



## ADOLESCENT ATTITUDES ABOUT SEXUALLY TRANSMITTED DISEASES WITH PREMARITAL SEX RESPOND IN MANDIRI PRIVATE VOCATIONAL SCHOOL JOMBANG REGION

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| ABSTRACT   | Keywords  |
|--|---|
| <p><b>Introduction:</b> Attitude was the reaction or response of someone who still closed to the stimulus or object. Sexually transmitted infections are diseases that can be transmitted from one person to another through sexual contact. Premarital adolescent sexual intercourse was sexual intercourse carried out by adolescents before marriage. This study was to understand the relationship of adolescents about sexually transmitted infections with premarital sex in the Independent Practice of the Jombang Regional Midwife in 2019.</p> <p><b>Method:</b> The research method used was correlational analytic with cross sectional research, that was, research that requires measurement / observation time, variable, free and variable data, which was collected simultaneously at a certain time, so it did not need to be continued. The population of young women in the Independent Practice of the Jombang Regional Midwife was 92 people. The sample of this study was 75 people.</p> <p><b>Results:</b> The results of this study was adolescent attitudes about infectious infections more than half of 45 respondents (60%) with positive attitudes and attitudes about premarital sex more than half 45 respondents (62.7%) with positive attitudes.</p> <p><b>Conclusion:</b> The results of the analysis using the Chi-Square statistical test, obtained the probability number (<math>p = 0,000 &lt; (\alpha = 0.05)</math>), then <math>H_0</math> was rejected and <math>H_1</math> was accepted, meaning that there was a relationship with women about the protection of sexually transmitted sex with premarital sex in Independent Practice of the Jombang Regional Midwife in 2019. Efforts should be made to overcome the problems of open sharing or consultation of related issues or protected matters in the BK (Counseling Guidance) and also as midwives their knowledge of premarital sex should be increased.</p> | <p><b>Attitude,<br/>Sexually<br/>Transmitted<br/>Infections,<br/>Premarital<br/>Sex</b></p> |

## INTRODUCTION

Sexually transmitted infections are still a public health problem throughout the world, both in industrialized and developing countries. Sexual behavior among unmarried adolescents shows an unhealthy trend. This can be influenced by the era of

globalization which is considered a form of modernity for some teenagers. The influence of global information on exposure to audio-visual media that is increasingly accessible actually provokes children and adolescents to adapt unhealthy habits such as smoking, drinking alcoholic beverages, drug abuse

and illicit injections, fights between teens or brawls and premarital sex. In the end, cumulatively these habits will accelerate the age of active sexually active and lead them to high-risk sexual behavior habits because most adolescents do not have accurate knowledge about reproductive health and sexuality (Kohler, Manhart, & Lafferty, 2008). Menurut World Health Organization (WHO, 2017) as many as 70% of female patients and some male patients infected with gonorrhea or chlamydia have asymptomatic symptoms. Between 10% and 40% of women who suffer from untreated chlamydia infection will develop pelvic inflammatory disease. Sexually transmitted diseases are also the most common cause of infertility, especially in women. The incidence of sexually transmitted infections from 340 million new cases that can be cured such as cases of syphilis, gonorrhea, chlamydia infections, and trichomonas infections occur every year in men and women aged 15-49 years. Epidemiologically this disease is spread all over the world, the highest incidence is recorded in South and Southeast Asia, followed by the Saharan Africa, Latin America and the Caribbean. In America, the number of women suffering from chlamydial infections is 3 times higher than men. Of all women who suffer from chlamydia infection, the age group that makes a major contribution is the age of 15-24 years (Center for Disease Control and Prevention, 2016). The prevalence of sexually transmitted diseases in developing countries is much higher than in developed countries. In pregnant women in the world, the incidence of gonorrhea is 10-15 times higher, chlamydia infection is 2-3 times higher, and syphilis 10 -100 times higher when compared to the incidence in pregnant women in industrialized countries. In adolescence (15 to 24 years) constitutes 25% of all sexually active populations, but contributes to nearly 50% of all newly

