

# The Effect Of Reproductive Health Education Contextual Learning Methods In The Use Of Gadgets On Risky Sexual Behavior In Adolescent Girls In High School Medan Family Education Foundation In 2022

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## ABSTRACT

The increase in the use of gadgets causes various changes in behavior and attitudes among adolescents. Teenagers are highly susceptible to certain applications on gadgets that eventually lead to risky sexual behaviours. Gadget abuse can have a detrimental impact on the quality of adolescents' lives, so it needs to be addressed. Therefore, there is a need for education in the use of gadgets to prevent risky sexual behaviours in adolescents. The research objective is to determine the effect of contextual reproductive health education methods on the use of gadgets in reducing risky sexual behaviours among adolescent girls. This research follows a pre-experimental design with a one-group pre-post-test approach and was conducted at the Medan Family Education Foundation High School from April 10 to May 5, 2023. The population of this study consisted of 164 individuals, with a sample of 40 participants selected using purposive sampling. Data analysis was performed using univariate and bivariate paired t-tests. The results of this study show that contextual reproductive health education methods in the use of gadgets have an influence on risky sexual behaviours among adolescent girls, covering three domains: knowledge (pre-test with a mean of 4.2750 and post-test with a mean of 6.8750, resulting in an increase difference of 2.6 with a p-value of 0.000), attitude (pre-test with a mean of 22.4500 and post-test with a mean of 31.3500, resulting in an increase difference of 8.9 with a p-value of 0.000), and action (pre-test with a mean of 26.2250 and post-test with a mean of 22.2750, resulting in a difference of 3.95 with a p-value of 0.000) Reproductive health education provided to adolescents through contextual learning methods can improve risky sexual behavior from the impact of sexual content.

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## 1. INTRODUCTION

Adolescence is a transition period from childhood to adulthood which is marked by physical, psychological, moral, religious, cognitive and social changes with rapid changes including sexual changes. In this phase, adolescent behavior has shown a very worrying problem because sexual maturity may lead to an urge to fulfill the need for sexual satisfaction outside of marriage [1].

Sexual behavior will arise in teenagers to get pleasure from sexual organs in various ways through holding hands, kissing, hugging and having sexual relations. This makes it easier for teenagers to fall into promiscuity and unwanted pregnancies [2]

Problems that occur during adolescence related to pornographic media are a variant of adolescent sexual behavior, one of which is electronic media. Access to pornographic content can have a serious negative impact on teenagers' sexual behavior [3]. So far, the problems that occur are closely related to reproductive health, namely emotional disorders, behavioral development disorders that lead to dangerous behavior and big risks [4]

*The Effect Of Reproductive Health Education Contextual Learning Methods In The Use Of Gadgets On Risky Sexual Behavior In Adolescent Girls In High School Medan Family Education Foundation In 2022. Purnama Handayani, et.al*

The main cause of increasing sexual activity in school-age children is dating. With the belief that sexual relations during dating is normal, teenagers tend to have premarital sexual relations. Premarital sex triggers teenage pregnancy [5]. The occurrence of unwanted pregnancies in teenagers is also due to low knowledge of reproductive health, permissive attitudes in relationships, easy access to content containing pornography, the influence of close friends in relationships and parenting patterns of parents [6]. Sexual acts in today's teenagers are greatly supported by the progress and development of information technology which is obtained easily and cheaply from the internet. At this time, teenagers' behavior cannot be selective in receiving information from the mass media so that whatever exposure they get will directly influence teenagers because this information cannot yet be used as a guide for healthy and responsible sexual behavior [7].

The increase in teenagers' use and ease of access to sexual media will have an impact on the important role that parents and teachers should play in controlling their children or students. Uncontrolled prevention of risky sexual behavior among adolescents will result in unwanted pregnancies and sexually transmitted diseases [8]. The rapid flow of information and wide social interactions have a significant influence on teenagers and their health [9].

The prevalence of cases related to sexual behavior in adolescents is quite high. The World Health Organization in 2016 stated that in developing countries around 12 million adolescent girls aged 15-19 years, every year someone experiences pregnancy and almost half of these pregnancies (49%) are unwanted pregnancies (World Health Organization, 2016). Data from the Indonesian Demographic and Health Survey (SDKI) in 2017 has shown that around 4% of teenagers have had sexual relations (Central Statistics Agency, 2017). In 2020, from 75 schools in Indonesia with a total of 11,110 students, 5.3% of students reported having had sexual relations (6.9% of men and 3.8% of women). Of the students who had sexual relations, 72.7% of boys and 90.3% of girls had early sexual relations [10].

