THE INFLUENCE OF HEALTH EDUCATION ON THE KNOWLEDGE OF GRADE IX FEMALE ADOLESCENTS ABOUT SEXUAL VIOLENCE AT SMP X BEKASI

Indah Yuliani[1]*, Rahel Agustin Fajar[2]

[1]Sekolah Tinggi Ilmu Kesehatan Abdi Nusantara
[2]SMP X Bekasi

Email Korespodensi: indah.yuliani08@gmail.com

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ABSTRACT

Sexual violence against adolescent girls remains a critical public health issue with severe physical, mental, and social consequences. Indonesian Health Survey (2023) data reveals concerning prevalence rates among girls aged 14-17: 15% experienced verbal sexual harassment, 8.5% physical harassment, and 3.2% severe sexual violence. Bekasi City witnessed increased cases from 65 (2021) to 87 (2022). Previous research indicated 68.3% of female adolescents in Bekasi had inadequate knowledge about sexual violence, with 85.7% never receiving specific school-based health education on this topic. To analyze the effectiveness of health education intervention on ninth-grade female adolescents' knowledge regarding sexual violence at SMP X Bekasi. Methods: A quasi-experimental pre-post test design was employed with ninth-grade female students selected through purposive sampling. Knowledge levels were assessed using a validated questionnaire administered before and after health education intervention. Statistical analysis determined pre-post intervention knowledge differences. Normality testing revealed non-parametric distribution of pre-test and post-test data ($p<0.05$), requiring non-parametric statistical analysis. Significant improvement in adolescent girls' knowledge about sexual violence was observed post-intervention, demonstrating enhanced understanding of definitions, forms, risk factors, and prevention strategies. Health education intervention effectively enhanced adolescent girls' knowledge about sexual violence. Implementation of comprehensive school-based health education programs is crucial for primary prevention of sexual violence against adolescent girls.

Keywords: Health Education, Knowledge, Sexual Violence, Adolescent Girls, Prevention.

INTRODUCTION

Sexual violence against adolescents is a global phenomenon that has profound impacts on the physical, mental, and social health of victims and constitutes a violation of fundamental human rights. The World Health Organization (WHO) estimates that approximately 1 in 5 girls and 1 in 13 boys report experiencing childhood sexual abuse, with the United Nations Children's Fund (UNICEF) noting that 120 million girls under the age of 20 have experienced sexual violence. A cross-sectional study by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) in 28 countries

revealed that the prevalence of sexual violence against adolescents ranges from 8-31% for girls and 3-17% for boys.

A meta-analysis by Stoltenberg et al. (2022) covering 217 studies from 68 countries showed that the global prevalence of sexual violence against children and adolescents is 18% for girls and 8% for boys, with the highest rates in Africa (34.4%) and the lowest in Asia (11.3%). The vast majority (70-85%) of sexual violence is perpetrated by someone known to the victim, with 60% of incidents occurring over a long period of time. However, only one in nine victims seeks professional help.

UNESCO emphasizes that comprehensive sexuality education improves adolescents' ability to recognize risky situations and develop relationships based on mutual respect. Evaluations of sexuality education programs in 85 countries show that adolescents who receive interventions have a 40% lower risk of experiencing sexual violence. A study by the International Center for Research on Women (ICRW) identified that 62% of adolescent girls in developing countries lack comprehensive reproductive health knowledge and 58% are unaware of mechanisms for reporting sexual violence.

In Indonesia, sexual violence is a serious problem with increasing incidence. The 2022 Indonesian Demographic and Health Survey (IDHS) showed an increase in reporting to 11% among women aged 15-49, with the proportion of adolescent girls (15-19) rising to 7.8% from 6.3% in 2017. Approximately 63% of cases were perpetrated by someone known to the victim, and 42% of adolescent girls lacked adequate knowledge about preventing sexual violence.

The Indonesian Child Protection Commission (KPAI) recorded a 15% increase in cases of sexual violence against children and adolescents from 2020 to 2022, with 1,876 cases reported in 2022. The 2023 Indonesian Health Survey (SKI) revealed that 15% of adolescent girls aged 14-17 experienced verbal sexual harassment, 8.5% experienced physical harassment, and 3.2% experienced severe sexual violence. Only 35% of adolescents were able to correctly identify forms of sexual violence, and 65% had never received special education on sexual violence prevention.