acquired sexually transmitted infections. Detected cases of sexually transmitted infections represent only 50% -80% of all cases of sexually transmitted infections in America. This reflects the limitations of "screening" and the low coverage of sexually transmitted infections (Guerra-Silveira & Abad-Franch, 2013). Premarital sex in adolescents experienced an increase during the 20th century. The age of adolescents starting to have premarital sex varies in each country, ranging from 12-17.5 years and the average starts at the age of 15 years. In Indonesia based on the Integrated Biological and Behavioral Survey Report by (Ministry of Health Republic Indonesia, 2018), the prevalence of sexually transmitted diseases in 2015 where the most common were syphilis and gonorrhea, the prevalence of sexually transmitted infections in Indonesia was very high, with gonorrhea prevalence 37.4%, chlamydia 34.5% and syphilis 25.2%. In the case of the Human Immunodeficiency Virus Acquired Syndrome over the last eight years starting from 2007-2015 there is an increase. HIV / AIDS cases have seen an increasing trend in the discovery of new cases until 2013. However in 2014 and 2015 there was a decrease in AIDS cases to 7,875 cases in 2014 and 6,081 cases in 2015. It is estimated that this happened because of the number of AIDS case reporting from the region still low. However, the downward trend in AIDS case finding is in line with the decline in HIV case finding. Cumulatively, AIDS cases up to 2015 amounted to 77,112 cases (Ministry of Health Republic Indonesia, 2018). In Indonesia in 2016 it was reported that 63% of adolescents between the ages of junior and senior high had sexual relations outside of marriage (Indonesian Ministry of Health, 2015). Patients with sexually transmitted infections in East Java were 1454 people in 2014 and experienced an increase in 2015 to 2329 people, for all types of sexually

transmitted infections and all types of age groups. Even so there are still many cases that are actually being populated that have not yet been detected (Dinkes, 2016). Di Jawa Timur Premarital sexual behavior in adolescents aged 15 to 24 years continues to increase every year, according to (Belton, Myers, & Ngana, 2014) compared to the 2014 and 2015 IDHS, there was an increase in premarital sex among adolescents aged 15-24 years. The survey, which uses secondary data on the 2015 IDHS on Adolescent Reproductive Health, was conducted on unmarried female and male adolescents. As a result, 8.3 percent of teenage boys and 1 percent of teenage girls have premarital sex. The most sexual intercourse carried out in adolescents aged 15-19 years by 2.7% (Vannier, Currie, & O'Sullivan, 2014). In Jombang in 2014 the number of visits to sexually transmitted infections was 472 people and 450 people received treatment (95.33%), while in 2015 the number of visits to sexually transmitted infections was 387 people and those who received 135 treatments people (34%). The number of cases of sexually transmitted infections treated in 2015 decreased because the number of sexually transmitted infections service units increased, so that early detection of cases of sexually transmitted infections was faster, preventive and promotive efforts to prevent cases of sexually transmitted infections increased. Jombang Health Service, 2016. According to the Women's Empowerment and Family Planning Agency in Jombang Regency in 2015, the results of a survey of adolescents in Jombang for the first time having sex at a partner's home was 63%, followed by tourist sites 25% and hotels 6%. For vaginal sex the majority was done with girlfriends 80.9%, while friends 0.1%. And when they had vaginal sex, the majority of respondents 81.8% used contraception. Based on a preliminary survey conducted in the

Independent Practice of the Jombang Regional Midwife of 20 teenage girls as many as 17 young women (75%) were positive about sexually transmitted infections and as many as 15 young women (65%) were positive about premarital sex.

