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Quantitative Research Article

The Influence of Health Promotion with Video Media on Increasing Healthy Relationship Knowledge of Students of SMA "A" South Jakarta in 2023

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Abstract

Background/ problem: *Serious attention is currently focused on reproductive health issues among adolescents, especially related to the phenomenon of behavior in risky relationships. This is a major concern because it tends to trigger premarital sexual behavior and toxic relationships. This study aims to analyze the differences in the level of knowledge and attitudes before and after health promotion with video regarding healthy relationships in Class XI Students of SMA "A" South Jakarta 2023.*

Design and Methodology: *The research design used was Quasi-experimental, the two-group pretest-posttest design. The study population included all students of Class XI SMA "A" South Jakarta, with a sample of 252 respondents selected randomly using the simple random sampling method. Students of class XI SMA "A" South Jakarta became research respondents if they were willing and present, while those who were not present during the study were excluded. Data were collected through a pretest-posttest questionnaire (Google Form) and analyzed using the Wilcoxon test.*

Results: *The results showed that there was an increase in knowledge and attitudes of high school students related to healthy relationships. The results of this study indicate that there is a significant difference in the level of knowledge and attitudes regarding healthy relationships before and after exposure to videos about healthy relationships (p-value 0.000).*

Conclusion and Implications: *Based on these results, it is recommended that respondents disseminate this educational video, while SMA "A" can*
continue continuing education using video media or other reliable sources for the next batch.

Introduction

Adolescence, derived from the Latin word adolescere and the English word adolescence, refers to a period of growth towards maturity [1]. The World Health Organization (1999) defines adolescence as the phase of life between childhood and adulthood, which is in the age range of 10 to 19 years. This phase is considered a significant period in the formation of the basis for optimal health. Meanwhile, according to Kementerian Kesehatan RI, adolescents are individuals aged 10 to 18 years [3]. According to UNICEF the number of adolescents worldwide reaches 1.3 billion [4]. In Indonesia, based on the latest data from the National Socio-Economic Survey (Susenas) by [5] here are an estimated 65.82 million adolescents. This figure has increased by 1.39% compared to the previous year, where in 2021 the number of adolescents in Indonesia was around 64.92 million. It is important to note that DKI Jakarta's population data shows that there are 1,628,024 adolescents in the 10-19 age group in 2022 [6]. In addition, the population of South Jakarta in 2021 in the age range of 7 - 12 years is 193,020, age 13 - 15 years is 99,245, and age 16 - 18 years is 92,563 [7].

During teenage years or puberty, significant changes occur. The teenage growth process includes physical, cognitive and psychosocial aspects. The impact of these developments affects various areas of adolescent life, such as feelings, thinking, decision-making and social life [8]. Teenagers experience transformations that include reproductive maturity, interest in the opposite sex, increased sensitivity, reluctance to open up to parents, a drive for independence, and greater attention to personal appearance [9]. A trademark of this teenage phase is the urge to feel love and to love others [1]. These changes create attraction to the opposite sex, which is reflected in emotional involvement and the development of affectionate relationships in some teenagers.

The definition of relationship according to Knys (1986) [10] is the emotional involvement between two individuals of different types, influenced by the feelings in each other's hearts. According to Jacob Orlofsky (1976) in [11] there are five relationship styles, including intimate, preim, stereotyped, pseudo-intimate, and isolated, with factors such as knowledge, attitudes, parental roles, relationships, and exposure to sexual information influencing the type of relationship that may be unhealthy. According to Hutagalung (2008), healthy relationships formed by adolescents provide many benefits such as giving and getting mutual support and motivation [12]. In contrast, behaviors in toxic relationships, which include risky physical acts, can lead to premarital sexual behavior as a way to prove love [13].

A study conducted by Marliani (2015) showed that about 88.3% of the total 300 participants, stated that they had experienced or were in a relationship [14]. Of these, around 38% or around 101 participants considered that the relationship had a positive impact, such as increasing motivation to learn and active attendance at school. On the other hand, about 61.8% or about 164 participants thought that their current relationship had a negative impact, especially related to behaviors related to aspects of sexuality. Adolescents engage in risky behaviors that tend to lead to sexual activity due to the urge to fulfill sexual desires, pressure from the surrounding environment, and high curiosity, as described in the Indonesian Child

Protection Commission adolescent reproductive health survey (2012). The survey showed that Indonesian teenagers began to engage in relationships since 12 years old, with increasingly open behavior, such as holding hands (92%), kissing (82%), and petting (63%). This is associated with an increased propensity to engage in intercourse.

