



The Influence Of Health Education On Knowledge Of Free Sexual Behavior

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Abstract. Sexual behavior in a variety of activities or behavior caused by sexual urges or to get sexual pleasure. Health education regarding free sex behavior is expected to provide knowledge and encourage changes in individual behavior. This study aims to determine the effect of student health education on knowledge about free sex behavior. The study was conducted using pre-experimental methods with the One-Group Pretest-Posttest Design approach. The population, namely all students for the 2019-2020 period, totaled 946 people with a sample size of 90 people who were stabilized by the Cluster Random Sampling technique. The results of statistical tests showed that at the pretest it was known that most of them had good knowledge, namely 62.2%, and in the post-test, good knowledge reached 98.9%. This study shows the effect of health education on knowledge about free sexual behavior (p -value $0.000 < 0.05$). Knowledge before being given health education about free sex behavior is known to have good knowledge which is 62.2% and less knowledge reaches 27.8%. Most of the knowledge after being given health education about free sex behavior has good knowledge, namely reaching 98.9%. This is because respondents can accept the process of providing health education with an online system that is well accepted.

Introduction

Sexual behavior in a variety of activities or behaviors because of sexual urges or to get sexual pleasure¹. So far, adolescents have not used reproductive health services because they feel ashamed and are still considered taboo by the community, making them less understanding in determining their reproductive health behavior².

Data obtained from the World Health Organization (WHO) in 2013, that sexual behavior in African countries, Asian

countries such as Bangladesh, India, Nepal, Yemen, and Latin American and Caribbean countries, around 40% - 80% of women aged 18 years are active sexuality. Similarly, in Uganda, about 4% of men aged 10 years, 10% aged 12 years, 22% aged 14 years, and 64% aged 18 years admitted to having had sexual intercourse³. Indonesian Health Demographic Survey (2017) adolescents 15-19 years are the highest age both women and men (19%) have had sexual intercourse such as kissing on the lips in 30% of women and 50% of men, only holding hands in 64% of women

and men - 75% of men, touching/stimulating 5% of women and 22% of men, hugging 17% of women and 33% of men, while premarital intercourse in women 2% and men 8% for reasons including 47 % love each other, 30% are curious/wanted to know, 16% just happen, 3% each because they are forced and influenced by friends. Some of these behaviors are at risk of having a pregnancy outside of marriage, and as many as 19% of adolescent girls in Indonesia experience pregnancy outside of marriage⁴.

The benefits obtained from health education are the achievement of changes in the health behavior of individuals, families, and communities, gaining knowledge and understanding of the importance of health, the formation of healthy behavior physically, mentally, and socially, reducing morbidity and mortality, changing one's behavior in the health sector⁵. Providing health education regarding free sex behavior to adolescent students is very necessary so that they have the correct knowledge and understanding⁶.

Haery's research in 2017, obtained a p-value = 0.000 < 0.05, which means that there is a difference in pre-test and post-test knowledge after being given sexuality counseling using the stratagem method. The results of the control group test obtained a p-value = 0.564 > 0.05 which means there is no significant difference in the level of knowledge of the pre-test and post-test without giving sexuality counseling with the stratagem method⁷.

A preliminary study on March 10, 2020, obtained information from the school, namely the Counseling Guidance (BK) teacher, it is known that in 2017 4 students kissed and 6 students were caught carrying and watching pornographic videos. Data for 2018-2019 shows 15 students were caught watching pornographic videos. The results of the interview with 10 students revealed that 6 of the students had experienced menstruation and 4 students had wet

dreams. They said they had never had sex and had never kissed just holding hands.

A total of 7 people (4 students and 3 students) know and can mention what a sexually transmitted disease is but cannot explain the signs and symptoms and the dangers of the disease. A total of 3 people (1 student and 2 students) did not know about the disease at all, and out of 10 people (6 students 4 students) did not know the dangers of early sexual intercourse, the risk of early pregnancy, and the dangers of abortion.

