

Empowering parents: using short movie to help parents understand teenage sexuality

Rani Prita Prabawangi ^{a,1,*} Megasari N. Fatanti ^{a,2}, Tyas Siti Halizza ^{a,3}

^a Universitas Negeri Malang, Kota Malang, Jawa Timur, Indonesia

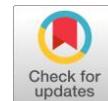
¹ rani.prita.fis@um.ac.id; ² megasari.fatanti.fis@um.ac.id; ³ tias.siti.2307616@students.um.ac.id

* Corresponding Author

Received 9 November 2024; accepted 12 July 2025; published 20 August 2015

ABSTRACT

Adolescent sexual behavior is often a complex problem that requires a comprehensive approach in addressing the various factors that influence it. The complexity of adolescent sexual behavior is often faced with various health risks, such as early pregnancy and sexually transmitted infections. The purpose of this study is to provide parents with a comprehensive understanding of effective communication strategies to adolescents regarding sexuality issues through educational media in the form of short films. The method used in this study includes three main stages, namely: (1) movie screening and discussion with parents, (2) distribution of the movie to teachers as agents of information dissemination, and (3) publication of the movie on the YouTube platform to reach a wider audience. In this research, a 15-minute movie titled "Beyond the Hormones" was developed by showing a mother's journey in understanding adolescent sexuality through interviews with experts, teenagers, and other parents. The research output in the form of this film also presents an in-depth view of the risk factors that influence adolescent sexual behavior. The results show that an audio-visual approach to educating and improving parents' understanding of adolescent sexuality is an effective strategy compared to written materials.



KEYWORDS

Audiovisual education
Teenage sexuality
Short film
Parent-child communication



This is an open-access article under the CC-BY-SA license

1. Introduction

Indonesia is currently in a period of a demographic bonus, where the productive-age population, including adolescents, represents a strategic asset for the nation's future. However, this potential is overshadowed by complex challenges, particularly the vulnerability of adolescents to risky sexual behavior. This phenomenon is exacerbated by a paradox: on one hand, the currents of globalization and digitalization provide adolescents with unrestricted access to diverse information, including sexuality-related content that is often inaccurate and exploitative. On the other hand, discourse on sexual health education in Indonesia is constrained by socio-cultural norms that deem it taboo and sensitive. This condition creates a dangerous communication vacuum, where adolescents are compelled to seek answers to their natural curiosity from unreliable sources, such as the internet and their peer groups [1].

The absence of adult guidance in sexual education directly impacts adolescent behavior. Many adolescents turn to alternative sources; the internet is a primary choice, despite the highly variable and potentially misleading quality of its information [2], [3]. Additionally, discussions with peers have become a dominant source of information, especially among older adolescents [4]. This reliance on informal sources, combined with internal factors such as hormonal changes and neurobiological development [5]–[7] increases the risk of adolescents engaging in unsafe sexual behaviors. The consequences are reflected in national health data. The Director of Communicable Diseases at the Ministry of Health, Dr. Ina Agustina, stated that while the HIV positivity rate has remained stagnant, cases of Sexually Transmitted Infections (STIs)—which are a gateway to HIV transmission are on the rise, with a significant upward trend in the 15-19 age group [8].

The root of this problem lies in the barriers faced by adults, both within the family and in schools. Deep-seated cultural taboos, prevalent in many parts of the world including Indonesia, cause parents and educators to feel uncomfortable discussing sexuality [9]–[11]. Many parents experience shame and awkwardness, fearing that such discussions will alter the intimacy of the parent-child relationship. This barrier is reinforced by the common misconception that children are too young to discuss sexual health [12], [13], as well as parents' lack of knowledge and competence to convey the information appropriately [14].

Similar barriers also manifest in formal educational settings. Despite a government mandate through Government Regulation No. 61 of 2014 and No. 28 of 2024, the effectiveness of sexual and reproductive health education (SRHE) in schools is hindered by taboos, inadequate teacher training, and the absence of standardized guidelines. SRHE content is often superficially integrated into subjects like Biology or Physical Education with a lack of depth [15], [16]. Textbooks frequently present misleading information, focusing solely on biological aspects while neglecting emotional and social dimensions [10], [17]. Ironically, this situation persists amidst high reports of sexual violence in school environments, which further underscores the urgent need for effective SRHE [10].

Addressing this gap, this community service program proposes a strategic shift in interventional focus. Instead of directly targeting adolescents, the program aims to empower the adults in their lives—namely parents and teachers—to become the primary agents of change. This approach is based on the argument that sustainable behavioral change in adolescents is highly dependent on their support ecosystem. Empowering parents and teachers with accurate information and effective communication strategies is key to improving adolescent sexual and reproductive health outcomes [18], [19]. When open discussions are established, adolescents are more likely to make responsible decisions, such as using contraception or getting tested for STIs [20]. Therefore, the most fundamental intervention is to equip parents and teachers with the knowledge, skills, and comfort to become discussion partners for adolescents.

To achieve this objective, this program utilizes a participatory intervention method: the use of a short educational film followed by a facilitated discussion. This method was chosen because conventional lecture-based approaches are often ineffective for sensitive topics and tend to provoke resistance. In contrast, film, with its narrative and visual approach, can convey complex messages more subtly and evoke empathy. The film serves as a safe "conversation starter," allowing participants to reflect on the issues through the perspectives of the characters. The facilitated discussion following the film screening is the core of the learning process, where participants can share experiences, voice concerns, and learn from one another in a supportive environment. This combination of a powerful visual medium and interactive dialogue is believed to produce a more profound impact because it addresses not only the cognitive (knowledge) but also the affective (attitudes) and psychomotor (communication skills) aspects of the participants.