Furthermore, 2016 BKKBN's survey [15], reported that seven out of ten teenagers had been in a relationship, with an average starting age of 15.7 years, and about 3.9% were involved in sexual intercourse before marriage, especially in DKI Jakarta with a rate of 82.5%. When compared to the results of the 2017 BKKBN's Survey [16], it shows that four out of ten adolescents have been in a relationship, with an average start at age 16. Eight out of ten teenagers express affection through holding hands, and about 7.7% of male teenagers and 2.5% of female teenagers are involved in sexual relations before marriage, with the highest percentage level being at the high school education level at 51%. If this direction of development continues without preventive measures being taken early on, it can result in serious consequences on the psychological side, increase the risk of premarital pregnancy, lead to abortion, increase the transmission of Sexually Transmitted Infections (STIs), and expand the spread of HIV/AIDS [17]. In addition, the results of a study conducted by Putra et.al (2023), stated that engaging in toxic relationships can have a negative impact on physical health, such as decreased physical health, symptoms of headaches, excessive fatigue, and lethargy [18].

The results of this study highlight how the level of stress caused by unhealthy relationships can affect their performance and social integration, exacerbating the challenges they face during this period (Nguyen & Brown, 2021). In addition to the psychological impact, attachment style plays a significant role in how young adults experience and cope with toxic relationships. Individuals with insecure attachment styles are more vulnerable to harmful relationships, which can worsen their experiences in those relationships (Williams & Davis, 2020). Toxic relationships are characterized by destructive dynamics such as emotional manipulation, excessive control, verbal abuse, and demeaning behavior. In young adulthood, the context of toxic relationships can be more complex due to high emotional dependency and difficulty in setting healthy boundaries (Whitney & Lloyd, 2010).

In a high school environment, student involvement in a relationship, especially if it tends to have negative traits, can result in the emergence of toxic relationship behavior. The results of a preliminary study conducted by researchers at SMA "A" South Jakarta on 23 May 2023, 12 July 2023, and 25 July 2023, showed that eight out of ten students admitted to having experienced and been involved in several activities that could be categorized as toxic relationships. Therefore, this study was conducted to determine the effect of health promotion with video media on increasing the knowledge of healthy relationships of high school students "A" South Jakarta in 2023 in order to increase insight and information about how healthy relationships.

Methods

The research was conducted at SMA "A" South Jakarta in December 2023. The research was conducted with a Quasi-Experimental quantitative research design and the two-group pretest-post-test design. There were two groups in this study, the intervention group and the control group.

The sampling technique used simple random sampling method with inclusion criteria all students of class XI SMA "A" South Jakarta who are willing to become respondents and are present during the implementation of the study. Exclusion criteria were students of class XI SMA "A" South Jakarta who were not present when the research was being conducted. The sample size uses the Lemeshow WHO Sample Size formula. Based on the results of the calculation, the minimum sample size was 58 respondents. The hypothesis in this study used two tailed, so the minimum sample calculation result is multiplied by two to 116 respondents. To anticipate errors in the implementation of filling out the questionnaire, the minimum sample size was increased by 10%. The final result of the minimum sample size in this study was 126 respondents in each intervention group and control group. Thus, the total respondents in this study were 252 respondents.

The method of data collection in this study is by conducting interviews with respondents and using a mobile phone as a recording device. The analysis consists of three processes that take place simultaneously, data reduction, data presentation and drawing conclusions/verification (Miles & Huberman, 2010). A more detailed explanation of the three processes is as follows: a) Data Reduction, the data that has been obtained will then be analysed through the data reduction process. Reducing data is summarizing, selecting, and sorting the main aspects, and focusing on significant things to find themes and patterns. b) Data Display, the presentation of data commonly used in qualitative research is in the form of text that is narrative/in the form of words and easy to understand. c) Conclusion Drawing or Verification, the conclusion drawn by the author based on the information that has been analysed through data simplification and data presentation.