The findings regarding the factors that hinder the efforts of the supervising teacher in preventing students' sexual behavior are students who are difficult to open up to, lack of student education about sex, parents who do not cooperate, and consider students to be entirely the responsibility of the school. Other inhibiting factors are the lack of parental attention to the development of their children, the lack of firmness of the existing rules at school, and the existing sanctions are not treated for students whose parents play a role in the school. The study aims to determine the effect of student health education on knowledge about free sexual behavior.

Method

This research is a pre-experimental study with a One-Group Pretest-Posttest approach. The population is all students for the period 2019-2020 totaling 946 people (508 boys, 438 girls, and a total sample of 90 people. The sampling technique in this study used the Cluster Random Sampling technique, which is a type of sampling technique where a researcher divides the population into several separate groups referred to as clusters⁸.

The research instrument is in the form of a questionnaire and an extension program or SAP. The questionnaire has been tested for validity and reliability with the results of r count 10 question items > 0.30 alpha 0.760 > 0.60 and the

questionnaire is declared valid and reliable. Univariate analysis was used for frequency, distribution and proportion, and analysis. The distribution of the data is not normal causing the selection of statistical tests using the Mann Whitney test with a 95% confidence level carried out computerized⁹. This research has obtained a research permit from the Research and Development Agency of the Prov. Southeast Sulawesi with the number 070/1814/Balitbang/2020.

Results and Discussion

Characteristics of Respondents

Table 1 Characteristics of Respondents

Characteristics of Respondents	f	%
Age (Years)		
Mean + SD	16.57 + 0.654	
Gender		
Man	45	50.0
Woman	45	50.0
Class		
X	48	53.3
XI	42	46.7

Table 1 shows that most of the respondents are 16.57 years old on average, male and female are of the same gender, namely 45 people (50.0%) and most of the respondents are class X, namely 48 people (53.3%).

Knowledge Before and After Being Given Health Education About Free Sexual Behavior

Tabel 2 The Knowledge before (pretest) and after (posttest) given health education on free sexual behavior

Motivation	N	%	Mean \pm Std. Deviation
Pretest Knowledge	Well	65	72.2
	Not enough	25	27.8
Posttest Knowledge	Well	89	98.9
	Not enough	1	1.1

Table 2 shows that the average pretest and post-test knowledge of 90 respondents

are in the good category, but more respondents in the pretest motivation have less knowledge by 27.8%, after health education, there is an increase in the good category up to 98.9%.

The results showed that most (72.2%) of respondents had good knowledge, but respondents with less knowledge about free sex behavior were quite lot, reaching 25 people (27.8%). The majority of respondents gave incorrect answers to statements about the definition of health education and sources of information that can obtain health education. This is because respondents still have a lack of understanding about free sex behavior.

Respondents are teenagers aged 15-18 years, this allows respondents to more easily manage and understand the information received because respondents at a young age can process information well. This is following the theory that age can affect an individual's knowledge where the older he gets, the more his ability to capture information and mindset will develop, so that knowledge will become better¹⁰. Adolescent knowledge in terms of promiscuity is the result of a person's sensing of an object, which consists of two aspects, namely positive and negative aspects that can determine a person's attitude where more positive aspects of an object will form a positive attitude towards an object^{11,12}.

The results of previous studies that support this research were conducted by Haery in 2017 which showed that there was a significant difference in pre-test and post-test knowledge after sexuality counseling was carried out⁷. Another research that supports is Delyana in 2015 which shows that there are differences in adolescent knowledge before and after sexual education is carried out on students¹³.

Measurement of respondents' knowledge after health education regarding free sex behavior was carried out to determine whether the health education provided was effective and could have a changing effect on knowledge or not. The

measurement results in table 2 show that the majority have good knowledge of free sex behavior, which is up to 89 people (98.9%) which means that as many as 24 respondents experienced a change in knowledge in a positive direction.

