

Adolescent Sexual Behavior Against Incident Early Age Pregnancy in Class X SMA Negeri 1 Teon Nila Serua (TNS) Central Maluku District 2016

Lukman La Bassy¹, Ira Sandi Tunny², Ulima Asni³

^{1&2}Lecturer at STIKes Maluku Husada, Indonesia

²Student at STIKes Maluku Husada, Indonesia

Email: apt.lukmanlabasy@yahoo.com

Abstract

The incidence of teenage pregnancy is unwanted pregnancy and a pregnancy that occurs because of any reason that its presence is not desired by either or both prospective parents. The high teenage pregnancy rate in Indonesia is now evident from observations and surveys of Family Planning Coordinating Body (BKKBN) in 2010, under of the population of adolescents (aged 14-19 years) 34 million or 19,6% of the total population of Indonesia, the rate of sex in all major cities in Indonesia exceeded the level of 50%. Fundamental changes in adolescent sexual act and behave as well as they lack knowledge of the sexual relationship the cause of the increasing problem of teenage pregnancy. The study aims to determine the factors associated with adolescent sexuality on the incidence of teenage pregnancy in class X SMA Negeri 1 Teon Nila Serua (TNS) Central Maluku District 2016. The research is a quantitative research with cross sectional method, the sample was determined using the total sampling numbering 70 people. The research instrument used questionnaire. Data processing with SPSS, using Chi Square test and significance level $\alpha=0.05$. The results in this study obtained significant value knowledge ($p=0,964$), attitude ($p=0,058$), and the role of parents ($p=0,055$). From these results it can be concluded that the knowledge does not have a significant relationship to the incidence of teen pregnancy. While the attitude and role of parents has a significant relationship to the incidence of teen pregnancy.

Keywords: Knowledge, Attitude, The Role Of The Parents, The Incidence Of Early Age Pregnancy

1.0 INTRODUCTION

Adolescence is an important period in the course of human life. This age group is important as a bridge between free childhoods to adulthood which demanding responsibility (Kusmiran, 2012). A fundamental change on teenage attitude, sexual and reproductive behavior among teenage has become one of the social problems that worrying Indonesian people. One of the factors that cause teenage pregnancy is the lack of knowledge about sexual intercourse. Numbers of pregnant teenagers on pre-marriage can be concluded that many teenagers are still lack of knowledge on sexual intercourse. Half knowledge on it is even more dangerous than do not know at all. Additionally teenage pregnancy is also caused by many teenagers who force to be married by their parents with those who are considered able to lighten the burden of both of parents. (Kumalasari & Andhyantoro 2012). The impact of teenage pregnancy causes a lot of health problem of women's reproduction and often harmful to the safety of mother and baby. A good age to get pregnant medically is 20-35 years old, so if less than that even though the physical age had menstruation and can be fertilized, yet by no means ready to get pregnant and give birth and have the mental maturity to reproduce (Marmi 2013). Indonesia Demographic and Health Survey (IDHS) in 2012 showed high maternal mortality rate 359 per 100,000 live births, which is not much different with the performance of 17 years ago, where AKI 1995 was 373 per 100,000 live births. When compared with the target of Sustainable Development Goals (SDGs) in 2015, certainly AKI in 2012 increasingly far from expectations of SDGs in 2015 targeting 102 per 100,000 live births (IDHS 2012). Problem of teenage pregnancy becomes more concrete if it is associated with an increasing trend of maternal mortality in recent years. The maternal mortality rate in the hospital is due to the number of emergency cases of pregnancy, childbirth and postpartum. In addition maternal death is caused by bleeding, high blood pressure during pregnancy (eclampsia), infection, obstructed birth and complications of miscarriage, while the direct cause of infant mortality is Infant Low Birth Weight (LBW) and lack of oxygen (asphyxia).