Teenagers in Indonesia have been proven to start having sex at a young age. Based on the results of a 2013 survey of risky sexual behavior among teenagers from the Indonesian National Commission for Child Protection (KPAI) in 33 provinces, it was stated that 22.6% of teenagers had had sex and 62.7% of high school (SMA) teenagers were not virgins. KPAI, in collaboration with the Child Protection Agency, in 2016 found that 97% of teenagers had watched pornography, 93.7% admitted that they were no longer virgins and 21.26% had had an abortion [11].

Based on the KKBPK Program Performance and Accountability Survey (SKAP) conducted by the BKKBN in 2018, it was stated that of the 9,781 female teenagers in Indonesia, 70% were involved in sexual behavior. This behavior is carried out by teenagers when dating, such as holding hands (76%), then hugging (33%), kissing on the lips (14%), and touching or stimulating (4%) (BKKBN, 2018). Data from the Medan City Health Service in 2016 shows that of the 123 adolescent problems served by community health centers, one of them was 59.3% unwanted pregnancies, 4.1% abortions and 26% problems with sexually transmitted infections. In 2015, 40 percent of teenagers in the city of Medan had had sex before marriage.

An increase in the use of gadgets can cause various changes that occur among teenagers, including changes in behavior and attitudes in using gadgets [12]. Using gadgets beyond the recommended time limit will have a huge impact, including health risks [13]. The dangers of misuse of gadgets can have an impact on damaging the quality of teenagers, so it really needs to be directed at the younger generation. At senior high school age, they are very vulnerable to applications seen on gadgets which ultimately lead to promiscuity [14].

The impact of adolescent sexual behavior is closely related to reproductive health, namely psychological consequences such as feeling in a cornered position, experiencing dilemmas, depression, and pessimism about the future which cannot be lived properly from healthy conditions physically, socially and mentally related to systems, functions, and reproductive processes (Martina et al., 2021). An even greater impact will increase the risk of sexually transmitted diseases (STDs), teenagers not being virgins, the possibility of losing opportunities to continue their education and work opportunities [15].

In adolescence there is a transition period which can result in shock within them [16]. Lack of supervision from parents and the influence of people around them is one of the causes of teenagers turning to using gadgets [17]. This condition makes teenagers vulnerable to risky behavioral problems, such as having sex before marriage which can carry the risk of sexually transmitted infections (STIs), Human Immunodeficiency Virus and Acquired Immune Deficiency Virus Syndrome (HIV/AIDS) [18] Adolescents' knowledge about reproductive health is still very low, both in terms of information and counseling. Access to correct information about reproductive health is very limited, both from parents, schools and the mass media [19] The lack of knowledge about sex combined with the ease of accessing pornography will actually encourage teenagers to try new experiences, resulting in an increase in early marriage and deviant sexual behavior [20].

Adolescents' understanding of reproductive health provides adolescents with healthy and responsible behavior, but not all adolescents receive sufficient and correct information about reproductive health. This limited knowledge and understanding can lead teenagers towards risky behavior[21]. Teenagers can search for information about sex and reproduction through technology which is very popular with teenagers, resulting in teenagers engaging in sexual behavior because misuse of gadgets can stimulate sexual arousal [22]. The Medan City Health Service has attempted to provide technical guidance and promotional supervision by empowering the community in the form of health information and education, control and prevention of infectious diseases but this has not been achieved because this program is not fully captured in the community, especially teenagers so that they can develop their reproductive organs maturely, free from defects and other sexually transmitted diseases [23] Parental supervision efforts are less than optimal because most parents always obey their children's wishes. Parents are more busy working than controlling their children, while the school only implements learning. On the one hand, adolescent reproductive health education in schools is one of the health efforts aimed at improving the health status of adolescents [24].

The behavioristic approach is an approach that can be applied to teenagers because at this time teenagers tend to like to imitate. So this approach can correct student behavior [25]. Changes in behavior can occur when there is encouragement from someone to fulfill a need. Development is a task during adolescence accompanied by the development of intellectual abilities, stress and new expectations, making adolescents vulnerable to disorders, both in the form of mental disorders and behavioral disorders [26].

