

## Health Education Analysis Of Adolescent Behavior Regarding Free Sex In Karadiri Village Wanggar District, Nabire District

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### ABSTRACT

The lack of provision of health education to adolescents about sex as well as the rapid development of internet media such as free access to pornographic content has caused adolescents' sexual behavior to become more risky and to influence behavior that is not good about sex. The purpose of this study was to analyze the effect of health education on adolescent behavior regarding free sex in Karadiri Village, Wanggar District, Nabire Regency. The research design used pre-experimental research with a one group pre test-post test design. The sample for this study were 42 adolescents aged 15-21 years in Karadiri Village in June 2023. Sampling method using Simple Random sampling technique. Data collection using a questionnaire. Bivariate analysis used the Wilcoxon statistical test with a significant level of  $\alpha = 0.05$ . Based on the results of the study that out of 42 respondents, most of the respondents before being given health education had negative sexual behavior as many as 22 respondents (52.3%) and after being given health education almost all respondents had positive sexual behavior as many as 40 respondents (95.2%). The Wilcoxon test results obtained  $p = 0.000 < 0.05$ , so  $H_1$  is accepted or  $H_0$  is rejected, meaning that there is an effect of sexual health education on adolescent behavior regarding free sex in Karadiri Village, Wanggar District, Nabire Regency. Providing sexual health education has an important role in providing knowledge to teenagers to have positive behavior and prevent promiscuous sexual behavior.

**Keywords:** Adolescents, Health Education, Sexual Behavior

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### INTRODUCTION

Adolescence is an important period in the course of human life. Adolescence is a transition period from childhood to adulthood. During this period, various changes and rapid developments occurred both physically, mentally and psychosocially. This age group is important because it is a bridge between a free childhood to an adulthood that demands responsibility (Kusmiran, 2017).

Maturity of sexual organs (mature) can have a negative effect if teenagers are unable to control their sexual stimulation, so they are tempted to have premarital sex. Generally, teenagers want to know new things, so the behavior of wanting to try things arises. This behavior of wanting to try new things, if driven by sexual stimulation, can lead teenagers to engage in premarital sex with all the consequences, including pregnancies among teenage girls out of wedlock, abortion attempts, and the transmission of venereal diseases, including HIV/AIDS ( Marmi, 2016).

According to WHO, the number of teenagers in the world currently reaches  $\pm 1.2$  billion. The results of research on 1038 teenagers aged 13-17 years regarding sexual relations showed that 16% of

teenagers said they agreed with sexual relations, 43% said they did not agree with sexual relations and 41% said it was okay to have sexual relations (Rusdianti, 2018).

Premarital sexual activity among teenagers aged 15-24 years continues to increase every year. According to the 2017 Indonesian Demographic and Health Survey (SDKI) (conducted every 5 years), around 2% of female teenagers aged 15-24 years and 8% of male teenagers of the same age admitted to having had sexual relations before marriage, and 11% of them experiencing an unwanted pregnancy. From the same survey, almost 80% of respondents had held hands, 48.2% of teenage boys and 29.4% of teenage girls had kissed and 29.5% of teenage boys and 6.2% of teenage girls had stimulated each other. Dating behavior up to the kissing stage has the potential for sexual relations. The results of the Indonesian Demographic and Health Survey also show that the dating experience of Indonesian teenagers is quite bold and more open, such as holding hands, hugging, kissing, touching/stimulating men, sexual relations (Kemenkes RI, BKKBN RI, BPS RI, & USAID, 2018 ). As many as 52% of men and 15% of women who had premarital sex at the age of 15-24 years chose to abort their pregnancies and there were also those who chose to continue their pregnancies (Susanti, Doni and Fazira, 2021). The number of HIV/AIDS cases continues to increase every year in Papua and is in 5th position with 393 PLWHA in the 15 - 19 year age group (Ministry of Health of the Republic of Indonesia, 2021).

The lack of providing sexual health education (sex education) to teenagers has influenced bad teenage behavior, namely the occurrence of free sex, causing the number of teenage pregnancies (out-of-wedlock pregnancies) to increase, based on a preliminary study conducted by researchers in Karadiri Village, Wanggar District, Nabire Regency with Interviewing 10 teenagers about sexual behavior in teenagers, data was obtained that 5 teenagers (50%) perceived that sexual behavior was unnatural because it was an act of adultery, reprehensible and prohibited by religion, 2 teenagers (20%) perceived sexual behavior as a normal thing. because based on feelings of love, 3 teenagers (30%) perceive sexual behavior as due to a lack of parental love and a lack of good sex education.

