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Quantitative Research Article

# The Relationship of Reproductive Health Education through Video Media with Adolescents' Knowledge on Risky Sexual Behavior at "A" Vocational High School Jakarta in 2023

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## Abstract

**Background/ problem:** Adolescents' lack of understanding of several sexual reproductive health phenomena is influenced by a lack of knowledge among them. Utilization of video media is one strategy to increase student understanding. This audiovisual media can improve learning outcomes such as analyzing, rewriting, and connecting concepts and facts.

**Objective/ purpose:** This study aims to analyze the relationship between reproductive health education through video media and adolescents' knowledge about risky sexual behavior.

**Design and Methodology:** This pre-experimental research uses the one-group pretest-posttest design. The sample in this study consisted of 90 respondents. The sampling technique used was random sampling with the help of a research instrument in the form of a risky sexual behavior knowledge questionnaire with a total of 15 valid questions and using video media.

**Findings:** From the results of the bivariate analysis, it can be seen that the significance value in the Wilcoxon test is 0.000 (p-value < 0.05). There is a difference in knowledge before and after education regarding risky sexual behavior using video media, with the results before education having a mean score of 30.95% and after education having a mean score of 99.26%.

**Conclusion and Implications:** It can be concluded that reproductive health education through video media is effective in increasing adolescents' knowledge of risky sexual behavior.

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## Introduction

The transitional phase from childhood to adulthood, also known as adolescence, is a period during which individuals experience development and exhibit signs of sexuality until they reach sexual maturit [(1)]. The sexual developmental phase in children is generally divided into several stages: the oral phase (0-18 months), the anal phase (1-3 years), the phallic phase (3-6 years), the latency phase (7 years to puberty),

and the genital phase (puberty and beyond). These stages explain how a child's focus shifts to different areas of the body and how curiosity and sexual interest begin to develop with age.

The World Health Organization (2018) stated that adolescents aged 10–19 years account for about one-fifth of the global population, with 900 million of them living in developing countries. Data shows that approximately 6.6% to 9.3% of adolescents in Indonesia have engaged in premarital sexual relations, with percentages varying by gender and survey. The 2017 Indonesian Child Protection Survey (IDHS) reported that 1.5% of female adolescents and 7.6% of male adolescents had engaged in sexual relations. Premarital sexual behavior increased from the 2012 to 2017 surveys. Demographic data in the United States indicates that approximately 15% of the population are adolescents aged 10–19 years. Asia accounts for 60% of the world population, of which one-fifth are adolescents aged 10–19 years [(2)]. Based on the latest data from the 2023 National Socio-Economic Survey (Susenas) conducted by Statistics Indonesia (BPS), the number of adolescents in Indonesia is estimated to be around 64.16 million individuals, or about 23.18% of the total population. This figure has decreased by 24.53% over the past ten year, a decrease in the number of adolescent sexual behavior due to better environmental and educational quality and awareness of the dangers of free sex  In terms of gender, there are more male adolescents than female adolescents. Based on geographic location, 59.91% of adolescents live in urban areas, while 40.09% live in rural areas. Regarding education level, the majority of adolescents completed education up to senior high school or equivalent (40.01%) [(3)].

According to the 2017 Indonesian Demographic and Health Survey (IDHS) for adolescents, it was shown that 80% of females and 84% of males had been in a romantic relationship. Additionally, 44% of male adolescents and 45% of female adolescents started dating between the ages of 15 and 17. Both males and females admitted to engaging in various activities, such as holding hands (64% females and 75% males), hugging (17% females and 33% males), kissing on the lips (30% females and 50% males), touching or being touched (5% females and 22% males), and having sexual intercourse (8% males and 2% females). Regarding sexual activity, 47% of adolescents engaged in it because of love, 30% due to curiosity, 17% due to spontaneous situations, and 3% were influenced by coercion or peer pressure. However, these behaviors are rarelyb accompanied by safe sex practices,  Safe sex practices are accompanied by awareness of using contraception correctly and paying attention to the age of first sex.The percentage of condom use was higher among females (49%) compared to males (27%) in their most recent sexual encounter [(4)].

