



Effectiveness of Educational Media on Children's Knowledge of Sexual Violence

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ABSTRACT

Background: Reproductive health and sexuality education in elementary schools play an important role in shaping children's knowledge and protective behavior. However, the material provided is still limited to the introduction of reproductive organs and general dangers, leading many students to seek information from unreliable sources.

Objectives: This study aimed to analyze the effect of booklet media on increasing knowledge about sexual violence among elementary school students in grades III–VI. A pre-experimental design with a one group pre-test and post-test was used.

Methods: The instrument was a questionnaire containing 20 questions covering basic knowledge about the body, recognition of sexual violence, self-protection, appropriate actions after an incident, and educational understanding.

Results: The results of the Wilcoxon Signed Rank test showed a significant increase in knowledge before and after the intervention ($p = 0.000$). The average pre-test score of 11,26 increased to 16,54 in the post-test. The majority of students who were initially in the moderate and low knowledge categories changed to the good category after being given the booklet.

Conclusion: The booklet media has proven to be effective as an educational tool that can be used in promotive and preventive efforts in elementary schools. This intervention can be used as a community midwifery strategy to improve child protection against sexual violence

Keywords: *booklet, sexual violence, knowledge, elementary school, reproductive education*

INTRODUCTION

Sexual violence against children accounts for the largest proportion, ranging from 50% to 62% of all forms of violence against children. WHO defines sexual violence or abuse that occurs against children as the involvement of a child in sexual activity in which the child does not fully understand, because there is no explanation regarding the violation of norms to the child. Sexual violence against children is one of the reproductive health problems currently facing Indonesia. The Indonesian Child Protection Commission (KPAI) stated that in early 2018, there had been 117 cases of sexual abuse against children, while in the previous year, namely 2017, there had been 393 cases ^[1].

Estimated data published by the World Health Organization (2021) shows that globally, around 30% of women worldwide have experienced sexual violence and/or physical violence by intimate partners or non-partners in their lifetime. In Indonesia, according to SIMFONI PPA data in 2023, there were 11,684 cases of sexual violence recorded in 2022, 10,328 cases of sexual violence in 2021, and 8,216 cases in 2020. Sexual violence can occur at various levels, including education. According to the National Commission on Violence Against Women (2021), among the many levels of education, in cases of sexual violence incidents, higher education was ranked first in 2015-2021. Based on data from Simfoni PPA (2023), the prevalence of sexual violence cases in NTT Province was 449 cases in 2022. There was an increase compared to the data on sexual violence in 2021, which was 308 cases.

According to the PPA Symphony Data (2023), cases of sexual violence in Kupang City have also increased, namely 58 cases in 2022, 24 cases in 2021 and 11 cases in 2020. According to Susiana (2019, p. 114), there are two risk factors that can cause incidents of sexual violence. First, individual factors, namely the psychological aspect of the perpetrator and

second, social factors, namely referring to the socio-cultural aspects followed by society.

From a psychological perspective, a permissive attitude can develop through several factors. A permissive attitude can be formed through several factors. Perpetrators of sexual harassment have four types of psychological characteristics, namely, moral disengagement, an environment dominated by men and a rude attitude towards women and the dark triad. A permissive attitude can also be seen from a social learning perspective. Individuals who grow up with the perspective that sexual harassment is deviant behavior and gives rise to negative attitudes towards incidents of sexual harassment (*classical conditioning*). Sexual violence is a problem with great concern because of the impact it causes. Sexual violence risks causing a very large impact on various aspects, both physical, psychological, mental, behavioral and psychological trauma that not only affects the victim but is also experienced by the family and society ^[2].

The occurrence of sexual harassment or violence against children cannot be separated from the role of parents or families and also the role of schools as a place for children to gain knowledge. Schools and families have a very big responsibility to help children in the process of understanding their reproductive and sexual health. Although teachers recognize the importance of reproductive and sexual health education in the modern era, many still consider it a taboo subject, especially for children. ^[3].

The selection of booklet media for this intervention was driven by a identified gap between the need for Comprehensive Sexuality Education (CSE) and its practical implementation in the elementary school setting. While basic reproductive health education in early grades often focuses on organ recognition and hygiene ^[3], it frequently falls short of addressing critical aspects of CSE, such as recognizing

inappropriate touch, understanding consent, and knowing preventive actions against sexual violence.