The role of health workers is expected to be able to provide health counseling/education related to the dangers of free sex, both physical dangers, psychological behavior and efforts to overcome free sex. Health workers can use booklet media to provide information so that adolescence are more interested and easier to accept information.

## METHODS

The research design used is a pre-experimental research design. This research uses a one group pretest and posttest design, namely where this research is carried out by giving a pretest (initial observation) before giving the intervention. After the intervention is given, a posttest (final observation) is carried out. The population in this study were all teenagers aged 15 – 21 years in Karadiri Village, Wanggar District, Nabire Regency, Papua Province in July 2023, totaling 47 respondents. The samples in this study were teenagers aged 15 - 21 years in Karadiri Village, Wanggar District, Nabire Regency in February 2023, totaling 42 respondents.

## RESULTS

### General data

Age	F	%
15 -17 Years	15	35,8
18-19 Years	21	50,0
20-21 Years	6	14,2
Total	42	100
Pendidikan	F	%
Elementary School	0	0
Middle School	17	40,4
High School	25	59,6
Total	42	100
Agama	F	%
Islam	18	42,9
Christianity	24	57,1
Total	42	100

Live With	F	%
Parents	28	66,7
Siblings	14	33,3
Total	42	100

### Special Data

#### 1. Adolescent Behavior Regarding Free Sex Before Being Given Health Education

No	Adolescent Behavior Regarding Free Sex	F	%
1	Positive	20	47,7
2	Negative	22	52,3
	Total	42	100

The research results showed that the majority of respondents before being given health education had negative sexual behavior, namely 22 respondents (52.3%).

#### 2. Sexual Behavior In Adolescents After Being Given Health Education

No	Adolescent Behavior Regarding Free Sex	F	%
1	Positive	40	95,2
2	Negative	2	4,8
	Total	42	100

The research results showed that almost all respondents after being given health education had positive sexual behavior, namely 40 respondents (95.2%).

### Cross Tabulation of General Data With Variables

#### 1. Age and Adolescent Behavior Regarding Free Sex

Age	Adolescent Behavior Regarding Free Sex				Total	
	Negative		Positive		F	%
	F	%	F	%		
15-17 Years	11	26,2	4	9,5	15	35,7
18-19 Years	11	26,2	10	23,8	21	50,0
20-21 Years	0	0	6	14,3	6	14,3
Total	22	52,4	20	47,6	42	100

The research results showed that a small percentage of respondents before being given health education had negative sexual behavior aged 15 -17 years, namely 11 respondents (26.2%).

#### 2. Education on Adolescent Behavior Regarding Free Sex

Education	Adolescent Behavior Regarding Free Sex				Total	
	Negative		Positive		F	%
	F	%	F	%		
Elementary School	0	0	0	0	0	0
Middle School	11	26,2	6	14,3	17	40,5
High School	11	26,2	14	33,4	25	59,5
Total	22	52,4	20	47,6	42	100

The research results showed that a small percentage of respondents before being given health education had negative sexual behavior from junior high school education, namely 11 respondents (26.2%).

### 3. Religion and Adolescent Behavior Regarding Free Sex

Religion	Adolescent Behavior Regarding Free Sex				Total	
	Negative		Positive		F	%
	F	%	F	%		
Islam	6	14,3	12	28,6	18	42,9
Christianity	16	38,1	8	19,0	24	57,1
Total	22	52,4	20	47,6	42	100

The research results showed that almost half of the respondents before being given health education had negative sexual behavior as Christians, namely 16 respondents (38.1%).

### 4. Live with Adolescent Behavior Regarding Free Sex

Live With	Adolescent Behavior Regarding Free Sex				Total	
	Negative		Positive		F	%
	F	%	F	%		
Parents	10	23,8	18	42,9	28	66,7
Siblings	12	28,6	2	4,8	14	33,3
Total	22	52,4	20	47,6	42	100

The research results showed that almost half of the respondents before being given health education had positive sexual behavior living with their parents, namely 18 respondents (42.9%).