The indirect causes of maternal death and newborn is due to the condition of society is still weak, such as education, social, economic and cultural aspects. Geographical conditions and means circumstances which less prepared participate aggravate this problem (Mboi, 2010). The high rate of teenage pregnancy in Indonesia is now evident from observations and survey of the National Family Planning Coordinating Board (BKKBN) in 2010, based on a population of adolescents (aged 14-19 years) 34 million, or 19.6% of the total population of Indonesia, the rate of free sex in all major cities in Indonesia exceeded 50% which is an ironic rate. From the results of the survey, about 30% ended in "forced" married due to pregnancy and the average at a very young age. Teenage pregnancy in Indonesia showed that many girl teenagers do not really understand the risks of the consequences of early pregnancy, and most

of them still underestimate the matter of health reproductive and how to prevent diseases that might arise from a lack of self-awareness to maintain hygiene and health reproductive of them (BKKBN, 2010).

In Central Maluku regency teenage pregnancy is still high. This is evidenced by the data obtained from the Office of BKKBN Central Maluku regency in 2014 the number of teenage pregnancy was 4250 inhabitants aged <20 years (BKKBN Central Maluku 2014). In SMA Negeri 1 Teon Nila Serua Central Maluku regency, there are unidentified students who have experienced pregnancy. However, data obtained by researchers based on information from the local community, there are some students who've dropped out of school due to pregnancy outside marriage. In addition, the data obtained from the holders of Youth Care Health Services program (PKPR) sub-district Puskesmas (Public Health Center) Care Layeni TNS that there are teenage pregnancies incident since last 3 years, and has increased significantly as shown in Table 1.1.as follow:

Table 1. The Teen-Age Pregnancy Data in working area of public health care center TNS central Maluku regency

Year	Age	Number of Teenage Pregnancy	Total
2013	18 years old	4 persons	20 persons
	19 years old	16 persons	
2014	15 years old	1 person	23 persons
	16 years old	2 persons	
	17 years old	1 person	
	19 years old	19 persons	
2015	16 years old	1 person	21 persons
	19 years old	20 persons	
	Total Number		64 persons

Source: Primary Data of Health Care Center Layeni, April 11th 2015

Based on the table 1.1, it shows that teenage pregnancy in TNS regency has declined yet still includes the vulnerable age in getting pregnant and giving birth. This causes teens dropped out of school and more often forced marriage because of the pregnancy occurrence, due to uncontrolled sexual behavior. At the time of the initial data collection and information obtained from the holders of Youth Care Health Services program (PKPR) public health care center Layeni TNS sub-district, that the occurrence of a teenage pregnancy due to the lack of knowledge on sexuality and health of reproduction. In addition, the lack of parents' role in providing information regarding sexual problems that occur at adolescence time and the influence of free life which is not well controlled also affect the occurrence of teenage pregnancy in TNS sub district. Besides, the observation of the researcher who in fact live at the study site, which is found that mostly teenagers are not living with their biological parents but by the next of kin, so the fad pattern and direct monitoring of the parents to the behavior of adolescents are less than the maximum. Based on the problems, the researcher interested to write on the title of adolescent sexual Behavior towards incident of early age pregnancy of student class X state senior high school 1Teon Nila Serua (TNS) central Maluku regency.

2.0 METHOD

This research is quantitative research applying cross sectional approach. This research is conducted in state senior high school 1 Teon Nila Serua (TNS) Central Maluku regency on July 18th - August 18th 2016. The population of this study is the students of class X state senior high school 1 Teon Nila Serua numbered 70 people. The sampling used is total population which takes the entire population as the sample.

- **Data collection:** The technique of collecting the data of this research is the instrument in the form of questionnaire.
- **Data processing:** After data collection is done and the data is obtained, the researcher then process the data that includes several parts: Editing, Coding, Entry, and Tabulating. After the data is processed, then the researcher conducted the data analysis using SPSS computer software. While the analysis of the data used is: Univariate and Bivariate analysis using Chi-Square statistical tests with significance level of ($\alpha = 0.05$).

3.0 RESULTS

3.1 General Characteristics of Respondents

Table 2. Frequency Distribution of Students Age In state senior high school I TNS central Maluku regency 2016.