One of the causes of the high incidence of sexually transmitted infections include free sex, such as having premarital sex, having sex with multiple partners, or like prostitutes who have sex with several different people, also because of the low use of condoms (Cleland, Conde-Agudelo, Peterson, Ross, & Tsui, 2012). Adolescents enter the transitional period without adequate knowledge about premarital sex. This is because parents feel taboo about discussing sexual problems with their children and the child's parents' relationships become distant so that children turn to other inaccurate sources especially friends. Many teenagers who are not aware of the experience that seems fun can actually plunge, one of the problems of adolescents if the lack of premarital sexual knowledge is an unwanted pregnancy, unsafe abortion and also venereal disease (Kumar, Hessini, & Mitchell, 2009). Knowledge about premarital sex can affect individual attitudes towards premarital sex (Marsman & Herold, 1986). Premarital sexual attitudes of adolescents are influenced by many things, apart from knowledge factors are also influenced by cultural factors, other people considered important, mass media, personal experience, educational institutions, religious institutions and emotions from within individuals. Adolescent premarital sexual attitudes can be either positive or negative, positive attitude towards action is to support premarital sex while negative attitude towards action is avoiding premarital sexual adolescence (Couto et al., 2018)

Teenagers begin to prepare themselves towards adult life, including in

their sexual aspects. Thus it is necessary to have a wise attitude from parents, educators and the community in general and of course the teenagers themselves, so that they can safely pass the transition period. There are several things that can support this, including: As a parent or teacher, you should be open to sexual problems. The teachers are also suggested to be youth friendly to their students so that they can be a place for students to need them. By conducting counseling about the bad consequences of premarital sex and providing understanding that children are not just to be born. But also to be given affection, health, and proper education in order to make it a superior HR. By providing KRR counseling (adolescent reproductive health) early on can suppress the influence of premarital sex. The most important thing is the awareness of the teens themselves that premarital sex can destroy their future and if you want a good future, a healthy relationship, avoid promiscuity and sex. Prevention efforts to reduce the occurrence of premarital sex by increasing faith and devotion to God Almighty must be able to control the great sexual turmoil choosing positive relationships, avoiding things that smelled of sex, such as viewing pornographic films and seeking to know oneself and instill confidence in themselves by identifying potential talent interests and channeling it to leisure activities(Perry, 2016). The incidence of sexually transmitted diseases can be prevented. One of them is by using safe sex methods namely A = abstinence; not having sex before marriage, B = be faithful; faithful to a partner by not engaging in sexual relations by changing people, C = condom, always using a condom if deemed unable to do A or B. In this case it is very necessary to inculcate religious values and norms contained in society as early as possible(Holzner & Oetomo, 2004).

Therefore the authors are interested in examining the relationship of adolescent

attitudes about sexually transmitted infections with premarital sex attitudes in the Independent Practice of the Midwife Region of Jombang in 2019.

## METHOD

The research design is a whole of planning to answer research questions and anticipate some difficulties that may arise during the research process

The design of this research is non-experimental observation with correlational design or analytic survey. The approach used is cross sectional type of research that emphasizes the time of measurement / observation of independent variable data and the dependent variable is assessed simultaneously at one time, so there is no follow up. (Cade, 2009).The plan is described as follows:The independent variable is a variable that influences or which causes the change or emergence of the dependent variable (bound)(Riduwan, 2007). The independent variable (X) in this study is not a pure variable but stands as a treatment, namely adolescent attitudes about sexually transmitted infections.

The dependent variable is the variable that causes the effect, because of the independent variable(March & Sutton, 1997). The dependent variable (Y) in this study is premarital sex attitudes

Analysis of the data used to test the differences between the two variables is to use the Chi-Square test Readings of the results of statistical tests with SPSS H0 is accepted (H1 is rejected) if  $P \text{ Value} > \alpha$  H0 is rejected (H1 is accepted) if  $P \text{ Value} < \alpha$  The tool used to analyze the hypothesis test is the SPSS Version 21.00 program.