### Cross Tabulation between Variables

The influence of health education on adolescent behavior regarding free sex

No	Adolescent Behavior Regarding Free Sex	Health Education About Free Sex			
		Before		After	
		F	%	F	%
1.	Positive	20	47,7	40	95,2
2.	Negative	22	52,3	2	4,8
	Total	42	100	42	100

The research results showed that before being given health education, 22 respondents (52.3%) had negative sexual behavior, while after being given health education, 40 respondents (95.2%) had positive sexual behavior.

Results of statistical tests on the influence of health education on adolescent behavior regarding free sex in Karadiri Village, Wanggar District, Nabire Regency

### Test Statistics<sup>b</sup>

Z	After_HealthEducation – Before_HealthEducation	-5.512 <sup>a</sup>
Asymp. Sig. (2-tailed)		.000

a. Based on negative ranks.

b. Wilcoxon Signed Ranks Test

Based on the Wilcoxon signed rank test statistic using SPSS, the p value was smaller than  $\alpha$  0.05 (0.000 < 0.05). So H0 is rejected and H1 is accepted, meaning that there is an influence of health education on adolescent behavior regarding free sex in Karadiri Village, Wanggar District, Nabire Regency.

## DISCUSSION

Sexual behavior in adolescents before being given health education, based on table 4.2 above, it was found that the majority of respondents before being given health education had negative sexual behavior, namely 22 respondents (52.3%), of whom 20 respondents (47.7%) had positive sexual behavior.

This is in line with research conducted by Puryanto (2016), that health education has a significant influence on knowledge before and after health education is given, which means there is an influence of health education on knowledge.

Providing information on sexual problems is especially important considering that teenagers are sexually active, because it is related to sexual drives which are influenced by hormones and often do not have sufficient information about their own sexual activity. Of course, this will be very dangerous for the mental development of teenagers if they do not have the right knowledge, when they enter adolescence without adequate knowledge about sex and during a dating relationship, this knowledge not only does not increase, but actually increases with information. wrong. This last thing is caused by a lack of parental love and parents' taboo about discussing sex, so children turn to inaccurate sources, especially friends. Most teenagers also do not know the impact of the sexual behavior they engage in, often teenagers are not mature enough to have sexual relations, especially if they have to bear the risks of such sexual relations.

According to the researchers' assumptions, the majority of respondents had negative attitudes towards free sex before being given health education, this cannot be separated from several factors, one of which is the low level of education, only reaching junior high and high school, as well as the lack of knowledge about sex education which is still low. minimally, they only know but don't really understand how the reproductive organs develop properly, apart from that, respondents who are still teenagers are very close to peer interactions which can influence behavior. This influence can be a positive influence and it can also be a negative influence.

The positive influence in question is when individuals and their peers carry out activities such as forming study groups and complying with norms in society. Meanwhile, the intended negative influence can be in the form of violations of social norms, and in the school environment in the form of violations of school rules, apart from that, the role of the family, respondents who live with parents are different from those who live with well-developed siblings and are still teenagers. , so that they do not have sufficient insight into free sex, apart from that, the factor of where they live with also influences, namely respondents who live with their parents do not allow the respondent to date or have a boyfriend, because the family wants the respondent to study hard in order to get good grades in school and can achieve the desired goals. If the respondent has a boyfriend, his mind will be diverted to thinking about his girlfriend rather than studying. However, parents do not give teenagers the freedom to have girlfriends, thus influencing teenagers' behavior regarding free sex.

Apart from that, religious factors also have a role in this behavior, that in the Islamic religion it is very protective of free sexual behavior, especially regarding relationships between women and men, as well as in Christian religion there is also an explanation related to this, but due to a lack of knowledge about understanding in the field of religion, some respondents have negative sexual behavior. Therefore, it is hoped that respondents will always learn to deepen their religion and get closer to avoiding negative behavior in everyday life.

Sexual behavior in adolescents after being given health education, based on table 4.3 above, it was found that almost all respondents after being given health education had positive sexual behavior, namely 40 respondents (95.2%) and those who had negative sexual behavior were 2 respondents (4.8%).

The results of this research are also in line with research by Chatarina Suryaningsih (2016) which shows that after being given health education about free sex, there was an increase in teenagers' knowledge before being given health education and after being given health education.

