

Model for Prevention of Risk Sexual Behavior Adolescents in Manado, Indonesia

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ABSTRACT

Background: Teenagers are susceptible to high-risk sexual behavior which impact negatively on their health. Based on data of 1,970 individuals in urban and rural communities released by the Indonesia Demography and Health Survey in 2017, 0,9% of young females aged 15-19 years, 2,6% of young females aged 20-24 years, 3,6% of young males aged 15-19 years, and 14,0% of young males aged 20-24 years have had premarital sex. In North Sulawesi, especially Manado, 6,8% of young females aged 14-19 had masturbated, 67,3% had kissed, 14,3% had given sexual stimulation and 6,7% of young females have had sexual intercourse. Meanwhile, for young males in Manado 67,8% had masturbated, 62,8% had kissed, 36,4% had given sexual stimulation and 25,6% have had sexual intercourse.

Aim: To analyze a model to prevent risky sexual behavior in adolescents in the city of Manado.

Method: The researchers applied a quantitative based cross sectional research design. The sample size was made up of 94 adolescents aged 10-20 years old. The data were collected using questionnaires. The researcher used Guttman Scale for 1 question about reproductive health education, Likert Scale for 12 questions about self-efficacy (strongly agree, agree, disagree, strongly disagree), Likert Scale for 15 questions about parenting (very frequently, frequently, rarely, never), Likert Scale for 12 questions about commitment (strongly agree, agree, disagree, strongly disagree), and Likert Scale for 20 questions about prevention of risky sexual behavior (very frequently, frequently, rarely, never). The result of the validity and reliability testing showed that the corrected item-total correlation value < 0,514.

Result: The result of the Chi Square test showed P Value<0,05, which meant that reproductive health education, self-efficacy, parenting and commitment significantly influenced risky sexual behavior. The result of logistic regression showed that commitment variable with Exp B=4,077 was significant which mostly influenced the prevention of high-risk sexual behavior and is determined by reproductive health education, self-efficacy and parenting.

Conclusion: To prevent risky sexual behavior, people need to improve their commitment related to reproductive health education, self-efficacy, and good parenting.

Keywords: Prevention, Sexual Behavior, Adolescents

INTRODUCTION

Adolescence is transition period from childhood to adulthood that is marked by physical, mental, emotional dan social changes. The physical changes that takes place during adolescents include the developments of their sexual organs (usually marked by menstruation in young females and wet dreams in young males), and other secondary signs of sexual growth¹. These changes influence adolescent attitude towards risky sexual behavior such as free sex, premarital pregnancy, drug use, abortion, premarital sex, exposure to sexually transmitted diseases like HIV/AIDS²⁻⁴.

Risky sexual behavior is a behavior caused by high sexual desire, attempts to satisfy oneself or their sexual partners by holding hands, kissing, hugging, and having sexual intercourse^{5, 6}. Based on data of 1,970 people in urban and rural communities released by the Indonesia Demography and Health Survey in 2017, 0,9% of young females aged 15-19 years, 2,6% of young females aged 20-24 years, 3,6% of young males aged 15-19 years, and 14,0% of young males aged 20-24 years have had premarital sex.

Certain factors influence sexual behavior in adolescents, such as biological changes due to puberty and hormonal activation, lack of parent-child communication on sexual education, strong group intercommunication, and lack of achievement. These factors are commonly associated with deviant sexual behavior⁷. Peer group relationship can influence adolescents' life both positively and negatively. The positive impact can be felt when adolescents carry out beneficial activities and do not violate societal norms. However, the negative impact can be felt when they violate social norms and morality.

Based on survey results, there are 50 nightlife entertainment places, such as nightclubs, located in several districts in Manado and Wenang is one of it. The data showed that there are 1,911 heterosexuals, 285 homosexuals with HIV/AIDS and 498 suffered sexually transmitted diseases. Most of them are adolescents aged between 16 and 24 years old.

The excesses related to adolescents' life have attracted the government's attention. BKKBN (National Population and Family Planning Board) has developed a program called PIK-KRR (Information and Counseling for Adolescent Reproductive Health Center) which focused on

reproductive health to ensure adolescents practice healthy sexual reproductive behavior. In Manado, BKKBN established the Generation Planning Program (GenRe) through two approaches. First, to develop the Information and Counseling Program for Adolescents who are unmarried and between 10-24 years old. Second, to develop the Adolescent's Family Development group for family and parents with adolescents. This program began in 2018 but there were problems faced by the government. The purpose of the program was to overcome all problems related to adolescent life, and not only sexual problems.

