

Conference Paper

Factors Affecting Sexual Lifestyle of Students in School of Public Health of Cenderawasih University, Jayapura

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Abstract

Teenagers are human resource assets and the foundation of successful generation in the future. Every year, there are increasing number of adolescents who have sex before marriage impacted to the increasing of STD, young maternal mortality, abortion on unintended pregnancy, school dropouts, cancer, infertility and sterility. This study aimed to analyze several variables that affect sexual lifestyle in adolescents. A Quantitative research with *cross sectional* approach was used. The selected population groups were teenagers mid to late teens who are study in Faculty of Public Health Uncen Jayapura, 254 respondents were selected by *simple random sampling*. Data were collected using questionnaires, bivariate analysis using *chi-square* test while multivariate analysis using logistic regression. Research showed that 49.2% did risky sexual lifestyle. The bivariate test showed a significant relationship between the sex (p value 0.000), age (p value 0.000), father's education (p value 0.001), maternal education (p value 0.004), mother's occupation (0.000), knowledge of reproductive health (0.000), adolescent attitude toward sexuality (p value 0.002), attitude toward friend's sexuality (p value 0.000), leisure activities (p value 0.000), and the act of a friend's sexual activity (p value 0.000). Variables that influence adolescent sexual lifestyle is gender (OR = 0.3), age (OR = 0.2), knowledge about sexuality and contraception reproductive health (OR = 5.4), leisure activities (OR = 0, 3) and the actions of peers (OR = 7.4). The dominant factors that influence adolescent sexual lifestyle is the act of a friend who has a friend in which teenagers who did risky sexual activity 7.4 times higher odds of having risky sexual lifestyle than those who have friends that did not perform sexual activities.

Keywords: risky sexual lifestyle, teen

1. Introduction

Teenagers are human resource assets and the foundation of successful generation in the future. The large number of teenager population is an opportunity and not a problem for the government. Adolescence is a period of transition both physically, psychologically and socially from childhood to adulthood. At this time, combination of developmental psychological age and biological age become strong influence of multifactorial problems occurred in various fields of society. Changes occur, either due to economic factors, political, cultural and social changes and more related to adolescent behavior (BKKBN, 2001).

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Every year there is an increasing number of adolescents who have sex before marriage. Based on data from the Indonesian Planned Parenthood Association (IPPA) in 2010, the number of teenagers 10-24 years old of Indonesia has reached 62 million (30.3%) whereas 15% of adolescents are estimated to have had sex before marriage. Sex behavior in adolescents will lead to some manifestations, especially among young people. Impacts associated with free sex include problems of sexually transmitted diseases such as HIV-AIDS. More over, it also impact the higher number of mother die in their young age the increasing number of abortion practice because of unintended pregnancy, and contributes to social impact such as school drop-out, cancer, and infertility / sterility (Muhammad & Irawan, 1999).

Teenagers according to the *World Health Organization* (WHO) is someone who 10-24 years old, and grouped into three categories, 10-14 years old categorized as early teens, 15-19 years old categorized as mid teens, and 20-24 years old categorized as late teens. For this study we took teenagers with range age of 18-24 years old of the mid and late teens as samples as seen from the characteristics of the students (Sarwono, 1981).

Jayapura city was developed into a student city. One of Cendrawasih University School are school of Public Health, which become the main pillar school that emphasis on preventive and health promotion. For that reason, student of public health school should protect themselves from sexual lifestyle widespread among adolescents and college students by promoting a healthy lifestyle. Especially for the city of Jayapura where there's a cultural transition towards the modernism. With a lot of entertainment services available such as bars and karaoke, many young people are involved in it, which is usually not uncommon begins with intoxicating liquor and ending with free sex. ABCDE policy is not adequate because on the growing practice of free sex, on the other hand, people are less likely to use condoms and also conflict with local cultural values and religious values. Consumption of alcohol and drugs began to increase, the observance of religious norms weakened and good traditional values are rarely longer preserved.

The survey that have been conducted in the Papua Province on 6305 population aged 15-49 showed that approximately 82% of Papuans have had sex. The average age of the population in Papua when having sex for the first time was at the age of 19 years (NCI, 2005). A total of 54.7% of the male population and 23.8% of women have had sex for the first time with their friends before marriage. Male population in Papua who have had anal sex with regular partners as much as 3.7% and the number of women by 3.1%. Meanwhile, residents of Papua who had anal sex with casual partners as much as 7.4% of the male population and 6.7% of the female population .