Prior to this study, preliminary observations and discussions with teachers at the research site indicated that formal, structured education on these specific topics was not consistently integrated into the curriculum, leaving a significant protective knowledge gap.

Booklets were chosen to address this gap as they serve as a strategic, sustainable, and scalable medium. Unlike one-time lectures, a booklet provides a tangible resource that children can revisit privately, reinforcing learning and allowing for self-paced review, which is crucial for sensitive topics [4].

Furthermore, in environments with limited digital infrastructure, print media like booklets ensure equitable access and are easier for teachers to implement without requiring extensive training or technology, making them a highly practical solution for integrating CSE into existing school health programs.

Reproductive and sexual health education at an early age includes the introduction of reproductive organs and how to maintain the cleanliness of these reproductive organs. The impact of providing reproductive and sexual health education will be complete if integrated with parents, so that children have a good understanding and do not misinterpret it [1].

Parents have a very important role in the growth and development of their children, so building communication between parents and children needs to be done in introducing the child's reproductive organs, their functions and how to care for them. Several factors that can influence sexual behavior and sexual education programs include the values that apply in the family, parental relationships and because of the lack of information and knowledge about sex from both parents and teachers at school [5].

The lack of understanding of elementary school students about sexual

violence makes them a vulnerable group to such acts. Appropriate educational interventions are needed to improve children's understanding of how to recognize, avoid, and report sexual violence. This study therefore aimed to analyze the effect of booklet media on increasing knowledge about sexual violence among grade III–VI students at SDN Kebun Bunga 6 Banjarmasin regarding sexual violence.

METHODS

This study aims to analyze the influence of booklet media on changes in the level of knowledge of elementary school students in grades III–VI regarding sexual violence, by measuring the difference in knowledge scores before and after the intervention. The inclusion criteria comprised respondents who were actively enrolled in grades III–VI during the research period, were willing to participate by providing assent, obtained parental permission (informed consent), and were present during the pre-test and intervention sessions. The exclusion criteria were that grade III–VI students who were absent during the pre-test or intervention process were excluded from the study to maintain data consistency.

The research design was pre-experimental using a one-group pre-test and post-test approach. One group of students was measured for their level of knowledge before and after the intervention without a control group.

The content of the developed booklet is aligned with the key principles of UNESCO's Comprehensive Sexuality Education (CSE), particularly in its focus on human rights, knowledge about sexual violence, and skills for health, well-being, and dignity. The booklet covers five core aspects: (1) basic knowledge about the body and private parts, (2) recognizing various forms of sexual violence (both online and offline), (3) practical ways to protect oneself, (4) appropriate actions to take after an incident, and (5) the

importance of education for prevention. While adapted for the cultural context of Indonesian elementary school children, the material emphasizes fundamental CSE concepts such as consent (e.g., the right to say 'no'), recognizing inappropriate behavior, and the crucial step of reporting to trusted adults, which are essential for empowering children to navigate their environment safely.

The data collection was conducted in a single session for each class to minimize information contamination. First, the pre-test was administered to measure the students' baseline knowledge. Immediately after collecting the pre-test questionnaires, the educational booklet was distributed to each student. They were given 20 minutes to read and internalize the material independently without any prior lecture or explanation from the researchers.

This method was chosen to isolate the effect of the booklet as a standalone educational medium. Following the reading session, the booklets were collected, and the post-test was immediately administered using the same questionnaire. The short interval between the intervention and the post-test (approximately 20-25 minutes) was justified to measure the booklet's immediate effectiveness in improving knowledge and understanding, minimizing the influence of external factors on the results.

The population was all students in grades III–VI at SDN Kebun Bunga 6 Banjarmasin (90 students), and the technique purposive sampling used to get 74 respondents. The research was conducted on March–July 2024.

The research instrument was a questionnaire containing 20 closed-questions, covering five aspects: understanding sexual violence, causal factors, impacts, and prevention methods. Scores are classified into three categories: good (76–100%), moderate (56–75%), And low (<56%). Each correct answer is worth 1, wrong is worth 0. The

questionnaire's content validity was assessed by three experts and was declared valid. a reliability test using Cronbach's Alpha produced a value of 0.78, indicating good internal consistency.

