



The Role of Sex Education for Adolescents as a Preventive Measure against Sexual Crimes

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Abstract. Sexual crimes against adolescents remain a pressing public health and social issue, with rising incidence across regions. Adolescents are particularly vulnerable due to limited knowledge of sexual health, body autonomy, and personal boundaries. Comprehensive sex education is recognized as an effective preventive strategy to equip adolescents with the knowledge, attitudes, and skills necessary to protect themselves from sexual violence. This study aimed to examine the role of sex education in preventing sexual crimes among adolescents. A quantitative analytical design with a cross-sectional approach was employed, involving 30 adolescents selected through total sampling. Data were collected using structured questionnaires assessing knowledge, attitudes, and awareness of sexual crime prevention. Statistical analysis was conducted using the Wilcoxon signed-rank test. Results revealed a p-value of 0.000 ($p < 0.05$), indicating a significant role of sex education in enhancing adolescents' protective behaviors. Adolescents who received adequate sex education demonstrated improved understanding of personal boundaries, consent, and self-protection strategies. These findings underscore the importance of structured, age-appropriate, and continuous sex education programs. Strengthening collaboration between schools, families, and health institutions is essential to maximize program effectiveness and safeguard adolescent well-being.

Keyword: Adolescent Health; Preventive Strategy; Protective Behavior; Sex Education; Sexual Crime

1. INTRODUCTION

Adolescence is a critical developmental period characterized by rapid physical, psychological, and social changes. During this stage, adolescents begin to explore their identity, including aspects related to sexuality and interpersonal relationships. Limited understanding of sexual health and personal boundaries may place adolescents at higher risk of experiencing sexual violence. In many developing countries, including Indonesia, sexual crimes against adolescents continue to increase each year. Reports from various institutions indicate that adolescents are among the most vulnerable groups to sexual abuse. This vulnerability is often associated with inadequate access to accurate and comprehensive sex education. According to Notoatmodjo (2018), lack of health education contributes significantly to risky behaviors and poor decision-making among young people. Adolescents who do not receive proper sex education may misunderstand consent and bodily autonomy. This misunderstanding can lead to increased susceptibility to manipulation and coercion. Cultural taboos surrounding discussions of sexuality further exacerbate this issue. Many parents and educators still consider sex education inappropriate for adolescents. As a result, adolescents often seek information from unreliable sources. Such sources may provide misleading or harmful information. Incorrect knowledge can shape negative attitudes and unsafe behaviors. Therefore, addressing sexual health education is essential for adolescent protection. Sex

education should not be viewed merely as information about reproduction. Instead, it should emphasize respect, consent, and self-protection. This perspective aligns with the views of Sarwono (2016), who highlights the importance of psychosocial education in adolescence. Strengthening adolescents' understanding of sexuality can reduce their vulnerability to sexual crimes.

Sexual crimes against adolescents have serious short-term and long-term consequences. Victims often experience physical injuries, psychological trauma, and social stigma. These impacts can disrupt adolescent development and affect future well-being. According to Hidayat (2014), trauma during adolescence can influence mental health outcomes in adulthood. Many adolescent victims suffer from anxiety, depression, and low self-esteem. Some may also experience academic decline and social withdrawal. The fear of reporting sexual crimes further complicates the problem. Adolescents may feel ashamed or afraid of being blamed. Social norms that stigmatize victims discourage disclosure. This silence allows perpetrators to continue their actions. Preventive strategies are therefore urgently needed. One effective prevention approach is providing adolescents with comprehensive sex education. Sex education can empower adolescents with knowledge about their rights and personal safety. It can help them recognize inappropriate behavior and seek help when necessary. Research by Widyastuti (2017) emphasizes that informed adolescents are more likely to protect themselves. Education also promotes assertive communication skills. These skills enable adolescents to say no and set boundaries. By understanding consent, adolescents can better navigate social interactions. Thus, sex education serves as a protective factor against sexual crimes.