One concerning phenomenon is the high incidence of unintended pregnancies among adolescents as a result of free sex. Pregnancy during adolescence increases the risk of complications during pregnancy and delivery. It also poses psychological and physical risks to the mother, as well as health risks to the baby, such as preterm birth and low birth weight. Therefore, it is crucial for adolescents to have adequate knowledge about reproductive health to access accurate information and adopt responsible attitudes toward

reproduction (8). Lack of knowledge about reproductive health among adolescents can have harmful consequences, especially as adolescence is a critical period for cognitive, social, and sexual development (9).

The 2017 IDHS also reported that 12% of females and 7% of males experienced unwanted pregnancies. Among them, 23% of females and 19% of males reported knowing a friend who had undergone an abortion, while 1% admitted to accompanying or influencing a friend to terminate a pregnancy. According to the Ministry of Health's Quarterly Report on HIV-AIDS Development in 2019, from 1987 to December 2019, 476 (93.2%) districts/cities in Indonesia had reported AIDS cases, with a cumulative total of 121,101 cases. The highest percentage of AIDS cases occurred in the 20–29 age group (32.1%), followed by 30–39 (31.1%), 40–49 (13.8%), 50–59 (5.2%), and 15–19 (3.3%) [(4)]. This highlights an emergency situation marked by limited access to sexual and reproductive health information and services, as well as increasing risks of sexual exploitation, violence, and risky sexual behavior among adolescents, which in turn increases the risk of unwanted pregnancy, unsafe abortion, sexually transmitted infections (STIs), and HIV transmission. The sexual effects of intercourse involve physical and psychological benefits, as well as certain potential risks, especially if done outside of marriage or in a risky manner.

One of the key adolescent reproductive health issues is the TRIAD of Adolescent Reproductive Health Problems (TRIAD KRR): sexuality, Acquired Immune Deficiency Syndrome (AIDS), and narcotics, psychotropics, and other addictive substances (NAPZA) [(5)]. Additionally, risky sexual behavior in adolescents is characterized by premarital sex, frequent changes in sexual partners, and unprotected sex [(6)]. Such behaviors lead to various reproductive health issues including unplanned pregnancies, illegal abortions, and sexually transmitted diseases [(7)].

Health promotion or counseling is one way to inform adolescents about reproductive health. It is hoped that such efforts will help prepare adolescents for the risks of engaging in risky sexual behavior. Risky sexual behavior among adolescents may lead to unwanted pregnancies, early marriage, abortion, HIV/AIDS, and other STIs [(10)]. the aim is to protect teenagers from the dangers of free sex and sexually transmitted diseases and unwanted pregnancies

## Methods

This research was conducted in November–December 2023 using a quantitative method with a pre-experimental design, specifically the one-group pretest-posttest design. This design aims to evaluate changes in students' knowledge before and after the intervention.

The population in this study consisted of 11th and 12th-grade wstudents of SMK "A" Jakarta, The majority of class 10 students are 16 years old, most of whom have started menstruating and are entering reproductive age. The sampling technique used was probability sampling with a simple random sampling

method. The sample size was calculated using the formula for the difference between two proportions [11]. Based on the calculation results, the minimum sample required was 41 respondents. Since the hypothesis in this study used a two-tailed test, the sample size was doubled to 82 respondents. To anticipate any errors during questionnaire completion, the sample size was increased by 10%. The final minimum sample size for this study was 90 respondents.

The instruments used to support primary data collection were pretest and post-test questionnaires distributed to respondents via Google Form. Secondary data was obtained from school records on the number of students at SMK "A" in 2023. The questionnaire The questionnaire has been tested for validity and reliability.aconsisted of 15 items related to knowledge of risky sexual behavior. After completing the pretest, respondents were given a health promotion in the form of an educational video about risky sexual behavior. The video content included explanations about the adolescent phase, the definition of risky sexual behavior, the factors influencing risky sexual behavior, and its consequences. The video used in this study had a duration of 7 minutes. This study received ethical approval from the Health Research Ethics Committee (KEPK) of the Faculty of Public Health, Muhammadiyah University of Jakarta, with the approval number: **10.289.B/KEPK-FKMUMJ/XII/2023.**