Therefore, this paper makes a significant contribution to the literature and practice of sexual health education in Indonesia. Conceptually, this study underscores the urgency of shifting the interventional focus from solely targeting adolescents to an approach that empowers their surrounding adult ecosystem. Practically, this article presents empirical evidence on the effectiveness of a specific intervention model—the combination of an educational film and a facilitated discussion—as a culturally relevant method for enhancing the knowledge, comfort, and communication skills of parents and teachers. The findings from this community service program are expected to serve as a valuable reference for educators, health practitioners, and policymakers in designing and implementing more impactful similar programs in the future.

2. Method

The implementation of this community engagement program was designed with a structured, multi-phase approach to address the urgent need for improving parental communication on teenage sexuality. The focus on parents was deliberate, as parental attitudes, communication strategies, and cultural values play a critical role in shaping adolescents' knowledge, decision-making, and behavior regarding sexuality [5]. In the Indonesian context, discussions on sexuality remain highly sensitive, often constrained by cultural taboos, religious values, and social norms. Consequently, many parents struggle to find appropriate ways of addressing these issues with their teenage children. Recognizing this gap, our program seeks to empower parents through an accessible, creative, and culturally sensitive medium—short films.

This method was chosen for three primary reasons. First, film has long been recognized as a powerful pedagogical tool capable of transmitting complex messages in engaging and relatable ways. Audio-visual narratives provide emotional resonance and contextual scenarios that allow viewers to identify with characters and reflect on their own experiences. Second, compared to conventional lecture-based interventions, films enable broader dissemination and greater sustainability, especially when distributed through digital platforms such as YouTube. Finally, films can serve as a conversation starter, reducing discomfort and facilitating open dialogue between parents and their children.

2.1. Program Design and Rationale

The foundation of this intervention was a needs assessment conducted to address a pressing societal issue. The selection of this topic was predicated on two primary factors: (1) the increasing prevalence of news and social media reports concerning high-risk sexual behaviours among adolescents, and (2) preliminary research conducted by our team to identify key parental anxieties. A small-scale exploratory survey revealed that two of the top three concerns among parents were directly related to adolescent sexuality: engagement in casual sex ("free sex") and concerns about their children identifying as LGBTQ. This indicated a significant gap in parental preparedness and a clear need for an accessible educational resource.

This community service is designed to provide parents with a comprehensive understanding of how to communicate effectively with their teenagers about sexuality issues. Addressing sensitive topics like sexuality often encounters psychological resistance, including denial and counter-argumentation from the target audience. Therefore, a direct, didactic approach may be less effective. We opted to package this sensitive educational material within a narrative short film format. This choice is grounded in established communication theories, particularly Entertainment-Education (E-E) and Narrative Persuasion. Narratives engage audiences on an emotional level, which can reduce reactance and facilitate the processing of sensitive information by immersing viewers in a story [21]. By presenting information through relatable characters and scenarios, a film can model effective communication strategies and behaviours, thereby increasing viewers' self-efficacy in broaching these difficult conversations with their own children [22], [23]. Furthermore, studies consistently show that multimedia resources like short films are highly effective tools for conveying complex health information and promoting positive behavioural change [24].

The decision to use a film was also strategic for maximizing reach and efficiency. Compared to exclusively face-to-face seminars, a film can be distributed to a much wider audience at a lower marginal cost. The subsequent dissemination of the film on a public platform like YouTube further amplifies this reach, making the educational content perpetually accessible to a global audience. However, recognizing the enduring power of interpersonal communication and community engagement, the digital strategy was complemented by direct outreach. This hybrid approach involved limited in-person screenings and discussions, alongside strategic promotion to high school teachers, who serve as crucial intermediaries to parents of teenagers.

2.2. Development of the Interventional Material: The "Beyond the Hormones" Short Film

The development of the film was preceded by a formative research phase, which involved comprehensive desk studies and a targeted survey. The initial desk study focused on analysing the contemporary landscape of adolescent social issues, with a specific emphasis on sexuality-related challenges. A second desk study was conducted to review the scientific literature on adolescent psychology and evidence-based strategies for preventing risky sexual behaviours. This literature review provided the foundational knowledge for the film's core messages. To ensure the content was precisely tailored to the audience's needs, our team conducted a survey among parents of teenagers. This survey aimed to gauge their primary concerns and assess their comfort levels in discussing sexual health with their children, thereby ensuring the final product would be relevant and resonant.

The culmination of this development process was a 15-minute short film titled Beyond the Hormones. The film adopts a first-person point-of-view, following the emotional and intellectual journey of a mother grappling with the complexities of the modern teenage world. Motivated by her concerns about contemporary adolescent sexual behaviours, the protagonist embarks on a quest for answers. The film's narrative structure is built around a series of interviews with subject-matter experts, including psychologists and communication scholars, who provide professional insights into the phenomenon and

offer practical advice for parents. It also features perspectives from other parents and teenagers, creating a multi-faceted and authentic exploration of the topic.

A key feature of the film is its realistic approach. It moves beyond idealized prevention scenarios to address the difficult reality that some parents face when they discover their children have already engaged in high-risk behaviours. The film provides guidance on how parents can constructively and supportively manage such situations, focusing on harm reduction and maintaining open lines of communication. This dual focus on prevention and mitigation was intended to make the film a comprehensive resource for a wider spectrum of parental experiences.

2.3. Participants and Target Audience

The program's primary target audience consisted of parents of adolescent children and high school teachers/counsellors. An initial implementation target was set to engage approximately 10 parents and 5 teacher representatives in the initial screening and discussion phases. The program was situated within a high school context, which also involved 35 teenage students, primarily as part of the broader school community where the intervention was introduced.

