

# AWARENESS OF RISKY SOCIAL INTERACTIONS AND SEXUALLY TRANSMITTED INFECTIONS: PROTECT YOURSELF, PROTECT YOUR FUTURE

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## Abstract

**Background:** Adolescents are a vulnerable group in the context of social development, particularly regarding risky behaviors such as premarital sex, substance abuse, and exposure to sexually transmitted infections (STIs). According to recent national data, approximately 30% of STI cases in Indonesia occur among individuals aged 15–24, most of whom are unmarried. The lack of adequate knowledge, parental supervision, and values-based education contributes significantly to adolescents' susceptibility to these risks. Therefore, early and structured sexual health education is essential to equip adolescents with the awareness and knowledge necessary to protect themselves. **Method:** This community service program was conducted at SMPN 10 Banjarmasin, targeting 38 seventh-grade students. The intervention involved a health education session on the dangers of risky social interactions and STIs. Educational methods included interactive lectures, group discussions, and the distribution of informative leaflets. Students' knowledge was assessed using pre- and post-tests to evaluate the effectiveness of the intervention. **Results:** The average pre-test score was 77.37%, which significantly increased to 94.74% in the post-test—reflecting a 17.37 percentage point improvement. All students met the passing threshold ( $\geq 60\%$ ) after the session. Additionally, the number of students achieving a perfect score of 100% rose from 4 to 17, indicating strong comprehension and retention of the material. **Discussion:** The results confirm that interactive, age-appropriate health education effectively enhances adolescent knowledge and awareness. The use of participatory methods promoted student engagement and facilitated meaningful learning. This program reinforces the value of early school-based interventions in preventing risky behaviors and promoting adolescent reproductive health.

**Keywords:** Adolescents, Health Education, Risky Socials Interaction, School-Based Intervention, Sexually Transmitted Infections

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## Background

Adolescence is a critical phase in human development characterized by rapid physical, emotional, and cognitive changes. It is during this time that individuals undergo identity formation, seek independence, and often face significant external influences. One of the most concerning challenges in this stage is the vulnerability to risky behaviors, particularly in the context of peer interactions and social environments. Among these, risky sexual behavior—commonly referred to as "free sex" in the Indonesian context—has emerged as a pressing issue, with significant implications for adolescent health and well-being (Kementerian Kesehatan Republik Indonesia, 2023).

Risky social interactions among adolescents frequently stem from a lack of adequate knowledge regarding reproductive health, insufficient parental supervision, and the pervasive influence of unfiltered digital content. These factors collectively contribute to an increase in deviant behaviors such as premarital sexual activity, substance abuse, and exposure to sexually transmitted infections (STIs), including HIV/AIDS, syphilis, gonorrhea, and chlamydia. According to the Indonesian Ministry of Health, approximately 30% of individuals diagnosed with STIs are within the 15–24 age group, a statistic that underscores the urgent need for early and comprehensive sexual education (Kementerian Kesehatan Republik Indonesia, 2023).

The World Health Organization (2022) emphasizes that STIs are not only a major public health concern due to their physical consequences—such as infertility, pregnancy complications, and increased HIV susceptibility—but also due to the psychological and social stigma associated with them. Adolescents who contract STIs may face isolation, discrimination, and diminished mental health, particularly when they lack access to appropriate medical care and social support.

In the Indonesian context, cultural taboos surrounding discussions of sexuality often hinder the dissemination of accurate and age-appropriate reproductive health information. This information gap leaves many young people ill-equipped to make informed decisions regarding their personal safety and health. A study by Lestari (2021) found that social media plays a significant role in shaping adolescent sexual behavior, often exposing youth to explicit content that normalizes unhealthy relationships and unsafe practices.

The family environment also plays a crucial role. Poor communication between parents and children, absence of value-based education at home, and limited engagement in adolescents' social activities can create a vacuum that is quickly filled by misleading external influences. Consequently, adolescents may turn to peers or online sources for guidance, which may not always provide accurate or positive messages (Anwar et al., 2020).