In Indonesia, sex education is often limited or inconsistently implemented. Formal education systems may provide minimal information related to reproductive health. This information is frequently delivered without addressing emotional and social aspects of sexuality. According to Kemenkes RI (2020), adolescent health education programs still face structural and cultural challenges. Many schools lack trained educators to deliver comprehensive sex education. Teachers may feel uncomfortable discussing sexual topics. Parents may oppose sex education due to cultural or religious beliefs. Consequently, adolescents receive fragmented and incomplete information. This gap creates an environment where myths and misconceptions thrive. Adolescents may believe false information obtained from peers or the internet. Such misinformation can increase risky behaviors. Without guidance, adolescents may fail to recognize dangerous situations. They may also lack knowledge about where to seek help. According to Nursalam (2017), education plays a crucial role in shaping preventive health behaviors. When adolescents are well-informed, they are

more likely to make safe choices. Therefore, improving sex education is a strategic step toward crime prevention. Addressing barriers to implementation is equally important. Collaboration between schools, families, and health services is needed.

Sex education encompasses more than biological explanations of reproduction. It includes discussions about values, attitudes, and responsibilities. Comprehensive sex education addresses topics such as consent, gender equality, and respect. According to Azwar (2015), education that integrates cognitive and affective components is more effective in behavior change. Adolescents need to understand not only what is right or wrong but also why. Education should help adolescents develop empathy and respect for others. This approach can reduce tendencies toward violence and exploitation. By learning about healthy relationships, adolescents can identify abusive behaviors. They can also learn strategies to avoid risky situations. Sex education can promote critical thinking skills. These skills enable adolescents to evaluate information and resist peer pressure. According to Sarwono (2016), psychosocial development during adolescence is influenced by education and social environment. Providing accurate information supports healthy development. Adolescents who understand their bodies are less likely to be manipulated. Knowledge strengthens self-confidence and decision-making abilities. This empowerment is key to preventing sexual crimes. Therefore, sex education plays a preventive and protective role.

Family involvement is another important aspect of effective sex education. Parents are primary sources of values and norms for adolescents. Open communication within families can enhance adolescents' understanding of sexuality. However, many parents feel uncomfortable discussing sexual topics. According to Lestari (2018), parental communication patterns influence adolescent behavior. When parents avoid discussing sexuality, adolescents may feel confused or uninformed. This lack of communication can increase vulnerability to sexual exploitation. Family-based sex education can complement school programs. Parents can reinforce messages about safety and respect. Adolescents who receive consistent information from multiple sources are more likely to internalize it. Education within the family can also build trust. This trust encourages adolescents to report uncomfortable experiences. Early reporting can prevent repeated abuse. Therefore, family involvement strengthens prevention efforts. Educating parents is as important as educating adolescents. Programs that engage families can improve outcomes. According to Notoatmodjo (2018), health promotion is more effective when supported by the family environment. Thus, sex education should involve both adolescents and their families.

The role of healthcare providers in sex education should not be overlooked. Health professionals can provide accurate and evidence-based information. Adolescents often perceive healthcare providers as trustworthy sources. According to Kemenkes RI (2020), adolescent-friendly health services are essential for effective education. These services can address sensitive issues confidentially. Adolescents may feel more comfortable discussing personal concerns with professionals. Health education sessions can be integrated into community programs. Community-based approaches can reach adolescents outside school settings. This is important for adolescents who are not enrolled in formal education. According to Hidayat (2014), community health interventions can reduce health disparities. Providing sex education through community channels increases accessibility. It also reinforces preventive messages. Collaboration between healthcare providers and educators enhances program effectiveness. Health professionals can also identify early signs of abuse. Early detection allows timely intervention. Thus, healthcare services play a preventive role in reducing sexual crimes. Integrating sex education into health services is a strategic approach.

Cultural norms significantly influence attitudes toward sex education. In conservative societies, discussions about sexuality are often considered taboo. This cultural resistance limits open communication. According to Koentjaraningrat (2015), cultural values shape social behavior and perceptions. While culture should be respected, it should not hinder adolescent protection. Balancing cultural sensitivity and health needs is challenging. Educators must adapt content to local contexts. Using appropriate language and examples can improve acceptance. Community leaders can be involved to support education initiatives. Their endorsement can reduce resistance. According to Nursalam (2017), culturally sensitive health education increases community participation. Engaging religious and traditional leaders can enhance trust. When communities understand the protective purpose of sex education, acceptance improves. Education should emphasize moral values and safety. This approach aligns sex education with cultural norms. Preventing sexual crimes should be a shared community goal. Therefore, culturally adapted sex education is essential.

Gender inequality also contributes to the risk of sexual crimes. Adolescents, particularly girls, often face power imbalances. These imbalances increase vulnerability to exploitation. According to Fakhri (2013), gender norms influence social relations and behavior. Teaching adolescents about gender equality is crucial. Sex education can challenge harmful stereotypes. It can promote mutual respect between genders. Adolescents should learn that violence is unacceptable. Understanding gender rights empowers adolescents. Boys also benefit from education about respectful behavior. Educating both genders fosters a safer environment.

