



## EFFECTIVENESS OF VIDEO-LEAFLET PROMOTION ON ADOLESCENTS' PREMARITAL SEX KNOWLEDGE AND ATTITUDES AT PERTIWI HIGH SCHOOL JAMBY CITY

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<p><b>Info Article</b> Received: 02 Februari 2026 Revised: 04 Maret 2026 Accepted: 02 April 2026 Publication: 30 April 2026</p>	<p><b>Abstract:</b> <i>This study investigated the effectiveness of health promotion delivered through video and leaflet media in improving adolescents' knowledge and attitudes toward premarital sex prevention at SMAS Pertiwi, Jambi City. Using a quantitative quasi-experimental method with a pretest-posttest two-group design, the research involved 48 grade XI students who were equally assigned to a video group and a leaflet group, with 24 participants in each. Data were collected before and after the intervention to assess changes in knowledge and attitudes. The results indicated that both educational media significantly increased students' understanding and positively influenced their attitudes after the intervention. In terms of knowledge improvement, video and leaflet media produced relatively similar outcomes, suggesting that both were equally effective in delivering information. However, video media demonstrated a stronger impact on shaping adolescents' attitudes toward premarital sex prevention, likely because audiovisual content was more engaging and persuasive. Overall, both media are useful, video excels.</i></p>
<p><b>Keywords:</b> Health Promotion, Video Media, Leaflet, Premarital Sex, Adolescents <b>Kata Kunci:</b> Promosi Kesehatan, Media Video, Leaflet, Seks Pranikah, Remaja</p>	<p><b>Abstrak:</b> Penelitian ini mengkaji efektivitas promosi kesehatan melalui media video dan leaflet dalam meningkatkan pengetahuan dan sikap remaja terhadap pencegahan seks pranikah di SMAS Pertiwi Kota Jambi. Penelitian menggunakan metode kuantitatif quasi-eksperimental dengan desain *pretest-posttest two-group*, yang melibatkan 48 siswa kelas XI yang dibagi sama rata ke dalam kelompok video dan kelompok leaflet, masing-masing 24 responden. Data dikumpulkan sebelum dan sesudah intervensi untuk menilai perubahan pengetahuan dan sikap. Hasil penelitian menunjukkan bahwa kedua media edukasi secara signifikan meningkatkan pengetahuan siswa dan memberikan pengaruh positif terhadap sikap setelah intervensi. Dalam peningkatan pengetahuan, media video dan leaflet menunjukkan hasil yang relatif sama, sehingga keduanya dinilai sama efektif dalam penyampaian informasi. Namun, media video menunjukkan pengaruh yang lebih kuat dalam membentuk sikap remaja terhadap pencegahan seks pranikah, kemungkinan karena konten audiovisual lebih menarik dan persuasif. Secara keseluruhan, kedua media bermanfaat, namun media video lebih unggul.</p>
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## INTRODUCTION

Adolescence is a stage of life marked by rapid physical, emotional, and social development. During this period, young people begin to form identity, expand relationships, and respond more actively to their environment. This phase also brings a greater need for accurate guidance about reproductive health. Limited understanding in this area may place adolescents in vulnerable situations related to sexual behavior. Reproductive health education is therefore an essential part of adolescent development (Butarbutar et al., 2022).

This concern becomes more important when viewed from the size of the adolescent population. Young people represent a major part of the population and will shape the quality of future development. A healthy generation needs not only academic ability but also responsible attitudes in daily life. Reproductive health is one of the areas that influences long-term wellbeing and social readiness. This makes adolescent health promotion a strategic investment for the future (UN DESA and Population Division, 2024).

At the same time, premarital sexual behavior among adolescents remains a serious public health issue. This behavior is associated with unwanted pregnancy, sexually transmitted infections, and psychosocial burdens that may disturb education and social functioning. The problem appears in many settings and reflects the need for stronger preventive education. Adolescents often face risk before they develop adequate judgment and emotional control. For that reason, prevention should begin with clear and relevant health information (Sary et al., 2020).

The Indonesian context shows that sexual and reproductive health is still a sensitive topic in many communities. Discussions about sex are often limited, while adolescents continue to receive information from peers, social media, and informal conversations. Information from those channels is easy to access, yet its accuracy is not always reliable. This condition may lead adolescents to build perceptions from incomplete or misleading explanations. Formal education is needed to help them understand risk in a more balanced way (Syafitriani et al., 2022).

