



Conference Paper

Relationship between Sexual Violence with Self Efficacy among Female Adolescent at Junior High School in Tasikmalaya City

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Abstract

Background: Sexual violence is one of the health issues in the world. The most important impact of sexual violence on adolescent girls is pregnancy, which subsequently victims experience stress, depression, attempts to abort their pregnancy and even suicide attempts. Objectives: This study aims to determine the relationship between the sexual violence with Self Efficacy among female adolescent at Junior High School in Tasikmalaya City. Method: The study was an analytical method with cross sectional approach. The population was all female students of Junior High School in Tasikmalaya City. The sampling technique used quota sampling. The study was conducted in 2019 to recruited 100 respondents Data analysis was using chi-square to find out the relationship between two variables. Results: The results showed a significant relationship between sexual violence with self-efficacy s with p value 0.005 and odds ratio was 16. Conclusion: The conclusion is history of sexual violence in the form of sexual intercourse had 16 times the chance to have lower self-efficacy, as well as students who had experienced touches of intimate organs such as mouth, breasts and genitals tend to have lower self-efficacy 9 times compared to those who did not experience it. The finding could be recommended to conduct training to improve self-efficacy so that violence against students getting low even does not occur anymore.

Keywords: Self-Efficacy, Sexual Violence, Students

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1. Introduction

Pregnancy in adolescents can be classified as gender based violence. Sexual violence is more common in crime homes, but also occur in other places such as at school, tutoring, in the car, in a boarding house or hotel, in open spaces such as parks, plantations and forests [1]. Furthermore, this form of violence includes physical violence, psychological or emotional violence, sexual violence, and economic violence. Physical violence can be in the form of slapping, hitting, pulling hair, lighting with cigarettes, injuring with weapons, neglecting wife's health, psychological violence in the form of insulting, threatening to divorce, separating wife from children [2]. Types of sexual violence can take the form of rape, sexual harassment, sexual exploitation, sexual

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torture, sexual assault, intimidate including the threat of rape, forced prostitution, forced coercion, forced abortion, coercion of marriage, and trafficking of women [3].

Violence often occurs in the school environment, physical, psychological, and sexual violence. Sexual violence at school can be done by a teacher or a classmate. This gender-based violence can occur of forced sexual relations, rape, touching female body parts or it can also be in the form of dating with opposite sex friends [2].

There are many risk factors for sexual violence including poverty, family dysfunction, child abuse, choice of peer groups who have problems, loss of boyfriend, existence of social media factors, and family education [4,5,6].

The big impact of sexual violence is affect the quality of education. Sexual violence occurs among students will result in low self-esteem, school attendance decreases, and eventually drop out of school [7].

Pregnancy at school age will increase marriages at an early age and have the risk of forming a family with the inability of their partners physically or psychologically. Early marriage in Tasikmalaya City 99% due to pregnancy before marriage [8]. a study conducted about health promotion programmers at the Tamansari Community Health Center revealed that the number of early marriages in Setiawargi Village was the highest in Tamansari Subdistrict, most of them due to pregnancy out of wedlock. Perpetrators of sexual violence committed by their own friends started from a date or a threat.

So it is important that we know that this young woman can avoid sexual violence from their self-efficacy. Self-efficacy is a person's belief about their ability to produce a specified level of performance that influences events that affect their lifes. Independence of belief determines how people feel, think, motivate themselves, and behave. The research on self-efficacy has been widely studied recently but researcher want to find out whether there is an influence from the history of previous victims on a person's efficacy status.

The importance of this research is sexual violence based gender that starts from stereotypical practices with women are considered weaker than men. This sexual violence results in pregnancy at the age of adolescence which ultimately affects physical, psychological disorders, and death. Education is needed to change the behavior of young women to behave in healthy reproduction. Social Skill Training Education is a health promotion model to change one's behavior to say "no" even though it is threatened by someone [9]. Its mean that the Social Skill Training Education Model can be used to improve Self-Efficacy in sexual violence.