The contextual learning method is a learning model that provides facilities for student learning activities to search for, manage and find learning experiences that are more concrete and relate to students' real lives with the advantage of being a more meaningful and real approach. This means that students are required to be able to grasp the meaning of the relationship between experiences and the material provided at school and relate it to real life. This aims to make students better able to strengthen concepts and understanding. A student is required to discover his own knowledge so that students are able to connect and apply everyday life to change each other [27]

Based on an initial survey conducted at the Medan Family Education Foundation High School through interviews with 3 teachers and 8 female students, it is known that almost all young women use gadgets, always open content and applications, some have also downloaded tan-tan applications. in the matchmaking event. Students have never received information about the negative impact of using gadgets on reproductive health. The community health center program is also not active in providing reproductive health education to adolescents. In fact, this teenager understands the dangers of using gadgets, but doesn't care about the threat to the continuation of teenagers' lives. They think this is a normal thing, doesn't need to be discussed and believes it couldn't possibly happen to them. Through interviews and analysis, researchers are interested in conducting research on problems in schools.2

## 2. METHOD

This research uses a pre-experimental research method with a one-group pre-post test design approach. The population in this study were female students in class X at the Medan Family Education Foundation High School based on data from 164 students. The sample in this study was 36

*The Effect Of Reproductive Health Education Contextual Learning Methods In The Use Of Gadgets On Risky Sexual Behavior In Adolescent Girls In High School Medan Family Education Foundation In 2022. Purnama Handayani,et.al*

respondents. The data collection method is data directly from the Medan Family Education Foundation high school education management. Secondary data in this research is data related to reproductive health in adolescent girls. The data analysis used in this research is univariate analysis and bivariate analysis.

### 3. RESULTS AND DISCUSSION

#### Univariate Analysis

##### Demographic Characteristics

Demographic characteristics are seen based on the age of the adolescent girl, father's and mother's occupation, and father's and mother's education. From the results of the data processing carried out, the research results can be seen as follows:

**Table 1.** Demographic characteristics by age group of adolescent girls, father's and mother's occupation and education of the father's and mother's of adolescent girls.

Characteristics		Frequency	Percentage
Adolescent Age	17 years	24	60%
	18 years	15	37,5%
	19 years old	1	2,5%
	<b>Total</b>	<b>40</b>	<b>100</b>
			<b>%</b>
Father's occupation	Self-employed	32	80%
	Instructor	2	5%
	State officials	1	2,5%
	Doesn't work	5	12,5%
	<b>Total</b>	<b>40</b>	<b>100%</b>
Mother's Job	Self-employed	9	22,5%
	Instructor	1	2,5%
	Health workers	2	5%
	State officials	1	2,5%
	Doesn't work	27	67,5%
	<b>Total</b>	<b>40</b>	<b>100</b>
			<b>%</b>
Father's Education	basic education	20	50%
	Middle education	14	35%
	higher education	6	15%
	<b>Total</b>	<b>40</b>	<b>100%</b>
Mother's Education	No education	1	2,5%
	basic education	16	40%
	Middle education	16	40%
	higher education	7	17,5%
	<b>Total</b>	<b>40</b>	<b>100%</b>

In this study, the demographic characteristics according to the age of young women were 24 respondents aged 17 years (60%), 15 respondents aged 18 years (37.5%) and 1 respondent aged 19 years (2.5%). Demographic characteristics based on the father's occupation, the majority are self-employed, 32 respondents (80%). Demographic characteristics based on occupation of the majority of mothers do not work as many as 27 respondents (67.5%). Demographic characteristics based on father's education, the majority had primary education, 20 respondents (50%). Demographic characteristics based on maternal education, the majority were primary education, 16 respondents (40%) and secondary education, 16 respondents (40%).

### Respondent Specific Data

After testing the data, it was discovered that the data was normally distributed, so analyzing the data used a parametric test, namely the paired t-test statistical analysis test to determine the effect of reproductive health education using the contextual learning method in using gadgets on risky sexual behavior in young women at the Medan Family Education Foundation High School.

**Table 2** Characteristics of the average value of the variable knowledge of young women about the impact of using gadgets when accessing sexual content before and after being given reproductive health education using the contextual learning method.