The study used primary data. Data collection was carried out by filling out questionnaires using pretest and post-test which have been tested for validity and reliability. This research questionnaire consisted of 10 questions for the knowledge variable and 15 questions for the attitude variable (there were positive and negative questions) with multiple choice answers and a Likert scale. After filling out the pretest questionnaire, respondents in the Intervention group will be given health promotion in the form of educational video media about healthy relationships. This video media includes the definition of relationship and healthy relationship, how the characteristics of healthy relationship and toxic relationship. The video used in this study is a 9-minute video. This research has undergone Validity Test, Reliability Test, and Normality Test. The research has also been approved by the Health Research Ethics Commission (KEPK) of the Faculty of Public Health, Muhammadiyah University of Jakarta with **No.10.288.B/KEPK-FKMUMJ/XII/2023**.

Results

Univariate Analysis

To show the distribution and frequency of respondent characteristics as well as independent and dependent variables, univariate analysis was conducted in this study. The following are the results of univariate analysis that has been processed using statistical-based software. The results of research on the characteristics of Class XI students of SMA "A" South Jakarta (including age, gender, age of first relationship, information about healthy relationships, and sources of information) can be seen as below:

Table 1. Frequency distribution of characteristics of students in class XI of SMA "A" South Jakarta (N = 252)

Respondent Characteristics	Intervention Group (n = 126)		Control Group (n = 126)	
	n	(%)	n	(%)
Age				
15 Years	2	1.6	1	0.8
16 Years	62	49.2	49	38.9
17 Years	42	33.3	58	46.0
18 Years	18	14.3	16	12.7
19 Years	2	1.6	2	1.6
Gender				
Male	67	53.2	66	52.4
Female	59	46.8	60	47.6
Age at first relationship				
Never	60	47.6	52	41.3
Early teens	20	15.9	21	16.7
Middle teens	46	36.5	53	42.1
Healthy Relationship Information				
Ever	84	66.7	84	66.7
Never	42	33.3	42	33.3
Source of Healthy Relationship Information	42	33.3	42	33.3
Never	4	3.2	3	2.4
Siblings/Family	8	6.3	13	10.3
Parents	10	7.9	12	9.5
Friends	1	0.8	6	4.8
Partners	14	11.1	14	11.1
School Environment (Teachers/Library)	2	1.6	3	2.4
Newspapers/Books/Magazines	32	25.4	30	23.8
Radio/TV/Internet	13	10.3	3	2.4
Other				
Total	126	100.0	126	100.0

The majority of respondents are 16 years old and 17 years old, there are more male students than female students, the number of those who have never been in a relationship is more than the number of respondents who have been or are in a relationship, most of the respondents who have experienced relationships mostly started their first relationship in middle adolescence, and the majority of respondents have received information about healthy relationships from Radio / TV / Internet.

Table 2. Frequency distribution of healthy relationship knowledge among students in class XI SMA "A" South Jakarta

Knowledge Level	Intervention Group				Control Group			
	Pre	%	Post	%	Pre	%	Post	%
Good	81	64.3	114	90.5	73	57.9	76	60.3
Enough	22	17.5	7	5.6	13	10.3	14	11.1
Less	23	18.3	5	4.0	40	31.7	36	28.6
Total	126	100.0	126	100.0	126	100.0	126	100.0

From the results of Table 2, it can be seen that before receiving health promotion on healthy relationships, the majority of respondents' knowledge in the intervention and control groups were in the good category. After the health promotion, there was a significant increase in the knowledge of the intervention group respondents, while the control group only experienced a slight increase.

Table 3. Results of correct answers on the pretest and posttest of knowledge variables for students in class XI SMA "A" South Jakarta.

Soal	Intervention Group				Control Group			
	Pre	%	Post	%	Pre	%	Post	%
1. What is a relationship that is more than just friends?	58	46.0	102	81.0	51	40.5	72	57.1
2. What is a healthy relationship?	100	79.4	119	94.4	93	73.8	89	70.6
3. A romantic relationship that is free from all forms of physical abuse, emotional abuse, and bullying is called?	107	84.9	117	92.9	94	74.6	101	80.2
4. Healthy relationship characteristics, except?	91	72.2	109	86.5	90	71.4	91	72.2
5. A relationship that refers to things that are abusive in nature, whether physically, emotionally, or sexually is called?	109	86.5	119	94.4	98	77.8	97	77.0
6. Psychological problems, premarital pregnancy, abortion, STIs, and HIV/AIDS transmission are some of the impacts of relationship styles?	106	84.1	120	95.2	100	79.4	104	82.5
7. What behaviors are included in a Toxic Relationship?	108	85.7	122	96.8	101	80.2	100	79.4
8. A girl feels that her relationship feels like a burden rather than a joy, and does not feel safe. So, this student is in a relationship?	110	87.3	119	94.4	103	81.7	106	84.1
9. If in a relationship there is an argument, but the partner responds to the argument fairly, wisely, and resolves it with a discussion. This is relationship behavior?	88	69.8	110	87.3	79	62.7	82	65.1

