



Differences in Knowledges and Attitudes Of Adolescents Before and After Being Given Health Promotion Regarding The dangers of Free Sex

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ABSTRACT

Abortion and pregnancy are examples of unwanted things that arise as a negative result of free-sex behavior in adolescents. The knowledge and attitudes of adolescents will be influenced by the lack of information regarding reproductive health in adolescents. In addition, other factors that can affect the knowledge and attitudes of adolescents are health education by schools and local health workers. The aim of the study was to find out the knowledge and attitudes of adolescents before and after receiving health promotion about the language of free sex in Suko village. The research method used is descriptive with a cross-sectional design. Sampling technique with purposive sampling. The study population consisted of 68 men adolescents and women in Suko village in October-November 2022. The results showed that before health promotion was given, adolescent knowledge was sufficient (55.9%) and after it was given it was good (89.7%). The attitude of adolescents before giving health promotion had a positive attitude (52.9%) and after being given it increased (75.0%). The conclusion of the study is that there is an increase in the knowledge and attitudes of adolescents after being given health promotion regarding the dangers of free sex.

Keywords: adolescents, health promotion, danger-free sex, attitudes, education

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INTRODUCTION

Nowdays, cases of adolescents delinquency are increasing and attracting attention. The problem is increasing and worrying. One of them is that cases of sexual deviation committed by teenagers now have a lot of negative impacts and are troubling the community. Sexual deviance can occur in adolescents couple if there are environmental factors that support it, so it can be one of the causes of pregnancy outside of marriage. Free sex or premarital sex originated from adolescent delinquency¹.

Adolescent dating has a direct correlation to promiscuity, which is inextricably linked to social media's detrimental influence, which makes it simpler for teens to access pornographic websites, which in turn increases their desire and curiosity to indulge in promiscuity². In the Sidoarjo district, pregnancy outside of marriage still frequently results in students being removed from school. Adolescents who should have a promising future and pursue further education, are no longer around due to the effects of free sex³.

Adolescence, as defined by the World Health Organization, is the age range of 10 to 19 years. It is a stage of life during which people engage in psychological self-exploration, including addressing their sexual desires. Free sex is the practice of engaging in unlimited sexual activity before, during, or after marriage with the goal of gratifying one's sexual urges⁴. Hormonal changes that boost sexual desire in adolescents lead to sexual issues because this desire must be channelled through specific behaviours⁵.

Teenagers will eventually get more sexually inclined, leading them to engage in behaviours like kissing and masturbating. The trend is growing as a result of information and sexual stimulation being spread through the media. Additionally, youngsters who are in a stage of curiosity and want to experience sexual conduct find it increasingly impossible to resist the advent of advanced technology (cell phones, the internet, and others)⁶.

Premarital sex was experienced by 4.5% of male adolescents and 0.7% of female adolescents in 2018, according to Riskesdas data on reproductive health and risky behaviour in adolescents (Ministry of Health, 2019). According to findings from WHO data studies conducted in a number of developing nations, 40% of male adolescents aged 18 and 40% of female adolescents aged 18 had sex outside of marriage. Meanwhile, a number of studies carried out by different organisations in Indonesia revealed that 5–10% of female teenagers and 18–38% of male adolescents between the ages of 16 and 24 had sexual contact with partners of the same age three to five times⁷.

Teenagers who engage in free sex may have a range of detrimental effects, including the psychological effects of feelings of rage, fear, anxiety, despair, low self-esteem, and guilt. The physiological effect also results in unintended pregnancies and abortions⁸. Additionally, there are the societal repercussions of early sexual behaviour, such as exclusion, adolescent girls dropping out of

school while pregnant, and modifications to the motherly role. Not to mention the opposition and pressure from the general public against this circumstance ⁹.

Hormonal changes that boost teenage sexual desire are thought to be factors in the development of free sex problems in adolescents. Teenagers need to be directed in specific behaviours due to this hormonal rise. The tendency for infractions is growing as a result of the information and stimuli being disseminated by mass media with cutting-edge technology, including video compact discs (VCD), periodicals, and online websites ¹⁰. Teenagers in this stage of development desire to try to mimic what they see or hear in the media because, generally speaking, their parents have never experienced complete sexual problems ¹¹.