## RESULT

Table 1. Distribution of respondents based on adolescent attitudes about adolescent sexually transmitted infections in the Independent Practice of the Jombang Regional Midwife in May 2019

| No. | Adolescent attitudes about sexually transmitted infections | F  | %    |
|-----|--|----|------|
| 1.  | Positive   | 45 | 60%  |
| 2.  | Negative   | 30 | 40%  |
|     | Total  | 75 | 100% |

Source: Primary Data for May 2019

Based on the table, shows that of 48 young women more than half of respondents who were positive were 45 young women (60%) and almost half of respondents were negative as many as 30 young women (40%).

Table 2. Distribution of respondents based on premarital sex attitudes of adolescents in the Independent Practice of Jombang Regional Midwives in May 2019

| No. | Premarital sex attitude | F  | %     |
|-----|-------------------------|----|-------|
| 1.  | Positive                | 47 | 62.7% |
| 2.  | Negative                | 28 | 37.3% |
|     | Total                   | 75 | 100%  |

Source: Primary Data for May 2019

Based on the table, shows that of 48 young women more than half of respondents who were positive were 47 young women (62.7%) and almost half of respondents were negative as many as 28 young women (37.3%).

Table 3. Cross tabulation between adolescent attitudes about sexually transmitted infections and premarital sex attitudes of adolescents in the Independent Practice of the Jombang Regional Midwife in May 2019

| No. | Adolescent attitudes about sexually transmitted infections | Premarital sex attitude |       |          |       | Total |      |
|-----|--|-------------------------|-------|----------|-------|-------|------|
|     |  | Positive                |       | Negative |       |       |      |
|     |  | F                       | %     | F        | %     | F     | %    |
| 1.  | Positive   | 36                      | 80%   | 9        | 20%   | 45    | 100% |
| 2.  | Negative   | 11                      | 36.7% | 19       | 63.3% | 30    | 100% |
|     | Total  | 47                      | 62.7% | 28       | 37.3% | 75    | 100% |

Source: Primary Data for May 2019

Based on the table, shows that of 45 respondents with positive attitudes about sexually transmitted infections tend to be positive about premarital sex as many as 36 young women (80%) and 30 respondents with negative attitudes about sexually transmitted infections tend to be negative about premarital sex as many as 19 young women (63.3%).

Table 4. Analysis of Adolescent Attitudes About Sexually Transmitted Infections with Premarital Sex Attitudes

| Correlation Value | p-value | $\alpha$ | Annotation  |
|-------------------|---------|----------|-------------|
| 0.402             | 0.000   | 0.05     | Ho rejected |

From the results of statistical tests can be seen p value = 0,000, where p value <  $\alpha$  (0.05). From the calculated p value = 0,000 <  $\alpha$  = 0.05, H1 is accepted, so it can be concluded that there is a relationship between adolescent attitudes about sexually transmitted infections with premarital sex attitudes IN the Independent Practice of Midwives in Jombang Region in 2019.

Then to determine the interpretation of the relationship is to compare the results of the Chi-Square correlation value with the table of interpretation of the correlation coefficient (Sugiyono, 2010). Chi Square correlation value of 0.402 according to the interpretation table is included in the range between 0.400 to 0.599, which is a medium interpretation.

## DISCUSSION

### Adolescent Attitudes About Sexually Transmitted Infections

Based on the table, shows that of 48 young women more than half of respondents who were positive were 45 young women (60%) and almost half of respondents were negative as many as 30 young women (40%).



How to overcome or overcome the negative attitudes of young women in the Jombang region due to lack of knowledge is that teachers are more open to young women about sexually transmitted infections even though only a small portion are educational in nature so that they more or less get the right knowledge and not wrong perceptions of infection transmission Sexually transmitted or can be held open sharing or consultation on reproductive issues or things that are closed in BK (Counseling Guidance) and we as midwives should pay more attention to the growth and development of adolescents and their knowledge about sexually transmitted infections must be improved.

