



DESCRIPTION OF ADOLESCENT SEX BEHAVIOR IN SENIOR HIGH SCHOOL MAJALENGKA INDONESIA

Dwi Hastuti*, Yayat Suryati, Bella Restu Adelyna
dwi.hastuti@gmail.com

Department of Nursing, School of Health Sciences Jenderal Achmad Yani Cimahi, Indonesia

ABSTRACT

Adolescence in its growth and development undergo changes, in the sex and hormonal glands that increase the libido of adolescent sexuality. The tendency of sexual behavior increases risk due to the spread of information and sexual stimulation through mass media and social media. Lack of information about reproductive health is related to the perception of sexual behavior. Perceptions about healthy sexual behavior can affect adolescent sexual behavior. The purpose of this study was to determine the description of adolescent sexual behavior in Senior High School Majalengka.

This type of research is descriptive, with a sample of class XI students in SMA Negeri 1 Bantarujeg, Majalengka Regency in the academic year 2018/2019, totaling 163 people, taken using the Stratified Random Sampling technique. The instrument used was a questionnaire. Data were analyzed with a frequency descriptive test.

The results showed that most respondents were not involved in adolescent sexual behavior (58.3%).

The results of this study are expected to increase the knowledge and awareness of adolescents to play an active role in positive activities in order to stay away from irresponsible teenage sexual behavior and avoid the negative effects of sexual behavior.

Keywords: *Adolescence, Sexual Behavior*

INTRODUCTION

Adolescent are a very important period in building their development in the first decade of life to explore risks and vulnerabilities, and according to the potential that exists within them. Adolescent development is a process or stage of change or transition from childhood to adulthood, which is characterized by various changes, including physical changes including changes that are physical including the growth of reproductive organs (sexual organs) to reach maturity as indicated by ability to carry out reproductive functions, emotional changes that are reflected in behavior, and personality development that is influenced by parents, family, and the environment both in the school environment and in the community (Sebayang, Gultom & Sidabutar, 2018).

One characteristic of physical changes in adolescents that stands out is the active functioning of the sex glands so that it becomes a sexual urge. Sexual impulse is closely related to sexual behavior. Adolescents in general experience a surge in libido due to physical changes during puberty, so that if not equipped with sexual knowledge and fortified with morals, teenagers with high libido tend to

engage in sexual activity, which can lead to irresponsible sexual behavior (Magdalena, 2010). Sexual behavior is any behavior that is driven by sexual desire, both with the opposite sex and with the same sex. These forms of behavior can vary from feeling attracted to behavior dating, making out and having sex. The sexual object can be another person, an imaginary person or yourself (Sarwono, 2011).

Sexual behavior in adolescents can be manifested by various behaviors ranging from feelings of attraction, dating, holding hands, kissing cheeks, hugging, kissing lips, holding breasts over clothes, holding breasts under clothes, holding genitals under clothes, and engage in intercourse (Dwijayanti, 2011), while forms of sexual behavior are kissing, French kissing, masturbation / masturbation, paired masturbation, fingering (using fingers to stimulate a partner's genitals), foreplay (activities that lead to sexual relations)), oral sex, non-penetrative sex (petting), penetrative sex (inserting a finger, sex toy, or penis into a partner's vagina or anus), and vaginal sex (inserting a penis into the vagina which is part of human reproductive

activities). Oral sex, vaginal sex, and anal sex are also included in penetrative sex (Hasan, 2012).

Hormonal changes that increase adolescent sexual desire (libido sexuality). Increased sexual desire requires distribution in the form of certain sexual behavior, the tendency of violations is increasing due to the dissemination of information and sexual stimulation through the mass media with the presence of sophisticated technology. The parents themselves, both because of their ignorance and because of their attitudes that taboo the discussion about sex with children are not open to children, instead tend to distance themselves from children in this one problem. On the other hand, it cannot be denied that there is an increasingly free tendency to interact between men and women in society as a result of the development of women's role and education so that women's position is increasingly aligned with men (Sarwono, 2011).

The incidence of sexual behavior in adolescents is very alarming. World data mentions that among high school students in America 47% had had sexual intercourse, 34% had had sexual intercourse during the previous 3 months, 15% of whom had had sex with four or more during their lives (CDC, 2013). The Indonesian Child Protection Committee (KPAI), and the Ministry of Health, (Kemenkes) in October 2013 explained that around 62.7% of adolescents in Indonesia had had sex outside marriage. 20% of 94,270 women who experience pregnancy out of wedlock also come from adolescents and 21% have had an abortion. Based on the Indonesia Demographic Health Survey (IDHS) in 2017, the percentage of unmarried women who have had sexual intercourse aged 15-19 years is 6,750 people (0.9%) and 7,713 men (3.6%).