The results of this study are supported by those of other studies. A study conducted in New York analyzing social communication disorders, as well as strategies and social

cognitive attitudes, in children aged 12-17 years in home care. The results of the study showed that social communication disorders in child abuse victims and making opportunities for interaction more difficult [10]. Furthermore, another study by Preece, (2009) found that social skills training programs has been shown to improve social skills in children with Disruptive Behavior Disorders. The purpose of this study is to explore patterns of improvement in social knowledge and social performance that occur during social skills training programs. This study has two groups of eight men with behavioral problems who attended social skills training. The results showed there is improvement in social knowledge and social performance of respondents [11].

2. Methods

The study used analytical methods with cross-sectional approaches. The population in this study was female students at one of Government Junior High School in Tasikmalaya City. The sampling technique used quota sampling and examined the number of eligible (100 respondents).

Data collection in this study was using General Self Efficacy Score (GSE) questionnaire with 10 items and the value Cronbach's alphas of reliability between.76 and.90. Scoring questions have four options, not at all true (1), hardly true (2), moderately true (3), exactly true (4) [12]. Furthermore, another questionnaire used Violence History Questionnaire [13]. Data analysis utilized such as *chi-square* to determine the relationship between two variables.

3. Results

The results of the relationship between sexual violence and the self-efficacy were presented in Table 1.

TABLE 1: Relationship between sexual violence with self-efficacy among adolescent.

Variables		9	p value	OR						
	Lo	w	High		Σ					
	n	%	n	%						
Experience	5	83.3	1	16.7	100	0.005*	16			
Not experiences	22	23.4	72	76.6	100					
Note: Dependent Variable: Self-Efficacy **p<.01; *<.05										

The results showed there was a relationship between the sexual violence with selfefficacy with Odds Ratio (OR) was 16, which means that young women who have a

history of sexual violence have a higher self-efficacy 16 times compared with women who have never experienced sexual violence.

TABLE 2: Relationship between history of touches intimate organs with self-efficacy.

Variables		5	p value	OR			
	Lo	ow	High		Σ		
	n	%	n	%			
Experience	11	68.8	5	31.2	100		
Not experiences	16	19.0	68	81.0	100	0.000	9

The results showed there was a relationship between a history of intimate organ touch with self-efficacy of sexual violence with OR was 9, which means that adolescent girls who have a history of intimate organ touch have 9 times higher self efficacy compared to those without a history of intimate organ touch.

4. Discussion

The results showed that there was a relationship between history of sexual violence and self efficacy with p value 0.005 and Odds Ratio (OR) was 16. Moreover, there was a relationship between history of intimate organ touch with self efficacy with p value 0.000 and OR was 9. This indicates that young women who experience sexual violence that is in the form of forced sexual intercourse has 16 times the opportunity to have low self efficacy compared to those who do not have experience. Furthermore, young women who have a history of touching intimate organs such as mouth, genitals, buttocks, and breasts have 9 times the chance to have low self efficacy.

Forced sexual intercourse leads to inability and lack of confidence to refuse sexual relations, this can occur because of fear to threats or because of addiction. This has evidenced by 2 out of 6 students that after experiencing forced sexual relations there was a feeling of pleasure, anxiety, nostalgia, and some even felt addicted. Even this is felt by students who have experienced the touch of intimate organs such as the mouth, breast, buttocks and genitals. But there are also those who feel tense, panic, scared, and upset. The result related to Bandura's (1998) theory, young women whose low responses to their stressors will have experience anxiety[15]. Anxiety at the stage of affection will carry out less productive activities at the selection stage.

There are many risk factors for sexual violence, including poverty, family dysfunction, child abuse, choice of peer groups who have problems, loss of boyfriend [14]. Furthermore, the existence of social media and family education are also sexual factor [5,16]. The variety of risk factors and impacts of caused by sexual violence, but there are feel

happy and afraid. so it is very important to do education for young women to increase self-efficacy against sexual violence.

5. Conclusion

History of sexual violence had 16 times the chance to have lower self-efficacy, as well as students who had experienced touches of intimate organs such as the mouth, breasts and genitals tend to have lower self-efficacy 9 times compared to those who did not. The finding could be recommended to conduct training to improve self-efficacy so that violence against students getting low even does not occur anymore.

