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A Community-Based Health Education Intervention on Adolescents' Knowledge and Attitudes Toward Sexual Violence Prevention

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Abstract

Background: Adolescents are vulnerable to sexual violence, which adversely affects their physical, psychological, and social well-being, as well as their development. Community-based health education is a key strategy for improving knowledge and attitudes.
Aims: This study aimed to evaluate the effectiveness of a community-based health education intervention in enhancing adolescents' knowledge and attitudes toward sexual violence prevention.
Methods: A quasi-experimental study with a one-group pretest–posttest design was conducted among 132 adolescents selected through purposive sampling in Jatinangor District, Sumedang Regency, in February 2026. Data were collected using validated questionnaires to assess knowledge and attitudes. The intervention comprised lectures, interactive discussions, video-based learning, and role-plays, delivered in three 60-minute sessions, once per week over a three-week period. Data were analyzed using frequency distributions and the Wilcoxon signed-rank test.
Results: The results indicated that the respondents were predominantly aged 15–16 years (56.37%), more than half had a senior high school level of education (53.49%), and a substantial proportion obtained information from social media (42.43%). Significant improvements were observed in both knowledge and attitudes. The mean knowledge score increased from 66.13 to 80.20 (Δ = 14.07), while the mean attitude score increased from 67.74 to 75.50 (Δ = 7.76). Statistical analysis revealed significant differences in knowledge ($p = 0.024$) and attitudes ($p = 0.001$) following the intervention.
Conclusion: Community-based health education interventions are effective in improving adolescents' knowledge and attitudes toward sexual violence prevention. Integrating such programs into community and school settings, supported by trained educators and healthcare professionals, is recommended to strengthen prevention efforts.

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INTRODUCTION

Adolescence is a transitional developmental period characterized by increased vulnerability due to biological, psychological, and social changes. During this stage, individuals are more susceptible to various forms of violence, including sexual violence, which can significantly disrupt their development and future quality of life (WHO, 2019). Sexual violence is defined as any sexual act perpetrated or attempted by an individual without the freely given consent of the victim (Kathleen C. Basile et al., 2 025).

Globally, the prevalence of sexual violence among children and adolescents remains alarmingly high. According to UNICEF, more than 370 million women and girls worldwide approximately one in eight have experienced rape or sexual violence before the age of 18. When non-contact forms of sexual violence, such as online harassment and verbal abuse, are also

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considered, this figure rises to approximately 650 million, or one in five women globally. Sexual violence is not limited to females but also affects males; it is estimated that between 240 and 310 million boys (around one in eleven) experience sexual violence during childhood, underscoring the urgent need for greater attention to this issue. The highest incidence occurs during adolescence, particularly between the ages of 14 and 17, placing adolescents in a high-risk group (UNICEF, 2024). Furthermore, the World Health Organization reports that violence against women, including sexual violence, affects approximately one in three women worldwide, reflecting the persistent and pervasive nature of gender-based violence across the life course (Sardinha, 2024; WHO, 2025).

In Indonesia, cases of violence against children and adolescents have continued to rise, with sexual violence being the most prevalent form. In 2024, a total of 21,648 victims of sexual violence were reported, comprising 6,406 males and 15,242 females (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia, 2025). The rapid advancement of digital technology has also given rise to new forms of sexual violence, particularly online sexual exploitation and abuse. In Indonesia, approximately 56% of cases of online sexual exploitation and abuse involving children and adolescents go unreported, further reinforcing the hidden nature of this issue. Recent data indicate that Indonesia is among the countries with a high number of online sexual exploitation cases, highlighting the urgent need for timely and effective preventive interventions (UNICEF, 2022).

Sexual violence among adolescents has emerged as a critical global public health and human rights issue, with profound and long-term consequences for physical, psychological, and social well-being (WHO, 2017). It represents a serious health concern due to its significant impact on both physical and mental health outcomes (Dreßing et al., 2025). Exposure to sexual violence is associated with an increased risk of mental health disorders, substance abuse, sexually transmitted infections, and long-term trauma that may persist into adulthood, substantially affecting individuals' mental well-being and life trajectories (WHO, 2017). Among adolescents, in addition to physical trauma, victims frequently experience psychological distress that can disrupt developmental processes, particularly psychosocial development (Marizki Putri, 2022). Several studies have identified multiple contributing factors to sexual violence among adolescents, including limited knowledge, lack of awareness regarding prevention, low risk perception, and restricted access to accurate reproductive health information (Brown-Bradley et al., 2025; Nesamoney et al., 2022). As a result, adolescents often lack the necessary skills to recognize risky situations and protect themselves from potential perpetrators. Furthermore, socio-cultural norms, gender inequality, and limited communication between parents and adolescents further exacerbate their vulnerability (Linnea et al., 2024).