Knowledge has a strong role in shaping how adolescents view premarital sex. Better understanding can support more careful thinking, while poor understanding may open space for permissive attitudes. Attitude is also influenced by peer roles, social interaction, and acceptance within the adolescent environment. This means that prevention is not only about giving facts, but also about shaping how information is

interpreted. Educational strategies should address both knowledge and attitude in the same intervention (Amalia et al., 2025).

This relationship becomes clearer when adolescent sexual behavior is viewed as a gradual process. Risk does not appear only in the form of sexual intercourse, but can begin from attitudes and behaviors that normalize intimacy without adequate awareness of consequences. Adolescents may treat certain actions as harmless because they do not fully understand the direction and impact of those behaviors. A preventive approach should therefore begin before risky behavior becomes more established. Education is more effective when delivered early and in a form that adolescents can easily accept (Sari and Ahkam, 2023).

One practical effort that can be applied in schools is health promotion through educational media. Schools provide a structured environment where students can receive information in a guided and consistent manner. In this setting, media selection becomes important because the form of delivery can influence how students receive and retain health messages. Educational media should be understandable, attractive, and suitable for adolescent learning patterns. This is why video and leaflet are both relevant options for school-based promotion.

Video is often viewed as a strong educational medium because it combines sound, image, and message in one presentation. This combination can help students focus on the material and understand it more easily. Audio-visual content may also support emotional engagement, which is useful when discussing sensitive topics such as premarital sex. Adolescents are generally familiar with visual media and tend to respond well to dynamic learning material. In educational practice, video is considered helpful for improving understanding and supporting positive attitude formation (Yuliana, 2023).

Alongside video, leaflet also remains useful as a health promotion medium. A leaflet presents concise written information that students can read again after the session ends. This repeated exposure may strengthen message retention and support independent learning. Leaflets are also practical, simple to distribute, and easy to use in school activities. These strengths make leaflet relevant for reproductive health education among adolescents (Miniharianti et al., 2025).

Although both media are educationally valuable, their effects may not be identical. Video may have greater appeal in attracting attention and influencing affective response. Leaflet may be stronger in helping students review information at

their own pace. This difference is important because knowledge and attitude do not always change through the same learning process. A direct comparison between the two media is needed to identify which one works better for specific outcomes (Yuliana, 2023).

This need becomes more relevant in the context of adolescent vulnerability. Premarital sexual behavior in youth is linked to personal, social, and environmental factors that interact over time. Adolescents in detention settings, school environments, and general community settings may show different forms of risk, yet the core issue remains the same. They require accurate information and healthy guidance before risky decisions become normalized. Preventive education should respond to this need with methods that are realistic and acceptable for adolescents (Te et al., 2020).

The present study was conducted at SMAS Pertiwi Jambi City because the school setting offers a practical space for reproductive health intervention. Students at this level are in middle to late adolescence, a phase marked by identity exploration, emotional sensitivity, and strong peer interaction. These characteristics make them a relevant group for education on premarital sex prevention. A structured intervention in school can help students receive valid information in a more organized way. This setting also allows comparison of media use under similar learning conditions based on the study design in the thesis (quasi-experimental pretest-posttest two-group design).

Based on this background, the study focuses on the effectiveness of health promotion through video and leaflet media in improving adolescents' knowledge and attitudes about premarital sex. The discussion is limited to school-based health promotion among students at SMAS Pertiwi Jambi City. The article examines whether both media can support better understanding and more positive attitudes after the intervention. It also explores whether one medium shows stronger influence than the other. The objective of this article is to analyze the effectiveness of video and leaflet media in promoting adolescents' knowledge and attitudes related to premarital sex prevention, in line with the study hypotheses and conclusions stated in the thesis.

## **METHOD**

This study applied a quantitative approach using a quasi-experimental design with a pretest-posttest two-group format. The research was conducted at SMAS Pertiwi Jambi City in February 2025. The design involved two intervention groups that received the same topic through different media, namely video and leaflet. Each group

completed an initial measurement before the intervention and a final measurement after the intervention. This structure was used to examine changes in adolescents' knowledge and attitudes about premarital sex after health promotion was delivered.

The population consisted of all grade XI students at SMAS Pertiwi Jambi City, with a total of 54 students. The sample size was determined from that population and resulted in 48 respondents. These respondents were divided equally into two groups, with 24 students in the video group and 24 students in the leaflet group. The study used purposive sampling based on criteria established by the researcher. Students were included if they were willing to participate and remained involved throughout the full research process, while students who were absent, sick, or had visual, hearing, or cognitive limitations were excluded from the study.

