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## PREMARRIAGE SEX EDUCATION IN AN EFFORT TO INCREASE KNOWLEDGE OF RISK SEXUAL BEHAVIOR IN ADOLESCENTS

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### ABSTRACT

**Introduction:** Risky sexual behavior in adolescents is a problem that is often experienced by most teenagers in Indonesia. The incidence of deviant behavior is currently increasing among adolescents. One example of cases of deviant behavior in adolescents is pregnancy outside of marriage. Therefore, it is necessary to have prevention activities by conducting socialization and health education related to risky sexual behavior in adolescents. Sexual education aims to help adolescents in making decisions and the risks of their sexual attitudes. The purpose of this community service activity is to increase adolescent knowledge regarding risky sexual behavior that often occurs in adolescents.

**Methods:** The population of this activity is in the form of Health Education which is carried out on 320 students of class XI Vocational High School 10 Malang. The sample used in this activity is 10% of the total 32 students. The variable measured in this activity is adolescents' knowledge regarding risky sexual behavior. Health education activities began by conducting a pre-test using a questionnaire on risky sexual behavior in adolescents, then providing education with the lecture method and playing a video on the impact of sexual behavior on adolescents, and ending with a question-and-answer session accompanied by a post-test. Knowledge measurement is done by using univariate analysis by analyzing the results of pre and post-test.

**Results:** The results of this activity can be seen from the post-test to pre-test results that have been carried out, namely an increase in student knowledge marked by a change in the score on five of the six achievement indicators. The first indicator is causes of free sex with an increase of 3.6%. The second indicator of the form of sex increased by 50%. Third, parties affected by premarital sex increased by 53.6%. Fourth, the purpose of premarital sex health education increased by 39.7%, and lastly, the prevention of premarital sex increased by 7.1%. With the results obtained an increase in the score indicates that the information conveyed by the researcher can be accepted by students well.

**Conclusion:** The level of students' knowledge about premarital sex increased marked by a change in the score for the better on five indicators, namely knowledge related to causes, forms, affected parties, goals and prevention of premarital sex in adolescents. Health education needs to be carried out continuously, so that information related to good sexual education can be well absorbed by adolescents.

### KEYWORDS

health education; premarital sex; teenager; risky sexual behavior.

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## 1. INTRODUCTION

Adolescence is a period of transition from childhood to adulthood, at that time there is rapid growth including reproductive function which affects developmental

changes, both physical, mental, and social roles (Febriawati et al., 2019; Purwanza et al., 2017). Characteristics of adolescent development, one of which is having a high curiosity that makes teenagers

tend to want to adventure, explore, and try everything they have never experienced (Qomariah, 2020).

It the importance for adolescents to know the physical changes in their bodies to avoid falling into premarital sex (Kementerian Kesehatan RI, 2018). Premarital sex is sexual behavior that is carried out by a person with other people outside the bond of an official marriage relationship, either by state law or religious law. Deviant sexual behavior in adolescents starts from kissing, oral sex, *meeting*, touching other people's bodies, rubbing their genital organs, showing genitals in public, and same-sex and husband-wife relationships. The incidence of deviant sexual behavior in adolescents is currently increasing (Purwanza et al., 2017)

The incidence of deviant adolescent behavior is currently increasing among adolescents. According to the WHO in 2015 said that the prevalence of deviant behavior among adolescents was premarital sex with a total of 210 million adolescents worldwide. Data in Indonesia, the number of adolescents experiencing unintended pregnancies reached 17.5% in 2020. Data from the East Java Provincial Government shows an increase in cases of unplanned pregnancy among East Java students, as many as 241 cases in 2020 and increased in 2021 a total of 266 cases. The Head of the Data and Research Division of the East Java Child Protection Institute (LPA) stated that pregnancies at the age of 12-18 years occurred in the Surabaya and Madiun areas in 2022. This can be seen from premarital sexual behavior in adolescents that 90% hold hands, 75% kiss, 56% touch sensitive body parts, 37% *pet*, 33% oral sex, 27% have sex, and 25% sexual violence (Blegur, 2017).

The results of the data above show that every year the incidence of premarital sex in adolescents is increasing. In Nadia, et al (2020) one of the factors related to adolescent sexual behavior is the lack of parental supervision, myths about wrong sex, and modern lifestyles (Marlina et al., 2013). In addition, technological advances raise many problems,

especially the easy access to pornography among teenagers (Radjagukguk & Sriwartini, 2020). Research results (Hasli et al., 2015) also show that pornography exposure has an effect on adolescent sexual behavior.

