The Effectiveness of E-leaflets and Video on Adolescent Girls' Knowledge About Sexual Harassment Victims Protection

Shibarani Gita Pratiwi[1], Indriati Dwi Rahayu[2], Rahma Dian Hanifarizani[3]
[123]Department of Midwifery, Faculty of Medicine, Brawijaya University
[1]Email: shibaranigita@student.ub.ac.id

ARTICLE INFO

Article History

Received: July 2nd , 2025

Revised:October 3th , 2025

Accepted: December 20th , 2025

Keywords: E-Leaflet, Video, Health Eduvation, Sexual Harassment, Victims of Sexual Harassment Protection

ABSTRACT

Sexual harassment is defined as any physical, verbal, or non-verbal treatment that is sexual in nature and causes the victim to experience sexual harassment.. The action is in the form of sexist jokes to rape. Midwives also need to be able to handle the problem of sexual harassment including promotive efforts to increase public knowledge regarding sexual harassment. Efforts to increase knowledge include health education. This research was held to assess the difference in effectiveness in health education with e-leaflet and video media on increasing the knowledge of adolescent girls about access to protection for victims of sexual harassment. This research was using a quasi-experimental design with the untreated control group design with dependent pre-test and post-test samples. The study was conducted in November - December 2024 to grade IX students of SMPN 2 Panji. To determine the sample, this research was using the total sampling method to obtain 58 subjects. The sample was divided randomly into 3 groups named the e-leaflet, video, and control groups. The data were tested with Kruskal-Wallis test method and obtained p 0.013 < 0.05. This value shows a significant difference between the knowledge levels of students in the e-leaflet group, video group, and control group.

INTRODUCTION

Sexual harassment is any physical, verbal, or nonverbal act that targets the victim's sexuality and can range from sexist taunts to rape (Jannah, 2021). Verbal harassment can take the form of personal messages or comments of a sexual nature, while nonverbal harassment involves sexual acts involving physical contact (Trihastuti, 2020). Sexual harassment can occur in workplace situations, professional settings, or other social settings (Suprihatin, 2020). The Ministry of Women's Empowerment and Child Protection stated that the total number of sexual harassment cases in Indonesia inputted from January 1, 2024 to July 5, 2024 was the highest at 5,465 cases (42.65%), with the most cases occurring at the age of 13-17 years, which is included in the adolescent age range.

Sexual harassment victims protection in Indonesia has not been

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p-ISSN: 2354-9653| e-ISSN: 2597-6524

running optimally (Darmawan, 2024). The less than optimal protection of victims of sexual harassment is caused by several factors. One factor that causes this is that victims of sexual harassment are not given full information regarding what services can be accessed and demanded, so that services cannot be utilized optimally. In addition, midwives are frontline health workers who are close to the community. Therefore, midwives must be able to handle the problem of sexual harassment either through curative, preventive, or promotive efforts to disseminate knowledge to the community regarding sexual harassment including the right to protection for victims of sexual harassment so that the knowledge possessed by the community increases (Apriningrum, 2022).

One of the activities that can be attempted to increase knowledge is through the provision of health education. Therefore, the author feels that one of the solutions that can be attempted to overcome the problem of lack of information about access to protection for victims of sexual harassment is through health education about access to protection for victims of sexual harassment. Media use influences the effectiveness of health education, so selecting appropriate and careful media is crucial. The examples of health education media include visual and audiovisual media. Visual media include images, models, graphs, leaflets, and e-leaflets. Visual media aims to improve memory during education. Meanwhile, audiovisual media, such as films, videos, and television programs, aim to concreteize learning and avoid verbalization by utilizing the senses of sight and hearing (Herawati, 2022). Furthermore, the majority of adolescents have a stronger tendency to access information through digital media than through conventional media. One study found that the majority of adolescents obtain the latest information through Instagram (88.3%) and YouTube (72.4%) (Putri et al., 2024).

In this study, the researcher chose e-leaflet and video as the media to be compared. E-leaflet was chosen as a representation of visual media that has the advantage of containing easy-to-understand sentences and attractive designs that can attract the interest of its readers (Aturrohmah, 2024). In addition, with e-leaflet media, educational targets can learn the content of the e-leaflet at their own pace.