Data from Papua Province Health Ministry Department cited the case of HIV-AIDS in Papua reached 19 202 cases, where the number of cases of HIV and AIDS 7318 11 884 cases as of December 31, 2014. The question in cases of rapid and alarming since more women are infected with HIV than men and in the productive age range between 25-49 years. The most HIV transmission is known as a result of heterosexual intercourse (Kabarnet, 2015). For active syphilis prevalence in the general population in Papua is 4.5% where the prevalence of syphilis is higher in men than women 7.6% by 6.6%,

with the number male respondents as many as 2,740 and as many as 2,920 female respondents (BPS, 2006).

2. Method

This was an *explanatory research* using *cross sectional* approach to study the correlation between risk factors (independent variables) with variables include the effect (dependent variable) by collecting data once at a time (*point time approach*). The population is unmarried student of first to seventh semester of School of Public Health of Uncen Jayapura with total 929 students. There were 254 respondents defined selected by *simple random sampling*. Data were collected using questionnaires, bivariate analysis using *chi square* test while multivariate analysis using logistic regression.

3. Results and Discussion

Research on several factors that influence sexual lifestyle toward students of school of public health in Jayapura focused on 11 things that once sexual activity ranging from kissing, necking, petting, oral sex, vaginal sex and anal sex. Age of first time perform oral sex, vaginal and anal sex, forms a relationship with a sexual partner, number of sex partners, the consumption of alcohol while performing sexual activity, use of condom in sexual activity, had suffered from IMS, have experienced pregnancy and what is done with the pregnancy.

Respondents are students from I till VII semester of School of Public Health with total 254 respondents consisting of 50% female and 50% male with age range of 20-24 years old late teens, Papuan 55.1% and non-Papuans 44.9%, a residence with parental supervision 63.8%, 79.9% the highest educational father, mother highest education 69.7% with 73.6% status working fathers and mothers do not work 57.1%. Teens have less knowledge about reproductive health, contraception sexuality and 53.5%, permissive attitudes toward sexuality 49.6%, risk free time activities 46.1%, parental attitudes toward sexuality 40.2%, attitudes toward sexuality friend 47.6% and the friend's behavior towards sexual activity 38.2%.

3.1. Sex

Looking at the various facts that occurred at this time, not a few young men and women who fall into *free-sex*, because of too freely expressing their freedom. The main factor problem is the lack of understanding of today's society and do not really understand the limit of relationships between men and women, In addition, it is also supported by the modernization that sometimes resulted to faith degradation that end up with influx of foreign culture without rigorous screening.

Statistical test results obtained *p-value* = 0.000, it can be concluded that there is a significant relationship between the type of sex with adolescent sexual lifestyle, where

Research variable		Number (n)	Percentage (%)
Sex	Female	127	50
	Male	127	50
Age	Mid teens	111	43.7
	Late teens	143	56.3
Race	Papuan	140	55.1
	Non Papua	114	44.9
Residence	No supervision	92	36.2
	Under supervision	162	63.8
Father's education	Low	51	20.1
	High	177	69.7
Mother's education	Low	77	30.3
	High	177	69.7
Father's occupation	Does not work	67	26.4
	Work	187	73.6
Mother's occupation	Work	109	42.9
	Does not work	145	57.1
Teenagers' knowledge	Less	136	53.5
	Good	118	46.5
Teenagers' attitude	Permissive	126	49.6
	Not permissive	128	50.4
Leisure time activities	Exposure	117	46.1
	Unexposed	137	53.9
Parents' attitude	Permissive	102	40.2
	Not permissive	152	59.8
Friends' attitude	Permissive	121	47.6
	Not permissive	133	52.4
Friends' behavior	Do	97	38.2
	Do not do	157	61.8

TABLE 1: Univariate Analysis

women have to protect themselves 0.3 times higher to reduce lifestyle-related sexual risk of female reproductive organs are highly susceptible to cause disease.