## Results & Discussion

### Univariate Analysis

Univariate analysis aims to describe the frequency distribution of the variables studied. In this study, univariate analysis was used to present an overview of the respondents' characteristics related to gender, age, and grade level. It was also used to describe the respondents' knowledge about risky sexual behavior. The following are the univariate analysis results processed using statistical software:

A. Characteristics of SMK "A" Jakarta Students

The results of the study based on the characteristics of 11th and 12th-grade students at SMK "A" Jakarta (gender, age, and grade level) are as follows:

**Table 1. Characteristics of Students at SMK "A" Jakarta**

| Characteristics | n | Percentage (%) |
|---|---|---|
| Gender | | |
| Male | 60 | 66.7 |
| Female | 30 | 33.3 |
| Total | 90 | 100 |
| Age | | |
| 16 Years Old | 14 | 15.6 |
| 17 Years Old | 43 | 47.8 |
| 18 Years Old | 29 | 32.2 |
| 19 Years Old | 4 | 4.4 |
| Total | 90 | 100 |
| Grade | | |
| Grade 11 | 44 | 48.9 |

| | | |
|---|---|---|
| Grade 12 | 46 | 51.1 |
| Total | 90 | 100 |

A total of 66.7% of respondents were male, while 33.3% were female. In the age category, the majority of respondents were 17 years old (47.8%), while the fewest were 19 years old (4.4%). In terms of grade level, 48.9% were from Grade 11 and 51.1% were from Grade 12.

B. Knowledge of SMK "A" Jakarta Students

The following table shows the knowledge categories of students at SMK "A" Jakarta regarding risky sexual behavior:

**Table 2. Knowledge of Students Before and After Being Given Education on Risky Sexual Behavior Through Video Media**

| Category | Level of Knowledge | | | |
|---|---|---|---|---|
| | Pre-Test | | Post-Test | |
| | n | % | n | % |
| Good | - | - | 90 | 100 |
| Fair | 1 | 1.1 | - | - |
| Poor | 89 | 98.9 | - | - |
| Total | 90 | 100 | 90 | 100 |

Based on Table 2, before being given education, 98.9% of respondents fell into the "poor" knowledge category and only 1.1% into the "fair" category. After receiving education, all 90 respondents (100%) fell into the "good" knowledge category. Table 11 subsequently displays the percentage distribution of correct and incorrect answers for each item, as detailed below:

**Table 3. Pre-Test and Post-Test Results of SMK "A" Jakarta Students**

| Question | Pre-Test | | Post-Test | |
|---|---|---|---|---|
| | Correct (%) | Wrong (%) | Correct (%) | Wrong (%) |
| 1. The purpose of sex education | 51.1 | 48.9 | 100 | 0 |
| 2. Exclusion of the effects of risky sexual behavior | 11.1 | 88.9 | 95.6 | 4.4 |
| 3. Definition of puberty | 22.2 | 77.8 | 100 | 0 |
| 4. Types of sexually transmitted diseases | 21.1 | 78.9 | 100 | 0 |
| 5. Factors contributing to the emergence of sexual behavior in adolescents | 18.9 | 81.1 | 98.9 | 1.1 |
| 6. How to obtain information about risky sexual behavior | 22.2 | 77.8 | 100 | 0 |
| 7. Definition of sexual behavior | 10 | 90 | 100 | 0 |

| | | | | |
|---|---|---|---|---|
| 8. The main signs of male puberty | 97.8 | 2,2 | 100 | 0 |
| 9. The main signs of female puberty | 73.3 | 26.7 | 98.9 | 1.1 |
| 10. How STDs are transmitted within the body | 57.8 | 42.2 | 100 | 0 |
| 11. Risks of sexual relations outside of marriage | 21.1 | 78.9 | 100 | 0 |
| 12. Understanding pregnancy | 12.2 | 87.8 | 98.1 | 1.1 |
| 13. The impact of abortion | 18.9 | 81.1 | 100 | 0 |
| 14. Sexually transmitted diseases for which there is no cure | 7.8 | 92.2 | 96.7 | 3.3 |
| 15. How to avoid risky sexual behavior | 18.9 | 81.1 | 100 | 0 |

Based on the pretest results prior to the educational intervention, the highest percentage of incorrect answers (92.2%) was found in the item regarding highly dangerous sexually transmitted infections that currently have no cure, followed by misconceptions about the definition of sexual behavior (90%), and the inability to identify the exceptions to the consequences of risky sexual behavior (88.9%).