The findings of a survey carried out by WHO in numerous nations demonstrate that adolescents' issues with reproductive health might be diminished by providing them with accurate information. In the meanwhile, there is still a dearth of trustworthy information on the reproductive health of adolescents. Teenage sexual attitudes are another issue. Adolescents' sexual attitudes can be favourable or negative; positive attitudes are more likely to support free sex, whilst negative attitudes are more likely to discourage it ¹².

Based on the findings of a preliminary study conducted by the author in Suko Village, it was determined that 10 of the 12 adolescents who were asked about the risks of free sex did not know these risks and admitted that they had never received health education. The purpose of this study was to determine the knowledge and attitudes of adolescents in Suko Village before and after receiving health promotion regarding the risks of free sex.

METHOD

Cross-sectional sampling and a descriptive research design were utilised in this study. The information used is first-hand information on people's views and knowledge of free sex. A questionnaire was used to collect the data, and a frequency distribution table was used to analyse the results. The following were the study's inclusion and exclusion criteria: Adolescents who are single and between the ages of 14 and 16 are eligible. Teenagers who refuse to participate in the study and those who are illiterate are excluded. In this study, 68 adolescents between the ages of 14 and 16 made up the sample, which was drawn using a purposive sampling technique. A preliminary and a concluding questionnaire were employed in the study tool.

Adolescents participated in this study by being recruited at the Suko village youth posyandu, and both the initial and final questionnaires were filled out by them on the same day. The adolescents were asked if they would be willing to serve as research samples by submitting a declaration of agreement and signing it if they agreed, and then the data collection approach was employed after

explaining the purpose, advantages, and procedures of the study in advance. Teenagers are given 15-20 minutes to complete the initial questionnaire's questions and answers. The researcher then discussed health promotion before giving the participant opportunity to complete the last questionnaire. This study was conducted in the village of Suko between the months of October and November 2022.

RESULTS

Table 1 Frequency Distribution of Respondents' Characteristics at Suko Village Sidoarjo

Characteristics	f	%
Age		
14 years	19	27.9
15 years	27	39.7
16 years	22	32.4
Gender		
Boy	32	47.1
Girl	36	52.9

Based on table 1, shows that a fraction of the age 15 years and most of the gender is a girl.

Table 2 Frequency Distribution of Knowledge Adolescents Before and After Being Getting Health Promotion Regarding The dangers of Free Sex

Knowledge	Before Being Given Health Promotion		After Being Given Health Promotion	
	f	%	f	%
Good	25	36.8	61	89.7
Sufficient	38	55.9	7	10.3
Less	5	7.3	0	0
Total	68	100	68	100

Based on table 1, it can be seen that knowledge respondents before getting promotion health, namely in the sufficient category (55.9%) and who have less knowledge 7.3%. While the knowledge of respondents following a health promotion increased to a good category of 89.7%.

Table 3 Frequency Distribution of Attitudes of Adolescents Before and After Getting Health Promotion Regarding The Dangers of Free Sex

Attitudes	Before Being Given Health Promotion		After Being Given Health Promotion	
	f	%	f	%
Positif	36	52.9	51	75.0
Negative	32	47.1	17	25.0
Total	68	100	68	100

Based on table 3 above, it can be seen attitudes of respondents before getting health promotion in the attitude category a positive attitude of 52.9 % and a negative attitude of 47.1%. While the attitude of the respondents after getting the attitude category for health promotion positive increased by 75.0% and respondents with a negative attitude decreased by 25.0%.

DISCUSSION

This study aims to determine the knowledge and attitudes of adolescents in Suko Village before and after receiving health promotion regarding the risks of free sex. There was a difference in knowledge and attitudes of adolescents, after giving health promotion is known that knowledge increased to a good category of 89.7% and positive attitudes increased 75.0%.

Knowledge and Attitudes of Adolescents Before and After Being Getting Health Promotion Regarding The dangers of Free Sex.