Comprehensive efforts to prevent sexual violence among adolescents include health education initiatives aimed at enhancing awareness and responsibility, as well as fostering positive moral and spiritual values, particularly among young people (Wulandari et al., 2023). Health education is widely recognized as a key strategy in preventing sexual violence among adolescents, as it can improve knowledge, shape attitudes, and promote protective behaviors (Yule et al., 2019). With increased awareness and understanding of sexual violence, adolescents are better equipped to recognize inappropriate behaviors, establish personal boundaries, and seek help when necessary (Nguyen, 2025). Previous studies have demonstrated that structured health education programs can significantly improve knowledge and attitudes related to the prevention of sexual violence, thereby contributing to a reduction in the risk of such incidents (Maternowska et al., 2024).

Health education plays a critical role in improving individuals' knowledge and attitudes; however, significant gaps remain in the implementation and evaluation of such interventions, particularly in developing countries (Crompton & Burke, 2023; Richter et al., 2017). Many adolescents continue to demonstrate insufficient knowledge and negative attitudes toward the prevention of sexual violence, underscoring the need for more effective and context-specific educational strategies (Anna et al., 2016). The physical environment in Jatinangor, Sumedang Regency, represents a high-risk area for sexual violence due to the presence of high-rise buildings, limited access to security posts, and suboptimal facilities, including inadequate lighting, malfunctioning CCTV systems, and poor environmental conditions (Ramadhan et al., 2023). Based on the findings of Amartha et al. (2017), most adolescent girls in Jatinangor exhibit high levels of sexual behavior experience, which may be attributed to a lack of access to adequate sexual health

information. To date, no studies have specifically examined the effectiveness of health education interventions in preventing sexual violence in Jatinangor, Sumedang Regency. Therefore, it is essential to investigate the effectiveness of health education interventions in improving adolescents' knowledge and attitudes toward the prevention of sexual violence. Based on this background, this study aims to evaluate the effectiveness of a community-based health education intervention in enhancing adolescents' knowledge and attitudes regarding the prevention of sexual violence.

METHOD

This study employed a quasi-experimental design with a pretest–posttest approach and was conducted in Jatinangor Subdistrict, Sumedang Regency, Indonesia, in February 2026. The study population consisted of 156 adolescents recruited using a purposive sampling technique. The sample size was determined using the Slovin formula with a 95% confidence level ($\alpha < 0.05$\$), resulting in a final sample of 132 adolescents. The inclusion criteria were adolescents aged 13–18 years, willingness to participate, and the provision of written informed consent. Participants with cognitive impairments or those with incomplete responses were excluded from the study.Data were collected using a structured questionnaire assessing adolescents' knowledge and attitudes toward the prevention of sexual violence, with both variables measured based on mean scores. The instrument's validity was evaluated using Pearson's Product–Moment correlation, with coefficients ranging from 0.578 to 0.959 (≥0.53), and its reliability was confirmed using Cronbach's alpha (0.952 ≥ 0.6) prior to administration. Participants received a structured health education intervention on sexual violence prevention, delivered in a meeting room over three 60-minute sessions. The first session employed lectures and interactive discussions, the second session utilized video-based learning, and the third session involved role-playing activities. The intervention was conducted once a week over three consecutive weeks. Educational materials were developed in accordance with guidelines from the World Health Organization (WHO) and UNESCO. Pretest data were collected prior to the intervention, followed by the implementation of the health education sessions. A posttest was conducted two weeks after the intervention to assess changes in knowledge and attitudes. Descriptive statistics, including mean and standard deviation, were used to analyze each dependent variable. The Wilcoxon signed-rank test was applied to evaluate the effect of the intervention due to the non-normal distribution of the data. A p-value of < 0.05 was considered statistically significant. Ethical approval was obtained from the Health Research Ethics Committee, Faculty of Health Sciences and Technology, Jenderal Achmad Yani University (No. 109/KEPK/FITKes-Unjani/I/2026). Written informed consent was obtained from all participants.

RESULTS AND DISCUSSION

Results

This study was conducted among 132 adolescents in Jatinangor, Sumedang Regency, with their characteristics presented in Table 1. The findings indicate that the largest age group among respondents was 15–16 years (36.37%). The majority of participants were female (68.00%). More than half of the respondents had a senior high school level of education (53.49%). Regarding sources of information, a substantial proportion of the respondents reported obtaining information from social media (42.43%).