Parents were targeted as the principal agents of change, given their foundational role in shaping their children's values and behaviours. Teachers were identified as a crucial secondary audience and a key channel for dissemination. As trusted figures, teachers can effectively reinforce the film's message and act as liaisons to a larger parent community. The collaborative effort of parents and teachers is essential for creating a supportive and well-monitored environment conducive to healthy adolescent development [25]–[27].

2.4. Implementation and Dissemination Procedure

The program was implemented over several stages, including (1) situation analysis through desk research and survey, (2) film pre-production and brainstorming, (3) film production, (4) dissemination through teachers as agents of society and women's social communities, (5) digital publication on YouTube, and (6) evaluation. Each stage is detailed below to illustrate the systematic process undertaken to ensure the program's effectiveness.

2.4.1. Stage 1: Situation Analysis

The initial stage involved conducting desk studies and surveys to provide a foundation for program design. Two desk studies were carried out. The first explored current societal challenges related to teenage sexuality by reviewing news coverage, social media trends, and public reports. Findings highlighted growing concerns about increasing reports of premarital sex, teenage pregnancies, and the visibility of diverse sexual identities in Indonesian society.

The second desk study reviewed scholarly works on adolescent development, sexual behaviour, and parental communication strategies. Studies emphasize that parental monitoring and communication about sexual health significantly reduce risky behaviours among adolescents [28]. Moreover, research underscores that when parents engage in open, supportive conversations, teenagers are more likely to delay sexual initiation and adopt protective practices [29].

Complementing the desk study, a small-scale survey was administered to parents of adolescents in the target community. The survey revealed that two of the three primary concerns were related to sexuality: fear of teenagers engaging in free sex and anxiety about the possibility of their children identifying as LGBTQ. These findings underscored the relevance of the project while also revealing the sensitivity of the topic. Parents expressed both the need for guidance and their discomfort in discussing these issues openly. This stage confirmed the necessity of packaging the content in a way that is non-threatening, accessible, and culturally sensitive.

2.4.2. Stage 2: Pre-Production: Brainstorming and Script Development

Following the situation analysis, the team conducted brainstorming sessions to determine the most effective narrative and cinematic approach. The goal was to create a film that was informative, emotionally compelling, and culturally appropriate. During these sessions, inputs from communication experts, psychologists, and educators were gathered to design the storyline and script.

The brainstorming stage emphasized the following key considerations:

- Cultural Sensitivity: Ensuring the content respected Indonesian cultural and religious values while still addressing critical issues of adolescent sexuality.
- Narrative Engagement: Using relatable characters and realistic scenarios to capture parents' attention and promote identification.
- Evidence-Based Content: Integrating insights from research and expert interviews to ensure accuracy and credibility.
- Accessibility: Keeping the film short (approximately 15 minutes) to maximize viewer attention and encourage broader dissemination through digital media.

The chosen narrative, titled Beyond the Hormones, follows the journey of a mother attempting to understand her teenage behaviour and the broader context of adolescent sexuality. This storyline provided an entry point for parents to reflect on their own experiences and concerns.

2.4.3. Stage 3: Film Production

The production process involved script finalization, shooting, editing, and post-production. The film employed a first-person point of view to create intimacy and immediacy, enabling viewers to empathize with the protagonist. The film incorporated interviews with psychologists, communication scholars, and educators, alongside dramatized scenes illustrating common parental dilemmas.

The production team ensured that the film balanced narrative and educational elements. The dramatized storyline illustrated challenges parents face, while expert commentary provided evidence-based strategies and reassurance. For example, experts highlighted practical approaches such as fostering trust, using age-appropriate language, and adopting an empathetic listening style.

2.4.4. Stage 4: Teacher and Local Community-Facilitated Distribution

In the second stage, the dissemination strategy leveraged the social infrastructure of the school system. The film was distributed to teachers at the partner high schools. These teachers, acting as program advocates, were tasked with sharing the film with the guardians of the students in their respective classes, typically through school communication channel like parent-teacher groups on messaging apps. High School Teachers in Gresik support BTH film as show in [Fig. 1](#).



Fig. 1.. High School Teachers in Gresik Support BTH Film

By enlisting teachers as key distributors, the program aimed to significantly broaden its reach within the target community. This strategy also added a layer of endorsement, as information received from a trusted source like a teacher is often perceived as more credible. Teachers were also encouraged to facilitate further discussions at the classroom or school level, ensuring continuity of the intervention. This strategy reflects evidence that school-based collaborations between educators and parents enhance the effectiveness of health communication programs [\[30\]](#).

Nest phase, disseminating educational content through women's social groups has strategic significance in expanding the program's reach and effectiveness. Women's social groups, such as PKK communities, and religious study groups (Majelis Taklim), are crucial venues for the formation of knowledge, attitudes, and social norms related to parenting and family communication. Women, especially mothers, are often primary caregivers and play a central role in instilling values, monitoring behaviour, and providing non-formal sexuality education to adolescents [\[31\]](#), [\[32\]](#). Therefore, involving women's groups in the dissemination process of the film Beyond the Hormones (BTH) can create a more inclusive and sustainable communication ecosystem.

Dissemination among women's groups was carried out through two approaches. First, a collective film screening followed by a focused discussion. This discussion provided a space for mothers to share experiences, express anxieties, and acquire relevant and contextual communication strategies for addressing adolescent sexual dynamics. Research shows that women's community-based discussion spaces strengthen collective efficacy in encouraging preventative behaviours, including on reproductive health and sexuality issues [33]. Second, the film was disseminated through digital channels within women's social groups, such as WhatsApp groups or community YouTube channels as shown in Fig. 2. This way, the message's reach extends beyond offline discussion participants and can reach a broader social network.