The analysis showed that difference in knowledge and attitudes of adolescents, after giving health promotion is known that knowledge increased to a good category of 89.7% and positive attitudes increased 75.0%, which indicates that there is an increasing difference in knowledge and attitudes among adolescents so the hypothesis can be accepted. Factors affecting incorrect knowledge only information. The Intended information in this research is health promotion. Provision of effective health promotion to increase one's knowledge. One of the health promotion activities is the provision of health information or messages to provide or enhance knowledge and attitudes about health to facilitate the occurrence of healthy behaviour.

In addition, the tools used to carry out health promotion can support the process of delivering the material in such a way that can increase the knowledge of adolescents. In this study, the tools used in providing health promotion in the form of slides materials, videos and presentation materials. The more tools are being used, there is also a lot of material that is conveyed because adolescents are increasingly using the senses that are on their bodies. This is appropriate to the theory that knowledge exists in every human received or captured through the five senses. The more senses used to receive something, then the more and the clearer the meaning acquired knowledge. Tools in health promotion are divided into three, namely: visual aids which are useful in helping stimulate, hearing aids (audio aids) and eyesight which can help stimulate the senses of listeners, visual and hearing aids (audiovisual aids).

After being given health promotion regarding the free sex knowledge of adolescents in Suko village, which previously mostly had sufficient knowledge now most are well informed (89.7%). The result of this study is in accordance with the research which was carried out at SMAN 1 Masohi, counseling provides an increase in the knowledge and attitudes of adolescents about sexuality premarital. Adolescents knowledge in Suko village after being given health promotion is increasingly seen from filling out the questionnaire before giving health promotion knowledge of adolescents limited to know and after being given health promotion to understand because there are more correct answers. This matter according to the statement, the increase in knowledge starts from knowing (know) is interpreted as remembering a material that has been learned before then understood (comprehension) able to explain or cites examples to conclude the material that has been studied is then applied.

From the results of research conducted regarding the attitude of adolescents towards free sex is known that the attitude of teenagers before getting health promotion mostly has a positive attitude (52.9%) and a negative attitude (47.1%). After being given health promotion positive increased (75.0%) and a negative attitude decreased (25.0%).

The results of this study show adolescents disapproval of free sex seen the positive attitudes of adolescents greater in comparison with negative attitudes well before is done health promotion and after the implementation of health promotion. After being given a promotion health positive attitude of adolescents increased by 22.1%. attitude is a reaction or response that is still closed from a person to a stimulus or object. The manifestation of that attitude cannot be directly seen, but it can only be interpreted first as closed behaviour.

Factors influencing attitude including personal experience that is something that we have experienced and are experiencing will follow shape and influence perceptions of us to social stimuli. The culture where we live and grew up has a major influence on the formation of our attitudes¹³. Other people who are considered important are one of the social components involved affect our attitude. Mass media i.e. as a means of communication. Various shapes of mass media such as television, radio, newspapers, and magazines have a big influence on the formation of people's opinions and beliefs. Then institutions or educational institutions and religious institutions as a system have an influence on the formation of attitudes because both lay the foundation of understanding and moral concepts within the individual. Emotional factors within the individual, sometimes form attitudes based on statements by emotions that function as a kind of channelling of frustration or diversion from ego defence mechanisms¹³.

Apart from the above factors influencing the formation of attitudes is a factor knowledge. Knowledge is the result of know, and this happens after people do sensing of a particular object, individuals have the urge to understand with their experience to gain knowledge. A person's attitude towards something object represents that knowledge regarding the object in question¹⁰.

There are several levels of attitude namely receive (receiving), respond (responding), value, and be responsible (responsible)¹⁴. In this study the attitude of adolescents after being given health promotion regarding free sex and distributed questionnaires have arrived at the level of acceptance it means that people (subject) want and pay attention to the stimulus given (object) and then respond that is the answer when asked work on and complete the task given is an indication of attitude. Because an attempt to answer the question or do a given task, regardless of whether the work is right or wrong is meaningful people accept the idea¹⁵.

CONCLUSION

There was a difference in knowledge and attitudes of adolescents, after giving health promotion is known that knowledge increased to a good category of 89.7% and positive attitudes increased 75.0%.

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