Age	Frequency	Percent
14 years old	13	18.6 %
15 years old	48	68.6 %
16 years old	9	12.9 %
Total	70	100.0 %

Based on Table 2, it can be drawn that the age classification aged 15 years amounted to 48 respondents (68.6%), while for small amounts at age 16 years amounted to only 9 respondents (12.9%).

Table 3. Frequency Distribution of Students Gender in state senior high school I TNS central Maluku regency 2016.

Gender	Frequency	Percent
Male	27	38.6 %
Female	43	61.4 %
Total	70	100.0 %

Based on Table 3, it can be conclude that the classification of the dominant students are female amounted to 43 respondents (61.4 %). While the lowest number of sexes are male amounted to 27 respondents (38.6 %)

Table 4. The distribution of parent's job frequency of students in state senior high school I TNS central Maluku regency 2016.

Parents Job	Frequency	Percent (%)
PNS	11	15,7 %
Non PNS	59	84,3 %
total	70	100,0 %

According to the Table 4, it can be drawn that the classification of the job of students' parents at most are those that have a Non PNS job amounted to 59 respondents (84.3%), while for a small amount of work of civil servants as many as 11 respondents (15.7%).

3.2 Distribution of respondents based on knowledge

Table 5. The Distribution of Students Knowledge Frequency In state senior high school I TNS Central Maluku Regency 2016.

Knowledge	Frequency	Percent (%)
good	46	65,7 %
enough	24	34,3 %
Less	0	0 %
total	70	100,0%

3.3 The distribution of respondents based on attitudes

Table 6. The Distribution of student attitude frequency in state senior high school I TNS central part of Maluku regency 2016

Attitude	Frequency	Percent (%)
Good	29	41,4 %
Less	41	58,6 %
Total	70	100,0%

Based on the table it can be drawn that the dominant classification of students attitude is the students with the less attitude numbered 41 respondents (58.6%), while the least students who have a good attitude totaling 29 respondents (41.4%)

3.4 The distribution of respondents according to parent role.

Table 7. The Distribution of Parents' Role Frequency In state senior high school I TNS central Maluku regency 2016

Parents Role	Frequency	Percent (%)
Good	45	64,3 %
Less	25	35,7 %
Total	70	100,0%

According to the table can be drawn that the dominant classification of the parents role of students is the parents who have a good role numbered 45 respondents (64.3%), while the least is the parents who have the less role numbered 25 respondents (35, 7%).

Table 8. Distribution of Early teenage Pregnancy Frequency in state senior high school I TNS central Maluku regency 2016

Early pregnancy occurrence	Frequency	Percent (%)
High risk	26	37,1 %
Low risk	44	62,9 %
Total	70	100,0%

According to the table, it can be drawn that the dominant classification of teen pregnancy occurrence are the low risk students towards the occurrence of teenage pregnancy, as many as 44 respondents (62.9%), while the least are the students at high risk towards the occurrence of teenage pregnancy, as many as 26 respondents (37.1%).

3.5 The correlation of students' knowledge and the early pregnancy occurrence

Table 9. Analysis of the correlation of Student Knowledge and Early pregnancy occurrence In state senior high school I TNS central Maluku regency 2016

Attitude	Early pregnancy occurrence				Total		P
	High risk		Low risk				
	n	%	N	%	N	%	
Good	17	24,2	29	41,4	46	65,7	0,964
Enough	9	13	15	21,4	24	34,3	
Less	0	0	0	0	0	0	
Total	26	37,2	44	62,8	70	100	

Based on the results of data processing using statistical test Chi-Square (Pearson chi-Square) on table 9 obtained value $\rho = 0.964$, which is greater than $\alpha = 0.05$, so it can be concluded that H_0 is accepted and H_a is rejected or the hypothesis of this study is not accepted. This means that there is no significant relationship between students' knowledge and the occurrence of teen pregnancy.

3.5 The correlation of student attitudes and early teen pregnancy occurrence

Table 10. Analysis of the correlation of Student Attitudes and early pregnancy occurrence in state senior high school I TNS central Maluku regency.

