

Adolescent Sexual Behavior in Ruteng City

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Abstract. Teenage pregnancy, early marriage, and extramarital sex are only a few instances of the aberrant sexual attitudes and practices that Indonesian adolescents demonstrate nowadays. At that stage, it is believed that they lack the necessary life skills and may engage in unhealthy courtship behaviour, such as premarital sex, that could result in an unplanned pregnancy or an underage marriage. This study aims to identify the characteristics of teenage sexual behaviour. Analytical survey research employing the cross-sectional method is the type of study employed. Three hundred thirty-four participants made up the research sample. The results of the study show that most adolescents have positive behaviour. However, some teenagers still have negative behaviour or are at risk for their reproductive health. Therefore it is critical assistance from parents, teachers and the community so that deviant sexual behaviour can be prevented.

Keywords: adolescent, behaviour, sexual

1 Introduction

Adolescence is one of the critical phases of development in the later stages of life. At this time, teenagers tend to want to explore everything and try everything that has never been experienced before, apart from being encouraged. Teenagers attempt to act like adults when they want to, which includes acting in inappropriate sexual ways [1]. Adolescents' sexuality is a complex issue as they are now dealing with several difficulties, as well as environmental and developmental issues that will affect their sexual practices [2].

In adolescents in Indonesia, around 8.3% of boys and 2% of girls have had premarital sex. Most sexual relations were carried out by teenage boys aged 20-24 years by 14% and at the age 15-19 years by 4%. Nearly 80% of adolescent males and females have held hands, 48.2% of males and 29.4% of females have kissed, and 29.5% of males and 6.2% of females have aroused one another. It is possible for dating behaviour to escalate to the point of kissing and result in sexual activity. 12% of women and 7% of males who had partners who were pregnant unintentionally disclosed their partners' pregnancies. According to data, the age group 15 to 19 is twice as large (16%) as the age group 20 to 24 (8%) [3].

One of the factors that affect reproductive health is behaviour [4]. Dating behaviour and easy access to mass media, especially the internet, cause teenagers to have premarital sex. Teenagers will also be more easily exposed to pornography and pornographic action which then has an impact on premarital sexual behaviour, which can cause reproductive health problems such as sexually transmitted diseases and pregnancy unwanted [5]. Sexual conduct includes all actions motivated by sexual arousal, whether taken individually, with the same sex, or with the other sex. This activity can take many different forms, from feelings of attraction to dating, making out, and having intercourse. The existence of a vulnerability perception that they have a lower risk or no risk at all related to sexual behaviour increasingly encourages adolescents to fulfil their sexual urges before marriage. Sexual behaviour indicates vulnerability to the incidence of venereal diseases, including genital warts, gonorrhoea, chlamydia, urethritis, syphilis, genital herpes, trichomonas, and even causing HIV/AIDS [6].

Prior researches have concentrated on sexual practices or women's health [5], [7]–[9], while the analysis of teenage sexual attitudes is the main emphasis of this study. Teenagers aged 10 to 19 were the study's target respondents, as opposed to the previous study's target respondents, who were teenagers aged 15 to 19. In order to determine whether or not sexual behaviour among teenagers in Ruteng is harmful, researchers undertook a study to explore their sexual behaviour.

2 Method and Materials

This research method is an analytic survey using a cross-sectional approach. The data obtained are primary data using a questionnaire. The population in this study were teenagers aged 10-19 years and domiciled in Ruteng. The research sampling technique was a stratified random sampling method with inclusion criteria including male or female adolescents aged 10-19 years, domiciled in Ruteng and willing to be respondents. The sample of this research is 334 respondents. The data collection instrument used a questionnaire. The questionnaire has been tested for validity and reliability tests. Three questions were declared invalid, so they were not used in data collection. The questionnaire used contains 20 questions with a Likert scale of 1-4. The results of data analysis are categorized as risky behaviour if the value is mean and no risk if the value obtained is < mean.

3 Results and Discussion

This study included 334 adolescents; the characteristics of the respondents can be seen in the following table:

Table 1. Distribution of Respondents' Characteristics

Characteristics	Frequency	Percentage (%)
Age		
Ten year	11	3,2
11 year	24	7,2
12 year	32	9.6
13 year	24	7.2
14 year	25	7.5
15 year	22	6.6
16 year	21	6.3
17 year	19	5.7
18 year	47	14.1
19 year	109	32.6
Gender		
Female	303	90.7
Male	31	9.3
Residence		
With parents	63	18.9
Cost/rent	165	49,4
Dormitory	106	31,7
TOTAL	334	100

Based on Table 1 above, data on demographic characteristics showed that most respondents were 19 years old (32.6%). Teenagers aged 18-19 years are late teens. Late adolescence has characteristics related to physical and sexual development. Adolescents have experienced full physical maturation, boys have experienced wet dreams while girls have experienced menstruation [10]. Sexually, teenagers at this time have the courage to make physical contact with the opposite sex [11]. Mid-teens dating style has started holding hands, hugging, and engaging in risky sexual activities [9].

This study shows that most respondents are female (90.7%). Gender has no effect due to the tendency of increasingly free association between men and women in society which results in the population of women being equal to men so that both men and women have the same opportunities. The change in the era of modernization and the advancement of women's education levels, which resulted in the welding of women's roles to things that were previously only done by men, also have contributed, causing increased involvement of women and men in sexual acts [9].

Based on the characteristics of the place of residence, most of them live in boarding houses or rented houses (49.4%). Place of residence can contribute to sexual behaviour. Students who engage in premarital sexual behaviour are quite highly, related to the environment in which they live. Risky sexual behaviour can also be carried out outside the residence, and even the most frequent places to have sex, not only in boarding houses or private homes, but can be done in hotels or guesthouses, large parks, recreation areas, in classrooms, on campus and in cars [7].

Table 2. Respondent's Sexual Behavior

Behaviour	Frequency	Percentage (%)
At Risk	165	49.4
No Risk	169	50.6
TOTAL	334	100

Based on the results of table 2 shows that the sexual behaviour of adolescents is distributed at a risk of 49.4% and not at a risk of 50.6%. The level of sexual behaviour is based on the magnitude of the risk of health problems such as HIV infection, Sexually Transmitted Diseases (STDs), unwanted pregnancies, and the incidence of abortion and other health problems (9). When viewed from social and religious norms, all adolescent sexual activity outside marriage is prohibited [12], [13]. If sexual behaviour is compared with its health impact, it can be obtained that the level of sexual behaviour is not risky and risky. If sexual behaviour is viewed from the domain of action only, then the ones that are not at risk are; holding hands or hugging, kissing lips to cheeks or masturbating. Sexual behaviour is risky if it results in unwanted pregnancy and infection with sexually transmitted diseases [14]. Sexual behaviour, if only seen from the domain of action, includes: kissing lips, oral sex, touching or touching sensitive parts of the partner's body and having sex. This action is still categorized as less safe. Kissing, oral sex, and petting can transmit sexually transmitted diseases because it is difficult to avoid body fluids with the condition of the injured oral mucosa. Sexual intercourse is a risk of pregnancy and disease transmission. This action is considered unsafe for unmarried teenagers (10).

4 Conclusion

The study results show that as a teenager's behaviour, there is no risk for deviant sexual behaviour. On the other hand, some teenagers have fallen into risky behaviour. For this reason, all parties need to conduct education related to sexual behaviour. In addition, the role of government is needed to control the residences of teenagers, which can facilitate teenagers to form risky sexual behaviours. It also needs supervision from parents and parents can play the role of storytellers for teenagers to tell their situation.

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