Meanwhile, the posttest results after the educational intervention showed that the highest percentage of correct answers (100%) was achieved in questions related to the objectives of sex education, the definition of puberty, types of sexually transmitted infections, sources of information on risky sexual behavior, the definition of sexual behavior, primary signs of puberty in males, transmission of sexually transmitted infections within the body, the consequences of abortion, and strategies to avoid risky sexual behavior. This was followed by items on factors contributing to the emergence of sexual behavior in adolescents and primary signs of puberty in females (98.9%).

**Normality Analysis**

A normality test was conducted to determine whether the data were normally distributed. The choice of statistical analysis was based on the results of this test: if the data met the assumption of normality, a Dependent t-test was applied; otherwise, the non-parametric Wilcoxon Signed-Rank Test was used. The results of the normality test for this study are presented below:

**Table 4. Normality Test Results (Kolmogorov-Smirnov)**

| Variabel | P-value | Conclusion |
|---|---|---|
| Pre-Test | 0.000 | Not Normal |
| Post-Test | 0.000 | Not Normal |

Based on Table 4, the Kolmogorov-Smirnov test result shows that the p-value for both variables is < 0.05, indicating that the data are not normally distributed. Therefore, the bivariate analysis in this study used a non-parametric test, namely the Wilcoxon test.

**Bivariate Analysis**

Bivariate analysis was conducted to determine the relationship between video media-based education and knowledge of risky sexual behavior among students of SMK "A" Jakarta. In this study, data analysis was carried out by measuring knowledge twice using pretest and post-test instruments, then tested using the Wilcoxon test with a significance level of 5%. The results of the Wilcoxon test are as follows:

**Table 5. Non-Parametric Test (Wilcoxon Test) of Knowledge on Risky Sexual Behavior Before and After Being Educated Through Video Media Among Students of SMK "A" Jakarta in 2023**

| Variabel | N | Mean | SD | Min | Max | Z-score | P-value |
|---|---|---|---|---|---|---|---|
| Pre - Test | 90 | 30.95 | 11.187 | 7 | 60 | -8.277 | 0.00 |
| Post - Test | 90 | 99.26 | 2.332 | 87 | 100 | -8.277 | 0.00 |

Based on Table 5, the results of the Wilcoxon test show that the average knowledge score on risky sexual behavior before the education was 30.95 with a standard deviation of 11.187. After the education, the average knowledge score increased to 99.26 with a standard deviation of 2.332. The Wilcoxon test resulted in a p-value of 0.00, which is less than 0.05, indicating a significant difference in students' knowledge about risky sexual behavior before and after being given education using video media.

## Discussion

**Knowledge of Risky Sexual Behavior Among Vocational High School 'A' Students in Jakarta Before and After Health Education Using Video Media**

Based on the data obtained, the results show a difference in the level of respondents' knowledge before and after health education was provided. Before the education, respondents' knowledge was mostly in the "poor" category (98.9%) and "fair" (1.1%), while after the education, all respondents (100%) were in the "good" category.

Further efforts are needed to increase adolescents' knowledge, considering that adolescence is a period when individuals are searching for identity. At this stage, adolescents often seek answers to their curiosity about themselves, their identity, and their roles in the surrounding environment. During this period, parental influence tends to decrease, and adolescents engage more in social interactions with peers. It is necessary to deliver information to adolescents through various media, including online, print, and

direct counseling. These efforts must be maintained to prevent risky sexual behavior, thus it is important for adolescents to improve their knowledge as a foundation for protecting themselves from such risks.