Additionally, female's vaginal wall has a large surface area that helps in collection of fluid that can facilitate HIV transmission, the walls of the cervix and vagina is thin and easily torn. Casually. it is often said that women are more vulnerable because there are some gender stereotypementioned that women are passive, silent, and tend to follow their partner or peer which are male (Sugiyono, 2007).

3.2. Age

One of the effects of the decreasing number of TFR (*Total Fertility Rate*) and IMR (*Infant Mortality Rate*)is the change in population age structure, such as an increasing number

Variables		Risk		Not at risk		p value	POR	CI 95%	
		n	%	n	%			Min	Max
Sex	Female	81	63.8	46	36.2	0,000	3.3	1.9	5.5
	Male	44	34.6	83	65.4				
Age	Mid	78	70.3	33	29.7	0,000	4.8	2.8	8.2
	Late	47	32.9	96	67.1				
Race	Papuan	76	54.3	64	45.7	0.096	1.5	0.9	2.5
	Non Papua	49	43.0	65	57.0				
Residence	No supervision	42	45.7	50	54.3	0.469	0.8	0.4	1.3
	Under supervision	83	51.2	79	48.8				
Father's education	Low	36	70.6	15	29.4	0,001	3	1.5	5.9
	High	89	43.8	114	56.2				
Mother's education	Low	49	63.6	28	36.4	0,004	2.3	1.3	4
	High	76	42.9	101	57.1				
Father's occupation	Does not work	40	59.7	27	40.3	0.063	1.7	1.0	3.1
	Work	85	45.5	102	54.5				
Mother's occupation	Work	37	33.9	72	66.1	0,000	0.3	0.1	0.5
	Does not work	88	60.7	57	39.3				
Teenagers' knowledge	Less	48	35.3	88	64.7	0,000	0.2	0.1	0.4
	Good	77	65.3	41	34.7				
Teenagers' attitude	Permissive	75	59.5	51	40.5	0,002	2.2	1.3	3.7
	Not permissive	50	39.1	78	60.9				
Leisure time activities	Permissive	49	48.0	53	52.0	0.858	0.9	0.5	1.5
	Not permissive	76	50.0	76	50.0				
Parents' attitude	Permissive	74	61.2	47	38.8	0,000	2.5	1.5	4.1
	Not permissive	51	38.3	82	61.7				
Friends' attitude	Exposure	85	72.6	32	27.4	0,000	6.4	3.7	11.1
	Unexposed	40	29.2	97	70.8				
Friends' behavior	Do	77	79.4	20	20.6	0,000	8.7	4.8	15.8
	Do not do	48	77.3	109	69.4				

TABLE 2: Bivariate analysis.

No.	Sexual Lifestyle	B	SE	Wald	df	Sig	Exp (B)	95% CI for EXP (B)	
								Lower	Upper
Step 6	Sex	-1.118	,357	9.836	1	,002	,327	,163	,657
	Teens	-1.513	,361	17.547	1	,000	,220	,109	,447
	Knowledge about reproductive health, sexuality and contraception	1,695	,369	21.063	1	,000	5.447	2,641	11.233
	Leisure time activities	-,956	,366	6.820	1	,009	,385	,188	,788
	Friends about the sexual act	2,014	,403	24.955	1	,000	7.491	3,400	16,508
	Constanta	-,463	,464	,999	1	,318	,629	-,463	,464

TABLE 3: Multivariate analysis

of adolescents aged population. Adolescents' age 15-24 years old in 2000 was one-fifth of the entire population of Indonesia. Reproductive health in adolescence is important because it related to reproductive health of adult life. Therefore it is important to study the reproductive behavior of adolescents, such as the peer's risk behavior that could have an impact on reproductive health conditions.

Statistical test results obtained *p-value* = 0.000, so it can be concluded that there is a significant correlation between age and sexual lifestyle, where the middle-aged teens should protect themselves 0.2 times higher to reduce risky sexual lifestyle. Although adolescence tends to be a high-risk group, yet it is the period where we can influence their behavior. However, it is admitted that young people group were least likely to be the subject of Indonesian's research and sometimes become the neglected group.

3.3. Knowledge

Teaching adolescent regarding premarital regarding sexual behavior is important either through formal or informal education. This effort needs to be done to prevent things that are not desirable, considering that many adolescents acquire knowledge of sex from peers, reading porn, watch porn and so on. Therefore, it is necessary for screening of information about premarital sexual knowledge among teenagers.