Data were collected using a structured questionnaire on knowledge and attitudes related to premarital sex. The knowledge instrument consisted of 10 multiple-choice questions, while the attitude instrument consisted of 14 statements arranged on a Likert scale. Before the main study was carried out, the instruments were tested to assess validity and reliability. The research procedure began with a pretest in both groups, followed by health promotion through video for the first group and leaflet for the second group, then ended with a posttest using the same instruments. This procedure was intended to measure the effect of each educational medium on changes in respondent understanding and attitudes.

Data processing was conducted through editing, coding, tabulating, cleaning, and data entry. Univariate analysis was used to describe the characteristics of the respondents and the distribution of research variables. Bivariate analysis was then used to assess differences before and after the intervention and to compare the effectiveness of the two media. The normality of the data was tested using the Shapiro-Wilk test because the number of respondents in each group was below fifty. Since some variables were not normally distributed, the analysis continued with nonparametric statistical tests at a significance level of 0.05.

## **RESULTS AND DISCUSSION**

The findings of this study are presented in a sequence that follows the main objectives of the research. The section begins with the profile of respondents, then moves to changes in knowledge and attitude within each intervention group. The analysis then compares the effectiveness of video and leaflet media on both outcome

variables. This structure makes the interpretation easier because every result is discussed in relation to the purpose of the study. The discussion remains centered on the thesis findings and the educational meaning of those findings in the school setting.

**Table 1. Characteristics of Respondents**

Characteristic	Frequency	Percentage
Age 15–16 years	13	54.17
Age 17–18 years	11	45.83
Male	8	33.33
Female	16	66.67
Total	24	100

Source: Primary data processed, 2026

Most respondents were in the age range of 15 to 16 years, while the rest were in the age range of 17 to 18 years. Female students formed the larger proportion of the group described in the thesis results. This composition shows that the intervention mainly involved middle adolescents who are still actively building identity and social relationships. That age phase is relevant to the topic because curiosity about relationships and peer approval is often strong during this period. The respondent profile supports the importance of providing health promotion before risky beliefs and attitudes become more established.

The respondent composition also helps explain why educational media could produce measurable change in a short intervention. Adolescents in this age range are generally receptive to messages that are direct, visual, and related to their daily social life. They are old enough to understand preventive messages, yet still need guidance to interpret those messages critically. The larger number of female respondents may also have influenced the classroom atmosphere during the educational session. Even so, the main value of this profile lies in showing that the study reached the age group that is most relevant for early prevention of premarital sexual behavior.

**Table 2. Changes in Knowledge and Attitude Before and After Intervention**

Group	Variable	Before (%)	After (%)	Direction
Video	Good knowledge	62.5	75.0	Increased
Video	Positive attitude	58.3	75.0	Increased
Leaflet	Good knowledge	58.3	66.7	Increased
Leaflet	Positive attitude	45.8	62.5	Increased

Source: Primary data processed, 2026

The overall pattern of results shows that both media were followed by improvement in knowledge and attitude. In the video group, the percentage of students with good knowledge increased from 62.5% to 75.0%, while positive attitude increased

from 58.3% to 75.0%. In the leaflet group, good knowledge increased from 58.3% to 66.7%, while positive attitude increased from 45.8% to 62.5%. These shifts show that both media worked in a favorable direction after the intervention was given. The differences between the two media became more visible when the results were examined separately for knowledge and attitude.

This general pattern is important because it shows that school-based health promotion can strengthen adolescent understanding and attitude at the same time. The increase in both groups means that the students did not simply receive information, but also showed signs of internal response to that information. A positive post-intervention change suggests that the educational messages were relevant to the students' level of comprehension. The result also indicates that sensitive topics such as premarital sex can still be taught effectively when the material is delivered in an appropriate format. This supports the practical use of structured media in adolescent reproductive health promotion.