The existence of PIK-KRR is actually needed. However, the role of family and good parenting also play an important role as part of the government's program. The family has a strategic role to play in shaping personality of children. Family is the smallest unit in society that plays a role in improving family health to achieve optimal physical and mental health⁸. *Health Promotion Model* (HPM) is one of nursing models designed by Nola J Pender in 1991 and it can promote healthy behavior through its various components⁹.

The result of interviews with 10 teenagers in Komo Luar Village showed that 8 of them had dated and most of them had held hands of their partners, 5 teenagers had touched their partners' face, and 3 had kissed. These acts are synonymous with adolescent sexual behavior. The ignorance about sexual problems and the innocence of adolescents often lead to risky sexual behavior that cause health problems, for instance, teenage pregnancies, sexually transmitted disease, abortion, depression, even suicide, and the disruption of social life and future⁵. Therefore, the research was aimed at identifying "Model to Prevent Risky Sexual Behavior in Adolescents in Komo Luar Village, Manado".

MATERIALS AND METHODS

This research used a cross-sectional design. The population totaled 108 adolescents aged between 10-20 years old from Komo Luar Village. Simple random sampling technique was used to select the respondents numbering

94. The data were collected using questionnaires. The researcher used Guttman Scale for 1 question about reproductive health education, Likert Scale for 12 questions about self-efficacy (strongly agree, agree, disagree, strongly disagree), Likert Scale for 15 questions about parenting (very frequently, frequently, rarely, never), Likert Scale for 12 questions about commitment (strongly agree, agree, disagree, strongly disagree), and Likert Scale for 20 questions about prevention risky sexual behavior (very frequently, frequently, rarely, never). The result of the validity and reliability testing showed that the corrected item-total correlation value < 0,514. The data were analyzed by using logistic regression analysis with level of meaning value Exp (B).

RESULTS

Table 1 shows the respondents demographics characteristics. Most respondents were late adolescents (56,4%), young females (56,4%), their fathers' and mothers' had senior high school education, (50,1%) and (46,8%), respectively.

Table 2 shows that most respondents had good education about reproductive health (55,3%), respondents with good self-efficacy (56,4%), respondents with good parenting (47,9%), respondents with positive peer group relations (57,4%), respondents with lack of commitment (53,2%) and respondents who try to prevent risky sexual behavior (53,2%).

The result of logistic regression data analysis on the four variables showed that P Value of all variables were <0,05. It can be inferred that these factors significantly influenced the prevention of risky sexual behavior. The value of Exp (B) measures the significance of the dependent variable. The higher the value, the greater is the influence of the dependent variable. The result showed that Commitment Factor was the most significant with value of Exp (B) = 5,096. This factor is also influenced by the three other factors, reproductive education, parenting and self-efficacy which influence risky sexual behavior.

Table 1: Respondents Characteristics by Age, Sex, and Parents Educational Background

No	Characteristics	Total	%
1	Age		
	Early Adolescents (10-14 years old)	41	43,6
	Late Adolescents (15-20 years old)	53	56,4
2	Sex		
	Male	43	43,6
	Female	51	56,4
3	Parent Education Background (Father)		
	Elementary School	9	9,6
	Junior High School	21	22,3
	Senior High School	47	50,1
	Higher Education	17	18,1
4	Parent Education Background (Mother)		
	Elementary School	11	11,7
	Junior High School	27	28,7
	Senior High School	44	46,8
	Higher Education	12	12,8

Table 2: Frequency Distribution by Reproductive Health Education, Self-Efficacy, Parenting, Peer Group, Commitment with Prevention Risky Sexual Behavior in Adolescents in Manado.