Prevention needs to be done in the form of socialization and sexual education. The effects of bad adolescent associations can detect the teenager being engaged in deviant associations that occur in adolescents. Therefore, it is necessary to have prevention activities through socialization and sexual education. Sexual education is very important for adolescents because it aims to help adolescents in making decisions and the risks of their sexual attitudes. The role of parents is very important in disseminating sexual education to adolescents, but in reality, sexual education is still considered taboo to be taught to children. Therefore, a synergy is needed between the educational environment of parents and the social environment to conduct socialization about sexual education for adolescents to understand the importance of sexual education (Rizki, 2019). Based on the description above, the purpose of this activity is to increase adolescent knowledge regarding risky sexual behavior that often occurs among teenagers today (Anisa et al., 2021; Fahrizal et al., 2021; Pandensolang et al., 2019; Siska Ningtyas Prabasari, 2017).

## 2. MATERIAL AND METHODS

The population of this activity is in the form of Health Education which is carried out on 320 students of class XI Vocational High School 10 Malang. The sample used in this activity is 10% of the total 32 students. The variable measured in this activity is adolescents' knowledge regarding risky sexual behavior. Health education activities began by conducting a pre-test using a questionnaire on risky sexual behavior in adolescents, then providing education with the lecture method and playing a video on the impact of sexual behavior on adolescents, and ending with a question-and-answer session accompanied by a post-test.

Knowledge measurement is done by using univariate analysis by analyzing the results of pre and post-test.

The target of this community service activity is class XI-MM-1 students of SMKN 10 Malang with 28 of 32 students attending. This community service activity is in accordance with the goal, namely to increase knowledge about premarital sex in the hope of reducing the incidence of premarital sex in adolescents. The implementation of Community Service Activities is expected to be achieved in accordance with the activity plan. The activities carried out are carried out through;

### **Preparation**

Stage The preparatory stage is where administrative preparations are carried out for the Health Education implementation team of the ITKM Nursing SI Study Program Widya Cipta Husada and the team of the teaching staff at SMKN 10 Malang. So there is a synergy that occurs during the preparation process. Preparation begins with the preparation of the Extension Events Unit, preparing proposals, submitting proposals to ITKM Widya Cipta Husada, submitting cover letters and decrees to coordinating with relevant schools, especially with the student health unit subject coordinator at SMKN 10 Malang.

### **Implementation**

Phase The implementation phase is where the roles of each implementing team for Health Education in Nursing Science Study Program ITMK Widya Cipta Husada, the teaching staff at Vocational High School 10 Malang, and class XI-MM-1 students at Vocational High School 10 Malang are carried out. Preparation and coordination of the implementing team with the coordinating teacher were carried out 30 minutes before the event started. In a pandemic situation, the duration of health education is limited to 60 minutes. The division of time used is 7 minutes of equipment and media preparation along with the introduction of the team to students. Then, the pretest was distributed and students were directed to fill in 8 minutes at the same time as being presented with videos related to

premarital sex. After that, the material was delivered using power point media and an open discussion for 22 minutes. The evaluation and games were carried out in a short time of 15 minutes and the post-test was distributed and then carried out in 8 minutes.

### **Evaluation of Program Performance**

was carried out according to the implementing team for Health Education in the Nursing Study Program ITMK Widya Cipta Husada and the teaching staff at Vocational High School 10 Malang. Performance indicators are carried out based on student responses and the accuracy of the initial plan of activities with the activities carried out. The instrument used in conducting the evaluation or post-test was in the form of a questionnaire containing knowledge related to the causes, forms, affected parties, goals, and prevention of premarital sex in adolescents. The indicators used in evaluating this activity in addition to using a questionnaire are the Implementing team carrying out the program according to the contract and mutual agreement, carrying out the activities on time according to the planned activity schedule, implementing the program providing benefits in terms of health and student satisfaction, and an increase in the knowledge of class XI-class students. MM-1 is linked to premarital sex.

## **3. RESULTS**

Based on Table 1 shows that the majority of respondents are female with a total of 19 respondents (67.9%). Meanwhile, the male respondents were 9 respondents (32.1%).