Fig. 2. Content distribution on women's community

The strength of women's group-based dissemination lies in the existence of a peer support system that fosters social learning. The social learning theory model emphasizes that individuals will more easily internalize values and norms when they observe others in their reference group engaging in similar practices [23]. In this context, women exposed to educational messages through the BTH film can become agents of change for other members of their social group, both through formal discussions and daily interactions.

Furthermore, recent research confirms that the active involvement of women's groups in health education programs contributes to increased family health literacy, strengthened communication skills, and shifted cultural norms that have traditionally hindered open discussions about sexuality [34], [35]. Thus, the strategy of disseminating BTH through women's social groups not only provides short-term effects in the form of increased knowledge but also has a long-term impact in building a healthy, open, and resilient family communication culture regarding adolescent sexuality issues.

2.4.5. Stage 5: Digital Dissemination via YouTube

The final stage was the digital publication of the film on YouTube. This step maximized accessibility by allowing parents who could not attend the live screenings to benefit from the program. Uploading the video to YouTube also ensured long-term availability and potential for scaling up as shown in Fig. 3, as it could be shared widely through social media and other online platforms. YouTube has increasingly been recognized as a powerful tool for health education and community engagement, particularly among audiences with limited access to traditional resources [36]. By leveraging digital platforms, the project achieved both immediacy and sustainability in its outreach.



Fig. 3. Screenshot Thumnail BTH film on YouTube

This digital archiving of the film also establishes it as a sustainable resource that can be utilized as reference material for future educational programs or by other organizations with similar objectives. The combination of these three methods intimate discussion, community-networked distribution, and broad public access was designed to create a comprehensive and impactful communication strategy, contributing to an environment more conducive to healthy adolescent development.

2.4.6. Stage 6: Evaluation

Evaluation was conducted at multiple stages to assess both process and outcomes. Pre- and post-screening surveys measured changes in parental knowledge, attitudes, and confidence in discussing sexuality with their teenagers. Informal interviews and focus group discussions provided qualitative insights into participants' experiences and perceptions.

Key indicators included:

- Increase in parents' reported confidence to talk about sexuality with teenagers.
- Improved understanding of adolescent developmental challenges.
- Positive feedback regarding the accessibility and relatability of the film.
- Teachers' willingness to use the film as an educational resource

These evaluation measures ensured that the program's effectiveness was systematically documented and provided evidence for future replication and scaling.

3. Results and Discussion

3.1. Parents Are Concerned but Reluctant Talking About Sexuality with Their Teenage Child

As adolescents navigate the complex landscape of sexuality, parents often find themselves grappling with a range of concerns and uncertainties. The existing research has tended to frame adolescent sexuality in a negative light, portraying it as "experimental, inept and dangerous." . This perspective reinforces the notion that adolescents are incapable of making safe and informed decisions, and their sexuality is seen as inherently risky, requiring adult control and supervision. However, a more nuanced understanding of adolescent sexual decision-making acknowledges the interplay of biological, sociological, and psychological factors. Data concerns parent of a teenager as show in [Fig. 4](#).

What are your concerns as a parent of a teenager? (You can choose more than one answer)

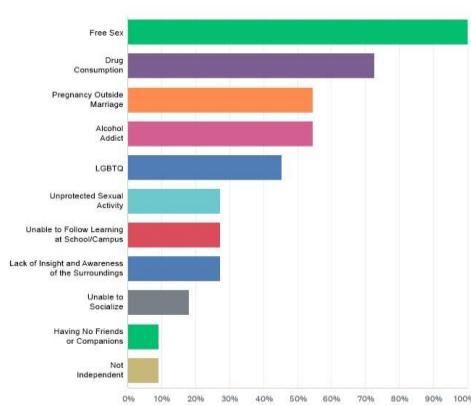


Fig. 4. Data concerns parent of a teenager

In many contexts, despite the worries around their teenagers would do premarital sex, parents still feel uncomfortable talking about it with their children. Parents often struggle to engage in open and frank discussions with their children about sexual issues, leading to misconceptions and misinformation that

can put adolescents, particularly girls, at risk of negative outcomes such as teenage pregnancy or sexually transmitted infections.

The reluctance of parents to discuss sexual matters with their children is often rooted in cultural taboos and a desire to adhere to traditional values. This creates an environment where it becomes difficult for parents, teachers, and community leaders to openly address these crucial issues, not only among themselves but also with the adolescents they seek to guide.

Despite the challenges, research has shown that parent-adolescent communication on sexual and reproductive health issues can be an effective means of encouraging responsible sexual behaviors. A study in Ethiopia, for example, revealed that only a small percentage of students felt comfortable discussing sexuality with their families, underscoring the need for more open and supportive dialogue between parents and their children. Similarly, a study in Sri Lanka highlighted the prevalence of cultural taboos that preclude discussion of sexual matters across generations, creating an environment where key issues remain unaddressed. In light of these findings, it is clear that addressing parental concerns and facilitating open communication on adolescent sexuality is a crucial step in promoting the sexual health and well-being of young people.

Ultimately, the task of addressing the complexities of adolescent sexuality requires a multifaceted approach that recognizes the unique perspectives and needs of parents and adolescents. By fostering open communication, providing accurate information, and addressing sociocultural factors that shape attitudes and behavior, parents can play an important role in empowering their children to make informed and responsible decisions [37]. Sexuality issues with their children as show in Fig. 5.

Are you comfortable communicating with your child about personal matters including sexuality?