No	Variable	Frequency	%
1	Reproductive Health Education Factor		
	Lack	42	44,7
	Good	52	55,3
	2	Self-Efficacy	
	Lack	41	43,6
	Good	53	56,4
3	Parenting Factor		
	Lack	45	47,9
	Good	49	52,1
	4	Peer Group Factor	
Negative		40	42,6
	Positive	54	57,4
	5	Commitment	
Lack		50	53,2
	Good	44	46,8
	6	Prevent Risky Sexual Behavior Factor	
Did not do		44	46,8
	Do	50	53,2

Table 3: The Influence of Model of Prevention of Risky Sexual Behavior

		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for Exp(B)	
								Lower	Upper
	Reproductive Factor	1.149	.508	5.111	1	.024	3.154	1.165	8.538
	Self-Efficacy Factor	1.006	.507	3.939	1	.047	2.735	1.013	7.387
	Parenting Factor	1.404	.517	7.377	1	.007	4.070	1.478	11.206
	Commitment Factor	1.628	.521	9.761	1	.002	5.096	1.835	14.155
	Constant	-7.724	1.737	19.783	1	.000	.000		

DISCUSSION

The results showed that reproductive health education have a significant impact on the prevention of risky sexual behavior with value of $p=0,004$ ($p<0,05$). A well-educated adolescent can avoid risky sexual behavior 3,70 times greater than a less educated adolescent. The result supports the research by Sarwono (2012). Reproductive health education is an effective way to prevent sexual activities. Hidayanti also showed that there was a relationship between reproductive education and adolescents' knowledge about premarital sex with value of $p=0,008$. Sex education and reproductive health education for adolescents at an early stage can prevent illicit sexual activities. Adolescents need to have accurate and relevant information to improve their health status.

The Chi Square test result showed that self-efficacy had a significant influence on the prevention of risky sexual behavior with value of $p=0,009$ ($P<0,05$) and value of $OR=3,370$. Adolescents with good self-efficacy can prevent risky sexual behavior 3,37 times greater than adolescents with lack of self-efficacy. Nola J Pender showed that great self-efficacy can produce an inner strength for overcoming barriers to specific health behavior⁹. Lack of self-efficacy in adolescents can influence their attitude and behavior. They have to be instilled with both moral and religious values. Self-efficacy is the key to self defense.

The Chi Square test result showed that good parenting had a significant influence on prevention of risky sexual behavior with value of $p=0,002$ ($p<0,05$) and $OR=4,108$. Good parenting of children can prevent risky sexual behavior in adolescents 4,10 times greater than adolescents with poor parenting. Nina Nirmaya Mariani (2012) showed that there was a relationship between the

role of parents in family with premarital sexual behavior with value of $P=0,004$ ¹⁰. Djamarah (2018) also showed that good parenting and parental attention to their children positively impact children development and vice versa¹¹. Parents have to be a good role model for their children at home. There should be constant communication and education that parents provide to their children. Lack of attention by parents can make children more vulnerable to risky sexual behavior.

The Chi Square test result showed that peer group association had a significant influence on the prevention of risky sexual behavior with value of $p=0,046$ ($p<0,05$) and $OR=2,550$. Adolescents with good and positive peer group influence can prevent risky sexual behavior 2,550 times greater than adolescents with negative peer group influence. Jaccard et.al (2005) showed that peer group influence can reduce risky sexual behavior in adolescents. Peer group expertise can provide positive reinforcements and can also negatively influence adolescents through exposure via film, VCD, television and self experience¹².

The Chi Square test result showed that commitment had a significant influence on the prevention of risky sexual behavior with value of $p=0,001$ ($p<0,05$) and $OR=4,741$. Adolescents with good commitment can prevent risky sexual behavior 4,74 times greater than individuals with lack of commitment. Wahyu Rahardjo (2017) showed that commitment can influence premarital sexual behavior with value of $P=0,056$, and stated that commitment is a desire and ability to harmonize one's attitude with necessity, self-priority and other people importance reflected in daily activities. Commitment also can be defined as a situation where people carry out something they say and do what they intend to do¹³.

The results showed that commitment was a significant dependent variable with value of $\text{Exp}(B) = 5,096$. This variable was influenced by other factors, self-efficacy, parenting and reproductive education. This research concluded that commitment was the most dominant factor.

CONCLUSION

Parents can prevent risky sexual behavior by improving commitment of adolescents. They can be instilled with strong personal beliefs, supported by good parenting and provided with good knowledge about sex education to prevent risky sexual behavior. The result of this research showed that commitment played the most crucial role helped by reproductive education, self-efficacy and good parenting.

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