#### **Premarital Sex Attitude**

Based on the table, shows that of 48 young women more than half of respondents who were positive were 47 young women (62.7%) and almost half of respondents were negative as many as 28 young women (37.3%). From this it follows that the majority of students have positive attitudes about premarital sex so students will be able to determine the good and bad of each action taken or a positive attitude that is the tendency to avoid premarital sex (Teachman, 2003). Whereas for 28 people or a small portion who have negative attitudes are usually caused by various factors that are based on adolescent development including: Adolescents are still unstable so that efforts to find their identity and efforts of adolescents to be accepted and recognized as adults, adversarial of adolescents with people adults are sharpened again because on the one hand, adolescents want the freedom to do activities or choose friends on the other hand, parents and teachers actually want to make restrictions, the family situation with factors that support the realization of self-identification. In addition to the factors mentioned above, there are

other factors that are no less important in the development of adolescent self-identity, namely the factor of experimentation (trial and error, adventure)(Marsman & Herold, 1986).

#### **Relationship of Adolescent Attitudes About Sexually Transmitted Infections with Premarital Sex Attitudes**

Based on the table, shows that of 45 respondents with positive attitudes about sexually transmitted infections tend to be positive about premarital sex as many as 36 young women (80%) and 30 respondents with negative attitudes about sexually transmitted infections tend to be negative about premarital sex as many as 19 young women ( 63.3%). From the results of statistical tests can be seen  $p \text{ value} = 0,000$ , where  $p \text{ value} < \alpha (0.05)$ . From the calculated  $p \text{ value} = 0,000 < \alpha = 0.05$ ,  $H_1$  is accepted, so it can be concluded that there is a relationship between adolescent attitudes about sexually transmitted infections with premarital sex attitudes in the Independent Practice of Jombang Regional Midwives in 2019. Then to find out the interpretation of the relationship is to compare between the results of the Chi-Square correlation value with the interpretation table on the correlation coefficient (Connelly, 2019). Chi Square correlation value of 0.402 according to the interpretation table is included in the range between 0.400 to 0.599, which is a medium interpretation.

Based on research shows that with a negative attitude about sexually transmitted infections can get a balanced result between a positive attitude and a negative attitude that is (40%). This positive attitude of students is because they are more careful in getting along and making friends so that they think more about the risks, while students who behave negatively are due to environmental influences, like to pretend, and in getting along and also friends are less

careful so do not think about the risks , besides that there are other factors that influence for example socioeconomic and family attention. In students whose attitudes about sexually transmitted infections positively tended to be positive attitudes about premarital sex (80%). Whereas with negative attitudes, their attitudes will tend to be negative, namely (63.3%). This shows that between adolescent attitudes about sexually transmitted infections with premarital sex attitudes have a significant relationship.

The way to overcome or overcome the negative attitudes of Jombang adolescents due to lack of knowledge is that teachers are more open to young women about premarital sex even though only a small proportion are educational in nature so that they more or less get the right knowledge and are not mistaken about premarital sexual perceptions or can by holding open sharing or consultation on reproductive issues or matters that are closed in the Counseling Guidance and we as midwives should pay more attention to the growth and development of adolescents and their knowledge about premarital sex should be increased.

## CONCLUSION

Adolescent attitudes about sexually transmitted infections (sexually transmitted infections) of young women in the Independent Practice of Midwife Wialayah Jombang in 2019 that more than half 45 respondents (60%) with a positive attitude. The attitude about premarital sex of young women in the Independent Practice of the Midwife Wialayah Jombang in 2019 that more than half 45 respondents (62.7%) had a positive attitude.

There is a relationship between adolescent attitudes about sexually transmitted infections with premarital sex attitudes in the Independent Practice of the

Jombang Regional Midwife in 2019, this is evidenced by the results of Chi Square analysis getting the results of  $p \text{ value} = 0,000 < \alpha = 0.05$ .

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