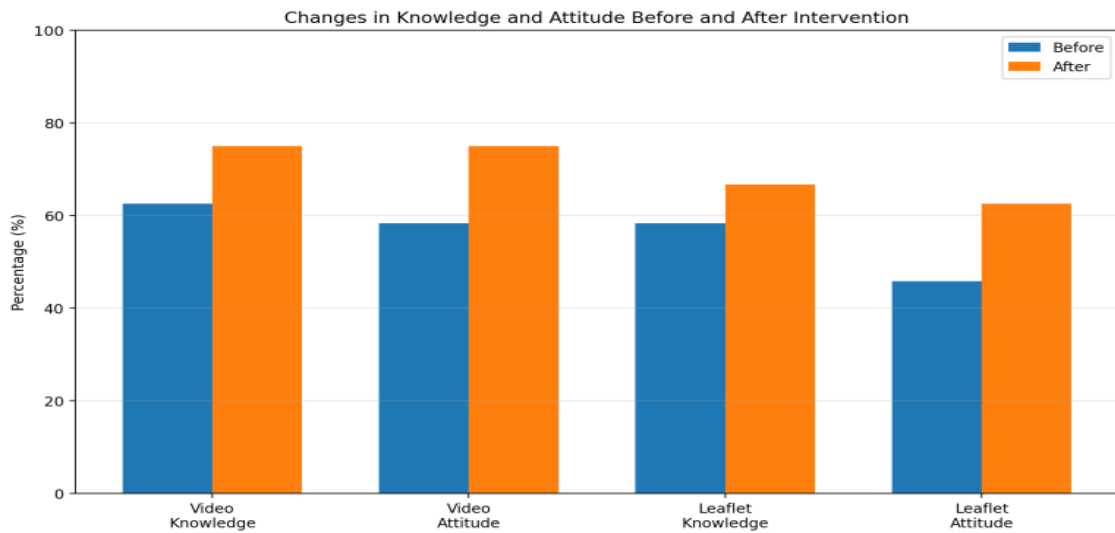
**Table 3. Comparative Effectiveness of Video and Leaflet**

Variable	Compared Groups	p value	Interpretation
Knowledge	Video vs Leaflet	0.352	Not significantly different
Attitude	Video vs Leaflet	0.029	Significantly different

Source: Primary data processed, 2026

The comparative test shows that the two media did not differ significantly in their effect on knowledge. The reported p value for knowledge was 0.352, which indicates that the difference between the two groups was not statistically significant. In contrast, the p value for attitude was 0.029, which indicates a significant difference between video and leaflet in shaping student attitudes. This means that the educational medium mattered more for attitude formation than for knowledge improvement. The result places video in a stronger position when the goal of health promotion extends beyond information delivery.

The contrast between these two outcomes is one of the most important contributions of the study. Knowledge and attitude are related, yet they do not always change through the same educational process. Knowledge may increase when students receive clear and correct information, even if the medium is simple. Attitude requires a deeper process because it involves interpretation, evaluation, and personal acceptance of the message. This is why two media may look similar in the knowledge outcome but still show different strength in the attitude outcome.



**Figure 1. Changes in Knowledge and Attitude Before and After Intervention**

Source: Primary data processed, 2026

The figure presents the direction of change in both groups using the percentages reported in the thesis. It helps readers see that both media produced improvement, while the increase in positive attitude appears more pronounced in the video group. A figure like this is useful because it summarizes the main trend without replacing the statistical explanation in the tables. In journal writing, the figure can strengthen visual interpretation when placed after the table on pretest and posttest results. The figure was prepared from the percentages reported in the thesis data tables. The knowledge result in the video group deserves closer attention because the improvement was consistent with the expected strength of audio-visual learning. Before the intervention, a portion of students still had limited understanding of premarital sex prevention. After the video session, the proportion of good knowledge became higher and the lower category became smaller. This pattern indicates that students were able to absorb the core material through a format that made the message easier to follow. The result shows that video functioned not only as an attractive medium, but also as an effective channel for cognitive reinforcement.

The educational value of video can be explained through how adolescents process information in classroom situations. A video combines narration, images, and movement, so the message is received through more than one sensory route. That combination can reduce boredom and help students connect abstract health risks with concrete examples. In topics related to premarital sex, visual support may help students understand consequences that are otherwise difficult to imagine from short verbal explanation alone. This helps clarify why the video group showed a clear upward shift

after the intervention. The knowledge result in the leaflet group also showed meaningful improvement, although the magnitude of change was more modest than in the video group. This means that a printed educational medium still had practical value in delivering reproductive health information. Leaflets are useful because they present the material in short written form that students can review again after the classroom session. Repeated reading can support retention of concepts, definitions, and preventive messages. This explains why knowledge still improved in the leaflet group even without the richer stimulation offered by video.