Attitude	Early pregnancy occurrence				Total		P
	High risk		Low risk				
	n	%	n	%	N	%	
Good	7	10	22	31,4	29	41,4	0,058
Less	19	27,2	22	31,4	41	58,6	
Total	26	37,2	44	62,8	70	100	

Based on the results of data processing using statistical test Chi-Square (Pearson chi-Squares) on Table 10 obtained value $\rho = 0.058$, which is smaller than $\alpha = 0.05$, so it can be concluded that H_0 is rejected and H_a is accepted or the

research hypothesis is accepted. This means that there is a significant relationship between students' attitudes to the occurrence of teen pregnancy.

3.6 The correlation of parent's role and early pregnancy occurrence

Table 11. Analysis of the correlation of parent's role and early pregnancy occurrence in state senior high school 1 TNS central Maluku regency 2016.

attitude	Early pregnancy occurrence						P
	High risk		Low risk		Total		
	N	%	N	%	N	%	
Good	13	18,6	32	45,7	45	64,3	0,055
Less	13	18,6	12	17,1	25	35,7	
Total	26	37,2	44	62,8	70	100	

Based on the data processing using Chi-Square statistical test (Pearson Chi-Square) on the table 10, it is obtained that the p value = 0.005 which smallest than $\alpha = 0.05$. Thus it can be concluded that H0 is rejected and Ha is accepted or the hypothesis of the research is accepted. This means that there is a significant correlation between parent's role and early pregnancy occurrence.

4.0 DISCUSSION

4.1 The correlation of student knowledge and early pregnancy occurrence.

Based on the results of data processing using statistical test Chi-Square (Pearson chi-Square) on table 4.8 obtained ρ value = 0.964, which is greater than $\alpha = 0.05$, so it can be concluded that H0 is accepted and Ha is rejected or the hypothesis of this study is not accepted. This means that there is no significant relationship between students' knowledge and the occurrence of teen pregnancy. Mubarak said that knowledge is the result of considering a case included considering the intentional or unintentional and occurs after the contact or observation of a particular object. Behavior based on knowledge will be better than the behavior that is not based on knowledge. It is in line with the research conducted by Ayu Asmarani entitled "The Relationship of Knowledge Level and Attitudes of Young Women On the Impact of Early Pregnancy in vocational Assanadiyah school 2014" with $\rho = 0.053 > \alpha = 0.05$ and there is no meaningful relationship between knowledge on the impact of teen pregnancy.

From the results of data processing using Chi-Square with a sample of 106 respondents, those who have a good knowledge with no risk impact of teen pregnancy as much as 53.8% while the risk teen pregnancy as much as 17.9%. Teens whose have good knowledge will think positively and do not support the occurrence of early pregnancy. This is not in line with Daria research (2010). It is known that the level of knowledge of teen influence on the attitude or behavior of them both positive and negative towards teen pregnancy. According to him, the negative attitude of teenage (support attitude) towards teen pregnancy is caused due to the lack of knowledge and the information obtained is not accurate about early teen pregnancy and its impact. According to researcher's assumption, teen pregnancy knowledge is not just knowledge that briefly discussed. This was proven when conducting the study the researchers found that the majority of adolescents aged 15 years already have a good knowledge about the occurrence of teenage pregnancy. They need the knowledge of the education system leads to the direction of the prevention of teen pregnancy.

4.2 Relationship Attitude Students with Genesis Early Pregnancy

Based on the results of data processing using statistical test Chi-Square (Pearson chi-Square) on Table 4.9 obtained value $\rho = 0.058$, which is smaller than $\alpha = 0.05$, so it can be concluded that H0 is rejected and Ha is received or the research hypothesis is accepted. This means that there is a significant relationship between students' attitudes with the incidence of teen pregnancy. Notoatmodjo (2010) said that attitude is a willingness or readiness to behave. The negative attitude is defined as an attitude that refuses, oppose or dissent from the object. The opposite is true in a positive attitude. This is in line with research conducted by Yeni Rosyeni and Isti Dariah entitled "Relationship Knowledge and Attitudes of Young Women Against Teen Pregnancy In public health center of Pageran North Cimahi 2010", with ρ value = 0.033 ($\rho < 0.05$) so that H0 is rejected thus there is a relationship between attitudes and teen pregnancy. However, this study is contrary to a research conducted by I Nyoman Gede Sanjaya which said that there is no meaningful relationship between attitude and teenage sexual behavior with the ρ value = 0.131 ($\rho > 0.05$). According to the researcher, the better assumption of a teenage in response to a particular object the better the attitude of the teenage is. In this case, most of the teens found by the researcher are female and being poor on the occurrence