This shows that the material presented by the researcher regarding free sex behavior was well received by the respondents, even though in the implementation of education and knowledge measurement, pretest and posttest were carried out using an online system. Knowledge in this study has increased, at first, respondents had less knowledge than good knowledge. This increase occurred after the intervention was carried out in the form of providing health education with PowerPoint slides and educational videos distributed through research groups in the WhatsApp messenger application that had been created previously and consisted of research respondents. Respondents who experienced a change in knowledge mostly answered correctly on questions that were previously incorrectly answered, especially on questions about the definition of health education and sources that could provide health education.

Health education is an effort to increase or increase the ability to improve and maintain their health and media that can be used in the form of visual aids, audio or hearing and visual aids (audiovisual) as well as aids with written media such as posters, leaflets, booklets, sheets, flipchart¹⁴. Health education targets are individuals, groups, and the wider community¹⁵. Methods that can be used for individuals are guidance and counseling and interviews, for target groups the methods that can be used are in the form of group discussions, expressing opinions (Brainstorming), role-playing, groups discussing rumors and simulations, health education methods for the wider community are lectures and seminars¹⁴⁻¹⁶.

The appropriate previous research was Savitri's study in 2013 which showed the

knowledge of respondents before the intervention reached 62.8% and after the intervention reached 81.4%¹⁷. Similarly, Siwi's research (2019) shows the average knowledge of the pre-test respondents means = 77.53 and the post-test respondents' knowledge level means = 89.77¹⁸.

The effect of student health education on knowledge about free sexual behavior

Table 3 Distribution of influence between health education on knowledge about free sexual behavior

Variable	Median	Min	Max	p-value
<i>Pretest Knowledge</i>	60	30	90	0.000
<i>Posttest Knowledge</i>	80	40	100	

Table 3 shows that the results of the bivariate analysis using Mann Whitney with a 95% confidence level obtained a p-value of $0.000 < 0.05$, which means that H_a is accepted and shows that there is an effect of student health education on knowledge about free sexual behavior. The health education carried out has a significant effect on changes in the knowledge of research respondents about free sex behavior.

This significant relationship is supported by a change in the median value of respondents' knowledge before (pretest) is 60 and (post-test) is 80 which indicates an increase in the median value of respondents after being given health education because respondents received well the material provided by the researcher. In addition, health education was carried out through the WhatsApp messaging application group where researchers sent videos and PowerPoint slides, and the post-test was carried out relatively quickly, namely, after education so that respondents had good memories of the material presented.

The results of this study are supported by the theory that a person's knowledge is the result of sensing a particular object through the five human senses¹⁹. Knowledge is obtained formally (schools) and informally (health counseling, information from friends, parents, as well as from various information media)^{11,19}.

This research is supported by Sirait's research conducted in 2020 which shows that there is an effect of reproductive health education on knowledge of the dangers of free sex²⁰. Similarly, Savitri's research in 2013 showed that there was a significant influence on the provision of reproductive health education that affected the level of knowledge about free sex in adolescents.¹⁷ The results of this study are further strengthened by the evidence base on Dharti's 2013 research which shows that there are differences in knowledge of premarital sex before and after being given sex education²¹. This study shows that this change in respondents' knowledge can occur because of the process of implementing health education, respondents are distributed material in the form of PowerPoint slides and videos that can be accessed at any time. So that in the implementation of the posttest, respondents still remember well the materials presented and if they forget they can go back to see the material that has been shared before²².

This study shows that this change in respondents' knowledge can occur because of the process of implementing health education, respondents are distributed material in the form of PowerPoint slides and videos that can be accessed at any time. So that in the implementation of the post-test, respondents still remember well the materials presented, and if they forget they can go back to see the material that has been shared before.

SIMPULAN

This study concludes that before being given health education about free sex behavior, it is known that most of them

have good knowledge, namely 62.2% and less knowledge reaches 27.8%. Knowledge after being given health education about free sex behavior mostly had good knowledge reaching 98.9%. There was an effect of health education on knowledge about free sexual behavior ($p\text{-value } 0.000 < 0.05$). The suggestion of this research is to increase UKS and PIKRR activities in schools and to collaborate with health workers in educating students to prevent free sex behavior.