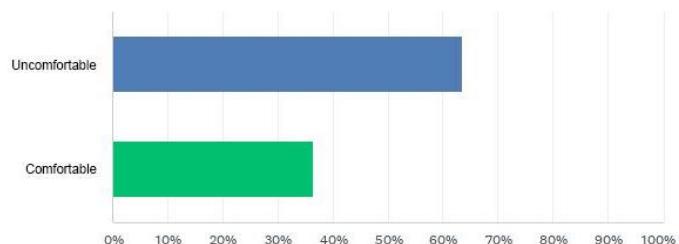


Fig. 5. sexuality issues with their children

During the film screening discussion, several parents shared how they communicated about sexuality issues with their children. Some people feel confused between setting limits or completely forbidding their children from dating. They are afraid that if they allow it, their child will go too far. If they forbid it, their children will do it secretly or think their parents are old-fashioned. another problem mentioned was not knowing how to start a conversation. Most parents admitted that when they were teenagers, they never discussed this with their parents. This lack of experience causes them to be confused when it comes to discussing sexuality with their children.

Another concern expressed by parents is the child's friendship environment. Parents claim to have instilled good social moral values, but children are starting to show interest in dating because they see couples on social media and around them. One mother said that her son was often teased for being 'single' so he begged to be allowed to date. This story is in line with research results which state that peer groups play an important role in shaping adolescent sexual behavior. Research has shown that peer group influence can encourage or discourage risky sexual behavior among adolescents. Adolescents are often heavily influenced by their peers, and the social dynamics within their peer groups can significantly impact their decision-making processes. As one study noted, "Adolescent behaviors and beliefs are unique from those of adults and change with time and setting. Sexual health behaviors are influenced by numerous institutional, personal, interpersonal, and material factors including social media, policy, and physical contraceptive methods [38], [39].

Therefore, it is crucial for parents to be aware of the influence of peer groups and to actively monitor and engage with their teenage children's social circles [40], [41]. By understanding the dynamics within their children's peer groups, parents can provide guidance and support to help their teens navigate these complex social relationships and make informed decisions about their sexual behavior. This includes being aware of the influence of peers on their child's attitudes, beliefs, and behaviors related to sexuality, and taking an active role in monitoring and shaping the social environment their child is exposed to. Through open communication and actively engaging with their child's peer group, parents can help their teens develop the critical thinking skills and decision-making abilities necessary to make responsible choices about their sexual health and well-being (Talking with Your Teens about Sex: Going Beyond "the Talk", n.d, [42], [43].

3.2. Using Movie As an Education Tools

To assess the effectiveness of the community-based education initiative, we used a mixed methods approach, combining quantitative and qualitative measurements to gain a comprehensive understanding. Qualitatively we measured audience understanding in 2 ways. In the Screening & Discussion session, we held a quiz with basic food as the door prize. During the session, all audience members were able to answer the questions correctly. They are able to mention two keys strategy in lowering the risk of risky sexual behavior among teenager. Furthermore, we conducted interviews with parents and got positive reactions about the movie. Parents love the variety of information source. Audio visual are considered engaging and can be watch together with the children. They can also only listen to the narratives while cooking, unlike reading materials that prevent them from multitasking. Audiences perception of BTH usefulness as show in [Fig. 6](#).

Is the educational video titled "BEYOND THE HORMONES" informative enough and help you as a parent to gain insight into sexuality in teenagers?

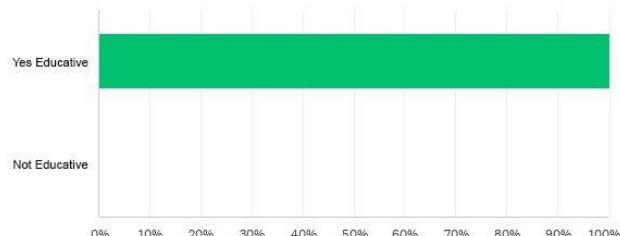


Fig. 6. Audiences Perception of BTH Usefulness

To improve the future of developing better educational movie, we asked them to give critics and suggestions. Feedback included the addition of subtitles, and the expansion of the issue are mentioned especially for issues that they are not comfortable and feel knowledgeable to talk about comprehensive sexual education, sexual violence, and sexual orientation.

Besides qualitative data gathering, we also distribute e-survey to the teachers and parents who attended the screening and intimate discussion session and watched the movie. The questionnaire aimed to find out the insights of parents of students at SMK 12 Surabaya and SMP Manbaul Ulum Kebomas Gresik, East Java and other viewers. Data showed all the respondents feel that the movie was able to increasing their knowledge.

4. Conclusion

This community engagement program confirms that the utilization of a short movie, "Beyond the Hormones," serves as an effective and accessible medium for enhancing parental understanding and communication strategies concerning adolescent sexuality. The findings underscore a significant preference for audio-visual learning formats over traditional written materials among parents. The key advantages identified were the capacity for co-viewing with their children, which acts as a catalyst for

initiating dialogue, and the format's inherent flexibility, allowing for information absorption even amidst other household activities. This suggests that the audio-visual approach not only disseminates information but also facilitates the creation of a conducive environment for intergenerational communication on sensitive topics. The contribution of this program extends significantly into the fields of health communication and social change. From a communication perspective, this intervention demonstrates a successful application of entertainment-education (edutainment) principles to address a critical public health issue. By shifting the pedagogical approach from prescriptive, text-based guides to a narrative-driven, dialogic model, this program empowers parents rather than simply instructing them. The film functions as a "third-party" tool that depersonalizes the initial conversation, making it less confrontational and more approachable for both parents and adolescents. This fosters communicative competence among parents, equipping them to navigate complex conversations with empathy and knowledge, moving beyond purely religious or moralistic standpoints to embrace a more holistic socio-communicative and health-oriented perspective. In the context of social change, this initiative contributes to a gradual paradigm shift in how sexuality is addressed within the domestic sphere. By openly distributing the film through educational institutions and public platforms like YouTube, the program challenges the culture of silence and taboo surrounding adolescent sexuality. It positions parents as primary agents of change in promoting responsible sexual health education, thereby strengthening the family unit as the frontline of adolescent well-being. This model of community empowerment through media literacy is a scalable and replicable strategy for fostering positive social change at the grassroots level, addressing risky sexual behaviors through proactive, preventive, and dialogue-based interventions. Despite the program's success, several avenues for future research are apparent. First, a longitudinal study is recommended to assess the long-term impact of this intervention on parental communication patterns and, subsequently, on adolescent decision-making and behavior. Second, future research could employ a comparative methodology to analyze the differential impacts of various media formats (e.g., short films vs. podcasts vs. interactive mobile applications) on parental engagement and knowledge retention. Finally, a reception study focusing on the adolescent audience would provide invaluable insights into how they perceive such media, ensuring that future interventions are co-designed to resonate effectively with both parents and their children. Such research would further refine the development of evidence-based communication strategies for promoting adolescent health and well-being in diverse cultural contexts.