Recognizing these challenges, community-based education becomes a vital strategy in promoting healthy adolescent development. Structured health promotion activities that incorporate culturally sensitive materials and interactive learning methods can empower adolescents to protect themselves against high-risk behaviors. School-based interventions, in particular, provide an effective platform for reaching large numbers of adolescents in a familiar environment where they feel safe and supported.

In light of these concerns, a community service program titled *"Awareness of Risky Social Interactions and Sexually Transmitted Infections: Protect Yourself, Protect Your Future"* was conducted at SMPN 10 Banjarmasin, Indonesia. The primary aim of this program was to raise awareness among junior high school students

regarding the dangers of free sex and sexually transmitted diseases, while simultaneously equipping them with knowledge and decision-making skills essential for maintaining a healthy and responsible lifestyle.

Preliminary discussions with the school principal and class advisors revealed a substantial knowledge gap among students about risky behavior and STIs. This finding prompted the development of an educational intervention that included lectures, question-and-answer sessions, distribution of educational leaflets, and evaluation through pre-test and post-test assessments. The use of interactive methods was intended to encourage participation and enhance the learning experience.

Through this initiative, it was hoped that students would not only gain essential information about reproductive health but also build the confidence and moral grounding necessary to resist negative peer pressure. Moreover, the program sought to foster collaboration between schools, families, and communities in creating a protective and nurturing environment for adolescents.

In essence, the project serves as a call to action for stakeholders across various sectors—education, health, family, and community—to actively participate in shaping a generation that is well-informed, morally grounded, and resilient in the face of societal challenges. Ensuring that adolescents are equipped with the right knowledge and values is not merely a preventive measure against disease and social deviance, but a long-term investment in a healthier and more productive future.

## Method

This community service activity was carried out using an educational intervention model that aimed to enhance adolescents' awareness of risky social behavior and sexually transmitted infections (STIs). The program took place on Saturday, May 10, 2025, at SMPN 10 Banjarmasin, targeting students aged 12–15 years in the seventh grade, a critical age group in early adolescence that is vulnerable to environmental influences. The intervention method involved several stages: opening, pre-test, educational presentation,

interactive discussion, leaflet distribution, post-test, and closing. Prior to the session, the team coordinated with the school management and conducted an informal needs assessment to tailor the materials to the students' level of understanding.

The activity began with an introduction by the facilitator, followed by a pre-test that assessed students' initial knowledge of the topics. The core of the program consisted of a 25-minute educational presentation supported by visual media through an LCD projector and printed leaflets. The material delivered covered seven main topics. First, students were introduced to the definition and characteristics of risky social behaviors, commonly referred to as "free association," including premarital sexual activity, substance use, late-night outings, and disobedience to social norms. Second, the facilitator explained the causes of such behavior, such as lack of reproductive health knowledge, weak family communication, peer pressure, and unfiltered exposure to harmful media content. Third, the presentation addressed the negative impacts of these behaviors on physical health, psychological well-being, academic achievement, and future prospects.

The fourth part of the session focused on sexually transmitted infections (STIs), detailing common types such as chlamydia, gonorrhea, syphilis, HIV/AIDS, and genital herpes. Fifth, students were taught about the modes of transmission and early symptoms of these diseases, emphasizing that many symptoms go unnoticed and are therefore often left untreated. Sixth, various preventive strategies were introduced, including maintaining healthy friendships, practicing self-control, proper hygiene, responsible use of social media, and seeking support from trusted adults or health professionals. Finally, the session concluded with a motivational discussion about the role of adolescents in creating and sustaining a

healthy social environment, encouraging them to be positive role models for their peers.

After the presentation, students were given the opportunity to ask questions and engage in discussion with the facilitator, enhancing their critical thinking and personal connection to the topics. Leaflets summarizing the key points were then distributed as take-home educational materials. A post-test was administered to assess the increase in knowledge, which showed a significant improvement in student understanding. The session concluded with a brief review of the material, distribution of small tokens of appreciation, and a group photo. This structured yet engaging method proved effective in increasing awareness and equipping adolescents with the knowledge and values necessary to protect themselves from risky behaviors and STIs.