According to researchers' assumptions, the change in adolescent behavior from negative to positive is because respondents have received clear health education about matters related to sexual behavior, such as the meaning of sex, forms of free sex, the impact of free sex and factors that influence free sex. the change in behavior from negative to positive after being given health education to teenagers shows that the more knowledge they gain, the better their understanding of free sex. The process of forming adolescent behavior is through a learning or socialization process. In this case, the teenager becomes the organism and the sexual becomes the object. When an object is confronted with an



organism, the organism will receive the stimulus provided by the object. Then the stimulus is processed by the organism through a learning process. In the ongoing learning process, teenagers will pay attention in preparation for this behavioral step. Then, when teenagers' attention is focused on the stimulus, a process of understanding the stimulus occurs where teenagers try to find understanding about the stimulus. After understanding is formed in the adolescent's mind, a response will be given by the adolescent. It is this response that will shape the teenager's behavior towards the stimulus. Meanwhile, 2 teenagers after being given health education still had negative attitudes about sexual behavior, this was because the respondents still did not really understand the health education provided, respondents considered sexual behavior to be normal because there was a feeling of love or likes. Apart from that, the environment of teenagers also influences, namely the lack of attention from parents regarding understanding sexual behavior and the environment of peers, such as those who continue to invite them to watch pornographic videos, which also has a negative impact on this behavior even though they have been given health education.

The influence of sexual health education on sexual behavior among adolescents in Karadiri Village, Wanggar District, Nabire Regency. The research results showed that before being given health education, 22 respondents (52.3%) had negative sexual behavior, while after being given health education, 40 respondents (95.2%) had positive sexual perceptions.

Based on the Wilcoxon signed rank test statistic using SPSS, the p value was smaller than  $\alpha$  0.05 ( $0.000 < 0.05$ ). So  $H_0$  is rejected and  $H_1$  is accepted, meaning that there is an influence of sexual health education on sexual behavior among teenagers in Karadiri Village, Wanggar District, Nabire Regency.

Health education in the general sense of education is any planned effort to influence other people, whether individuals, groups or society, so that they do what is expected by the perpetrators of education or health promotion. And this boundary implies the elements of input (goals and educators of education), process (planned efforts to influence other people) and output (doing what is expected). The expected result of health promotion or education is behavior to maintain and improve health that is conducive to the targets of health promotion (Notoatmodjo, 2016).

According to the researcher's assumption that after being given health education, teenagers have positive sexual behavior qualities than before being given health education about sex, so they can avoid the risks or impacts of free sex, especially among teenagers. This is in line with Taufik (2016) Teens who do Premarital sex, due to lack of love from parents, lack of faith, not remembering the Creator, excessive curiosity and promiscuity.

However, sex education does not always enable teenagers to have a positive attitude towards sexual behavior. This can be seen from the fact that there are still respondents who still have negative sexual behavior. This also depends on the character or beliefs held by each teenager, only in this case the role of support from people, parents, and schools to further instill sex education to foster a sense of responsibility in every teenager and instill moral education so that it can fortify teenagers from behaving in a way that is detrimental to themselves.

Researchers believe that health education has a very important role in changing adolescent behavior. The changes that occur are due to increased knowledge and good absorption of information regarding the health education that has been provided. The more knowledge and experience that teenagers have and supported by education about health, especially about free sex directly by health workers, enables respondents to understand sexual behavior well.

Health education is one method to prevent teenagers from having free sex which has an important role in providing knowledge so that teenagers have positive behavior about free sex. Health education is also one way to increase information on individuals, groups or society so that they do not misinterpret something that is still not understood, whether it is good or bad, so the provision of health education to teenagers needs to be improved in order to avoid the impacts or risks that can arise.

Therefore, it can be concluded that health education has a very important role in adding information to increase knowledge and good behavior in people's lives. With a lot of information obtained, a person's knowledge will improve. By having good knowledge, a person can have good behavior too.

## CONCLUSION

The majority of respondents in Karadiri Village, Wanggar District, Nabire Regency, before being given health education, had negative sexual behavior, namely 22 respondents (52.3%). Almost all respondents in Karadiri Village, Wanggar District, Nabire Regency, after being given health education, had positive sexual behavior, namely 40 respondents (95.2%). There is an influence of sexual health education on sexual behavior in adolescents in Karadiri Village, Wanggar District, Nabire Regency with a P value  $< \alpha 0.05$  ( $0.000 < 0.05$ ).

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