Table 1. Frequency Distribution of Respondent Characteristics (n=132)

Variable	Frequency (f)	Percentage (%)
Age (Years)		
13-14	40	30.30
15-16	48	36.37
17-18	44	33.33
Gender		
Male	42	32
Female	90	68

Variable	Frequency (f)	Percentage (%)
Education		
Junior High School	61	46.51
Senior High School	71	53.49
Information Sources		
Teachers	53	40.15
Healthcare Workers	23	17.42
Social Media	56	42.43

The difference in the mean knowledge scores of respondents before and after the health education intervention, as well as the effect of the intervention on knowledge of sexual violence prevention, is presented in Table 2. The results indicate that the community-based health education intervention yielded a mean pretest score of 66.13 and a mean posttest score of 80.20, reflecting an increase of 14.07. Statistical analysis revealed a significant effect of the health education intervention on adolescents' knowledge (p = 0.024).

Table 2. Differences in the Mean Knowledge Scores of Respondents Before and After the Health Education Intervention (n = 132)

Knowledge	Mean	SD	P value
Pretest	66.13	13.38	0.024
Posttest	80.20	13.20	

The difference in the mean attitude scores of respondents before and after the health education intervention, as well as the effect of the intervention on attitudes toward sexual violence prevention, is presented in Table 3. The findings indicate that the community-based health education intervention resulted in a mean pretest score of 67.74 and a mean posttest score of 75.50, reflecting an increase of 7.76. Statistical analysis revealed a significant effect of the health education intervention on adolescents' attitudes (p = 0.001).

Table 3. Differences in the Mean Attitude Scores of Respondents Before and After the Health Education Intervention (n = 132)

Attitude	Mean	SD	P value
Pretest	67.74	5.89	0.001
Posttest	75.50	6.89	

Discussion

This study found that adolescents' knowledge and attitudes toward sexual violence prevention improved following the implementation of a health education intervention. These findings align with those reported by Wulandari et al. (2023), who demonstrated a significant effect of health education on students' knowledge and attitudes regarding sexual violence. Similarly, the results are supported by Deviyanti (2024), who reported a significant influence of health education on adolescents' knowledge and attitudes toward sexual violence at SMPN 2 Sitiung (p = 0.000). Furthermore, the present findings are in line with a study conducted by Dwi & Satus (2024) on life skills and sexual violence among adolescents at SMP Negeri 2, which also highlighted the effectiveness of educational interventions. Sexual violence is defined as any act directed at an individual's sexuality through coercion, including psychological intimidation, extortion, or threats (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak Republik Indonesia, 2017).

Sexual violence among adolescents represents a serious issue and a major challenge in many countries, including Indonesia (Bagenda et al., 2024). It constitutes a critical problem that requires urgent attention to prevent its persistence and a rising number of victims (Shabbir et al., 2022). Evidence indicates that approximately one in three adolescents has experienced some form of sexual violence, whether within the family or school environment. This situation is further exacerbated by adolescents' limited access to appropriate sexual education (UNICEF, 2020). Sexual violence occurring during childhood and adolescence can lead to severe short- and long-term

consequences for the physical and mental well-being of affected individuals. Adolescents who experience sexual violence often face psychological trauma, decreased academic performance, and an elevated risk of multiple adverse outcomes (Dwi & Satus, 2024). Moreover, sexual violence against children and adolescents can profoundly disrupt physical, psychological, social, and developmental trajectories. Victims may experience hopelessness, anxiety disorders, nervousness, reduced assertiveness, suicidal tendencies, eating disorders, sexual dysfunction, avoidance behaviors as a form of self-protection, and social isolation that may persist into adulthood (Shabbir et al., 2022). Furthermore, exposure to sexual violence during adolescence is associated with heightened vulnerability, diagnosed mental health disorders, and comorbidities that contribute to the development of subsequent mental health conditions following such traumatic events (Khadr et al., 2018).

Sexual violence is generally perpetrated by adults; however, emerging evidence indicates that it can also be committed by peers (Linnea et al., 2024). Sexual violence among adolescents may be influenced by multiple factors, including inadequate supervision and protection from immediate family members, limited parental involvement, economic constraints, and a lack of societal awareness regarding the prevention of sexual violence (Ajayi et al., 2021; Stark et al., 2017). Therefore, it is essential for adolescents to acquire the knowledge and skills necessary to protect themselves independently from such risks. Sexual violence may also be driven by structural inequalities related to gender, race/ethnicity, social status, age, individual sexuality, levels of knowledge and understanding, citizenship status, and nationality (Armstrong & Gleckman-krut, 2018). Adolescents often experience difficulties in recognizing the signs of sexual violence and understanding appropriate self-protection strategies due to insufficient education on this issue (Nasution et al., 2024). Prevention and management of sexual violence can be addressed, in part, through the provision of educational interventions focused on sexual violence prevention (Marbun & Stevanus, 2019). Accordingly, health education interventions are critically important for improving adolescents' knowlnedge, attitudes, and awareness regarding the prevention of sexual violence (Kusumawati et al., 2025).