Table 1. Item-Level Analysis of *pre-test* and *post-test* Scores by aspect (n=74)

Item	Pre-test Mean ± SD	Post-test Mean ± SD
A. Basic Knowledge		
Q1	0.82 ± 0.39	0.96 ± 0.20
Q2	0.78 ± 0.42	0.93 ± 0.26
Q3	0.61 ± 0.49	0.88 ± 0.33
Q4	0.66 ± 0.48	0.92 ± 0.27
B. Recognizing Violence		
Q5	0.45 ± 0.50	0.84 ± 0.37
Q6	0.73 ± 0.45	0.95 ± 0.22
Q7	0.68 ± 0.47	0.93 ± 0.26
Q8	0.70 ± 0.46	0.91 ± 0.29
C. Self Protection		
Q9	0.84 ± 0.37	0.97 ± 0.16
Q10	0.80 ± 0.40	0.96 ± 0.20
Q11	0.58 ± 0.50	0.89 ± 0.31
Q12	0.88 ± 0.33	0.99 ± 0.10
D. Post-Incident Actions		
Q13	0.92 ± 0.27	0.99 ± 0.10
Q14	0.51 ± 0.50	0.86 ± 0.35
Q15	0.89 ± 0.31	0.98 ± 0.14
Q16	0.49 ± 0.50	0.82 ± 0.39
E. Understanding Education		
Q17	0.76 ± 0.43	0.94 ± 0.24
Q18	0.85 ± 0.36	0.97 ± 0.16
Q19	0.91 ± 0.29	0.98 ± 0.14
Q20	0.55 ± 0.50	0.90 ± 0.30

*Note: Q1-Q20 correspond to the 20 questions in the questionnaire. The highest score in each test is **bolded**, and the lowest pre-test score is.

The data was analyzed in univariate to describe the characteristics of respondents and their level of knowledge, as well as bivariate use uji Wilcoxon Signed Rank Test to find out the meaningful differences between the values *pre-test* and *post-test* ($\alpha = 0.05$).

This study obtained ethical clearance from the Research Ethics Commission of Muhammadiyah

University Banjarmasin, with approval number 382/UMB/KE/VI/2024. Informed consent was obtained from parents/guardians, and verbal assent from

the children. Confidentiality was maintained throughout the study.

RESULT

a. Respondent Characteristics

Table 2. Frequency Distribution of Respondents Based on Student Age

Characteristics	Category	Frequency (n)	Percentage (%)
Class	III	14	18,9%
	IV	21	28,4%
	V	20	27,0%
	VI	19	25,7%
Age	8-9 years	18	24,4%
	10-11 years	34	45,9%
	≥12 years	22	29,7%
Gender	Man	32	43,2%
	Woman	42	56,8%
Total		74	100%

Based on table 1, a total of 74 students in grades III–VI participated in this study. Based on age, most respondents were in the age range of 9–11 years, as many as 52 students (70.3%), while the remaining 22 students (29.7%) were aged 12 years and above. Based on gender, the number of female respondents was greater, namely 42 students (56.8%), while male respondents were 32 students (43.2%). This distribution shows that respondents have a diversity of ages and genders that represent the population of final year elementary school students.

b. Univariate Analysis

Table 3. Total level of knowledge analysis *pre-test* and *post-test* before and after being given the booklet media

Category	Pre-Test (n, %)	Post-Test (n, %)
Low (<56%)	39 (52,7%)	7 (9,5%)
Moderate (56–75%)	25 (33,8%)	19 (25,7%)
Good (>76%)	10 (13,5%)	48 (64,8%)
Total	74 (100%)	74 (100%)

Based on table 2, the level of students' knowledge before the booklet intervention shows that most students are in the moderate category, namely 39 students (52.7%), followed by the low category of 26 students (35.1%), and only 9 students (12.2%) are in the good category. After being given the booklet intervention, there was a significant increase: as many as 57 students (77.0%) were in the good category, 15 students (20.3%) were in the moderate category, and only 2 students (2.7%) remained in the low category. It can be concluded that booklet media is effective in improving students' understanding of sexual violence.