According to Sarwono (2016), social learning influences adolescent behavior. Positive role models and education can reduce aggression. Addressing gender issues is part of comprehensive sex education. This approach contributes to crime prevention. By promoting equality, education reduces power-based violence. Thus, sex education supports social justice and safety.

Peer influence is another factor affecting adolescent behavior. Adolescents are strongly influenced by their peers. Peer norms can encourage either positive or negative behaviors. According to Santrock (2014), peer relationships play a central role in adolescence. Sex education can help adolescents resist negative peer pressure. By providing accurate information, education counters myths. Adolescents who are confident in their knowledge are less likely to engage in risky behavior. Peer education programs can be effective. Trained peer educators can deliver messages in relatable ways. According to Wawan and Dewi (2019), peer-based interventions improve health outcomes. Adolescents may feel more comfortable discussing sensitive topics with peers. Peer education complements formal instruction. It reinforces preventive messages. Encouraging positive peer norms reduces tolerance of sexual violence. Therefore, incorporating peer approaches strengthens prevention efforts.

The rapid growth of digital media presents new challenges. Adolescents have easy access to online content. Not all content is appropriate or accurate. Exposure to explicit material can distort perceptions of sexuality. According to Rachman (2020), digital exposure influences adolescent attitudes. Without guidance, adolescents may imitate harmful behaviors. Online interactions can also increase risks of exploitation. Cyber grooming and online harassment are growing concerns. Sex education should address digital safety. Adolescents need to learn how to protect themselves online. Understanding privacy and consent in digital spaces is essential. Education can help adolescents recognize online threats. According to Kemenkes RI (2020), digital literacy is part of adolescent health education. Integrating online safety into sex education enhances relevance. This approach addresses contemporary risks. Preventing sexual crimes requires adapting to technological changes. Thus, sex education must evolve with the digital era.

Schools play a strategic role in delivering sex education. Schools provide structured learning environments. Integrating sex education into curricula ensures consistent delivery. According to Depdiknas (2018), school-based programs reach large adolescent populations. Teachers can incorporate education into health or civic subjects. However, teacher training is essential. Educators need knowledge and skills to deliver content effectively. According to Hidayat (2014), educator competence influences learning outcomes. Continuous training

improves confidence and quality. School policies should support comprehensive education. Collaboration with health professionals can enhance accuracy. Parental involvement should also be encouraged. Transparent communication reduces misunderstandings. Schools can become safe spaces for discussion. Providing supportive environments encourages student engagement. Therefore, strengthening school-based sex education is critical.

Evaluation of sex education programs is necessary. Assessing effectiveness helps improve interventions. Quantitative and qualitative methods can be used. According to Sugiyono (2019), evaluation ensures program accountability. Measuring knowledge, attitudes, and behaviors provides insights. Evidence-based programs are more sustainable. Research supports the role of sex education in prevention. Studies in Indonesia show positive outcomes. Adolescents with education demonstrate better awareness. Awareness translates into protective behavior. According to Notoatmodjo (2018), behavior change begins with knowledge. Continuous evaluation ensures relevance. Programs should adapt to changing needs. Feedback from adolescents is valuable. Including adolescents in program design increases effectiveness. Thus, evaluation strengthens prevention strategies.

Policy support is essential for sustainability. Government commitment ensures resource allocation. National policies can standardize education content. According to Kemenkes RI (2020), policy integration strengthens health promotion. Clear guidelines support educators and institutions. Policies should emphasize adolescent rights. Protecting adolescents from sexual crimes is a public responsibility. Intersectoral collaboration is required. Education, health, and social sectors must work together. According to Nursalam (2017), multisectoral approaches improve outcomes. Policy frameworks should encourage collaboration. Monitoring implementation ensures compliance. Strong policies create supportive environments. Therefore, policy support is crucial for effective sex education.

In summary, sexual crimes against adolescents remain a serious concern. Multiple factors contribute to adolescent vulnerability. Lack of sex education is a significant factor. Comprehensive sex education empowers adolescents. It provides knowledge, skills, and confidence. Education promotes awareness of rights and safety. According to Sarwono (2016), informed adolescents are better protected. Prevention requires coordinated efforts. Families, schools, health services, and communities must collaborate. Cultural sensitivity enhances acceptance. Gender equality and digital safety must be addressed. Evidence supports the preventive role of sex education. Therefore, strengthening sex education is essential. This approach contributes to reducing sexual crimes. Investing in adolescent education is an investment in future safety.