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p-ISSN: 2354-9653| e-ISSN: 2597-6524

Meanwhile, video media has the advantage of being able to display moving images with accompanying sound so that it can add a new dimension to the course of education (Marliani, 2021).

Therefore, this study was designed to assess the difference in effectiveness in health education with e-leaflet and video media on increasing the knowledge of adolescent girls aged 13-15 years at SMPN 2 Panji, Situbondo Regency, about access to protection for victims of sexual harassment. Adolescent girls aged 13-15 years or adolescents in junior high school were selected as samples of this study because at this age, adolescents are considered to be more easily influenced, imitate, and have not yet determined their life principles (Fatimah and Nuraninda, 2021). This is also related to data on the high prevalence of sexual harassment in Situbondo Regency which is quite high, namely 28 cases as of June 2024 according to the Head of the Women's Empowerment, Child Protection, Population Control, and Family Planning Service of Situbondo Regency.

RESEARCH METHODS

This study was conducted using a quasi-experimental method with the untreated control group design with dependent pre-test and post-test samples. The research sample was randomly distributed into 3 intervention groups, including the health education group with e-leaflet media, the health education group with video media, and the control group that did not receive treatment. The educational materials were developed by the research team in consultation with maternal and child health experts, and the content included definitions, risk factors, preventive measures, and recommended healthy behaviors. The e-leaflet consisted of 4 illustrated pages and was distributed via Instagram direct message, while the video lasted 5 minutes 28 seconds and was uploaded on YouTube. The samples received the media link to their respective groups after completing the pre-test. The samples' knowledge was then reassessed with a post-test exactly 15 days after completing the pre-test.

This study was conducted in November - December 2024 to grade IX students of SMPN 2 Panji. The Total Sampling method was used to determine the sample, from a population

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p-ISSN: 2354-9653| e-ISSN: 2597-6524

of 67 people, the sample obtained was 58 people who met the inclusion criteria. The total sampling method was chosen because the population of this study was small (less than 100 people).

This study was grade IX students who met the inclusion criteria, including grade IX students, willing to be respondents, have gadgets, YouTube accounts, and Instagram accounts, and students who were present on the day of filling out the questionnaire. While students who were on leave, declined participation, and lacked access to the required media such as people with special needs were excluded. Data collection was obtained using question instruments taken from pre and post-tests via Google Forms.

Respondents' scores will be categorized into good, sufficient, and lacking categories, which are then defined as ordinal data. The effect of health education on increasing adolescents girls' knowledge will also be seen using the d-type effect size formula with [(mean posttest – mean pretest / SD pretest)]. The data will then be analyzed using the Kruskal-Wallis test to see the difference in knowledge between the e-leaflet group, the video group, and the control group.

This study was approved by the Health Research Ethics Committee Faculty of Medicine Brawijaya University with approval number 419/EC/KEPK-S1-KB/11/2024.

RESULTS AND DISCUSSION

The results of the study are the pre-test and post-test values which are presented in the following table.

Table 1. Distribution of Respondents' Knowledge Levels regarding Access to Protection for Victims of Sexual Harassment in the E-Leaflet Group.

	Knowledge	Frequency	(%)	Mean	S.D
PRE	Lack	3	15,8	71,05	15,949
	Sufficient	8	42,1		
	Good	8	42,1		
	Total	19	100		
POST	Lack	1	5,3	82,11	15,484
	Sufficient	5	26,3		
	Good	13	68,4		
	Total	19	100		

Table 1 shows that there were 13 adolescents girls (68,4%) who had good knowledge category after receiving education using e-leaflet media. The results of the d-type size effect from the e-leaflet group produced a figure of 0,693 which is included in the moderate category.

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p-ISSN: 2354-9653| e-ISSN: 2597-6524

Table 2. Distribution of Respondents' Knowledge Levels regarding Access to Protection for Victims of Sexual Harassment in the Video Group.