Statistical test results obtained *p-value* = 0.000, it can be concluded that there is a significant relationship between student knowledge on reproductive health, STDs and contraception with sexual lifestyle, with lack knowledge about reproductive health, sexuality and contraception which have a 5.4 times odds risk of risky sexual life-style compared with a good knowledge of adolescents group.

Teens often lack of basic information on reproductive health, negotiation skill toward sexual relationship decision, and did not know that access to reproductive health services were accessible and confidential. Concerns about confidentiality (*privacy*) or the cost of reproductive health service and stigma about those who visited reproductive

health clinic also restricting them access further services, even though the service there.

3.4. Leisure Time Activities

The basic concept of human behavior according to Herawaty; there are two types which are holistic and psychobehavioristic *views*, holistic view emphasizes that the individual's behavior is a key factor that encourages certain behavior even in the absence of external stimuli. Moreover, psycho behavioristic *view* stressed out that behavior patterns can be formed through a process of habituation and confirmation (*conditioning*).

Statistical test resulted *p-value* = 0.000, it can be concluded that there is a significant relationship between leisure time activities with the intention of doing risky sexual lifestyle in adolescents, where leisure time activities for teenagers who are exposed should protect themselves 0.3 times odds to reduce risky sexual lifestyle.

The results of this research on 474 respondents, suggested that the percentage of young people who often watch porn, look at a pornographic image and read pornography were significantly difference between men and women. with 82% of men. Furthermore, 82% male respondent admitted that they have had sexual intercourse while 53% of women admitted to be sexually active.

3.5. Friends' Action

The action is a response to stimuli that are active and can be observed. This indicates that the action is different from the passive attitude and cannot be observed. The necessary attitudes will be taken into an action if there were several contributing factors available such as facilities, and peers (Notoatmodjo, 2007))

Statistical test results obtained *p-value* = 0.000, it can be concluded that there is a significant relationship between the actions of peer sexual activity with adolescent sexual lifestyle, which acts friend that sexual activity had a risk 7.4 times odds to perform risky sexual lifestyle compared to the actions of a friend who did not perform sexual activities. Sexual behavior is an idea of manifestation of the sexual desire that can be observed directly through deeds that are reflected in the stages of sexual behavior from low to severe.

Hurlock (2004) stated that the manifestation of sexual desire in sexual behavior is influenced by internal factors and external factors. Internal factors are the stimulus that comes from within the individual reproductive hormones response. Reproductive hormones can cause sexual urge that demands gratification. While external factors, the stimulus coming from outside individuals to fulfill their sexual need that lead to do sexual behavior. The external impetus gained through experience when someone dating or the information about sexuality that we get from discussing with friends, as well as the influence of porn videos.

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References

- [1] BPS and Department of Health, *Risk Behavior and HIV Prevalence in Tanah Papua*, Jakarta, 2006.
- [2] F. S. Muhammad and M. H. Irawan, (Adolescent Sexuality. Pustaka Sinar Harapan, Jakarta, 1999).
- [3] MoH RI Director General P2PL, *Integrated Biological and Behavioral Surveillance Population*, 2013.
- [4] National Cancer Institute, *Theory at a Glance, A Guide For Health Promotion Practice (Second Edition)*, September 2005.
- [5] S. Notoatmodjo, *Health Promotion and Behavioral Sciences*, PT Rineka Reserved, Jakarta, 2007.
- [6] Office of the Minister of Women Affairs, UNFPA & BKKBN, *Office of the Minister of Women Affairs, UNFPA & BKKBN, Regional Training Guide on Gender Mainstreaming in Kespro & Population Affairs, Deputy of Training & Development Program BKKBN*, Jakarta, 2001.
- [7] People with HIV / AIDS spread to the villages, Available from <http://kabarnet.wordpress.com/2011/10/14/penderitahiv-aids-di-papua-tembus-10522-kasus>, (Serial Online), Accessed on May 22, 2015.
- [8] Sarwono S. W., Adolescent Sexuality and Fertility, in *Publisher CV, in cooperation with the eagle Jakarta Indonesian Family Planning Association, IPPA*, 1981.
- [9] Sugiyono, *Statistics for Health Research, Mold to IV*, CV Alfabeta, Jakarta, 2007.