Declarations

Author contribution. All authors contributed equally to the main contributor to this paper. All authors read and approved the final paper.

Funding statement. None of the authors have received any funding or grants from any institution or funding body for the research.

Conflict of interest. The authors declare no conflict of interest.

Additional information. No additional information is available for this paper.

References

- [1] S. Silva, J. Romão, C. B. Ferreira, P. Figueiredo, E. Ramião, and R. Barroso, "Sources and Types of Sexual Information Used by Adolescents: A Systematic Literature Review," *Healthcare*, vol. 12, no. 22, p. 2291, Nov. 2024, doi: [10.3390/healthcare12222291](https://doi.org/10.3390/healthcare12222291).
- [2] D. B. Kirby, "The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior," *Sex. Res. Soc. Policy*, vol. 5, no. 3, pp. 18–27, Sep. 2008, doi: [10.1525/srsp.2008.5.3.18](https://doi.org/10.1525/srsp.2008.5.3.18).
- [3] M. Rotermann and A. McKay, "Where do 15- to 17-year-olds in Canada get their sexual health information?," *Heal. Reports*, vol. 35, no. 1, pp. 3–13, Jan. 2024. [Online]. Available at: <https://www.proquest.com/docview/2918667886?pq-origsite=gscholar&fromopenview=true&sourcetype=gscholar>.
- [4] A. Baheiraei, E. Khoori, A. R. Foroushani, F. Ahmadi, and M. L. Ybarra, "What sources do adolescents turn to for information about their health concerns?," *ijamh*, vol. 26, no. 1, pp. 61–68, Feb. 2014, doi: [10.1515/ijamh-2012-0112](https://doi.org/10.1515/ijamh-2012-0112).
- [5] P. J. Dittus *et al.*, "Parental Monitoring and Risk Behaviors and Experiences Among High School Students — Youth Risk Behavior Survey, United States, 2021," *MMWR Suppl.*, vol. 72, no. 1, pp. 37–44, Apr. 2023, doi: [10.15585/mmwr.su7201a5](https://doi.org/10.15585/mmwr.su7201a5).

[6] J. Pringle *et al.*, "The physiology of adolescent sexual behaviour: A systematic review," *Cogent Soc. Sci.*, vol. 3, no. 1, p. 1368858, Jan. 2017, doi: [10.1080/23311886.2017.1368858](https://doi.org/10.1080/23311886.2017.1368858).

[7] A. B. Bozzini, A. Bauer, J. Maruyama, R. Simões, and A. Matijasevich, "Factors associated with risk behaviors in adolescence: a systematic review," *Brazilian J. Psychiatry*, vol. 43, no. 2, pp. 210–221, Apr. 2021, doi: [10.1590/1516-4446-2019-0835](https://doi.org/10.1590/1516-4446-2019-0835).

[8] "Dare to Get Tested, Dare to Protect Yourself, Ministry of Health Targets Elimination of HIV and STIs by 2030," Kemenkes, 2025. [Online]. Available at: <https://kemkes.go.id/id/berani-tes-berani-lindungi-diri-kemenkes-targetkan-eliminasi-hiv-dan-ims-tahun-2030>.

[9] Likith R S, "Exploring Factors Influencing Parent-Adolescent Communication on Sexual and Reproductive Health (SRH)—A Qualitative Study from Bengaluru, India," *J. Psychosexual Heal.*, vol. 6, no. 3, pp. 235–241, Jul. 2024, doi: [10.1177/26318318241265822](https://doi.org/10.1177/26318318241265822).

[10] K. U. Noer, A. Kusmawati, and Nurfadhilah, "Do not ask, do not tell: The dark path of sexual and reproductive health education in Indonesia," *Multidiscip. Sci. J.*, vol. 7, no. 6, p. 2025311, Dec. 2024, doi: [10.31893/multiscience.2025311](https://doi.org/10.31893/multiscience.2025311).

[11] R. Vincent and K. Krishnakumar, "School-Based Interventions for Promoting Sexual and Reproductive Health of Adolescents in India: A Review," *J. Psychosexual Heal.*, vol. 4, no. 2, pp. 102–110, Apr. 2022, doi: [10.1177/26318318221089621](https://doi.org/10.1177/26318318221089621).

[12] H. S. Munyai, L. Makhado, D. U. Ramathuba, and R. T. Lebese, "Challenges regarding sexual health communication with secondary school learners in Limpopo Province: Parents views," *Curationis*, vol. 46, no. 1, p. 9, Apr. 2023, doi: [10.4102/curationis.v46i1.2321](https://doi.org/10.4102/curationis.v46i1.2321).

[13] A. Morawska, A. Walsh, M. Grabski, and R. Fletcher, "Parental confidence and preferences for communicating with their child about sexuality," *Sex Educ.*, vol. 15, no. 3, pp. 235–248, May 2015, doi: [10.1080/14681811.2014.996213](https://doi.org/10.1080/14681811.2014.996213).