### Results and Discussion

The community service activity titled "Awareness of Risky Social Interactions and Sexually Transmitted Infections: Protect Yourself, Protect Your Future" was successfully conducted on May 10, 2025, at SMPN 10 Banjarmasin. A total of 38 seventh-grade students participated in the educational session, most of whom had limited prior knowledge regarding risky behaviors and sexually transmitted infections (STIs). To measure the impact of the intervention, a pre-test and post-test design was used to assess knowledge improvement.

Prior to the intervention, students completed a pre-test to establish their baseline understanding. The average pre-test score was 77.37%, with scores ranging from 40% to 100%. After the educational session—which included a structured presentation, interactive discussion, and distribution of informative leaflets—students completed a post-test, where the average score increased to 94.74%, with the lowest post-test score being 80% and the

Table 1. Comparison of Students' Knowledge Scores Before and After the Educational Intervention (n = 38)

Test Type	Average Score (%)	Minimum Score (%)	Maximum Score (%)	Pass Rate (≥60%)
Pre-Test	77.37	40	100	100%
Post-Test	94.74	80	100	100%
<b>Improvement</b>	<b>+17.37</b>	-	-	-

Table 2. Distribution of Student Scores by Category (n=38)

Score Category (%)	Pre-Test (n)	Pre-Test (%)	Post-Test (n)	Post-Test (%)
<60 (Did not pass)	1	2.63%	0	0%
≥60 (Passed)	37	97.37%	38	100%

highest remaining at 100%. This reflects a mean improvement of 17.37 percentage points, confirming that the intervention significantly enhanced student knowledge (Table 1).

A breakdown of score categories revealed that while one student initially scored below the passing grade (<60%) in the pre-test, all 38 students met or exceeded the minimum score in the post-test. This shift indicates that the educational session successfully addressed gaps in student knowledge and ensured that every participant reached a satisfactory understanding of the topic (Table 2).

In addition, the number of students achieving a perfect score (100%) rose significantly after the intervention—from only four students (10.53%) in the pre-test to seventeen students (44.74%) in the post-test. This further demonstrates not only knowledge acquisition but also a high level of retention and comprehension (Table 3).

Table 3. Number of Students Achieving Perfect Score (100%)

Test Type	Pre-Test (n)	Pre-Test (%)
Pre-Test	4	10.53%
Post-Test	17	44.74%

Besides the quantitative outcomes, qualitative observations during the session also indicated strong student engagement. The participants actively responded to questions, engaged in the discussion, and expressed genuine interest in the topics related to reproductive health and STI prevention. The question-and-answer session revealed that students not only understood the material but also related it to their personal experiences and environment. Feedback from the school principal and teachers was highly positive, and they expressed a desire for similar programs to be repeated in the future. In summary, the significant increase in test scores combined with active student participation demonstrates that this community-based health education program was successful in increasing awareness, promoting healthy decision-making, and empowering adolescents to protect their well-being.

## Discussion



Figure 1. Participants answering the pre-test

The results of this educational intervention demonstrate the effectiveness of structured health education in enhancing adolescent knowledge regarding risky social behavior and sexually transmitted infections (STIs). A significant increase in post-test scores compared to the pre-test scores provides strong evidence that targeted educational activities can meaningfully improve students' understanding and awareness. This aligns with



Figure 2. Delivery of the educational material

findings by Hendi, Ikhrum, and Suryana (2023), who emphasized that adolescence is a critical period marked by rapid cognitive and emotional development, during which individuals are particularly responsive to structured and relatable learning interventions. The content delivered during the session was comprehensive and contextually relevant. Students were exposed to various aspects of risky behaviors, including definitions, causes, impacts, and prevention strategies. Particular attention was given to the types of STIs commonly found among adolescents—such as gonorrhea, syphilis, chlamydia, HIV, and

genital herpes—along with their modes of transmission and long-term effects. This comprehensive approach mirrors recommendations from Fitri (2025), who advocates for integrating both biological and psychosocial perspectives into sexual health education to provide a holistic understanding that can inform behavior.