Based on table 2. The results of the pre-test showed that respondents who do not know some indicators of knowledge of risky sexual behavior in adolescents including the causes of premarital sex totaling 1 respondent (3.6%), the form of sex totaling 14 respondents (50%), parties affected by premarital sex amounting to 15 respondents (53.6%), health education goals totaling 17 respondents (60.1%), and

Table 1. Characteristics of Students by Gender

Gender	f	%
Male	9	32.1
Female	19	67.9

Table 2. Results of Analysis of Pre Test and Post Test

Indicators	Pre Test				Post Test			
	Knowing	%	Unknowning	%	Knowing	%	Unknowning	%
Causes of Premarital Sex	27	96.4	1	3.6	28	100	0	0
Characteristics of Healthy Dating	28	100	0	0	28	100	0	0
Forms of Sex	14	50	14	50	28	100	0	0
Parties Affected by Premarital Sex	13	46.4	15	53.6	28	100	0	0
Objectives of Health Education	11	39.3	17	60.1	22	78.6	6	21.4
Prevention of Premarital Sex	26	92.9	2	7.1	28	100	0	0

prevention of premarital sex amounted to 2 respondents (7.1%). Meanwhile, the results of the post-test showed that the majority of respondents knew 100% of the knowledge indicators of risky sexual behavior in adolescents, including the causes of premarital sex totaling 28 respondents (100%), healthy dating characteristics totaling 28 respondents (100%), forms of sex totaling 28 respondents (100%), parties affected by premarital sex are 28 respondents (100%), health education goals are 22 respondents (78.6%), and prevention of premarital sex is 28 respondents (100%)

#### 4. DISCUSSION

Based on the data above, the audience consists of 28 students with details of 9 male students and 19 female students, it can be seen from the results of the post-test to the pre-test that has been carried out is an increase in student knowledge which is marked by a change in the score on five of the six achievement indicators.

The first indicator is knowledge about the causes of free sex with an increase of 3.6%. The second indicator of knowledge about the form of sex increased by 50%. Third, knowledge about parties affected by premarital sex increased by 53.6%. Fourth, knowledge related to the purpose of premarital sex health education increased by 39.7%, and lastly, knowledge about the prevention of premarital sex increased by 7.1%. There

is one indicator that does not experience a change in the score, namely knowledge about the characteristics of healthy dating where all students have known the characteristics of healthy dating well before the health education material is delivered.

From the results of the analysis of students' pre-test and post-test answers, it can be stated that after the material and discussion with the health education implementation team was presented, the level of knowledge of XI-MM-1 students regarding premarital sex increased. There are significant differences in knowledge, attitudes, and sexual self-efficacy of reproductive health between before and after the implementation of reproductive health education (Fatma Nadia et al., 2021; Jayani & Ruffaida, 2020; Parmawati et al., 2020)

Information about sexuality conveyed in comprehensive or holistic sexual health education includes aspects of cognitive, emotional, social, interaction, and physical activities that aim to provide support and protection for sexual development (Ketting & Ivanova, 2018). The existence of new information about premarital sex provides a new cognitive foundation for the formation of respondents' knowledge. So the information affects the respondent's level of knowledge about premarital sex before being given health education with the lecture method (Siska Ningtyas Prabasari, 2017).

Information conveyed in health education includes concepts, forms, impacts, prevention, and tips on stopping premarital sex. The information that has been submitted can increase students' knowledge regarding premarital sex as indicators of achieving health education targets have been carried out well.

## 5. CONCLUSION

The level of student knowledge about premarital sex increased marked by a change in score for the better on five indicators, namely knowledge related to causes, forms, affected parties, goals, and prevention of premarital sex in adolescents. This increase in knowledge is expected not only to become new information but also to be a stimulus to adolescent awareness to avoid premarital sex so as to reduce the incidence of premarital sex in Indonesia.

Prevention needs to be done in the form of socialization and sexual education. The effects of bad adolescent associations can detect the teenager being engaged in deviant associations that occur in adolescents. Therefore, it is necessary to have prevention activities through socialization and sexual education. Sexual education is very important for adolescents because it aims to help adolescents in making decisions and the risks of their sexual attitudes. The role of parents is very important in disseminating sexual education to adolescents, but in reality, sexual education is still considered taboo to be taught to children. Therefore, it takes a synergy between the educational environment of parents and the social environment to conduct socialization about sexual education to adolescents to understand the importance of sexual education.

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