The similar statistical outcome between the two media on knowledge can be interpreted in a reasonable way. The thesis discussion states that both media contained the same substance, so students in each group received the same core message even though the format differed. When the educational content is equivalent, both media may still produce comparable knowledge gains. Internal learner factors such as readiness, interest, and prior familiarity with the topic may also narrow the gap between media. This is why the knowledge comparison did not show a significant difference even though the percentages moved upward in both groups.

This finding has practical implications for school health education. If the main objective is to increase basic understanding, schools do not always need highly complex media. A leaflet can still serve as a useful tool when resources are limited and when students need concise written reinforcement. Video can also be used effectively, but its advantage on knowledge alone may not always be statistically superior. The important point is that the content must remain clear, relevant, and developmentally appropriate for adolescents. In this study, message quality appears to have been as important as media type for the knowledge outcome.

The attitude result in the video group showed a stronger shift than the knowledge result because the proportion of positive attitude increased in a more convincing way. Students were not only better informed after watching the educational video, but also more favorable toward the prevention of premarital sex. This is an important result because attitude often acts as the bridge between understanding and personal decision making. A student may know the risks of premarital sex, yet still fail to reject risky behavior if the attitude dimension remains weak. The rise in positive attitude indicates that the video intervention reached a more reflective level of student response. Attitude change is usually harder to achieve than knowledge change because it is shaped by values, emotion, and social meaning. The video format appears to have supported this

process by making the message more vivid and more personally relevant. When adolescents hear and see a message at the same time, they may form stronger impressions about consequences, responsibility, and prevention. This richer experience can stimulate reflection more effectively than short factual reading alone. The result helps explain why the video group showed a stronger pattern in attitude formation after the intervention.

The attitude result in the leaflet group also moved in a positive direction, and this should not be overlooked. Before the intervention, negative attitudes were more dominant in that group, yet the proportion of positive attitude became larger after the leaflet session. This means that written material still contributed to a more favorable preventive outlook among students. The change shows that adolescents can also reflect on health values through simple text-based learning when the message is clearly written. Even so, the comparative analysis shows that this mode of influence was not as strong as the video-based approach.

The thesis discussion provides a useful explanation for this difference between video and leaflet. It states that leaflet presents information in a concise and systematic written form that can be reread at any time, yet its communication is more one-way and less emotionally stimulating than video. This difference is important because attitude is not limited to the cognitive domain. Attitude also includes affective and conative elements that respond to attraction, emotional engagement, and personal connection with the message. A medium that is strong in those areas is more likely to produce stronger attitude change.

The thesis also connects this result with Richard E. Mayer's theoretical view on multimedia learning. According to the discussion in the thesis, video has an advantage because it presents information through audio-visual elements that make messages more concrete, attractive, and easier to understand. The combination of image, sound, and illustration is said to strengthen attention and emotional involvement, which then contributes to attitude change. This explanation fits the present findings because the video group showed the more powerful effect on attitude. The theory helps support the interpretation that the medium shaped not only reception of information but also the depth of student response.

Previous studies cited in the thesis also support the present findings. The discussion refers to Yuliana (2023), who reported that video-based promotion could increase adolescent knowledge because the material was presented in a short and

engaging form. The thesis also refers to Miniharianti et al. (2025), who found that leaflet-based promotion could improve reproductive health knowledge because the material was practical and could be read repeatedly. In addition, the discussion mentions Suharti and Surmiasih, who emphasized the importance of reproductive health knowledge in preventing free sexual behavior among adolescents. These earlier findings help position the present study within a wider pattern of health education research while keeping the focus on the specific results of the thesis.

The present study adds value because it does not only show that both media can work, but also clarifies where the difference between them becomes meaningful. Earlier findings often emphasize improvement after a single medium is used, while this thesis compares two media in one school context. That comparison shows that knowledge can improve through both media, yet attitude is more sensitive to the way the message is delivered. This makes the study useful for schools and health workers who need to choose media based on program goals. The result suggests that media choice becomes more important when education aims to shape values and preventive attitudes, not only to increase factual understanding.

Another important point in the thesis discussion is the role of adolescent characteristics in the success of video media. The thesis explains that adolescents are generally more attracted to digital and visual media, and this tendency may strengthen the effect of video on attitude formation. A dynamic presentation may hold student attention longer than a printed text and may help students internalize messages more easily. This is especially relevant for sensitive topics such as premarital sex, where discomfort or embarrassment can weaken attention during conventional explanation. Video appears to reduce that gap by making the educational process more engaging and less abstract.

