyad A. Media Pembelajaran. 2013.