Health education represents a dynamic process of behavioral change, which not only enhances individuals' knowledge but also contributes to shaping their attitudes (Wijayanti et al., 2024). Health education on the prevention of sexual violence serves as a primary stimulus that enhances cognitive capacity, particularly in terms of knowledge acquisition, which subsequently facilitates the development of more positive attitudes. These attitudes function as a critical mediator in shaping preventive behaviors against sexual violence. This mechanism is consistent with the Social Cognitive Theory proposed by Albert Bandura (1986), which posits that behavior is influenced by the dynamic interaction between personal factors, including knowledge and attitudes. Health education on the prevention of sexual violence should be introduced as early as possible. In the absence of early sexuality education, children and adolescents may be at an increased risk of becoming victims of sexual violence and engaging in risky sexual behaviors, including unprotected sexual activity, sexual coercion, unintended pregnancy, unsafe abortion, cohabitation outside marriage, and other violations of social and moral norms (Richter et al., 2017). Addressing these issues cannot be viewed solely as the responsibility of adolescents; rather, it must also involve parents and other adults, whose roles are critical in mitigating such risks (Astuti et al., 2021). However, a dilemma persists, particularly among parents who are strongly influenced by traditional Eastern cultural values, where discussions of sexuality are often considered taboo and avoided. Therefore, it is imperative for parents to recognize and embrace their role in providing appropriate and timely sexuality education for their children (Marbun & Stevanus, 2019).

Adolescents with limited access to information are more likely to have poor knowledge and less supportive attitudes toward sexual violence prevention. Previous studies using logistic regression analysis have reported that adolescents who are not exposed to relevant information have approximately 1.5 to 3 times higher odds of having inadequate knowledge and unfavorable attitudes compared to those who receive adequate information (Syukriani et al., 2022). The low level of knowledge prior to the provision of health education may be attributed to limited exposure to relevant information. Knowledge is defined as the result of understanding that emerges after an individual processes a particular object or phenomenon. Health-related knowledge refers to an individual's understanding of how to maintain and improve health (Irwan, 2017). The prevention of

sexual violence can be achieved by transforming individual and societal mindsets regarding sexual violence, which may be facilitated through the roles of non-governmental organizations and educational institutions (Munawwarah, 2025). Furthermore, comprehensive prevention efforts to address sexual violence against women include educational and social interventions aimed at enhancing awareness and responsibility, as well as fostering spiritually grounded healthy behaviors through the strengthening of moral education within communities (Khairunnisa et al., 2025).

An individual's knowledge of an object comprises two components, positive and negative, which collectively shape attitudes. The broader the scope of knowledge possessed, the more likely it is to generate positive aspects, thereby fostering favorable attitudes toward a given object, and vice versa. Attitude is defined as a covert response of an individual to a stimulus or phenomenon; thus, it is not directly observable but can be inferred through related behaviors. In this sense, attitude represents the manifestation of an individual's response (Irwan, 2017). Attitude is further understood as an individual's perspective or belief that underlies the intention to act, which arises from knowledge about a particular issue (Siti, et al 2018). Low attitude scores prior to the provision of health education may be attributed to insufficient knowledge regarding sexual violence. This is supported by Lestari (2018), who explains that changes in attitudes, reflected in an individual's tendency to respond to an object, occur as a result of experience, new information, social interaction, and environmental influences. Attitudes are formed through three components affective, behavioral, and cognitive where the cognitive process in attitude formation is often considered persuasive in nature. Within this persuasive process, messages or information related to a particular object are conveyed to individuals with the aim of encouraging acceptance of such information. As a function of the individual, attitude reflects relationships through which behavior can be predicted at a certain point (Fitri & Kusnanto, 2020).

Health education can be delivered using instructional media or teaching aids to facilitate message transmission, enabling the target audience to receive information more clearly and in a more structured manner (Wijayanti et al., 2024). Media play a crucial role in both the reception of messages and the dissemination of information. Individuals who both see and hear the conveyed messages tend to acquire a more comprehensive understanding and obtain more information compared to those who receive it scolely through auditory means (Notoatmodjo, 2019; Nurmala, 2018). This study has limitations related to the sampling process. Although a sampling technique was applied, there remains a potential for selection bias due to constraints in the implementation of random sampling. Additionally, the study did not include a control group, which could limit internal validity.