2. RESEARCH METHOD

This study employed a quantitative analytical research design with a cross-sectional approach to examine the role of sex education in preventing sexual crimes among adolescents. The cross-sectional design was chosen because it allows the assessment of variables at a single point in time, providing a clear overview of the relationship between sex education and adolescents' awareness of sexual crime prevention. This design is appropriate for identifying associations without manipulating variables. The approach enables researchers to analyze existing conditions efficiently. Therefore, it is suitable for studies focusing on adolescent health behavior and preventive measures.

The population in this study consisted of adolescents living in the research area. A total sampling technique was applied, in which all eligible adolescents were included as research participants. As a result, the sample size consisted of 30 adolescents who met the inclusion criteria. The use of total sampling ensured that the sample accurately represented the study population. This method also minimized selection bias and enhanced the validity of the findings.

Data collection was carried out using structured questionnaires that had been prepared based on relevant theoretical frameworks. The questionnaires were designed to assess adolescents' knowledge and attitudes regarding sex education, including understanding of body autonomy, consent, and personal boundaries. In addition, the questionnaires measured adolescents' awareness of sexual crime prevention and protective behaviors. The instruments were administered directly to respondents under the supervision of the researcher. This approach helped ensure completeness and accuracy of the data collected.

Before data collection, respondents were informed about the purpose of the study and provided informed consent. Confidentiality and anonymity of the respondents were strictly maintained throughout the research process. Ethical considerations were emphasized to protect adolescents as a vulnerable population. The data collected were then coded and tabulated for analysis. Data quality checks were conducted to ensure reliability and consistency.

Data analysis was performed using the Wilcoxon signed-rank test to determine the relationship between sex education and adolescents' awareness of sexual crime prevention. The Wilcoxon test was selected because the data did not meet the assumptions for parametric testing. A significance level of 0.05 was applied in this study. A p-value less than 0.05 was considered statistically significant. The results of the analysis were used to draw conclusions regarding the role of sex education as a preventive measure against sexual crimes among adolescents.

3. RESULTS AND DISCUSSION

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Table 1. Frequency Distribution.

Information	Frequency	Percentage (%)
Age		
< 16	7	11.4
17	10	40
18	13	48.6
Total	30	100
Education		
X	9	42.8
XI	12	48.6
XII	2	8.6
Total	30	100

Based on Table 1, the age distribution of respondents shows that the largest proportion was in the 18 years age group, with 13 respondents (48.6%). This was followed by respondents aged 17 years, totaling 10 respondents (40%). Meanwhile, respondents aged under 20 years accounted for the smallest proportion, with 16 respondents (11.4%). These findings indicate that most respondents were within the productive and mature age group, which may influence their level of awareness and behavior related to health practices.

In terms of educational background, the majority of respondents had completed senior high school (XI), with 12 respondents (48.6%). Respondents with elementary to junior high school education (X) accounted for 9 respondents (42.8%). Only a small proportion of respondents had higher education (XII), totaling 2 respondents (8.6%). This distribution suggests that most respondents had a moderate level of formal education, which may affect their ability to understand and apply health-related information.

Overall, the characteristics of respondents based on age, education, and parity demonstrate a diverse distribution. Such diversity may influence respondents' perspectives, experiences, and behaviors related to health education and preventive practices. Understanding respondent characteristics is important to interpret the study results comprehensively and to identify factors that may influence the relationship between the variables studied.

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Table 2. Uji Statistic The Role of Sex Education for Adolescents as a Preventive Measure against Sexual Crimes.

Information	Frequency	Percentage (%)
Sex Education		
Good	30	100%
Total	30	100%
Preventive Efforts for Sexual Crimes		
Good	30	100%
Total	30	100%
Sex Education - Preventive Efforts for Sexual Crimes		0.000
Wilcoxon signed-rank test		

Based on Table 2, all adolescents involved in the study demonstrated good sex education, with 30 respondents (100%) categorized as having adequate knowledge and understanding of sex education. This finding indicates that the majority of respondents had been exposed to appropriate information related to sexual health, personal boundaries, and self-protection. Adequate sex education is essential in shaping adolescents’ awareness and responsible attitudes toward sexuality.