10. A student in a relationship tries to control his partner when playing with his friends at school. Only the student can give his partner permission to play with whom at school. This is relationship behavior?	92	73.0	118	93.7	87	69.0	90	71.4

During the pretest, the intervention group showed the highest rate of wrong answers on questions regarding the definition of relationships and behavior in relationships when faced with arguments. Meanwhile, the control group had the highest level of wrong answers also on questions about the definition of relationships and also on questions about relationships involving arguments. Furthermore, during the post-test, the intervention group showed significant improvement with the highest level of correct answers on questions regarding behaviors included in toxic relationships and the impact of relationship styles. On the other hand, the control group showed the highest level of correct answers on questions about a girl who felt her relationship was a burden, did not bring happiness, and did not feel safe.

Table 4. Frequency distribution of healthy relationship attitude on of 11th grade students of SMA "A" South Jakarta

Attitude Category	Intervention Group				Control Group			
	Pre	%	Post	%	Pre	%	Post	%
Positive	70	55.6	82	65.1	75	59.5	77	61.1
Negative	56	44.4	44	34.9	51	40.5	49	38.9
Total	126	100.0	126	100.0	126	100.0	126	100.0

Table 4 related to the attitudes of Class XI students of SMA "A" South Jakarta, it was found that most respondents in the intervention group before the health promotion on healthy relationships were in the positive category, as well as in the control group. After receiving health promotion on healthy relationships, the majority of respondents' attitudes increased significantly in the positive category for the intervention group and for the control group there was not too much significant improvement. Table 5 shows the percentage of correct answers for each question on the attitude variable:

Bivariate Analysis

Bivariate analysis in this study aims to determine the effect of health promotion with educational video media on knowledge and attitudes about healthy relationships in respondents, namely Class XI High School Students "A" South Jakarta. The normality test results show that the data is not normally distributed. Therefore, bivariate analysis was performed with the Wilcoxon Test using a significance level of 5% (95% confidence). The Wilcoxon test was only conducted on groups that received special treatment or intervention groups. The following are the results of the Wilcoxon Test in this study:

Table 5. Non-parametric test (Wilcoxon test) variable knowledge of healthy relationships in respondents before and after the intervention.

No	Healthy Relationship Knowledge	N	*p-value*	Z
1	After the intervention is worse than before the intervention	11		
2	After the intervention is better than before the intervention	71	0.000	-6.306
3	After the intervention is the same as before the intervention	44		
Total		126	0.000	-6.306

The results of the Wilcoxon test in Table 5 of the knowledge variable show that out of a total of 126 respondents before and after the intervention with health promotion through educational videos about healthy relationships, the majority of respondents experienced an increase in knowledge, showing a better understanding after the intervention. Table 5 also shows a p-value of 0.000, that is, there is a difference in the level of knowledge and attitudes regarding healthy relationships before and after being given health promotion in the form of video media regarding healthy relationships in high school students "A" South Jakarta 2023.

Table 6. Non-parametric test (Wilcoxon test) attitude variables of healthy relationships in respondents before and after intervention

No	Healthy Relationship Attitude	N	*p-value*	Z
1	After the intervention is worse than before the intervention	38		
2	After the intervention is better than before the intervention	77	0.000	-4.054
3	After the intervention is the same as before the intervention	11		
Total		126	0,000	-4.054

In the attitude variable, the Wilcoxon test results showed changes in attitude after intervention with educational video media on healthy relationships. Of the 126 respondents, the majority of respondents experienced an increase in attitude for the better. The p-value of 0.000 indicates a significant difference before and after the intervention. Thus, it can be concluded that there are differences in the level of knowledge and attitudes about healthy relationships before and after being given health promotion in the form of video media about healthy relationships in high school students "A" South Jakarta 2023.