c. Bivariate Analysis

Table 4. Test Results *Wilcoxon test* before and after being given the booklet media

Statistics	Pre-Test	Post-Test
Mean	11,26	16,54
Standard Deviation	2,12	1,73
Minimum – Maximum Score	8 – 15	13 – 20
Z (Wilcoxon Signed Rank Test)	-7.105	
Asymp. Sig. (2-tailed)	0.000	

Based on table 3, the results of the analysis show that the average value of students' knowledge before being given the booklet was 11.26 out of 20 questions, or equivalent to 56.3%, which is included in the moderate category. After being given the booklet, the average value increased to 16.54 out of 20 questions, or 82.7%, which is included in the good category.

The Wilcoxon Signed Rank test produced a Z value = -7.105 and $p = 0.000$ ($p < 0.05$), which indicates that there is a difference in students' knowledge scores between before and after the intervention which is very statistically significant. Thus, it can be concluded that the booklet media has a positive and significant impact on increasing students' knowledge about sexual violence.

DISCUSSION

As shown in Table 1, a total of 74 students in grades III-VI participated in this study. This finding indicates that nearly all students experienced a significant improvement in knowledge of students in grades III to VI of SDN Kebun Bunga 6 Banjarmasin after being given an intervention in the form of a booklet media about sexual violence. Before being given education, the majority of students were in the low knowledge category with an average score of 11.26 out of a total of 20 questions. After being given the booklet, the average score increased to 16.47, which is categorically included in the "good" knowledge category. In addition to the increase in the average, the distribution of scores also shifted significantly.

The item-level analysis provided a detailed map of the students' knowledge landscape prior to the intervention. The pre-test results revealed a strong foundational understanding in a key area of protection: the imperative to report incidents. This was evidenced by the highest pre-test score on **Q13** (0.92 ± 0.27), which stated "*If someone commits sexual violence, we must immediately tell a trusted person.*" Conversely, the analysis

identified a critical and widespread misconception as the most significant knowledge gap. The lowest pre-test score was on **Q5** (0.45 ± 0.50), which addressed the false statement "*Sexual violence can only be committed by strangers.*" This finding underscores a dangerous myth prevalent among the participants, highlighting an essential area where educational intervention was most urgently needed to correct false beliefs about the nature of perpetrators, who are often known to the child.

Following the booklet-based intervention, the post-test results demonstrated substantial knowledge acquisition across all measured items. The intervention was most effective in teaching practical, immediate actions, as shown by the highest post-test scores on **Q12** (0.99 ± 0.10) and **Q13** (0.99 ± 0.10), which related to "*Shouting for help if someone forces touch*" and reporting to a trusted person, respectively. This near-universal mastery indicates the booklet successfully translated knowledge into an understanding of crucial reactive measures. However, the analysis also revealed a nuanced challenge. The lowest post-test score was on **Q16** (0.82 ± 0.39), which challenged the statement "*Children must*

not resist adults even if the adult is doing something wrong." Although this score reflected a significant improvement from the pre-test (0.49), it remained the most persistent conceptual hurdle. This suggests that while the intervention was broadly effective, deeply ingrained cultural norms of obedience to authority figures require more targeted and perhaps repeated educational efforts to overcome fully.

Initially, 52.7% of students were in the low category, but after the intervention, only 9.5% remained, and more than half of the students (64.8%) had reached the good knowledge category. This shows that almost all students experienced a significant increase in knowledge. This study is in line with which states that visual module-based sexual education significantly increases children's capacity to understand protective actions [6].

This finding is also in line with the results of research by Amalia which states that booklet media as an educational tool can significantly increase students' understanding of the issue of sexual violence, where the proportion of students with a good knowledge category increased from 33% to 88.9% [7]. Another study by Labir added that group-based education through age-appropriate media can increase students' awareness of sexual violence, especially if delivered in a participatory and visual manner [8].