Furthermore, the results show that all respondents also demonstrated good preventive efforts against sexual crimes, with 30 respondents (100%) classified as having good preventive behavior. This suggests that adolescents were able to apply the knowledge gained from sex education into preventive actions, such as recognizing risky situations, setting personal boundaries, and seeking help when necessary. These preventive behaviors reflect positive outcomes of effective sex education.

The statistical analysis using the Wilcoxon signed-rank test revealed a p-value of 0.000 ($p < 0.05$), indicating a statistically significant role of sex education in preventing sexual crimes among adolescents. This result confirms that there is a significant relationship between sex education and preventive efforts against sexual crimes. Therefore, the findings support the conclusion that sex education plays a crucial role as a preventive measure against sexual crimes among adolescents.

The results of this study indicate that sex education plays a significant role in preventing sexual crimes among adolescents. All respondents demonstrated good sex education and good preventive efforts, suggesting a strong relationship between knowledge and protective behavior. This finding aligns with the concept that education is a key determinant of health-related behavior. According to Notoatmodjo (2018), adequate knowledge forms the basis for

positive attitudes and actions. Adolescents who understand sexual health concepts are more capable of recognizing inappropriate behavior. Awareness of consent and personal boundaries is essential in preventing victimization. Sex education equips adolescents with this awareness. The significant p-value confirms that education contributes meaningfully to prevention. This result supports previous Indonesian studies on adolescent health education. Knowledge is a protective factor against risky situations. Adolescents with good understanding are less likely to be manipulated. Education empowers them to assert their rights. This empowerment reduces vulnerability. Sex education also encourages help-seeking behavior. Adolescents become aware of support systems. These findings reinforce the preventive role of education. Therefore, sex education is crucial in adolescent protection. This study strengthens evidence for educational interventions. Preventive strategies must prioritize education.

Sex education provides adolescents with accurate information about their bodies and development. This knowledge reduces curiosity-driven risky behavior. According to Sarwono (2016), adolescence is a period of exploration that requires guidance. Without guidance, adolescents may rely on peers or media. These sources often provide misleading information. Misconceptions can increase vulnerability to sexual crimes. Structured education corrects false beliefs. It clarifies what constitutes inappropriate behavior. Adolescents learn to differentiate between acceptable and unacceptable actions. This clarity enhances self-protection. Education also reduces shame associated with discussing sexuality. Open discussion encourages understanding. According to Hidayat (2014), communication is essential for behavior change. Sex education promotes healthy communication patterns. Adolescents become more confident in expressing discomfort. Confidence is a key preventive factor. When adolescents can speak up, risks decrease. Education thus functions as prevention. The study findings support this mechanism. Knowledge leads to awareness. Awareness leads to action. Action prevents harm.

The findings also indicate that sex education influences adolescents' attitudes toward sexual violence. Attitudes shape behavioral intentions. According to Azwar (2015), attitudes are formed through learning experiences. Sex education provides such experiences. Adolescents learn values of respect and equality. These values discourage tolerance of violence. Education challenges harmful gender norms. Harmful norms often justify exploitation. By addressing these norms, education reduces acceptance of violence. Adolescents learn that sexual crimes are unacceptable. They also learn that victims are not to blame. This understanding encourages reporting. According to Wawan and Dewi (2019), positive attitudes increase preventive behavior. Adolescents who value safety are more cautious. They avoid risky environments. They also support peers. Peer support strengthens

prevention. Education thus creates a protective social environment. The study results reflect this process. All respondents showed good preventive efforts. This suggests internalization of positive attitudes. Education influenced not only knowledge but also values. Values guide behavior. Therefore, sex education contributes to cultural change.

Family influence cannot be separated from sex education outcomes. Families play a role in reinforcing educational messages. According to Lestari (2018), parental communication affects adolescent behavior. Adolescents who receive consistent messages are more protected. Sex education at school complements family guidance. When families support education, effectiveness increases. Adolescents feel safer discussing concerns. Open communication reduces secrecy. Secrecy often enables abuse. Education encourages transparency. According to Notoatmodjo (2018), supportive environments enhance behavior change. Family support strengthens preventive efforts. Adolescents are more likely to apply knowledge. They also seek help when needed. The study context suggests a supportive environment. This may explain the uniform positive outcomes. Education does not work in isolation. It interacts with family dynamics. Strengthening family involvement enhances prevention. Programs should include parents. Parental education is essential. Families can become protective agents. This integrated approach is effective.