Discussion

From the results obtained, the total number of respondents in this study was 252 high school students in grades XI 1 - XI 7 at one of the public high schools in the Kebayoran Lama area in South Jakarta. The number of respondents in each intervention group and control group was 126 respondents. respondents aged between 15-19 years or included in the teenage phase. Teenagers become respondents in this study because

the adolescent phase includes an important period, namely adolescents experiencing development that takes place faster in this phase, the environment is increasingly more decisive, a transitional period that requires self-adjustment of the teenager himself, and one of the characteristics in this phase is the feeling to be loved and loved by others such as starting a relationship [1] [1]. Distribution and frequency analysis showed that the majority of respondents in the intervention group were 16 years old, while in the control group the majority were 17 years old. The intervention group was dominated by males, while the control group was. Regarding starting a relationship, the intervention group respondents had never been in a relationship, while the majority of the control group started at the age of 15-19 years. This is in line with 2017 BKKBN's Survey [16], which found that the average age of teenagers starting a relationship is 16 years old. Also reinforced by research [19] found that six out of ten teenagers stated that they had been in a relationship with a median age of first relationship of 16 years, and most respondents also claimed to start a relationship in the age range of 15 to 17 years. Furthermore, the study found that most respondents in both groups had received information about healthy relationships. The main source of information was Radio/TV/Internet in the intervention group and control group. A research stating that rapid advances in communication technology have a significant impact on adolescent mindset and adolescent social interaction [20]. The results in this study are in line with research [21], showing that most respondents have received information about healthy relationships, with the majority of information sources coming from Radio/TV/Internet.

Based on the research, it shows that the pretest value of knowledge of respondents from the intervention group and control group is classified as good. This is due to most respondents who already have information about healthy relationships from various sources such as Radio / TV / Internet. Supported by research [22] shows that along with technological advances, digital media literacy in teenagers is increasing. Also in line with research [23] which states that internet use makes a positive contribution to task completion and skill competence. Internet use increases the ability to think creatively and think more about social relationships. Further strengthened by the results of research [24], there is a significant influence between the amount of mass media and the level of reproductive health knowledge in class X students of SMAN 1 Purwokerto. The mass media most widely used by students of class X SMAN 1 Purwokerto is the internet. From both groups of respondents during the pretest, most of them answered incorrectly on the question about the definition of relationship. Respondents may have chosen the wrong answer because the question asked could be interpreted or understood in different ways by each respondent. In this context, it is possible that "relationship" can mean different things to different people, so what is meant by the question can be interpreted variously, leading to answers that may not match expectations. There is research that found that teenagers do have different meanings related to relationships, including as a lifestyle or trend that must be followed, as an instinctual sexual need, and to fulfill financial needs that can create a state of give and take [25]. After the pretest, respondents will fill out the post-test questionnaire. The intervention group was given health promotion in the form of educational video media about healthy relationships. While the control group was not given any treatment. From the results of the post-test, the intervention group found an increase

in knowledge in the good category, and at the level of sufficient and insufficient knowledge decreased. These results can be assumed that respondents get clear and structured information about healthy relationships through educational videos, so there is an increase in knowledge that can help respondents understand what should be in a healthy relationship. In line with the statement [26], namely health promotion is a program created with the aim of producing changes or improvements in health and includes increasing the knowledge and attitudes of an individual or community. Research conducted by [27] strengthens these results, with the results showing that the use of audio-visual media (video) has a positive effect on increasing respondents' understanding of sexual and reproductive health rights at SMKN 1 Ponorogo.

Based on the results of the study, it is known that the pretest value of the respondent's attitude variable, both groups, namely the intervention group and the control group, are classified in the positive attitude category. This can occur with the possibility that respondents already have an understanding or experience of healthy relationships and can come from personal experience, upbringing in the family environment, or information and knowledge obtained from the internet and school environment. In line with research [28] found that students at SMA Negeri 2 Kairatu tend to undergo healthy relationships because of the motivation to avoid the risk of rejection of invitations to have sex. This internal factor is supported by the role of the family, including giving advice, setting dating rules, and supervising nighttime activities. The results of the pretest before education showed that the percentage of answers that showed the most negative attitude in the intervention group was on attitude question number 1, which can be interpreted that respondents tended to express affection by holding hands. In line with research conducted by [29] , it was found that teenagers who held hands when dating. Furthermore, the post-test was filled in for both groups. The intervention group was given treatment, namely health promotion in the form of educational video media about healthy relationships. While the control group was not given any treatment. From the results of the post-test can be seen in table 11, the intervention group found an increase in attitude in the positive attitude category, and in the negative category decreased. These results can be interpreted that the health promotion treatment through educational videos given can produce meaningful changes in the positive attitude category. According to research [30], the use of methods and types of media in delivering information during health promotion has a significant influence on the level of knowledge and attitudes. These results are also in line with research conducted by [31] showing that after receiving health promotion through video media, there was a significant increase in changes in respondents' attitudes to be more positive.