Based on Table 3, the lowest levels of knowledge in the pre-test were found in question number 14 (92.2%), 7 (90%), 2 (88.9%), and 12 (87.8%). Question 14 involved knowledge about highly dangerous STIs that currently have no cure. Question 7 was about the definition of sexual behavior. Question 2 was about the exception to the impacts of risky sexual behavior. Question 12 was about the understanding of how pregnancy occurs.

Most respondents answered question 14 with “genital warts (condyloma acuminata).” According to the theory, HIV/AIDS is a sexually transmitted disease that arises from unhealthy sexual practices and can be transmitted through infected blood and syringes. HIV/AIDS is one of the most dangerous diseases and currently has no cure. For question 7, most respondents associated sexual behavior with the act of intercourse between males and females. As previously discussed in the behavioral section, behavior refers to a response to external stimuli, influenced by the individual's characteristics and external factors. Sexuality in this context refers to aspects related to reproductive organs or intimate interactions between males and females [12].

It can therefore be concluded that sexual behavior refers to actions taken in response to sexual urges, including activities such as holding hands, kissing, and sexual intercourse. Risky sexual behavior in adolescents includes such responses driven by internal or external sexual urges. Most answers to question 2 were “damaging personal and family reputation,” which indicates that respondents did not fully focus on identifying the "exception" in the question [13].

In general, respondents demonstrated an understanding of the consequences of engaging in risky sexual behavior. However, for this particular question, it appeared that respondents did not fully focus on the exception aspect of the answer choices. According to findings reported by [14], the consequences of risky sexual behavior among adolescents include decreased academic motivation, bullying or ridicule by peers, pregnancy, school dropout, feelings of shame both for themselves and their parents, guilt, irritability, depression, early marriage, responsibility for child-rearing at a young age, and even the risk of contracting sexually transmitted infections (STIs). In question number 12, the majority of incorrect responses indicated that pregnancy could occur from a single instance of sexual intercourse even if the female had not yet entered puberty. Similarly, in question number 2, although respondents generally understood the biological process of pregnancy, they were misled by distractor options, which caused a substantial number of incorrect answers. The fertile period refers to the phase in a woman’s menstrual cycle when a mature egg is released and can be fertilized by sperm, typically occurring once per month in the fallopian tube.

Understanding the fertile period is important in determining female fertility, which can help married couples plan pregnancies. For adolescents, a lack of understanding of this period—especially hormonal

changes prior to it—can become problematic. Adolescent girls may face challenges during this period, including hormonal shifts and behaviors related to premarital sex, which may lead to unintended pregnancy. Such pregnancies often result in abortion and occur more frequently among adolescent couples during fertile periods.

Based on Table 3, the highest pre-test knowledge scores were found in item 8 at 97.8% (primary signs of puberty in males), item 9 at 73.3% (primary signs of puberty in females), item 10 at 57.8% (modes of transmission of sexually transmitted infections within the body), and item 1 at 51.1% (objectives of sex education). In questions 8 and 9, the majority of respondents correctly identified that primary sexual characteristics refer to physical signs directly related to the reproductive organs. Male adolescents were noted to experience nocturnal emissions (wet dreams), indicating the onset of reproductive capability. Typically, boys between the ages of 10 and 15 experience their first nocturnal emission. Wet dreams serve as the body's natural mechanism for releasing sperm, which is continuously produced and must be expelled, often leading to ejaculation. Female adolescents, on the other hand, experience menstruation (menarche), which marks the maturity of their reproductive system. Menstruation occurs when the lining of the uterus is shed through the vagina, signaling that the body has entered a reproductive phase.

Menstruation involves the shedding of the uterine lining through the vagina, continuing cyclically until menopause, which usually occurs around age 40–50. For question 10, most respondents answered that STDs are transmitted through blood. STDs result from a lack of protection or unhealthy lifestyles, and can include syphilis, gonorrhea, chlamydia, and genital herpes. HIV/AIDS, one of the most dangerous STDs, is transmitted through unprotected sex or contaminated blood and syringes and currently has no effective cure. This aligns with Marmi (2013), who stated that STD transmission does not only occur through direct sexual contact but also through blood transfusions, shared needles among drug users, non-sterile piercing or tattooing, shared razors (especially when blood is involved), and from mother to child (during pregnancy, childbirth, or breastfeeding) [(15)].