Adolescent sexual behavior can have physiological, psychological and social effects. According to Santrok (2012), the physiological effects of premarital sexual behavior include unwanted pregnancy (KTD), abortion, the risk of contracting sexually transmitted diseases (STDs) and the risk of contracting a Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV / AIDS) if a teenager has intercourse sex with multiple partners. Oral sex is the main transmission pathway for Kaposi's Sarcoma disease, a type of very severe skin cancer that is often found in patients with HIV / AIDS. Masturbation is also inseparable from risk. In women usually occurs irritation, vaginal discharge and even damage to the hymen (Andik, 2005).

The majority of women experiencing KTD choose to end their pregnancy through an abortion process. Abortion is very dangerous because it can cause infection, bleeding that can result in death, the risk of uterine rupture, and the occurrence of traumatic genital fistula, which is a channel or relationship between genital and urinary tract or digestive tract that normally does not exist (Sarwono, 2011). According to WHO, the leading cause of death among adolescent girls aged 15-19 years globally is complications from pregnancy and childbirth. About 11% of all births worldwide are for adolescent girls aged 15-19 years, and most of these births are in low and middle income countries (WHO, 2018).

According to Sarwono (2011), adolescent sexual behavior can also have psychological and social impacts. The psychological effects of premarital sexual behavior include feelings of anger, fear, anxiety, depression, low self-esteem, guilt and sin. According to Andik (2005), sexual behavior can affect psychologically, especially in adolescents who experience KTD to abortion, namely various mental disorders after abortion ranging from nightmares to the onset of hallucinations associated with abortion. Abortion also causes social impacts such as being rejected by family, friends, and even your own boyfriend. By law, the perpetrators of abortion will be charged with an article on criminal acts of abortion, because abortion is an act of murder. According to Sarwono (2011), the social impacts of premarital sexual behavior include being ostracized, community ridicule, dropping out of school among pregnant adolescent girls, and changing the role of mothers.

To avoid unhealthy sexual behavior, efforts are made to prevent teenage sexual behavior. Prevention of adolescent sexual behavior can be done internally and externally. Internally, the factors that play an important role for adolescents in preventing sexual behavior are self-control factors or commonly referred to as self-control according to Hurlock (2013), a teenager must have the ability to control his own behavior, so as not to follow the wishes of others who conflict with will rules that apply in society, these abilities can be called self-control. External prevention is prevention carried out by parties outside of adolescents, including parents by supervising and caring properly; school environment by providing good education; and the community environment by creating opportunities for adolescents to be creative (Mukholid, 2007). The role of nurses in this case is as an educator,

motivator in terms of healthy teenage sexual behavior so that it can change the behavior of adolescents to support their future optimally. Based on the need to do research to find out the description of Adolescent Sex Behavior in Senior High School.

Literature Review

Adolescents are a transition or transition from childhood to adulthood. During this period individuals experience various changes, both physical and psychological. The change that is clearly seen is the physical changes, where the body develops rapidly so that it reaches an adult body shape accompanied by the development of reproductive capacity (Agustiani, 2009). Adolescence occurs when a person experiences changes in body structure from children to adulthood (puberty). During this period a rapid physical change is accompanied by many changes, including the growth of reproductive organs (sexual organs) to reach maturity as indicated by the ability to carry out reproductive functions. Changes that occur in primary sex growth are those that are directly related to the sex organs.

Sexual behavior is any behavior that is driven by sexual desire, both with the opposite sex and with the same sex. These forms of behavior can vary from feeling attracted to behavior dating, making out and having sex. The sexual object can be another person, an imaginary person or yourself. Part of the behavior does not have any impact especially if there are physical or social consequences that can be caused. But in some other sexual behavior the impact is quite serious, such as feelings of guilt, depression, and anger (Sarwono, 2011).

A person's sexual behavior can be categorized based on his sexuality standards, according to Andik (2005), as follows:

a. Abstinence

Namely people who will not engage in sexual activity in any form except in marriage. The Medical Institute for Sexual Health in America teaches the spirit of abstinence is better than condom. That is, waiting until marriage is real safe sex.

b. Permissiveness with affection

Namely people who carry out certain sexual activities with emotional involvement, even though they are not in a marriage bond.

c. Permissiveness without affection

Namely people who can engage in sexual activity with anyone without any emotional involvement or marriage.