of their pregnancy, thus making a poor attitude toward teen pregnancy occurrence is indirectly a risk of the incidence of teen pregnancy.

4.3 The Relationship of Parents' Role and Early Pregnancy Occurrence

Based on the results of data processing using statistical test of Chi-Square (Pearson chi-Square) on table 4:10 obtained p value = 0.055, which is smaller than $\alpha = 0.05$, so it can be concluded that H_0 is rejected and H_a is received or the research hypothesis is accepted. This means that there is a significant relationship between parent's role of and the occurrence of teen pregnancy. This is in line with the theory of Widayastuti who said that if there is a concern or parental control toward children, it may delay the teen age to have sex. The results of this study support the idea of Laily and Matulesy that the quality of communication between parents and children can prevent teens from premarital sexual behavior, this is because the parent-child relationship is established or an intensive communication enabling the discussion, sharing, and joint problem solving. Communication in the family is a bridge of interaction between parents and their children. It is an explanation that is not correct to always make poor communication within the family as the sole cause of teenage naughtiness, family disharmony and so on. There are still many other things which are interrelated as the mutual understanding of parent and child, mutual respect and candor, or their sense of empathy. Parent-child communication is said to be effective if the two sides close to each other, like each other and the communication between them are delightful and the openness that grew attitude believe.

This is also in line with a research conducted by Mambang et al, entitled " the Relationship of Parents Role towards Teenage Behavior in Preventing Risk Pregnancy At Early Age In private senior high school X Banjarmasin", with a p -value of 0.000 ($p < 0.05$), so that H_0 is rejected. Thus there is a relationship between parent's role and teenage behavior in preventing pregnancy at an early age. According to researcher, the better of the role of parents, the better the teen's behavior is. It is based on family support or the parent's role which greatly affect children's knowledge in shaping their personality by directing, guiding and attention to emotional problems. Although most of the parent's job that found in this study are farmers (non-civil servant) and they have always worked outside the home, yet they always provide enough time to communicate about anything related to the development of children and talk about things that also deals with the problem of teenage pregnancy. Children need to understand that they can talk with their parents, and parents can help them deal with the situation and provide insights that pregnancy at an early age is something that cannot be accepted. As parents, they need to educate children properly in order to grow into active, intelligent child, and has a bright life in the future.

5.0 CONCLUSIONS AND SUGGESTIONS

5.1 Conclusion

Based on the results that have been obtained, it can be concluded that the knowledge has no significant relationship between the occurrence of teenage pregnancy, the value $\rho = 0.964$. While attitudes have a significant relationship with the incidence of teenage pregnancy with the ρ value = 0.058 and the role of parents has a significant relationship with the incidence of teenage pregnancy, with the ρ value = 0.055.

5.2 Suggestion

The researcher expects that people can understand and avoid risk factors that could cause the occurrence of early age pregnancy. For further research it is better to find out the relationship of other variables or that have been examined in this study as well as other factors affecting the behavior of teenage sexuality on the occurrence of teenage pregnancy.

5.3 Acknowledgement

1. Lukman La Basy, S.Farm., M.Sc., Apt as the head of STIKes (Colleges of Health Science) Maluku Husada which has provided an opportunity for the author to study in Maluku STIKes Husada.
2. Ira Sandy Tunny, S.Si., Kes as the head of Nursing study program of STIKes Maluku Husada, which has provided assistance to the author during study in STIKes Maluku Husada.
3. Dra.J.Lekransi, MA, as the principal and teacher councils of state senior high school 1 Teon Nila Serua who have given permission to conduct the research.
4. C.Leunufna, Amd.Kep as the head of Public Health Center of Layeni who has given permission to the author to follow education in Maluku STIKes Husada.
5. Ellen Wattimury as a holder of PKPR program of Public Health Center of Layeni and has assisted the author to write this essay.
6. All friends - classmates of STIKes Maluku Husada special program of the second generation that has given abundant helps to writer.

