The Effect Of Sex Education On Youth Knowledge About Sexual Behavior In Storage In Sma Negeri 2 Kaur

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Abstract — Adolescent reproductive health is part of overall adolescent health. The existence of deviant sexual behavior in adolescents can cause health problems and can reduce health status in Indonesia. Many things can cause sexual behavior irregularities, one of which is the lack of knowledge about sex. This research aims to analyze the influence of sex education on adolescent knowledge about deviant sexual behavior in SMA Negeri 2 Kaur in 2017. In addition to examining external variables that can influence learning including the participation of PIK-R, the role of parents and exposure to information and technology media. This study uses the Wilcoxon test to see the effect of sex education on knowledge, and the Mann-Whitney test to examine the impact of PIK-R participation, the role of parents and exposure to information media. Taking this sample by using total sampling in class XI students as many as 125 respondents, with the research instrument using questionnaires. The results of this study were analyzed using the Wilcoxon test with a significance level (α = 0.05). The results showed that there was an effect of sex education on the knowledge of adolescents with a significance value (p <0.05). after the intervention was increased by 11.08

Keywords—Youth, Knowledge, Sex Education, Deviant Sexual Behavior

1. INTRODUCTION

WHO data estimates that 10-50% of maternal mortality rates are caused by abortion, according to the WHO report in 2014 the Maternal Mortality Rate (MMR) in the world is 289,000 people. Based on BKKBN data in 2010 showed that the estimated abortion in Indonesia reached 2.4 million people. As many as 800,000 occur among adolescents; this is due to the existence of deviant sexual behavior carried out before marriage while the incidence of HIV / AIDS caused by premarital sexual relations is equal to 5.4% in the age group 15-19 years [1].

Results of a survey of sexual behavior at risk for adolescents by the Indonesian Child Protection Commission (KPAI) in 2009 in 33 provinces, 22.6% of teenagers had sex, and 62.7% of high school teenagers were not virgins. The results of the Indonesian Youth Reproductive Health Survey stated that 29.5% of male adolescents and 6.2% of female adolescents had touched or stimulated their partners, 48.1% of male adolescents and 29.3% of female adolescents had kissed lips, and 79, 6% of male adolescents and 71.6% of female adolescents have held hands with their partners [1].

Based on data from the Bengkulu Provincial Health Office in 2016 the maternal mortality rate reached 137 / 100,000 KH. According to data obtained from the population census of Bengkulu province in 2010, the number of adolescents amounted to 489,855 people out of a total population of 1,715,518 people, which means that the number of teenagers reached 29% of the total population in Bengkulu Province, adolescents with the age group 10-19 years married with a percentage (7.55%) [2].

The results of the 2016 RPJMN survey held by BKKBN contained 76.6% of teenagers assuming that women could become pregnant if they had sexual intercourse. 55.2% of male teenagers start dating at the age of 15-17 years. 69.5% of young women start dating at the age of 15-17 years. 82.9% expressed love by holding hands, 26% by cuddling and 3.4% by kissing, and 0.4 percent of Bengkulu Province teenagers had had sexual intercourse before marrying their boyfriend [1].

Deviant sexual behavior in adolescents is one of the significant problems that must be addressed, because adolescents are the next generation and the foundation of the nation. So that it needs to do assistance and direction so that productive teenagers can be produced [4]. Some factors that influence sexual behavior include knowledge, attitudes, parenting parents, peer group influences, exposure to sexual information, as well as environmental conditions of teenagers, availability of facilities and infrastructure [9].

The consequences arising from the lack of knowledge of adolescents on reproductive health are the occurrence of irregularities in sexual behavior in
Adolescents, the lack of knowledge due to the lack of information on reproductive health. This is in line with research conducted by Setiawati (2013), which shows that there is an influence on increasing the knowledge of adolescents after being given counseling on reproductive health [8].

An initial survey conducted in 9 Bengkulu Province High Schools regarding sexual behavior irregularities, the highest cases of sexual behavior irregularities were found in Kaur District 2 State High School with 13 people (2.5%) having sexual behavior irregularities in the past year.