In question 1, many respondents answered that sex education provides insight into sexual health and behavior to help individuals understand how to protect themselves and resist potential abuse or harm. According to research, the purpose of sex education is to provide a proper understanding of physical, mental, and emotional development, and to reduce fear and anxiety related to sexual development. The aim is not to provoke curiosity or encourage underage sexual activity, but to prepare youth with knowledge about sexuality and its consequences in light of religion, law, social norms, psychology, and financial readiness.

Based on Table 2, there was an increase in knowledge after the education session using video media. The video used was approximately 7 minutes long, followed by a brief explanation and Q&A session. The

largest increases were observed in question 14 (from 7.8% to 96.7%) and question 7 (from 10% to 100%), with other questions also showing substantial improvement.

Based on the bivariate analysis in Table 5, the Wilcoxon Signed-Rank Test showed a significant increase in respondents' knowledge scores. The average score before the intervention was 30.95, which rose to 99.26 after the delivery of health education using video media. The p-value of 0.000 indicates a statistically significant difference in knowledge levels before and after the intervention, suggesting that video-based education had a positive impact on students' understanding of risky sexual behavior at Vocational High School "A" in Jakarta.

Further analysis of pretest and posttest responses in Table 3 revealed marked improvements in several key knowledge areas. There was a notable increase in the proportion of correct answers on items related to highly dangerous sexually transmitted infections that have no cure (from 7.8% to 96.7%), the definition of sexual behavior (from 10% to 100%), the identification of exceptions to the consequences of risky sexual behavior (from 11.1% to 95.6%), and the understanding of how pregnancy occurs (from 12.2% to 98.1%). These findings illustrate that the educational intervention using video media led to a substantial improvement in students' knowledge.

The video used in this study, titled *"Risky Sexual Behavior",* contained content covering definitions of adolescence, characteristics of adolescent development, adolescent health data, the meaning of risky sexual behavior, contributing factors, and the consequences of engaging in such behavior. The video was not taken from third-party sources nor was it entirely self-produced; rather, it was developed as a contextualized educational tool for this study. However, some challenges were encountered during implementation due to technical limitations, such as the lack of optimal equipment in the school, including unclear projectors and low-quality speakers, which may have affected the clarity of message delivery. Despite these constraints, video media proved beneficial in facilitating learning.

It not only supported and streamlined the learning process but also enhanced student engagement. Learning through media helps communicators convey information more effectively, ultimately supporting knowledge retention and encouraging positive behavior change [(17)]. Audiovisual media, in particular, function as educational tools that integrate sound and visual components to stimulate learners' cognitive processing. These media types present unique advantages over other formats, as they are designed to attract attention and aid comprehension by simultaneously engaging multiple senses. Audiovisual media can include both static and dynamic formats. Static audiovisual media incorporate sound and still images, while dynamic audiovisual media, such as the video used in this study, combine moving images with sound [(18)]. Prior studies have shown that audiovisual tools are highly effective, with average effectiveness rates between 60% and 80% [(19)]. The medium's ability to deliver educational messages in an engaging format helps bridge gaps in understanding, especially among adolescents who are visual and auditory learners.

Health education aims to empower individuals by increasing their knowledge and awareness so they can make better decisions that do not compromise their well-being [20]. Health communication serves as a channel to deliver health-related messages intended to stimulate behavioral change, either at the individual or group level, in order to improve public health outcomes [21].