7. My beloved husband Klemen Rehatta, SE who always paying attention and motivation for writers during education until accomplishing this thesis.
8. Both parents Alm.Bpk. Jonah Lopuhaa and Mrs. Mariana Parera and all the families who have given much helped both moral and material support for writer to follow education.

References

1. Kusmiran E, 2012, *Kesehatan Reproduksi Remaja dan Wanita*. Jakarta: Salemba Medika.
2. Kumalasari, Intan & Iwan Andhyantoro. 2012. *Kesehatan Reproduksi untuk Mahasiswa Kebidanan dan Keperawatan*. Jakarta.Salemba Medika.
3. Marmi. *Gizi Dalam Kesehatan Reproduksi*. Yogyakarta: Pustaka Pelajar, 2013.
4. Kepmenkes. 2012. *Survei Demografi Kesehatan Indonesia 2012 Kesehatan Reproduksi Remaja*. Jakarta : Kementerian Kesehatan.
5. Mboi N, 2010. *Untuk Menurunkan Angka Kematian Ibu Dan Kematian Bayi Perlu Kerja Keras*. Diakses tanggal 19 Maret 2013. Dari <http://www.depkes.go.id/indek>.
6. Notoatmodjo, S. 2010. *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.
7. Notoatmodjo, S 2012. *Promosi Kesehatan Dan Perilaku Kesehatan*. Jakarta : Rineka Cipta.
8. Sarwono, S.W. (2010). *Psikologi remaja*. Jakarta : Rajawali Pers: Jakarta.
9. Hurlock, E, B. (2011). *Psikologi Perkembangan: Suatu Pendekatan Sepanjang Rentang Kehidupan*. Edisi Kelima (Alih Bahasa: Isti Widayanti dan Soetjarwo) Jakarta: Erlangga.
10. Sarwono, S.W. 2012. *Psikologi Remaja*. Jakarta Raja Grafindo Persada.
11. Sarwono, S.W. 2011. *Psikologi Remaja*, Edisi Revisi Catatan 14, Remaja Grafindo Persada Jakarta.
12. Kusmarini, 2011. *Kesehatan Reproduksi Remaja dan Wanita*. Salemba Medika. Jakarta.
13. Manuaba, IBG., 2010. *Ilmu Kebidanan, Penyakit Kandungan dan KB Untuk Pendidikan Bidan*. Edisi 2. Jakarta: EGC.
14. Sujarweni, Wiratna. 2014. *SPSS Untuk Penelitian*. Pustaka Baru Pres, Yogyakarta.
15. Hidayat A. 2012. *Riset Keperawatan dan Teknik Penulisan Ilmiah*. Jakarta: Pustaka Sinar Harapan.
16. Notoatmodjo. S. 2013. *Metodologi Perilaku Kesehatan*. Jakarta : Rineka Cipta.
17. Asmarani, A (2014). *Hubungan Tingkat Pengetahuan dan Sikap Remaja Putri Tentang Dampak Kehamilan Usi Dini di SMK Assanadiyah*. Tahun 2014. Jakarta. FKMUI.
18. Mubarak, 2011. *Promosi Kesehatan Sebuah Pengantar Proses Belajar Mengajar Dalam Pendidikan*. Yogyakarta: Graha Ilmu.
19. Rosyeni Y, dan Dariah I (2010). *Hubungan Pengetahuan dan Sikap Remaja Putri Terhadap Kehamilan Remaja di Puskesmas Pageran Cimahi Utara Tahun 2010*. STIKes A. Yani Cimahi.
20. Mubarak, I,W., 2012. *Health Promotion to Midwifery*, Salemba Medika, Jakarta