Based on the results of the interview with a teacher, explained that there were no subjects that could provide information about reproductive health and PIK-R organizations that were not used optimally by students. UKS staff provided information that the school was screening the suspicious female students by conducting PP tests, from 3 suspected pregnant students one who was positive. The results of interviews with ten students / 8 students claimed to have been dating, two had hugged each other, and one had already kissed. Based on this background, this research is essential to determine the effect of sex education on adolescent knowledge about deviant sexual behavior in SMA Negeri 2 Kaur.

II. METHODS

The design of this study was a pre-experimental study of one group pretest and posttest, which aimed to identify adolescent knowledge about sexual behavior before and after being given sex education at SMA Negeri 2 Kaur. Sampling was done by total sampling for all students of class XI totaling 125 respondents.

The instrument used in this study is a questionnaire of knowledge about deviant sexual behavior. The procedure in data collection was carried out after going through the administrative process of research permits from the educational institution of the Midwifery Study Program of the Health Ministry of Health, Bengkulu, the Head of the DPMTSP of Bengkulu Province, the Head of the Bengkulu Provincial Education Office, and the Principal of SMA Negeri 2 Kaur.

The study was carried out by giving questionnaires of knowledge about deviant sexual behavior, followed by providing sex education interventions by displaying power points and distributing leaflets to students, after which they settled their experience after being given intervention for four days, then shared the same questionnaire and saw the difference between prior knowledge and after the intervention.

Data processing using digital techniques, the percentage and average value of adolescent knowledge before and after being presented in the form of tables containing the mean, median, and minimum and maximum values. This study aims to see whether or not the influence of sex education on adolescent knowledge about deviant sexual behavior in SMA Negeri 2 Kaur was tested using the Wilcoxon test.

III. RESULTS

This univariate analysis of Analysis was conducted to obtain the characteristics of respondents regarding adolescent knowledge about deviant sexual behavior before being given intervention and education after being given intervention, can be seen from the following table:

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Pre Test</th>
<th>Post Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>12</td>
<td>73</td>
<td>80</td>
</tr>
<tr>
<td>O</td>
<td>5</td>
<td>93</td>
<td>100</td>
</tr>
</tbody>
</table>

Based on the above table between knowledge before and after counseling there is a difference of 11.08. Parametric test results (Wilcoxon) obtained z-count adolescent knowledge about deviant sexual behavior (before and after counseling) of -8.920 with α = 0.05, and obtained p-value = 0.000 <0.05 so it can be concluded that there is an influence teenager sex education to knowledge about deviant sexual behavior at SMAN 2 Kaur in 2017.

Bivariate analysis was conducted to test the hypothesis, the hypothesis testing before testing the normality of the variables of knowledge before and after the intervention using test the Kolmogorov-Smirnov to determine the type of statistical analysis required. Because the data is not normally
distributed, the test is used Wilcoxon to see the influence of the intervention of the data dependent sample.

TABLE II EFFECT OF SEX EDUCATION ON KNOWLEDGE OF YOUTH

<table>
<thead>
<tr>
<th>Variables</th>
<th>n</th>
<th>Med</th>
<th>Min-max</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before</td>
<td>125</td>
<td>73</td>
<td>33-93</td>
<td>0.000</td>
</tr>
<tr>
<td>Intervention</td>
<td>125</td>
<td>80</td>
<td>56-100</td>
<td></td>
</tr>
</tbody>
</table>

Based on the above table between knowledge before and after being given counseling there is a difference of 11.08. Parametric test results (Wilcoxon) obtained \( z \)-count adolescent knowledge about deviant sexual behavior (before and after counseling) of -8.920 with \( \alpha = 0.05 \), and obtained \( p \)-value = 0.000 <0.05 so it can be concluded that there is an influence Sex education on religious knowledge about deviant sexual behavior at SMA Negeri 2 Kaur in 2017.

IV. DISCUSSION

The results showed that there were still students who received minimum scores with a score of 33 regarding teenager knowledge about deviant sexual behavior in SMA 2 Kaur. It indicates that there are still students who lack knowledge about abnormal sexual behavior. This is in line with Notoadmodjo (2012), which states that one's understanding will increase or increase if they get clear, directed and responsible information (Notoadmodjo, 2012). With the increase in knowledge will lead to awareness, understanding and finally behave according to the knowledge he gets [6].