The use of animated visuals and supportive audio in video media proved to be an effective way to capture the attention of students and enhance their ability to receive and retain health information. Prior to this study, no similar intervention using video media had been conducted at Vocational High School "A" in Jakarta. This novel approach therefore holds promise for future health education programs as a communicative tool that can effectively improve student knowledge and promote positive behavioral change. The results of this study are consistent with previous research. One study conducted in public junior high schools in Bengkulu City showed a significant relationship between video media and knowledge about premarital sexual behavior, with a p-value of 0.000 [22]. Another study involving students at MTs Huda Qamarul Bagu also found a significant increase in knowledge after health education using video-based methods, with a p-value of 0.001 according to the Wilcoxon test [23]. These findings affirm that audiovisual media are effective in improving the comprehension of health information among students and are suitable for use in adolescent health promotion.

## Conclusion

This study reveals that health education about risky sexual behavior through video media is effective in increasing the knowledge of students at SMK “A” Jakarta. The analysis shows that before the education, the majority of students had poor knowledge regarding risky sexual behavior. However, after the education, their knowledge significantly improved. The use of video media has proven effective and attractive in delivering information, helping students better understand the importance of preventing risky sexual behavior.

The results of the Wilcoxon test showed a significant difference in knowledge before and after the intervention, confirming that health education through video media has a positive impact. This suggests that the use of audiovisual media in education can be an effective strategy in conveying health information to adolescents. It is expected that this will contribute positively to preventing risky sexual behavior among teenagers. Therefore, it is recommended that health education using video media be considered as part of school-based programs to prevent risky sexual behavior. Such efforts can help improve students’ understanding of safe and responsible sexual behavior, providing them with the necessary knowledge to make better decisions regarding their reproductive health in the future.

## References


1. Purba HF. The Effect of Giving Caring Learning Topics to Student Caring Behavior in the Implementation of Nursing Practice in Dr.M. Haulussy Hospital. MOLUCCAS Health J [Internet]. 2022 Apr 5 [cited 2024 Feb 12];4(1). Available from: https://www.ojs.ukim.ac.id/index.php/mhj/article/view/787

2. Buaton A, Sinaga AS, Sitorus MA. Pengetahuan Remaja Dan Keterpaparan Informasi Remaja Tentang Kesehatan Reproduksi Knowledge And Exposure Information Of Adolescents About Reproductive Health. 2019;

3. Statistik IBP. Statistik pemuda Indonesia ... No Title [Internet]. [cited 2024 Feb 12]; Available from: https://cir.nii.ac.jp/crid/1130282268620746752

4. Hadi Pratomo A. Universitas Indonesia Library. Rajawali Pers; 2022 [cited 2024 Feb 12]. Kesehatan reproduksi remaja: teori & program pelayanan di indonesia. Available from: https://lib.ui.ac.id

5. Hasanah U. PENGARUH PERCERAIAN ORANGTUA BAGI PSIKOLOGIS ANAK. AGENDA J Anal Gend Dan Agama. 2020 Mar 18;2(1):18.

6. Contribution of Pornographic Exposure and Addiction to Risky Sexual Behavior in Adolescents - Wiwi Yunengsih, Agus Setiawan, 2021 [Internet]. [cited 2024 Feb 12]. Available from: https://journals.sagepub.com/doi/full/10.4081/jphr.2021.2333

7. Afritayeni A, Yanti PD, Angrainy R. Analisis Perilaku Seksual Berisiko Pada Remaja Terinfeksi Hiv Dan Aids. J Endur Kaji Ilm Probl Kesehat. 2018 Mar 19;3(1):69–81.

8. Kasim F. Dampak Perilaku Seks Berisiko terhadap Kesehatan Reproduksi dan Upaya Penanganannya (Studi tentang Perilaku Seks Berisiko pada Usia Muda di Aceh). J Studi Pemuda. 2016 Jun 22;3(1):39–48.

9. Mona S. Hubungan Pengetahuan Dan Sikap Remaja Tentang Kesehatan Reproduksi Dengan Perilaku Seksual Pranikah Siswa. J Penelit Kesmasy. 2019 Apr 20;1(2):58–65.