Knowledge		Frequency	(%)	Mean	S.D
PRE	Lack	0	0	81,05	8,093
	Sufficient	2	10,5		
	Good	17	89,5		
	Total	19	100		
POST	Lack	0	0	89,47	13,112
	Sufficient	3	15,8		
	Good	16	84,2		
	Total	19	100		

Table 2 shows that there were 16 adolescents girls (84,2%) who had good knowledge category after receiving education using video media. The results of the d-type size effect from the video group produced a figure of 1,040 which is included in the high category.

Table 3. Distribution of Respondents' Knowledge Levels regarding Access to Protection for Victims of Sexual Harassment in the Control Group.

Knowledge		Frequency	(%)	Mean	S.D
PRE	Lack	3	15,0	70,05	14,318
	Sufficient	10	50,0		
	Good	7	35,0		
	Total	20	100		
POST	Lack	2	10,0	73,00	17,199
	Sufficient	10	50,0		
	Good	8	40,0		
	Total	20	100		

Table 3 shows that there were 8 adolescents girls (40,0%) who had good knowledge category in the post-test. The results of the d-type size effect from the control group produced a figure of 0,206 which is included in the small category.

Table 4. Results of the Kruskal Wallis Test on the Difference in Knowledge of the E-Leaflet Group, Video Group, and Control Group regarding Access to Protection for Victims of Sexual Harassment.

Group	n	Median (Min-Maks)	Asymp. Sig. (2- Tailed
E-Leaflet	20	2(1-3)	
Video	19	19(2-3)	0,013
Control	19	2(1-3)	
Total	58		

Based on table 4, the results obtained with p 0,013 < 0,05 and < 0,1. This value shows a significant difference between the knowledge of adolescent girls in the e-leaflet group, video group, and control group.

In this study, significant differences were found in the knowledge of female students in the e-leaflet group, video group, and control group. This is based on the analysis in table 4 with a p value of 0,013 <0,05 and <0,1 which shows the analysis of differences in knowledge of adolescent girls in the e-leaflet group, video group, and control group about access to protection for victims of sexual harassment with the Kruskal-Wallis

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p-ISSN: 2354-9653| e-ISSN: 2597-6524

test.

The significance value shows a significant difference between the knowledge of adolescent girls in the e-leaflet group, video group, and control group when using alpha 5% or alpha 10%. When viewed based on the effect size value, the value of the video group (1,040) is greater than the effect size of the e-leaflet group (0,693). Meanwhile, the effect size value of the e-leaflet group (0,693) is greater than the effect size of the control group. So it can be concluded that health education in the video group is more successful in increasing adolescent girls' knowledge about access to protection for victims of sexual harassment compared to other groups. This can happen because each individual tends to have only one of the most prominent learning style characteristics (visual, auditory, or kinesthetic) so that the individual should receive appropriate stimulus in learning to facilitate the process of absorbing learning materials (Supit et all., 2023).

When viewed from the effect size value, the effect size value of the video group (1.040) is greater than the effect size of the e-leaflet group (0.693). Meanwhile, the effect size value of the e-leaflet group (0.693) is greater than the effect size of the control group (0,206). Therefore, it can be concluded that health education in the video group was more successful in increasing the knowledge of adolescent girls regarding access to protection for victims of sexual harassment compared to other groups.

The e-leaflet and video group received a higher d-type effect score than the control group, which because in this study, the control group did not receive information related to access to protection for victims of sexual harassment as the experimental group. This is in line with the results of past studies that the control group without treatment had a lower score because respondents did not receive information as the experimental group (Azzahra, Santi and Pertiwiwati, 2022).

CONCLUSIONS

This study shows that video-base educational media was more effective than e-leaflets in improving adolescent girls' knowledge about access to protectuon for the victims of sexual harassment. This demonstrates the importance of using interactive audiovisual approaches to engage

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p-ISSN: 2354-9653| e-ISSN: 2597-6524

adolescents and support sensitive health education. Midwives, educators, and policy makers can consider integrating video-based media into adolescent reproductive health programs, with potential applicability to similar adolescent population in other settings. For further research, the selection of health education media can be developed using more innovative media while accounting for learning styles, accessibility, and cultural context.

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p-ISSN: 2354-9653| e-ISSN: 2597-6524