Variable	Before intervention		After intervention		Difference Mean
	Mean	St. Deviasi	Mean	St. Deviasi	
Knowledge	4.2750	1.48475	6.8750	1.50533	2.6

Based on Table 2, it shows that the knowledge of young women before being given reproductive health education interventions using the contextual learning method in using gadgets has a mean of 4.2750 with a standard deviation of 1.48475, while the knowledge of young women after being given reproductive health education interventions using the contextual learning method in using gadgets has a mean of 6.8750 with a standard deviation of 1.50533, there is a difference between the mean before and after being given reproductive health education intervention using the contextual learning method in using gadgets with an increase in value of 2.6.

**Table 3** Characteristics of the average value of the variable attitude of young women towards the impact of using gadgets to access sexual content before and after being given reproductive health education contextual learning method

Variable	Before intervention		After intervention		Difference Mean
	Mean	St. Deviasi	Mean	St. Deviasi	
Attitude	22.4500	5.83952	31.3500	6.40733	8.9

Based on Table 3, it shows that the attitudes of young women before being given reproductive health education interventions using the contextual learning method in using gadgets had a mean of 22.4500 with a standard deviation of 5.83952, while the attitudes of young women after being given reproductive health education interventions using the contextual learning method in using gadgets had a mean of 31.3500 with a standard deviation. 6.40733 there is a difference between the mean before and after being given reproductive health education interventions using the contextual learning method in the use of gadgets with an increase in the mean value of 8.9.

**Table 4** Characteristics of the average value of the action variable for young women in using gadgets when accessing sexual content before and after being given reproductive health education contextual learning method

Variable	Before intervention		After intervention		Difference Mean
	Mean	St. Deviasi	Mean	St. Deviasi	
Action	26.2250	7.69778	22.2750	5.27202	3.95

Based on Table 4, it shows that the actions of young women before being given reproductive health education interventions using the contextual learning method in using gadgets had a mean of 26.2250 with a standard deviation of 7.69778, while the actions of young women after being given reproductive health education interventions using the contextual learning method in using gadgets had a mean of 22.2750 with a standard deviation. 5.27202 there is a difference between the mean before and after being given reproductive health education interventions using the contextual learning method in the use of gadgets with a decrease in the mean value of 3.95.

**Table 5** Frequency distribution of adolescent girls' actions in using gadgets when accessing sexual content before and after being given reproductive health education using the contextual learning method

Category	Before intervention		After intervention	
	Frequency	Percentage	Frequency	Percentage
Always	9	22.5%	2	5%
Often	10	25%	1	2.5%

Category	Before intervention		After intervention	
Seldom	19	47.5%	34	85%
Never	2	5%	3	7.5%
<b>Total</b>	<b>40</b>	<b>100%</b>	<b>40</b>	<b>100%</b>

Based on Table 5. shows that the actions of adolescent girls before and after being given reproductive health education interventions using the contextual learning method in using gadgets with the average frequency of adolescents accessing sexual content from always (every day) was 9 respondents (22.5%) to 2 respondents (5%), often (2 times in 1 week) as many as 10 respondents (25%) to 1 respondent (2.5%), rarely (1-2 times in 1 month) as many as 19 respondents (5%) to 34 respondents (85%) and never as many as 2 respondents (5%) became 3 respondents (7.5%).

### Bivariate Analysis

From the results of the bivariate analysis of the influence of reproductive health education using the contextual learning method in the use of gadgets on risky sexual behavior among young women, which includes three domains, namely knowledge, attitudes and actions before and after being given reproductive health education, it can be seen in the following table:

**Table 6** Results of analysis of the influence of reproductive health education using the contextual learning method in the use of gadgets on risky sexual behavior in adolescent girls covering three domains, namely knowledge, attitudes and actions of adolescent girls before and after.

Variable	Observasi	Mean	SD	Difference Mean	P-Value
Knowledge	Pretest	4.2750	1.4847	2.6	0.000
	Posttest	6.8750	1.5053		
Attitude	Pretest	22.4500	5.8395	8.9	
	Posttest	31.3500	6.4073		
Action	Pretest	26.2250	7.6977	3.95	
	Posttest	22.2750	5.2720		

Based on Table 6, it shows that there is an influence of reproductive health education using the contextual learning method in using gadgets on risky sexual behavior among young women, including three domains, namely knowledge of young women about the impact of using gadgets when accessing sexual content with a p-value of  $0.000 < 0.005$  with a mean difference value. 2.6, the attitude of young women towards the impact of using gadgets when accessing sexual content with a p-value of  $0.000 < 0.005$  with a mean difference value of 8.9 and the actions of young women in using gadgets when accessing sexual content with a p-value of  $0.000 < 0.005$  with a difference value mean 3.95.