10. Padut RD, Nggarang BN, Eka AR. Faktor – Faktor Yang Berhubungan Dengan Perilaku Seksual Berisiko Pada Remaja Kelas Xii Di Man Manggarai Timur Tahun 2021. Wawasan Kesehat [Internet]. 2021 Jun 20 [cited 2024 Feb 12];6(1). Available from: https://stikessantupaulus.e-journal.id/JWK/article/view/116
11. Lwanga SK, Lemeshow S, Organization WH. Sample size determination in health studies : a practical manual [Internet]. World Health Organization; 1991 [cited 2024 Feb 12]. Available from: https://iris.who.int/handle/10665/40062
12. Rokhmah D. Pola Asuh Dan Pembentukan Perilaku Seksual Berisiko Terhadap Hiv/Aids Pada Waria. J Kesehat Masy. 2015 Sep 11;11(1):125–34.
13. Farida F, Taufik M. Pengetahuan, Sikap Dan Dukungan Keluarga Tentang Masa Subur Dengan Kehamilan Tidak Diinginkan Pada Calon Pengantin Remaja Wanita Di Kecamatan Pemangkat. J Kesmas Kesehat Masy Khatulistiwa. 2018 Apr 21;1(1):9–22.
14. Nadirahilah N. Pengaruh Keterpaparan Media Informasi Mengenai Kesehatan Reproduksi Terhadap Perilaku Seksual Remaja. J Persada Husada Indones. 2017 Jul 12;4(12):1–5.
15. Rahmi U, Gustini K, Puspita APW. Pengetahuan Siswa kelas XI Tentang Penyakit Menular Seksual. J Pendidik KEPERAWATAN Indones. 2015;1(2):105–15.
16. Muslich IM, Ni'mah M, Kiromi IH. Pentingnya Pengenalan Seks dalam Pencegahan Sexual Abuse Pada Anak Usia Dini. Gener Emas. 2023 Mar 20;6(1):29–38.
17. Putri NM, Marlyna H. Pelanggaran Jabatan Dan Perbuatan Melawan Hukum Yang Dilakukan Oleh Notaris Dalam Menjalankan Kewenangannya. Acta Diurnal J Ilmu Huk Kenotariatan. 2021 Dec 31;5(1):63–77.
18. Aprilia AP, Cahyaningrum A, Amilia F, Fadlillah A. Penerapan Metode Audio Visual dan Imajiner Dalam Proses Pembelajaran anak pengidap Attentions Deficit Hyperactivity Disorder (ADHD), Slow Learner, Oppositional defiant disorder (ODD) di SDN Sumberwuluh 3. ABDI Indones. 2023 Aug 2;3(1):1–23.
19. Urgensi Penggunaan Media Audiovisual Dalam Meningkatkan Motivasi Pembelajaran Daring Di Sekolah Dasar | INSANIA : Jurnal Pemikiran Alternatif Kependidikan. 2020 Nov 27 [cited 2024 Feb 12]; Available from: https://ejournal.uinsaizu.ac.id/index.php/insania/article/view/4221
20. Latifah U, Handayani DS, Elba F, Susanti AI, Martini N. The Effect of Health Education Through Video on Girls Knowledge with Visual and Hearing Impairments About Sexually Transmitted Infections. Indones J Disabil Stud. 2021;8(1):85–94.
21. Endrawati E. Penerapan Komunikasi Kesehatan Untuk Pencegahan Penyakit Leptospirosispada Masyarakat Desa Sumberagung, Kecamatan Moyudan, Sleman, Yogyakarta. J Komun. 2015;7(1):1–25.
22. ASNITA TI, Heryati K, Nugraheni DE, Yuniarti Y, Yaniarti S. Pengaruh Pendidikan Kesehatan

Melalui Media Video Animasi terhadap Pengetahuan dan Sikap Remaja tentang Seks Pranikah di SMP Negeri 14 Kota Bengkulu Tahun 2021 [Internet] [other]. Poltekkes Kemenkes Bengkulu; 2021 [cited 2024 Feb 12]. Available from: https://repository.poltekkesbengkulu.ac.id/529/

23. Wirastri D. Pengaruh Edukasi Dengan Media Audio Visual Terhadap Pengetahuan Kesehatan Reproduksi Remaja Siswa Mts. Qamarul Huda Bagu: J Transform Mandalika. 2023 Aug 15;4(8):434–43.