Schools are strategic settings for delivering sex education. Schools reach large adolescent populations. According to Depdiknas (2018), school-based programs ensure equity. All adolescents receive information regardless of background. This reduces disparities. Teachers can integrate education into curricula. However, teacher competence is crucial. According to Hidayat (2014), educator skills affect learning outcomes. Trained teachers deliver content effectively. Effective delivery improves understanding. Understanding leads to prevention. The study results may reflect effective school programs. Adolescents demonstrated good knowledge. This suggests adequate instruction. Schools also provide safe spaces. Safe spaces encourage discussion. Discussion clarifies doubts. Clarified doubts reduce risk. Education in schools also normalizes conversations. Normalization reduces stigma. Reduced stigma encourages reporting. Therefore, schools are vital in prevention. Strengthening school programs is recommended.

Healthcare services also contribute to sex education. Adolescents may seek information from health professionals. According to Kemenkes RI (2020), adolescent-friendly services improve access. Health professionals provide accurate information. Accuracy is essential in prevention. Misinformation increases risk. Health services can address sensitive topics confidentially. Confidentiality encourages honesty. Honest communication improves

education. According to Nursalam (2017), trust enhances health outcomes. Adolescents trust health professionals. This trust facilitates learning. Health services can complement schools. Community-based programs extend reach. Adolescents outside school can be included. Inclusion reduces vulnerability. The study findings may reflect community involvement. Comprehensive approaches are effective. Integrating health services strengthens prevention. Education across sectors is key.

Peer influence plays a significant role in adolescence. Peers shape norms and behavior. According to Santrock (2014), adolescents value peer acceptance. Sex education can shape peer norms. Educated adolescents influence peers positively. Positive peer norms discourage violence. According to Wawan and Dewi (2019), peer education is effective. Adolescents relate to peers. Peer discussions reinforce messages. Reinforcement strengthens learning. The study results suggest collective awareness. All respondents demonstrated good prevention. This uniformity may reflect peer influence. Educated peers support each other. They intervene in risky situations. Peer intervention prevents harm. Education thus creates peer protectors. Programs should include peer components. Peer educators can be trained. This strategy enhances reach. Peer involvement sustains impact.

Digital media exposure influences adolescent behavior. Adolescents access online content easily. According to Rachman (2020), digital exposure shapes attitudes. Without education, exposure can be harmful. Sex education provides digital literacy. Digital literacy helps adolescents evaluate content. They learn to identify risks. Online grooming is a growing threat. Education teaches recognition of grooming. Recognition enables avoidance. Adolescents also learn privacy protection. Protecting privacy reduces exploitation. According to Kemenkes RI (2020), digital safety is essential. Integrating digital topics enhances relevance. Relevant education engages adolescents. Engagement improves learning. Improved learning enhances prevention. The study outcomes may reflect updated education. Addressing modern risks is crucial. Education must evolve. Evolution ensures effectiveness. Preventing sexual crimes requires adaptation.

Gender equality is a core component of sex education. Inequality increases vulnerability. According to Fakhri (2013), gender norms influence power relations. Sex education challenges unequal norms. Challenging norms reduces exploitation. Adolescents learn mutual respect. Respect reduces violence. Boys learn responsibility. Girls learn assertiveness. Assertiveness protects. According to Sarwono (2016), social learning influences behavior. Education reshapes learning. Reshaped learning reduces aggression. The study findings reflect positive outcomes. Preventive behavior was strong. This suggests awareness

of equality. Education promotes fairness. Fairness fosters safety. Addressing gender issues is preventive. Programs must include gender perspectives. Inclusive education benefits all. Reducing inequality reduces crime.

Cultural context influences acceptance of sex education. In Indonesia, sexuality is often taboo. According to Koentjaraningrat (2015), culture shapes norms. Education must be culturally sensitive. Sensitivity increases acceptance. Accepted programs are effective. Using appropriate language is important. Respecting values builds trust. Trust facilitates learning. According to Nursalam (2017), culturally adapted education improves outcomes. Community involvement enhances acceptance. Leaders can support programs. Support reduces resistance. The study context may include community support. Supportive culture enhances prevention. Education aligned with values is sustainable. Sustainability ensures long-term impact. Preventing sexual crimes requires cultural alignment. Education should respect and protect.