References

1. Kusmiran E. Kesehatan Reproduksi Remaja dan Wanita. Jakarta : Salemba Medika: Salemba Medika; 2013.
2. Kuswandi K, Ismiyati, Rumiatur D. Analisis Kualitatif Perilaku Seks Bebas pada Remaja di Kabupaten Lebak. J Kesehat Poltekkes Palembang. 2019;14(1):18–24.
3. Muhammad Darusman dkk. Gambaran Perilaku Seksual Pranikah Pada Remaja Di Smk X Kabupaten Bogor. 2019;
4. SDKI. Kesehatan Reproduksi Remaja. Indonesia SDKI, editor. Jakarta; 2017.
5. Michael E. Manfaat Pendidikan Kesehatan. Jakarta: Salemba Medika; 2017.
6. Firza F. Hubungan Antara Pengetahuan Remaja Tentang Pendidikan Seks Dengan Perilaku Seksual Pranikah Pada Remaja. UIN Sultan Syarif Kasim Riau; 2011.
7. Haery AH. Pengaruh penyuluhan seksualitas dengan metode stratagem terhadap pengetahuan bahaya seks pranikah pada remaja awal. Universitas Islam Negeri Alauddin Makassar; 2017.
8. Nursalam. Metodologi penelitian keperawatan. pendekatan Prakt salemba Med. 2015;
9. Umar. Metode penelitian untuk skripsi dan tesis. Yogyakarta: Nuha Medika; 2014.

10. Puspita A. pengaruh Penyuluhan Kesehatan Reproduksi terhadap pengetahuan tentang perilaku seksual remaja di SMA “X” Bandar Lampung. *J ilmu Kedokt dan Kesehat*. 2018;4(April):67–73.
11. Wawan A dan Dewi M. Teori dan Pengukuran Pengetahuan, Sikap dan Perilaku manusia. Yogyakarta: Nuha Medika. 2018;12–114.
12. Taufik. Inovasi Pendidikan Melalui Problem Based Learning. Jakarta: Kencana Prenada Media Grup; 2012.
13. Delyana. pengaruh pendidikan kesehatan seksual terhadap tingkat pengetahuan sikap seks bebas pada remaja di SMK Negeri 1 Bantul Yogyakarta. Naskah Publ Stikes 'Aisyiyah. 2015;49(23–6):23–34.
14. Notoatmodjo S. Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta. 2012. 131–137 p.
15. Fitriani S. Promosi Kesehatan. Yogyakarta: Graha Ilmu; 2014.
16. Maulana H. Promosi Kesehatan. Jakarta: EGC; 2009.
17. Savitri D, Kirnantoro K. Pemberian Pendidikan Kesehatan Reproduksi Berpengaruh Terhadap Tingkat Pengetahuan Tentang Seks Bebas pada Remaja Kelas X dan XI 2 di SMK Muhammadiyah II Bantul. *J Ners dan Kebidanan Indones*. 2013;1(1):23.
18. Siwi CTM, Utami JNW, Astuti T. Pengaruh Pendidikan Kesehatan Remaja Melalui Media Video Terhadap Pengetahuan Siswa Tentang Dampak Seks Bebas. *SEAJOM Southeast Asia J Midwifery*. 2019;5(2):64–8.
19. Notoatmodjo S. Ilmu Perilaku Kesehatan. Rineka Cipta. 2014. 140 p.
20. Sirait HS, Asiah A, Deviyani F. Pengaruh Pendidikan Kesehatan Reproduksi Terhadap Pengetahuan Bahaya Seks Bebas Pada Siswi Kelas Viii. *J Kesehat*. 2020;11(1):1415–25.
21. Dhati NA. Pengaruh pemberian pendidikan seks terhadap pengetahuan dan sikap remaja dalam pencegahan seks pranikah di SMA N I Pundong Bantul. Naskah Publ Stikes 'Aisyiyah. 2013;1–28.
22. Zulfikar. pengaruh pendidikan kesehatan tentang seks pra nikah terhadap pengetahuan siswa di SMA 1 Balano Lambunu. *J Univ Muhammadiyah Palu*. 2018;2(2):551–8.