In this study, it was found that health promotion interventions through educational video media on healthy relationships can improve the knowledge and attitudes of students of SMA "A" South Jakarta. Analysis using the Wilcoxon test on the intervention group showed a significant increase in knowledge, where the majority of respondents experienced an increase in knowledge. With a p-value of 0.000 which is smaller than the significance threshold of 0.05, the hypothesis can be accepted. This result indicates a difference in the level of knowledge and attitude regarding healthy relationships before and after the intervention. Although there were a small number who experienced a decrease in knowledge, the majority

of respondents experienced an increase, showing the effectiveness of health promotion interventions through video media in increasing understanding of healthy relationships in high school students "A" South Jakarta 2023. This is in line with research [21] which shows that there are differences in the knowledge of teenagers before and after they get counseling about healthy relationships through video media. Similar research was also conducted by [32] which showed that video has a significant effect on differences in knowledge, both in the pretest and post-test, with a p-value <0.001 which is smaller than 0.005. Furthermore, on the attitude variable, it shows that of these, the majority of respondents experienced an increase in attitude. Statistical test results with a p-value of 0.000, which is smaller than the significance threshold of 0.05, indicate that the hypothesis can be accepted. This means that there is a difference in the level of knowledge and attitude regarding healthy relationships before and after being given health promotion in the form of video media for students of SMA "A" South Jakarta 2023. Although knowledge tends to decrease after the intervention on the attitude variable, the results show that health promotion interventions using educational video media on healthy relationships have a significant impact on changes in respondents' attitudes. The decrease in knowledge on the attitude variable can be explained by the complexity and depth of the attitude change process, which takes longer than changes in knowledge. These results are in line with research conducted by Anggraini et.al (2022), showing that the average attitude before the intervention using video media was 33.09 and after the intervention increased to 43.56 [33]. Further analysis with the Wilcoxon test obtained a p-value (0.000) < (0.05), meaning that there is an effect of educational videos on the attitudes of early adolescents about reproductive health at SMP Bani Tamin Tangerang Regency. Similar research was also conducted by [34], showing that the use of educational videos can improve respondents' attitudes towards reproductive health, STDs, HIV/AIDS, and pre-marital examination.

Conclusion

This study involved participants with the majority aged 16 years and 17 years (46.0%), and was dominated by male. Most of the participants had never been involved in a relationship before, but the majority of them started their first relationship at the age of 15-19. Respondents received information about healthy relationships mostly through Radio/TV/Internet channels. Before the health promotion session, participants' knowledge was generally quite good. After receiving health promotion in the form of educational video media on healthy relationships, the intervention group experienced a significant increase in knowledge. On the other hand, the control group that did not receive special treatment also experienced an increase, although only a slight increase. Then, the respondents' attitudes before health promotion tended to be positive. After receiving health promotion through educational video media, the intervention group experienced an increase in positive attitudes. Meanwhile, the control group without special treatment only slightly increased in positive attitude. Statistical analysis showed a significant difference in knowledge before and after health promotion among students in Class XI of SMA "A" South Jakarta 2023. Similar with attitude, there was a significant difference. Overall, health promotion through educational video media on

healthy relationships has a positive impact on the knowledge and attitudes of respondents.

For respondents, it is recommended that they utilize and disseminate educational videos on how to overcome and avoid toxic relationships. The aim is to raise awareness of the importance of having a healthy relationship. The video can be disseminated to relatives, relatives, or friends through various channels, such as group chat, in person, or shared on social media and other platforms. In addition, SMA "A" South Jakarta is expected to continue to provide education to the next generation by using the video provided in this study or utilizing reliable sources of information. This approach is expected to help reduce and prevent the emergence of risky or toxic relationships. Educational videos can also be integrated into Guidance and Counselling subjects for all classes at school. For future research, it is recommended that researchers continue similar studies at other educational levels, such as elementary, junior high, vocational, MTs, MA, and universities. The aim is to understand knowledge and attitudes about healthy relationships at various levels of education. Future research should also consider using other media as a means of health promotion to complement the sources of information that support the study of healthy relationships.

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