The findings also show that the same educational material can produce different kinds of learning through different delivery formats. A leaflet may be very useful for review, reinforcement, and self-paced reading. A video may be more useful when the educator wants to create stronger impact, emotional relevance, and memorable impressions. These different strengths should not be treated as opposing qualities. They can instead be seen as complementary strengths that may be combined in a school-based health promotion strategy. From an implementation perspective, the results suggest that schools should not rely on information transfer alone when dealing with premarital sex prevention. Adolescents need correct facts, yet they also need help in

forming judgment and self-protective attitudes. A program that raises knowledge but fails to influence attitude may have limited preventive value when students face peer pressure or emotionally charged situations. This study shows that the video medium may be more suitable when the expected outcome includes stronger personal rejection of risky sexual behavior. At the same time, leaflet remains valuable as a reinforcement medium that students can bring home and review independently.

The school setting in this study also gives the findings practical relevance. SMAS Pertiwi Jambi City provided a structured environment in which both interventions could be delivered in an organized manner. The thesis notes that the implementation included pretest, intervention, question-and-answer activities, quiz participation, and posttest within an approximately one-hour session. This indicates that the educational model was feasible in an ordinary school setting without requiring highly complicated procedures. A feasible intervention has greater value because it can be adapted for routine school health education. The results therefore have direct usefulness for teachers, school health units, and community health workers.

The study also points to the need for thoughtful media planning in future adolescent programs. If a school has limited time and equipment, leaflet can still be selected for knowledge reinforcement because it is practical and affordable. If the objective is stronger attitude formation, video may be prioritized because it has a greater persuasive and affective impact according to the thesis findings. A combination of both media may be the most balanced strategy for school use. Video can create the first impact, while leaflet can help sustain message recall after the classroom session ends. This combined strategy fits well with the pattern of findings reported in the thesis.

A broader implication of this study is that prevention of premarital sexual behavior should begin before adolescents face more serious risk situations. Educational intervention at the school level allows preventive messages to reach students during a period of active identity formation. In that period, beliefs and attitudes are still open to guidance, correction, and reinforcement. A carefully designed school-based intervention can therefore support long-term protective behavior more effectively than delayed intervention. The present findings strengthen the argument that adolescent reproductive health education should be proactive rather than reactive.

The results also encourage a more balanced view of health promotion media. It would be inaccurate to conclude that leaflet is ineffective simply because video performed better on attitude. The actual finding is that both media improved student

outcomes, but their strength was not identical across variables. This distinction is important because educational programs often work under different logistical conditions. The best choice of medium should therefore be based on the intended outcome, available resources, and the characteristics of the target students.

Taken together, the results show a clear pattern that answers the objectives of the study. Both video and leaflet improved adolescent knowledge and attitude regarding premarital sex prevention after the intervention. The comparison between media showed that the knowledge outcome was statistically similar, while the attitude outcome favored video. This means that both media are useful, yet video has greater strength when the educational target includes attitude formation. The thesis therefore supports the use of video as the main medium for shaping preventive attitudes, with leaflet serving as a practical companion for reinforcing information.

## **CONCLUSION**

This study found that health promotion through video and leaflet media was able to improve adolescents' knowledge and attitudes regarding premarital sex prevention at SMAS Pertiwi Jambi City. The increase in results after the intervention shows that both media were effective in delivering reproductive health information in a school setting. The comparison test showed that video and leaflet had a similar effect on knowledge improvement. This means that both media can be used as practical educational tools to strengthen adolescent understanding of premarital sex prevention. The finding confirms that structured health promotion is relevant for improving adolescent reproductive health literacy.

A different result appeared in the attitude variable, where video showed a stronger effect than leaflet. This indicates that attitude formation is more sensitive to the form of message delivery than knowledge improvement. Video was more effective because it combined visual and audio elements that helped adolescents understand the topic more deeply and respond to it more seriously. Leaflet still contributed to positive change, yet its effect was not as strong as the video intervention. These findings show that media selection should be adjusted to the educational goal, especially when the program aims to shape preventive attitudes.

The study also shows that schools are an important setting for adolescent reproductive health promotion. School-based intervention allows preventive messages to be delivered in a structured and accessible way during a critical stage of adolescent

development. The results of this study contribute practical guidance for teachers and health workers in selecting educational media for future programs. Video can be prioritized for attitude development, while leaflet can still be used to reinforce knowledge in a simpler and more flexible format. In this way, the findings provide both practical value for school health education and academic value for future research on adolescent health promotion.

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