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Conflict of Interest

The authors have no conflict of interest to declare.

References

- [1] Aksan, H. (2008). *Jejak pembunuh berantai: kasus-kasus pembunuhan berantai di Indonesia dan dunia*. PT Grafindo Media Pratama.
- [2] Nurhaeni.I.D.A, Kusujiarti. S. (2017). *Designing a Gender Responsive School: A Case in Indonesia*. Surakarta. UNS Press.
- [3] Anindyajati, (2013). Status identitas remaja akhir: hubungannya dengan gaya pengasuhan orangtua dan tingkat kenakalan remaja. *Character: Jurnal Penelitian Psikologi.*, 1(2).
- [4] Kurniasari, A. (2016). Kekerasan versus disiplin dalam pengasuhan anak. *Sosio Informa*, 1(2).
- [5] Raijaya, I.G.A.K.M. & Sudibia,I.K, (2017). Socio-Economic Factors Causes of Cases of Sexual Abuse in Children in the City of Denpasar. Piramida. Vol. XIII.No.1. 9-17. Retrivedfrom: https://ojs.unud.ac.id/index.php/piramida/search/authors/view?firstName=Maharani%20Raijaya

- [6] Kesaulya, H., Zakaria, B., & Syaiful, S. A. (2015). Isolation and physiological characterization of PGPR from potato plant rhizosphere in medium land of Buru Island. *Procedia Food Science*, *3*, 190-199.
- [7] DeJong, J. (2014). Comprehensive sexuality education: The challenges and opportunities of scaling-up.
- [8] Directorate of Islamic Community Guidance. (2018). In Tasik, Divorce Rates and Child Marriage Need Attention. Retrived from: https://bimasislam.kemenag.go.id/post/berita/di-tasik-angka-perceraian-dan-penikahan-anak-perlu-dapat-pehatian
- [9] Maville, J. A., Bowen, J. E., & Benham, G. (2008). Effect of Healing Touch on stress perception and biological correlates. *Holistic nursing practice*, *22*(2), 103-110.
- [10] Manso.J.M.M, et.al.2016. Social Communication Disorders and Social Cognitive Strategies and Attitudes in Victims of Child Abuse. J Child Farm Stud. 25:241-250.doi 10.1007/s10826-015-0192-9. (23 Agustus 2018)
- [11] Preece, S, Mellor D. (2009). Learning Patterns in Social Skill Training Programs: An Explanatory Study. Child Adolesc Soc Work J. 26.87-101. Doi 10.1007/s10560-0145-x.https://www.researchgate.net/publication/225620280_ Learning_Patterns_in_Social_Skills_Training_Programs_An_Exploratory_Study
- [12] Schwarzer,R & Jerusalem,M. 1995. Generalized Self-Efficacy Scale. In J.Weinman,S.Wright, & M.Johnson.Mesures in Health Psuchology: A user's portofolio. Causal and control beliefs (pp.35-37). Windsor, UK:NFER-NELSON. Retrived from: http://www.midss.org/sites/default/files/faq_gse.pdf
- [13] Goman, M., Joyce, A., & Mueller, R. (2005). Stratigraphic evidence for anthropogenically induced coastal environmental change from Oaxaca, Mexico. *Quaternary Research*, 63(3), 250-260.
- [14] Hanum,S.M.F. (2015). Psychological Impacts on Teenage Pregnancy (Exploration Study in Watutulis Village, Prambon Sidoarjo). Midwiferia. Vol. 1 No. 2: 93-104. Retrived from: https://www.scribd.com/document/339631084/5-SM-Faridah-Hanum-1-pdf
- [15] Bandura, A. (1998). Health promotion from the perspective of social cognitive theory. *Psychology and health*, *13*(4), 623-649.
- [16] Rahayu,M.P. (2014). arly Childhood Adolescent Pregnancy and Marriage. Retrived from: https://studylibid.com/doc/681586/kehamilan-dini-usia-remaja-padamasa-pranikah-dan