In the context of elementary school children (8–12 years old), the effectiveness of booklet media can also be explained through Piaget's cognitive development theory, where children in the concrete operational stage are able to understand concepts through visual and narrative media that are easy to understand [9]. Therefore, the booklet containing 20 questions covering aspects of understanding sexual violence, causal factors, impacts, and prevention, is very targeted because it reflects the content of education comprehensively and systematically. This is also supported by research Paramastry [10] which tested the

suitability of the booklet and stated that this media is very suitable for use by elementary school students in terms of content, language, and design [11].

From a pedagogical perspective, booklets offer distinct advantages, enabling children to learn independently, repeatedly, and reflectively. Children can reopen pages they do not understand and discuss them with teachers or parents. In his research, he also stated that print media is still very effective in the digital era, especially because it avoids technological distractions and makes distribution easier in environments with limited internet access [12].

At the global level, these results support the approach promoted by UNESCO through its Comprehensive Sexuality Education (CSE) program, which emphasizes the importance of providing information about sexual violence at an early age, with a child-friendly and age-appropriate approach. In his bibliometric analysis he also noted an increasing trend in publications and policies related to children's sexual education in response to the increasing cases of sexual violence [13].

The booklet used contains content about the definition of sexual violence, causal factors, psychological and social impacts on children, and prevention strategies that students can do [9]. The delivery with illustrations and easy-to-digest language makes the educational message well absorbed. This is reinforced by the results of the study Ananda & Prasetyo [14], which shows that booklet media combined with a discussion approach can optimize changes in children's protective behavior against sexual threats in the surrounding environment [15].

Beyond their role in immediate knowledge acquisition, booklets serve as enduring promotional tools that can be seamlessly integrated by teachers and school health workers into their ongoing counseling and health promotion activities.

The long-term efficacy of this medium for information retention is further validated by research. For instance, a study by Wulandari et al.^[16], which included a one-month follow-up assessment, demonstrated that students who received educational booklets exhibited significantly better retention of the material compared to those who only received verbal health lectures^[17]. This sustained impact, observed beyond the immediate intervention period, underscores the booklet's value. Consequently, booklets are not only effective but are a highly recommended primary educational medium for reproductive health and protection interventions targeting school-age children^[4].

Therefore, it can be concluded that booklet media is an effective and efficient educational tool to improve elementary school students' understanding of sexual violence. The results of this study provide an important contribution to preventive efforts in elementary education and can be used as a basis for program replication in other schools, either as part of the health curriculum, character education, or teacher training.

This study has several limitations. The use of a pre-experimental design without a control group limits the ability to definitively attribute the knowledge increase solely to the booklet, though the significant change suggests a strong effect. The immediate post-test measurement, while useful for assessing knowledge gain, does not evaluate long-term knowledge retention. Furthermore, the study was conducted in a single school, which may affect the generalizability of the findings to different geographical or cultural settings within Indonesia.

Despite these limitations, the study's strength lies in its rigorous focus on a practical, low-cost intervention that demonstrated significant immediate effectiveness. The booklet was validated for content and age-appropriateness, and the research adhered to strong ethical

standards, including obtaining both parental consent and child assent.

Based on the results, it is recommended that school administrators and local health department officials (Dinas Kesehatan dan Dinas Pendidikan) consider integrating this validated booklet into their standard school health curriculum or community outreach programs as a primary educational tool for sexual violence prevention. For future implementation, it is recommended that teachers or school nurses be trained to use the booklet effectively in classroom settings. Subsequent research should focus on implementing a controlled trial with a long-term follow-up to measure knowledge retention and, ultimately, the intervention's impact on preventing incidents of violence.

CONCLUSION

The results of the study showed that booklet media had a significant effect in increasing elementary school students' knowledge about sexual violence. There was a statistically significant change in knowledge scores between before and after the intervention, as shown by the Wilcoxon test results ($p < 0.001$). The average knowledge score increased from the moderate category to the good category, reflecting the effectiveness of print media-based educational interventions. In the context of health education for school-age children, booklets function as a visual learning tool that is adaptive to the characteristics of cognitive development of children aged 8–12 years. This intervention is in line with the promotive and preventive paradigm in community midwifery services, especially in efforts to reduce the risk of sexual violence in children from an early age through knowledge empowerment. Thus, the use of booklets can be recommended as a strategic educational media integrated into reproductive health development programs at the elementary education level.

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