The findings of this study can be widely implemented in schools, adolescent health posts, and community settings. Health professionals, particularly community nurses, can utilize this health education method as a strategic promotive and preventive approach by involving families and community leaders to enhance the effectiveness of the intervention. Community-based health education has the potential to continuously improve adolescents' health literacy and can serve as an effective participatory learning method in preventing sexual violence. Improvements in adolescents' knowledge and attitudes toward sexual violence prevention may contribute to reducing the incidence of sexual violence and fostering a safer and more supportive environment for adolescents. Furthermore, the results of this study can be used to empower adolescents to become agents of change within their communities.

Research Contribution

This study contributes to strengthening the existing body of literature by providing empirical evidence on the effectiveness of community-based health education interventions in improving adolescents' knowledge and attitudes toward sexual violence prevention. It emphasizes the integration of community elements, including the involvement of families and community leaders, thereby offering a more holistic and culturally sensitive intervention model. This research also expands the theoretical understanding of sexual violence prevention by employing participatory and community-based strategies that influence adolescents' knowledge and attitudes. It underscores the critical role of social context in shaping preventive behaviors related to sexual violence.

Implications

From a practical perspective, the findings provide a scalable and adaptable intervention framework that can be implemented across various settings, including schools, adolescent health services, and community organizations. This approach can serve as a reference for policymakers, educators, and healthcare professionals, particularly community and maternal nurses, in designing effective promotive and preventive programs. Moreover, this study contributes to public health efforts by addressing a critical global issue namely sexual violence among adolescents through early prevention strategies. Improvements in knowledge and attitudes are expected to support long-term behavioral change and foster safer community environments, particularly for adolescents. Finally, the findings promote adolescent empowerment by positioning young people as active agents of change, thereby strengthening community resilience in preventing sexual violence.

Limitations

Although this study demonstrates significant results, it possesses several limitations, particularly regarding the potential for selection bias due to constraints in implementing random sampling, the absence of a control group which limits internal validity, and a reliance on self-reported questionnaires that may introduce response bias. Additionally, the localized setting in Jatinangor and the specific sample size of 132 adolescents restrict the broader generalizability of the findings to different regional or cultural contexts.

Suggestions

Based on these constraints, future research should adopt randomized controlled trials (RCTs) with a well-defined control group and employ longitudinal designs to evaluate the long-term sustainability of adolescent behavior changes. Furthermore, future studies should expand the geographical scope and diversify demographics, while healthcare professionals and educators are suggested to scale up this structured, multi-method intervention by integrating it sustainably into school curricula, community settings, and adolescent health services.

CONCLUSION

The results showed that the respondents were predominantly aged 15–16 years, more than half had a senior high school education, and a substantial proportion obtained information regarding sexual violence prevention from social media. Significant improvements were observed in both knowledge and attitudes, with statistical analysis indicating significant differences in these variables following the health education intervention. Ultimately, community-based health education interventions are highly effective in improving adolescents' knowledge and attitudes toward sexual violence prevention. Integrating such programs into community and school curricula, supported by trained educators and healthcare professionals, is strongly recommended to strengthen prevention efforts.

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AUTHOR CONTRIBUTION STATEMENT

Main manuscript writing: SS and LM; figure and table preparation: SS and FN; conceptualization: SS, LM, and FN; data curation: SS and LM; formal analysis: SS and FN; funding acquisition: SS, LM, and FN; investigation: SS, LM, and FN; methodology: SS and LM; project administration: SS and LM; resources: SS, LM, and FN; software: LM and FN; supervision: SS; validation: SS and LM; visualization: FN and LM; writing original draft: SS; writing review & editing: SS, LM, and FN.

AI DISCLOSURE STATEMENT

The authors declare that during the preparation of this scientific work to evaluate the effectiveness of a community-based health education intervention in enhancing adolescents' knowledge and attitudes toward sexual violence prevention, all stages of the research process, including developing the background, determining the research methodology, data collection, data analysis, presenting the findings, writing the discussion, drawing conclusions, sourcing references, editing, and manuscript revision were conducted independently without the assistance of artificial intelligence (AI) technologies.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest related to this study entitled "Community-Based Health Education Intervention on Adolescents' Knowledge and Attitudes Toward Sexual Violence Prevention." The research was conducted independently without any financial, commercial, or personal relationships that could be considered as potential conflicts of interest. The authors also confirm that no external funding or sponsorship influenced the study design, data collection, analysis, interpretation of data, or the writing of the manuscript.

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