The 2022 Women's Life Experience Survey (SPHP) by the Statistics Indonesia (BPS) and the Ministry of Women's Empowerment and Child Protection (KPPPA) revealed that 18.3% of women aged 15-24 had experienced sexual violence. BAPPENAS (National Development Planning Agency) recorded that 35% of cases of violence against women were sexual violence, with 25% of victims being adolescent girls aged 12-17. It is estimated that unreported cases account for 80% of the total number of incidents.

In Bekasi City, the Women's Empowerment and Child Protection Agency recorded an increase in cases from 65 in 2021 to 87 in 2022. Research by Nurhayati et al. (2023) on 350 adolescent girls in five junior high schools in Bekasi found that 68.3% had little knowledge about sexual violence, and 85.7% had never received specific health education about sexual violence at school.

Lack of knowledge about sexual violence is a significant factor in the high number of cases among adolescent girls. A longitudinal study by Pratiwi & Mufdlilah (2021) showed that 73% of adolescent girls who were victims of sexual violence did not understand the definition, forms, and prevention strategies before becoming victims. The West

Java Health Profile data (2023-2024) recorded 1,547 cases of sexual violence, with 38.7% occurring among adolescents, while coverage of reproductive health education programs in secondary schools had only reached 58.6%.

Based on these problems and urgency, this study aims to analyze the influence of health education on the knowledge of ninth grade female adolescents about sexual violence at SMP X Bekasi, as an effort to develop effective prevention strategies by increasing the knowledge of female adolescents about sexual violence.

METHOD

This research was conducted at SMP X in May 2025. The study used a one-group pre-test post-test design to determine the effect of health education on ninth-grade female adolescents' knowledge about preventing sexual violence.

A total of 56 ninth-grade female students met the inclusion criteria and agreed to participate. All respondents participated in the pre-test, health education intervention, and post-test. No respondents dropped out during the study, resulting in a 100% participation rate.

The health education intervention was conducted in two sessions, each lasting a total of 120 minutes. The post-test was administered immediately after the intervention to allow respondents time to process and recall the information provided.

RESULT

Table 1. Distribution of Respondents by Age

Age	Frequency	Persentase (%)
14	28	50
15	16	29
16	12	21
Total	**56**	**100**

Based on Table 1, the results of the distribution of respondents by age. The majority of respondents were 14 years old (50%), followed by 15 years old (29%), and 16 years old (21%). The average age of respondents was 14.71 years with a standard deviation of 0.8 years.

Table 2. Distribution of Respondents by Class

Class	Frequency	Persentase (%)
IX-A	11	20
IX-B	15	27
IX-C	13	23
IX-D	8	14
IX-E	9	16
Total	**56**	**100**

Based on Table 2, the results of the distribution of respondents by class show that most respondents came from class IX-A (20%), followed by class IX-B (27%), IX-C (23%), IX-D (14%), and IX-E (16%).

Table 3. Distribution of Pre-test Knowledge Levels

Level of Knowledge	Frequency	Persentase (%)
Baik (70-100)	4	7
Cukup (50-70)	23	41
Kurang (<50)	29	52
Total	**56**	**100**

Based on Table 3, the results of measuring respondents' knowledge before being given health education show that the majority of respondents had a low level of knowledge (52%), followed by sufficient (41%) and good (7%) levels of knowledge.

Table 4. Distribution of Post-test Knowledge Levels

Level of Knowledge	Frequency	Persentase (%)
Baik (70-100)	25	45
Cukup (50-70)	30	54
Kurang (<50)	1	2
Total	**56**	**100**

Based on Table 4, the results show that after health education, there was a significant increase in respondents' knowledge levels. The majority of respondents had a good level of knowledge (45%), followed by those with sufficient knowledge (54%) and those with poor knowledge (2%).