### Discussion

#### Reproductive health education using contextual learning methods in using gadgets

The reproductive health education provided to young women in this study used the contextual learning method. This method applies seven main components to classroom learning. The first component is constructivism which is useful as a process that can build or compile new knowledge. Second, inquiry, namely discovery through a systematic thinking process, not just remembering a set of facts, but the results of the findings themselves. Third, the learning community (questioning) with this strategy encourages young female students to be more active in asking questions. Fourth, learning community whose function is to implement study or discussion groups. Fifth, modeling so that you can demonstrate something as an example so that students have the abilities and skills. Sixth, reflection, namely deposition, students can reflect and then let it go freely so they can interpret their own experiences and conclude their learning experiences. Seventh, real assessment (authentic assessment) where the emphasis of what should be assessed is based on its abilities.

The contextual learning method used in this research supports the provision of interventions, can help respondents receive and understand reproductive health education material. The hope is that respondents will be able to relate it to real life situations, so that students can apply it to the lives of young women. Where teenagers can correct behavior that should not be carried out nowadays with the existence of very sophisticated technology and if not used properly can have negative impacts. From this research, the hope for respondents is that it is a way to prevent young women from facing risky sexual behavior.

*The Effect Of Reproductive Health Education Contextual Learning Methods In The Use Of Gadgets On Risky Sexual Behavior In Adolescent Girls In High School Medan Family Education Foundation In 2022. Purnama Handayani, et.al*

The contextual learning method that has been presented in this research involves several components, assisted by leaflet media created by researchers, then expertly tested by 2 examiners and declared suitable as intervention material. The implementation of this research was accompanied by a teacher in class which could later be applied to students. After being given the questionnaire, the researcher hopes that the respondent will be able to prepare several questions so that they support the intervention that will be given.

Based on this description, it can be concluded that when providing reproductive health education interventions to adolescents, the material contains clear and correct sexual information to prevent risky sexual behavior. After being given the intervention, researchers have hope for respondents in the midst of passionate curiosity from not knowing to knowing about reproductive health education so that teenagers stay away from sexual content on their gadgets because the phenomenon that is currently occurring among teenagers is a continuation of so many conveniences received when accessing sexual content on social media via gadgets obtained at an immature age without being provided with proper rules for their use.

### **Risky sexual behavior in young women based on three domains, namely knowledge, attitudes and actions.**

#### **a. Knowledge of young women about the impact of using gadgets to access sexual content before and after being given reproductive health education using the contextual learning method.**

Based on the results of data analysis carried out using the t test, it can be seen that ( $p$ -value  $0.000 < 0.005$ ) and the mean difference value is 2.6, there is an increase in knowledge before being given reproductive health education and after being given reproductive health education. This shows that there is a difference between before and after being given the reproductive health education intervention with a mean value of 4.2750 to 6.8750.

After being given the intervention, there was an increase in respondents with the number of 22 respondents, and those who remained with this knowledge with a number of 15 respondents. In this way, respondents become more aware of sexual correctness and thus avoid exposing sexual content. Providing appropriate information about reproductive health will make teenagers have a high curiosity because at this time it is really important to pay attention, be accompanied and supervised in using gadgets by directing teenagers to access positive content. The sophistication of information media on social media in gadget applications, especially sexual content, is easily accessible to young women. As a result, teenagers are always balanced by a great curiosity to open social media, especially sexual content, even though initially it was only because of exposure.

Based on this description, it can be concluded that when teenagers browse social media, sexual content will appear on their gadgets with pornography. The education that has been provided can influence the use of gadgets in accessing sexual content, so that the higher the knowledge of reproductive health that teenagers have, the lower their sexual behavior tends to be risky, conversely the lower the reproductive health knowledge that teenagers have, the higher their sexual behavior is that their sexual behavior tends to be risky. So that provision of knowledge related to reproductive health can be given to teenagers as early as possible with the aim that teenagers have complete and accurate knowledge about this matter so that in the future they will not be misguided in making decisions.