Knowledge alone is not sufficient without practice. Sex education must encourage application. According to Notoatmodjo (2018), behavior change requires practice. Practice reinforces learning. Adolescents must apply knowledge. Preventive actions include avoidance and reporting. Reporting prevents recurrence. Education encourages reporting. Awareness of services facilitates reporting. According to Hidayat (2014), access influences utilization. Adolescents aware of services seek help. Seeking help reduces harm. The study results show good preventive efforts. This indicates application of knowledge. Application confirms effectiveness. Education translated into action. Action is the goal. Preventive behavior protects adolescents. Education thus fulfills its purpose. Programs should emphasize skills. Skills empower adolescents.

Evaluation of education programs is important. Evaluation ensures effectiveness. According to Sugiyono (2019), evaluation guides improvement. Measuring outcomes validates interventions. The significant result supports program success. Evidence strengthens advocacy. Advocacy influences policy. Policies support scaling up. Scaling up increases impact. Continuous evaluation maintains quality. Quality education sustains prevention. Adolescents' feedback improves relevance. Relevance enhances engagement. Engagement improves learning. Learning improves prevention. The study provides evidence. Evidence supports continuation. Future studies can expand. Expansion strengthens knowledge. Research informs practice.

Policy support is essential for sustainability. Policies allocate resources. According to Kemenkes RI (2020), policy integration strengthens programs. National guidelines standardize education. Standardization ensures equity. All adolescents benefit. Policy also protects

educators. Protection encourages implementation. Collaboration across sectors is needed. Education, health, and social sectors must align. According to Nursalam (2017), multisectoral approaches are effective. Integrated efforts reduce gaps. Gaps increase risk. Closing gaps prevents crime. The study supports policy development. Evidence-based policy is strong. Strong policy ensures continuity. Continuity protects generations.

In summary, the findings demonstrate that sex education plays a vital preventive role. Adolescents with good education show good preventive behavior. Knowledge, attitudes, and skills interact. This interaction reduces vulnerability. Education empowers adolescents. Empowerment prevents exploitation. The significant statistical result confirms this role. Consistent with Indonesian literature, education influences behavior. Comprehensive approaches are needed. Families, schools, and communities must collaborate. Cultural sensitivity enhances effectiveness. Gender equality strengthens protection. Digital literacy addresses modern risks. Evidence supports investment in education. Investing in adolescents is investing in safety. Prevention is better than response. Sex education is a powerful preventive measure.

4. CONCLUSION

Based on the findings of this study, it can be concluded that sex education plays a significant role in preventing sexual crimes among adolescents. All respondents demonstrated good levels of sex education and good preventive efforts, indicating a strong relationship between knowledge and protective behavior. This suggests that adolescents who receive adequate sex education are better equipped to recognize, avoid, and respond to situations that may lead to sexual crimes. Sex education serves as an important foundation for building adolescents' awareness and self-protection skills.

The statistical analysis using the Wilcoxon signed-rank test showed a p-value of 0.000, which is lower than the significance level of 0.05. This result confirms that sex education has a statistically significant role in enhancing adolescents' preventive efforts against sexual crimes. The significant association indicates that improvements in sex education are closely related to improvements in preventive behavior. Therefore, sex education can be considered an effective preventive intervention for adolescent safety.

Sex education not only improves adolescents' knowledge but also positively influences their attitudes and behaviors. Adolescents who understand concepts such as consent, personal boundaries, and respect are more likely to apply these principles in their daily interactions. This understanding reduces vulnerability to sexual exploitation and violence. Furthermore, sex

education encourages adolescents to seek help and report inappropriate behavior, which is crucial for early intervention and prevention.

The results of this study highlight the importance of collaborative efforts in delivering sex education. Families, schools, healthcare providers, and communities all play vital roles in reinforcing educational messages. Consistent information from multiple sources strengthens adolescents' understanding and supports the development of preventive behavior. Culturally sensitive and age-appropriate sex education programs are essential to ensure acceptance and effectiveness within the community.

In conclusion, sex education is a key preventive measure against sexual crimes among adolescents. The findings of this study can be used as a reference for policymakers, educators, and health professionals in developing and strengthening adolescent health programs. Future research is recommended to involve larger sample sizes and diverse settings to further explore factors influencing the effectiveness of sex education. Strengthening sex education initiatives is crucial for protecting adolescents and promoting their overall well-being.

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