Table 5. Descriptive Statistics of Pre-test and Post-test Knowledge Scores

Statistics	Pre Test	Post Test	Difference
Mean	54	76,93	22,93
Median	48	68	20
SD	13,365	12,922	-0,443
Min	24	48	24
Max	96	100	4

Table 5 shows a comparison of descriptive statistics of respondents' knowledge scores before and after the intervention. There was an increase in the average knowledge score from 54 in the pre-test to 76.93 in the post-test, a difference of 22.93 points.

Table 6. Wilcoxon Signed Rank Test Results

Criteria	Results	Interpretation
p-value (Asymp. Sig.)	0,000	< 0.05 (Significant)
Statistical Conclusion	There is a significant difference	Ho is rejected, H1 is accepted
Direction of Change	POST TEST > PRE TEST	Score Improvement
Increased number of respondents	56 of 56 Respondents	100% of Respondents experienced an increase
Effectiveness of Intervention	Significant	Treatment/Intervention proven effective
Practical Implications	Knowledge Enhancement	Health Education successfully increases knowledge about preventing sexual violence

Based on Table 6, the results of the Wilcoxon Signed Rank Test show that the Asymp. Sig. (p-value) = 0.00 (<0.05). Since the Asymp. Sig. (p-value) = 0.00 (<0.05), there is a significant difference between the POST TEST and PRE TEST. In other words, the intervention/treatment given caused a significant increase in scores on the POST TEST compared to the PRE TEST in all respondents.

CONCLUSION

This study examined the effect of health education on adolescent girls' knowledge about preventing sexual violence at SMP X Bekasi, involving 56 ninth-grade female students as respondents.

Main Findings

Respondent Characteristics: Respondents were homogeneous, with the majority being 14 years old (46%) and an average age of 13.38 years. The distribution was even across all ninth-grade students, with full participation and no dropouts.

Initial Conditions (Pre-test): Respondents' knowledge level about preventing sexual violence was still low, with 52% categorized as poor, 41% as sufficient, and only 7% as good. The average score was 54 out of 100.

Intervention Results (Post-test): After 120 minutes of health education, there was a significant improvement, with 45% of respondents achieving the good category, 54% as sufficient, and only 2% as poor. The average score increased to 76.93.

Intervention Effectiveness: The Wilcoxon Signed Rank Test showed a significant difference ($p < 0.05$) between pre-test and post-test scores, with an average increase of 22.93 points.

Health education has been shown to be effective in improving adolescent girls' knowledge about sexual violence prevention. The research hypothesis was accepted with a high level of confidence, indicating that health education interventions are an appropriate strategy for increasing adolescent girls' awareness of sexual violence issues and prevention efforts.

SUGGESTIONS

Based on the research findings demonstrating the effectiveness of health education in improving adolescent girls' knowledge about sexual violence prevention, the researchers offer the following recommendations

For Educational Institutions

Integrate reproductive health and sexual violence prevention education programs into the regular curriculum through Physical Education, Science, or Civics, with a minimum of two sessions allocated per semester. Schools should provide specific training for teachers on techniques for delivering sensitive material appropriate to adolescent psychological development.

For Parents

Establish a safe communication space with adolescents about reproductive health and sexual violence prevention. Utilize the results of this research to guide the provision of accurate, age-appropriate information to strengthen prevention efforts at home.

For the Government

The Department of Education and Health should adopt this proven effective health education model as part of a broader sexual violence prevention program. A systematic implementation policy is needed across all junior high schools, along with the provision of resources and competent experts.

For Educators and Health Personnel

Undertake ongoing training on effective health education methods and develop skills in creating a safe and supportive learning environment.

Further Research Suggestions
Longitudinal Design

Conduct a longitudinal study to evaluate effectiveness in maintaining knowledge and changing adolescent behavior.

Subject Expansion: Involving adolescent boys to gain a comprehensive picture and exploring the use of digital technology as a more engaging delivery method.

Methodological Adaptation

Adapting research instruments to different contexts, such as schools with diverse socioeconomic characteristics or cultural backgrounds.

Implementing these suggestions is expected to make efforts to prevent sexual violence against adolescents more effective and sustainable. This proven effective health education needs to be supported by comprehensive efforts from various parties to create a safe environment for adolescent growth and development

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