#### **b. Attitudes of young women towards the impact of using gadgets to access sexual content before and after being given reproductive health education using the contextual learning method.**

Based on the results of data analysis carried out using the t test, it can be seen that ( $p$ -value  $0.000 < 0.005$ ) and the mean difference value is 8.9, there is an increase in young women's attitudes towards the impact of using gadgets to access sexual content before and after being given the intervention with a mean value of 22.4500 to 31.3500. This shows that there is a difference in the mean value between before and after being given the reproductive health education intervention, after being given the intervention there was an increase in attitudes with a total of 29 respondents and those who remained at that attitude with a total of 11 respondents who were exposed to sexual content could change risky sexual behavior.

Attitude is closely related to behavior, in this research attitude is a perception, view, belief, feeling and tendency of respondents to act on aspects that cannot be seen through action, but become a predisposition to behave. Not accessing sexual content does not necessarily mean that you do not have an attitude that supports risky sexual behavior in the future, as well as prevention provided through reproductive health education interventions to change unfavorable attitudes into better attitudes in accessing sexual content.

Sexual content is one of the first steps in causing risky sexual behavior. Misunderstandings about sexuality in teenagers cause teenagers to try doing things related to sexual matters, without realizing the dangers that arise from their actions. When sexual behavior begins to emerge, that is when teenagers are afraid to express their problems, so there is a need for reproductive health education from the start of adolescence to prevent risky sexual behavior.

Based on this description, it can be concluded that respondents who have been given intervention can change teenagers' attitudes towards sexual content amidst their passionate curiosity. A good change in attitude will be influenced by the right source of information so that it can make teenagers take an attitude in accordance with the information that has been given.

### **c. Actions of young women in using gadgets to access sexual content before and after being given reproductive health education using the contextual learning method.**

Based on the results of data analysis carried out using the t test, it can be seen that ( $p\text{-value } 0.000 < 0.005$ ) and the mean difference value is 3.95, there is a decrease in actions before and after with a mean value of 26.2250 to 22.2750. This shows that there is a difference between before and after being given the intervention in the form of reproductive health education, where after being given the intervention there was a decrease in action with the number of 12 respondents and those remaining in the action with the number of 26 respondents.

The actions of young women in this research are closely related to the knowledge gained from electronic media so that it is easily accessible by showing sexual content, and the attitude of teenagers to correct assumptions that are less good than what teenagers should be able to do. The actions taken by respondents in this study are ways for young women to avoid actions that lead to risky sexual behavior.

As is the characteristic of teenagers who tend to imitate and try new things, accessing information should not lead teenagers to sexual acts. Women will be sexually active because they allow themselves to be pushed by men, through this method to get a girlfriend and fulfill curiosity about sex, as well as sexual desires that are not related to concern for maintaining reproductive health from risky sexual behavior.

Based on this description, it can be concluded that the use of gadgets to view sexual content is a factor that causes young women to engage in risky sexual acts. Exposure to sexual content from gadgets is very large and not easy to avoid, so it makes it easier to access the gadget applications contained in it, including exposure to bad content.

## **4. CONCLUSION**

The conclusion of this research is that through reproductive health education, contextual learning methods in the use of gadgets influence risky sexual behavior which includes three domains as follows: There is an increase in young women's knowledge about the impact of using gadgets to access sexual content before and after being given reproductive health education using the contextual learning method, the majority is in the medium category, with a mean value of 4.2750, while after being given reproductive health education the majority is in the high category with a mean value of 6.8750, so there is an increase difference 2.6. There is an increase in attitudes towards the impact of using gadgets to access sexual content before and after being given reproductive health education using the contextual learning method. The majority is in the low and medium categories with a mean value of 22.4500, while after being given reproductive health education the majority is in the high category with a mean value of 31.3500, so there is a difference. upgrade 8.9. There is a decrease in the use of gadgets to access sexual content before and after being given reproductive health education using the contextual learning method, the majority is in the medium category with a mean value of

*The Effect Of Reproductive Health Education Contextual Learning Methods In The Use Of Gadgets On Risky Sexual Behavior In Adolescent Girls In High School Medan Family Education Foundation In 2022. Purnama Handayani, et.al*



26.2250, while after being given reproductive health education the majority is in the low and medium category with a mean value of 22.2750, so there is a difference in decrease. 3.95 and p-value 0.00..

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