The results of bivariate analysis using test Wilcoxon on knowledge variables before being given intervention and knowledge variables after being given intervention, obtained the results of \( p \)-value = 0.000 <0.05 which indicates that there is an influence of sex education on adolescent knowledge in SMA 2 Kaur in 2017. Results this research is in line with Sarwono (2011), that sex education is a way to reduce and prevent unexpected adverse effects such as unplanned pregnancy, sexually transmitted diseases, depression, and feelings of sin [7].

The results of this study agree with Benita study (2013) which indicate that there are significant knowledge of adolescents about reproductive health before and after counseling with

\[ p \text{-Value} 0.000 \]. Then the results of this study are also supported by research conducted by Rahayu (2013), about the effect of counseling activities on adolescent care health care (PKPR) on premarital sex knowledge and attitudes with \( p \)-Value = 0.001 <0.05.

The results of this study are also in line with the opinion of Notoadmodjo (2012), which states that health education is a form of primary intervention that aims to upload awareness, provide knowledge and increase knowledge. Ignorance of the community is one of the causes of adverse behavior for the community, so health education is needed [6].

Differing views on the need for sex education for real adolescents from WHO research in Sarwono (2011), which states from 16 European countries, 5 countries require sex education in every school, 6 countries accept and ratify in law but do not need, 2 countries receive but do not confirm in law, and 3 other states do not prohibit but do not develop it.

The views that pro-sex education includes, among others, Zelnik and Kim (1982) in Sarwono (2011), which states that adolescents who have received sex education do not tend to have sex more often, but those who have never had sex education tend to experience pregnancy unwanted.

According to Sarwono (2011), contextual sex education has a broad scope. It is not limited to poor sexual behavior, but also concerns other things such as the roles of men and women in society, the relationship of men and women in relationships, the role of mother-father and child in the family, etc. Sex education in Indonesia is often referred to as family life education or reproductive health education. Besides, most teenagers lack necessary information, primarily related to knowledge about sexual behavior and its consequences, so that it can have a significant impact on adolescents. An experience that is lacking with sex drive due to hormone changes in adolescence can make teenagers make wrong decisions [7].

According to Selamiharja and Yudana (1997) in Evlyn and Suzan (2007), stating that misinformation about sex can lead to knowledge and one's perception of the intricacies of sex itself being wrong. This has become one of the indicators of increasing free sex among teenagers today. Half-hearted knowledge is more dangerous than not knowing at all, even though in this case ignorance does not mean harmless.

Research conducted by [3] states that adolescents who have poor knowledge about sexual and reproductive health have five times the risk of sexual behavior compared to students who have good knowledge. According to Green in Notoadmodjo (2012) states that the level of expertise is one of the
factors that can influence a person's behavior to act or act towards a better direction, in other words, the better the knowledge of adolescents about reproductive health, the smaller the possibility of deviant sexual behavior [6].

Reproductive health knowledge received by teenagers from the right sources can make factors to provide a strong foundation for adolescents in addressing all sexual behavior that is increasingly towards maturity [5]. The ultimate goal of health education is that people can practice ethical behavior and do not harm the health of themselves or others, because behavior based on knowledge will last longer than behavior that is not balanced with expertise [6]. Reproductive health knowledge can make teenagers have healthy and responsible sexual attitudes and behaviors (Saringedyanti 1999).

V. CONCLUSIONS

Based on the characteristics of the knowledge variable before the intervention, there is a minimum value of 33, and after being given intervention, the minimum value becomes 56. In the experimental group, the average knowledge before and after the intervention was increased by 11.08 with a significance value of $p = (0.02 < 0.05)$ so that it can be concluded that there is an influence of sex education on adolescent knowledge.

It is expected that the results of this study can be used to increase knowledge and open positive thinking for students in responding to the problems of adolescent sexual behavior deviations. It is expected that students can develop the concept of counseling and provide breakthroughs in sex education, so that sex education is no longer a taboo subject in Indonesian society.

Considering that this research is conducted in a School environment, where sex education interventions have a significant influence, it is better for schools to develop PIK-R organizations and peer counselor abilities in providing counseling. So that teenagers are interested in participating in these activities and have the means to access information about reproductive health issues, and adolescents can feel more comfortable and free to express problems faced.

REFERENCES