[14] M. Malacane and J. J. Beckmeyer, "A Review of Parent-Based Barriers to Parent–Adolescent Communication about Sex and Sexuality: Implications for Sex and Family Educators," *Am. J. Sex. Educ.*, vol. 11, no. 1, pp. 27–40, Jan. 2016, doi: [10.1080/15546128.2016.1146187](https://doi.org/10.1080/15546128.2016.1146187).

[15] W. Diarsvitri and I. D. Utomo, "Medical perspective of reproductive health education in Indonesian schoolbooks," *Front. Public Heal.*, vol. 10, p. 943429, Nov. 2022, doi: [10.3389/fpubh.2022.943429](https://doi.org/10.3389/fpubh.2022.943429).

[16] G. Lahope and R. Fathurrahman, "Current State, Challenges, and Opportunities of the School-Based Sexual and Reproductive Health Education in Indonesia: A Systematic Literature Review," *Prev. Indones. J. Public Heal.*, vol. 9, no. 1, p. 81, Jul. 2024, doi: [10.17977/um044v9i12024p81-94](https://doi.org/10.17977/um044v9i12024p81-94).

[17] I. Utomo, P. McDonald, and T. Hull, "What are they learning? Lessons about reproductive health in Indonesian primary and secondary school textbooks," in *1st APA Conference*, 2010, pp. 1–26, [Online]. Available at: [http://adsri.anu.edu.au/sites/default/files/research/gender-in-schools/What are we learning in school.pdf](http://adsri.anu.edu.au/sites/default/files/research/gender-in-schools/What%20are%20we%20learning%20in%20school.pdf).

[18] B. W. Maina, B. A. Ushie, and C. W. Kabiru, "Parent-child sexual and reproductive health communication among very young adolescents in Korogocho informal settlement in Nairobi, Kenya," *Reprod. Health*, vol. 17, no. 1, p. 79, Dec. 2020, doi: [10.1186/s12978-020-00938-3](https://doi.org/10.1186/s12978-020-00938-3).

[19] M. Melese, D. Esubalew, T. M. Siyoum, Y. B. Worku, J. Azanaw, and B. A. Mengistie, "Parent–adolescent communication on sexual and reproductive health issues and associated factors among secondary public-school students in Gondar town, northwest Ethiopia: an institution based cross-sectional study," *Front. Public Heal.*, vol. 12, p. 1342027, Aug. 2024, doi: [10.3389/fpubh.2024.1342027](https://doi.org/10.3389/fpubh.2024.1342027).

[20] E. Muthengi, A. Ferede, and A. Erulkar, "Parent-Child Communication and Reproductive Health Behaviors: A Survey of Adolescent Girls in Rural Tanzania," *African Popul. Stud.*, vol. 29, no. 2, pp. 1887–1900, Mar. 2015, doi: [10.11564/29-2-772](https://doi.org/10.11564/29-2-772).

[21] E. D. A. Brusse, M. L. Fransen, and E. G. Smit, "Framing in Entertainment-Education: Effects on Processes of Narrative Persuasion," *Health Commun.*, vol. 32, no. 12, pp. 1501–1509, Dec. 2017, doi: [10.1080/10410236.2016.1234536](https://doi.org/10.1080/10410236.2016.1234536).

[22] H. Pratiwi, Sujarwo, A. Syamsudin, and A. Wijayanti, “When parents see the value, they engage’: overcoming resistance to early childhood sexuality education through flipped classroom teaching and the use of animated videos in Indonesia,” *Sex Educ.*, pp. 1–17, Jun. 2025, doi: [10.1080/14681811.2025.2519173](https://doi.org/10.1080/14681811.2025.2519173).

[23] “Social Cognitive Theory Of Mass Communication,” in *Media Effects*, Routledge, 2009, pp. 110–140, doi: [10.4324/9780203877111-12](https://doi.org/10.4324/9780203877111-12).

[24] L. J. Hinyard and M. W. Kreuter, “Using Narrative Communication as a Tool for Health Behavior Change: A Conceptual, Theoretical, and Empirical Overview,” *Heal. Educ. Behav.*, vol. 34, no. 5, pp. 777–792, Oct. 2007, doi: [10.1177/1090198106291963](https://doi.org/10.1177/1090198106291963).

[25] Y. A. Andiana and Slameto, “The Effectiveness of Parents Roles in Children’s Sex Education,” *J. Sci. Res. Educ. Technol.*, vol. 3, no. 3, pp. 1133–1144, Sep. 2024, doi: [10.58526/jsret.v3i3.477](https://doi.org/10.58526/jsret.v3i3.477).

[26] J. Walker and J. Milton, “Teachers’ and parents’ roles in the sexuality education of primary school children: a comparison of experiences in Leeds, UK and in Sydney, Australia,” *Sex Educ.*, vol. 6, no. 4, pp. 415–428, Nov. 2006, doi: [10.1080/14681810600982267](https://doi.org/10.1080/14681810600982267).

[27] P. Handayani, W. S. S. Pandia, A. A. Putri, L. Wati, V. V. P, and A. Rizky, “Sexual Education for Parents and Teachers of Teenagers with Special Needs,” *MITRA J. Pemberdaya. Masy.*, vol. 3, no. 1, pp. 58–72, May 2019, doi: [10.25170/mitra.v3i1.501](https://doi.org/10.25170/mitra.v3i1.501).

[28] L. Widman, S. Choukas-Bradley, S. W. Helms, and M. J. Prinstein, “Adolescent Susceptibility to Peer Influence in Sexual Situations,” *J. Adolesc. Heal.*, vol. 58, no. 3, pp. 323–329, Mar. 2016, doi: [10.1016/j.jadohealth.2015.10.253](https://doi.org/10.1016/j.jadohealth.2015.10.253).