RESEARCH METHODS

This type of research is descriptive which discusses adolescent sex. The sampling technique uses Stratified Random Sampling which is a sampling method which is heterogeneous divided up for layers (strata), namely class XI students in Senior High School Bantarujeg Majalengka of 163 adolescents. Data obtained by filling out a questionnaire or questionnaire after the researchers made informed consent to a number of respondents. Instrument in the form of a closed question with two answer choices yes and no with a grid of questions Teenage sex behavior with kissing, French kiss, masturbation / masturbation, paired masturbation, fingering, foreplay, oral sex, petting, penetrative sex, and vaginal sex are obtained from teen statement. Data analysis was carried out by measuring the research variables by determining the number or frequency and distribution. Adolescent commit sexual behavior with a value of 1 if doing one of the behaviors listed in the questionnaire statement; and Not with a value of 0 if the adolescent does not perform any of the behaviors listed in the questionnaire statement (Hasan, 2012).

RESULT

Overview of Adolescent Sex Behavior in Senior High School Majalengka, shows the following results:

Table 1.1 Distribution of Frequency adolescent sex behavior in Senior High School Majalengka

Adolescent Sex Behavior	Frequency (F)	Percent (%)
engaging in sexual behavior	68	41,7
do not engage in sexual behavior	95	58,3
Total	163	100

DISCUSSION

Based on the results of the analysis in table 1.1 it was found that of 163 respondents, the majority did not engage in adolescent sexual behavior as many as 95 respondents (58.3%). In this study, many adolescents did not engage in sexual behavior at all. Pali's sexual behavior is mostly done by kissing the lips, touching parts of the partner's body with lips, touching one's own body (masturbation / masturbation), touching each partner's body, touching the partner's genitals with fingers, touching that leads to sexual intercourse and perform oral sex. There were no respondents who had penetrated sex. This can be caused by many

factors such as adolescents who only want to try sexual behavior and vent their sexual desires like other teenagers but are not ready to take responsibility for their actions, adolescents are ashamed to admit their behavior in the answers to the questionnaire, adolescents can control themselves not to have penetrating sex because they know the impact namely fear of pregnancy, fear of illness, fear of family anger, social ostracism, and many other factors. But teens have not yet realized that sexual behavior such as masturbation and oral sex can also cause contracting the disease.

The results of this study also found 41.7% of adolescents who engage in sexual behavior. Based on researchers' interviews with several respondents who engaged in random sexual behavior, the respondent's reason was to satisfy his desires and to experiment, this is because adolescents are in puberty and experiencing many changes in themselves. According to Magdalena (2010), one of the characteristics of physical change in adolescents that stands out is the active functioning of the sex glands so that it becomes a sexual urge. Sexual impulse is closely related to sexual behavior. Teenagers generally experience a surge in libido due to physical changes during puberty, so that if not equipped with sexual knowledge and fortified with morals, teenagers with high libido tend to engage in sexual activity, which can lead to irresponsible sexual behavior.

Hormonal changes that increase adolescent sexual desire (libido sexuality). Increased sexual desire requires distribution in the form of certain sexual behavior, the tendency of violations is increasing due to the dissemination of information and sexual stimulation through the mass media with the presence of sophisticated technology. The parents themselves, both because of their ignorance and because of their attitudes that taboo the discussion about sex with children are not open to children, instead tend to distance themselves from children in this one problem. On the other hand, it cannot be denied that there is a tendency of increasingly free relations between men and women in society as a result of the development of women's roles and education so that women's position is increasingly aligned with men (Sarwono, 2011).

Adolescents in this study can also control themselves not to engage in penetrative sex, this is an effort to prevent teenage sexual behavior internally. According to Mukholid (2007), internally, factors that play an important role for adolescents in preventing sexual behavior are self-

control factors or commonly referred to as self-control. According to Hurlock (2013), a teenager must have the ability to control his own behavior, so as not to follow the wishes of others who are against the will of the rules that apply in society, that ability can be called self-control.

According to Mukholid (2013), prevention is internally, which means seeking to prevent prevention by adolescents themselves by increasing faith and piety to God Almighty; striving to know oneself and instill confidence in yourself by identifying interests, talents, potentials, and channeling them to positive activities in filling spare time; identify yourself with a positive and productive social environment; filtering the various sources of information that enter; and disciplined learning. External prevention is prevention carried out by parties outside of adolescents, including parents by supervising and caring properly; school environment by providing good education; and the community environment by creating opportunities for youth to be creative.

The results of this study are not in line with the results of the Ulfah study, where most adolescents admit to having engaged in sexual behavior including penetration sex and the most behavior is kissing (50.7%). The results of this study are different because in this study there were no respondents who admitted having penetrating sex.

CONCLUSION

Based on the research that has been described, it can be a conclusion that 38 (53.5%) of respondents had children with negative eating behavior, 23 (32.4%) had children with thin nutritional status. Pearson Chi-Square test results obtained $p\text{-value} = 0.01$ ($\alpha < 0.05$) which demonstrated an association between eating behavior and nutritional status.