The average score increase of 17.37 percentage points, with all students surpassing the minimum knowledge threshold after the intervention, reflects both the clarity of the content and the appropriateness of the educational methods used. This is in line with findings from Utami et al. (2025), who reported that the use of multimedia presentations, printed materials, and interactive discussion during community-based adolescent education programs significantly improved knowledge retention and promoted positive health behaviors.



Figure 3. Question and answer session

Equally important is the observation of behavioral engagement. Students showed a high degree of participation, asking questions and responding actively during the Q&A session. This suggests not only cognitive engagement but also emotional connection with the material. According to Sutrisno et al. (2021), the inclusion of character-building components in adolescent programs—such as moral responsibility, self-control, and social awareness—can help adolescents internalize positive values that guide future decision-making.

Another notable aspect of this intervention was its successful delivery in a junior high school setting. Adolescents aged 12–15 are typically at the onset of puberty and identity formation. During this period, they begin to establish social independence, yet are still highly impressionable and in need of structured guidance (Fitri, 2025).

Providing accurate and age-appropriate information at this stage can serve as a preventive measure against risky behaviors that may emerge in later adolescence.

Furthermore, the intervention emphasized the role of adolescents as agents of change. Students were encouraged to not only protect themselves but also to promote healthy behaviors among their peers. As argued by Yempormiasse et al. (2024), empowering adolescents to act as peer educators contributes to the development of a school environment that supports positive behavior norms and discourages engagement in high-risk activities. Peer education can be particularly effective when supported by structured guidance from educators and health professionals.

One strength of the program was the application of participatory learning. Rather than relying solely on lectures, the session incorporated interactive elements, such as open dialogue and student reflections. These methods have been shown to increase not only knowledge acquisition but also self-efficacy and decision-making skills (Rahayu, 2022). In this context, participatory learning also allows adolescents to express their concerns and misconceptions, which can then be addressed directly by facilitators.

The outcome of the session also supports the value of early intervention. While many sexual health programs target high school students, this initiative demonstrates that interventions introduced during junior high school are both feasible and impactful. As highlighted by Hendi et al. (2023), early adolescence is a formative stage during which foundational attitudes and habits are developed. By delivering timely education at this stage, communities can reduce the likelihood of adolescents engaging in risky sexual behavior later in life.

Despite the positive outcomes, several limitations should be acknowledged. The evaluation focused solely on short-term knowledge improvement and did not assess long-term retention or behavioral change. Future studies may consider longitudinal designs to measure how well the knowledge is retained and whether it translates into safer



behaviors. Moreover, while student engagement was high, the study did not include parental or teacher perspectives, which are crucial in reinforcing messages received during formal sessions.

To optimize future programs, collaboration with families and the inclusion of culturally relevant values should be considered. Adolescents who receive consistent guidance across school, home,



Figure 4. Distribution of leaflets

and community contexts are more likely to exhibit healthy and responsible behavior (Sutrisno et al., 2021). Likewise, efforts to expand such interventions should be accompanied by teacher training and the integration of adolescent health education into formal school curricula.

In conclusion, the implementation of a structured, interactive, and age-appropriate educational intervention was effective in increasing junior high school students' knowledge and awareness of risky social interactions and STIs. The positive results from both quantitative and qualitative assessments suggest that similar programs should be replicated across other schools and supported by ongoing collaboration between educators, families, and healthcare professionals.

## Conclusion

This community service program demonstrated that structured and interactive health education effectively increases adolescents' knowledge of risky social behavior and sexually transmitted infections. The significant improvement in post-test scores and active student participation indicate that junior high school students can understand and retain information when delivered in an engaging and age-appropriate manner.

Early intervention through school-based education is crucial in promoting awareness and prevention. The success of this initiative suggests that similar programs should be implemented more widely to

support adolescent health and responsible behavior.

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