[29] H. Lantos, J. Manlove, E. Wildsmith, B. Faccio, L. Guzman, and K. A. Moore, “Parent-Teen Communication about Sexual and Reproductive Health: Cohort Differences by Race/Ethnicity and Nativity,” *Int. J. Environ. Res. Public Health*, vol. 16, no. 5, p. 833, Mar. 2019, doi: [10.3390/ijerph16050833](https://doi.org/10.3390/ijerph16050833).

[30] S. D. Pokharel and R. Adhikari, “Teachers’ Awareness Toward Students’ Psychosocial Wellbeing,” *Dhaulagiri J. Sociol. Anthropol.*, vol. 14, pp. 22–27, Dec. 2020, doi: [10.3126/dsaj.v14i0.29454](https://doi.org/10.3126/dsaj.v14i0.29454).

[31] A. A. Zaman, Euis Sunarti, and Diah Krisnatuti, “Adolescents’ Sexuality: The Role of Parent and Microsystem Education of Sexuality,” *Indig. J. Ilm. Psikol.*, vol. 9, no. 2, pp. 150–169, Jul. 2024, doi: [10.23917/indigenous.v9i2.4350](https://doi.org/10.23917/indigenous.v9i2.4350).

[32] D. Hartaty and E. Martha, “Studying Mothers’ Knowledge and Perceptions of Adolescent Reproductive Health,” *Women, Midwives and Midwifery*, vol. 4, no. 1, pp. 8–16, Feb. 2024, doi: [10.36749/wmm.4.1.8-16.2024](https://doi.org/10.36749/wmm.4.1.8-16.2024).

[33] E. S. Lefkowitz and T. M. Stoppa, “Positive sexual communication and socialization in the parent-adolescent context,” *New Dir. Child Adolesc. Dev.*, vol. 2006, no. 112, pp. 39–55, 2006, doi: [10.1002/cd.161](https://doi.org/10.1002/cd.161).

[34] B. Mukanga, S. B. Dlamini, and M. Taylor, “Cultural appropriateness of a comprehensive sexuality education programme. Implications for programme adaptation and implementation in Zambia,” *Sex Educ.*, vol. 25, no. 5, pp. 631–646, Sep. 2025, doi: [10.1080/14681811.2024.2367761](https://doi.org/10.1080/14681811.2024.2367761).

[35] D. D. B. Situmorang, “Implementation of Sex Education in Indonesia: A ‘Sine Qua Non’ in Taboo,” *Bul. Psikol.*, vol. 32, no. 1, p. 101, Jun. 2024, doi: [10.22146/buletinpsikologi.95836](https://doi.org/10.22146/buletinpsikologi.95836).

[36] C. H. Basch, G. C. Hillyer, Z. C. Meleo-Erwin, C. Jaime, J. Mohlman, and C. E. Basch, “Preventive Behaviors Conveyed on YouTube to Mitigate Transmission of COVID-19: Cross-Sectional Study,” *JMIR Public Heal. Surveill.*, vol. 6, no. 2, p. e18807, Apr. 2020, doi: [10.2196/18807](https://doi.org/10.2196/18807).

[37] F. Moral-Toranzo, J. Canto-Ortiz, and L. Gómez-Jacinto, “Anonymity effects in computer-mediated communication in the case of minority influence,” *Comput. Human Behav.*, vol. 23, no. 3, pp. 1660–1674, May 2007, doi: [10.1016/j.chb.2005.09.002](https://doi.org/10.1016/j.chb.2005.09.002).

[38] D. Aparisi, B. Delgado, R. M. Bo, and M. C. Martínez-Monteagudo, “Relationship between Cyberbullying, Motivation and Learning Strategies, Academic Performance, and the Ability to Adapt to University,” *Int. J. Environ. Res. Public Health*, vol. 18, no. 20, p. 10646, Oct. 2021, doi: [10.3390/ijerph182010646](https://doi.org/10.3390/ijerph182010646).

[39] J. L. Morris and H. Rushwan, “Adolescent sexual and reproductive health: The global challenges,” *Int. J. Gynecol. Obstet.*, vol. 131, no. S1, pp. S40–S42, Oct. 2015, doi: [10.1016/j.ijgo.2015.02.006](https://doi.org/10.1016/j.ijgo.2015.02.006).

[40] L. Gerchow, Y. Lanier, A.-L. Fayard, and A. Squires, "A comprehensive view of adolescent sexual health and family planning from the perspective of Black and Hispanic adolescent mothers in New York city," *SSM - Qual. Res. Heal.*, vol. 6, p. 100460, Dec. 2024, doi: [10.1016/j.ssmqr.2024.100460](https://doi.org/10.1016/j.ssmqr.2024.100460).

[41] S. Mollborn, B. W. Domingue, and J. D. Boardman, "Understanding multiple levels of norms about teen pregnancy and their relationships to teens' sexual behaviors," *Adv. Life Course Res.*, vol. 20, pp. 1–15, Jun. 2014, doi: [10.1016/j.alcr.2013.12.004](https://doi.org/10.1016/j.alcr.2013.12.004).

[42] "Talking with Your Teens About Sex: Going Beyond 'the Talk,'" *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*. [Online]. Available at: https://www.waterburyct.org/filestorage/103431/108867/109770/109971/109973/talking_teens.pdf.

[43] R. DiClemente, R. Crosby, and L. Salazar, "Family Influences on Adolescents Sexual Health: Synthesis of the Research and Implications for Clinical Practice," *Curr. Pediatr. Rev.*, vol. 2, no. 4, pp. 369–373, Nov. 2006, doi: [10.2174/157339606778699671](https://doi.org/10.2174/157339606778699671).