REFERENCES

- CDC. (2013). *Sexually Transmitted Infections Among Young America. Centers for Disease Control and Prevention*. Diperoleh dari <https://www.cdc.gov/std/products/youth-sti-infographic.pdf>, on February, 2019
- Dariyo, A. (2009). *Psikologi Perkembangan Dewasa Muda*. Jakarta: Grasindo
- Desmita. (2012). *Psikologi perkembangan*. Bandung: Remaja Rosdakarya
- Dwijayanti, Y. (2011). *Perilaku Seksual Anak Jalanan ditinjau dengan Teori Health Belief Model (HBM)*. Surabaya: Universitas Airlangga

- Glanz, K (2009). *Health Behaviour and Health Education, Theory Research and Practice*. NJ, USA: John Wiley & Sons Inci.
- Gottwald, M & Brown, JG. (2012). *A Guide to Practical Health Promotion*. McGraw-Hill Education
- Hanurawan, F. (2010). *Psikologi Sosial Suatu Pengantar*. Bandung: PT Remaja Rosdakarya.
- Hasan, S. (2012). *Let's Talk About Love*. Solo: Tiga Serangkai.
- Hurlock, EB. (2013). *Perkembangan Anak. Jilid 2. Edisi ke-6* (Alih Bahasa Oleh Med. Meitasari Tjandrasa dan Muslichah Zakarsih). Jakarta: Erlangga.
- Husaini, A. N. (2014). *Hubungan Antara Persepsi Jenis Pola Asuh Orang Tua Terhadap Risiko Perilaku Bullying Siswa di SMA Triguna Utama Ciputat*. Jakarta: UIN Syarif Hidayatullah.
- Karlia, AA. (2012). *Hubungan Antara Persepsi Tentang Seks Dan Pengetahuan Agama Terhadap Kecenderungan Perilaku Seksual Pada Remaja di SMA Negeri 1 Cerme Gresik*. Surabaya: UNS
- Kemenkes. (2013). *Kekerasan terhadap anak dan Remaja*. Diperoleh dari <http://www.depkes.go.id/download.php?file=download/pusdatin/infodatin/Kekerasan-terhadap-anak.pdf>, On February, 2019.
- Kozier, B., Erb, G., Berman, A. & Snyder S.J. (2014). *Fundamental of Nursing. 7th. Edition*. New Jersey: Prentice Inc
- KPAI. (2013). *Pelanggaran Hak Anak 2011-2013*. Diperoleh dari <https://web.kominfo.go.id/sites/default/files/users/12/SESI%20II%20-%20-%202020papan-kementerian-2014-nov-bandung-erlinda-REV-fix.pdf>, On February, 2019
- Magdalena, M. (2010). *Melindungi Anak dari Seks Bebas*. Jakarta: Grasindo
- Maulana. (2009). *Promosi Kesehatan*. Jakarta: EGC
- SDKI. (2017). *Survey Demografi Kesehatan Indonesia Tahun 2017*. Jakarta: Kementerian Kesehatan Republik Indonesia
- Sebayang W, Gultom DY & Sidabutar ER. (2018). *Perilaku seksual Remaja*. Yogyakarta: Deepublish
- Sipayung, E.R (2015). *Analisis Pengaruh Aspek Demografi, Status Sosial Ekonomi dan Pengalaman Kerja Terhadap Persepsi Etis Mahasiswa Akuntansi dengan Love of Money Sebagai Variabel Intervening*. Semarang: Fakultas Ekonomi dan Bisnis Universitas Diponegoro Semarang.
- Soetjiningsih. (2017). *Tumbuh Kembang Anak*. Jakarta: EGC
- Sofyan, S. W, (2014). *Remaja dan Masalahnya "Mengupas Berbagai Bentuk Kenakalan Remaja, Narkoba, Free Sex, dan Pemecahannya*. Bandung: Alfabeta
- Subagiyo, AAA (2014). *Health Belief Model Sebagai Pembentuk Perilaku Sehat*.
- Sudarma, M. (2012). *Sosiologi Untuk Kesehatan*. Jakarta: Salemba Medika.
- Tarkang, E & Zotor, F. (2015). *Application of the Health Belief Model (HBM) in HIV Prevention: A Literature Review*. Central African Journal of Public Health Volume 1, Issue 1, June 2015
- Unicef. (2011). *The State of The World's Children 2011; Adolescence an Age of Opportunity*. United Nation for Children
- WHO. (2018). *Adolescents: Health Risk and Solutions*. Diperoleh dari <https://www.who.int/en/news-room/factsheets/detail/adolescents-health-risks-and-solutions>, On February 2019.