



Characteristics of Families with Family Duties in the Prevention of Premarital Sexual Behavior in Adolescent Children in the Working Area of Sunyaragi Health Center Cirebon

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Abstract. Disseminating societal standards and values begins with the family, considered the most significant institution for an individual. The family serves as a mold for a child's conduct and mindset, particularly during their teenage years. Finding out how family chores and features relate to preventing premarital sex behavior among teenage children working in the village health center of Cirebon City was the aim of this study. The study design used in this study is cross-sectional and descriptive correlational. Thirty-two individuals were sampled using the random sampling technique. A survey is the tool that is employed. Chi-square analysis of data. June 2021: Study location at Puskesmas Sunyaragi Cirebon City Work Area. The study's findings indicate that the majority of married families—sixteen (18.8%)—are separated or divorced; separated or not, three houses—nineteen (9.4%)—interact and communicate negatively; and families with as many as twenty-six (81.3%) have a single culture. H_0 was rejected, as indicated by the p -value $< \alpha$ derived from the chi-square test findings. In the Sunyaragi Health Clinic in Cirebon City, there is a correlation between homeownership, family responsibilities, and marital status when it comes to preventing premarital sex activity in teenage children. The P -value is 0.002, α is 0.05. Advice from parents or other family members to shield adolescents from harmful influences and steer clear of undesirable sexual behavior.

Keywords: Family Characteristics, Family Duties, Premarital Sex Teens

INTRODUCTION

Psychologically, socially, emotionally, and reasonably speaking, adolescence is a transitional stage between childhood and maturity (Asmani, 2012). Early adolescence (12–15 years), middle adolescence (15–18 years), and late adolescence (18–21 years) are the three stages that Monks (2002) defines as the adolescent phase. According to the Ministry of Health RI (2015), data from the World Health Organization (WHO) in 2014, the global adolescent population is predicted to be as high as 1.2 billion, or 18% of the world population. Approximately 63.4 million people, or 27.6% of Indonesia's total population, are considered teenagers, according to the country's 2010 population census (BKKBN, 2011).

37.8% of students in grades 9–12 and 35% of high school students reported having had premarital sex, according to a 2006 countrywide poll by the Youth Risk Behavior Poll (YRBS) (Damanik, 2012). Sarwono (2012) reports that 500,000 teenagers in the US become pregnant each year, with 70% of them being single. Premarital sex was prevalent in Surabaya at 54%, Bandung at 47%, and Medan at 52%, according to National Population and Family Planning Agency (BKKBN) survey data in vital Indonesian cities. Within the Jabodetabek area, it was discovered that 51% of teenagers were no longer virgins. According to BKKBN (2011), 16% of respondents reported having sex between the ages of 13 and 15, and 4% of respondents said they had done so since they were 16 to 18 years old.

Any behavior, whether with the same sex or the opposing sex, that is driven by sexual desire is considered sexual behavior. According to Sarwono (2012), there are many different types of sexual conduct, such as kissing, necking, stroking, rubbing, and massaging sensitive areas of the body against one another. Peer pressure, excessive parental attention and monitoring, promiscuous tendencies, a free atmosphere, knowledge of one's level of religiosity, and exposure to pornographic material are some of the elements that shape teenage sexual behavior. Teens who receive peer pressure regarding their sexuality are 20 times more likely to participate in premarital sex, according to research by Maryatun (2013). Another factor that affects premarital sex behavior in teenagers is the function of the family; the more significant the role of the family in an adolescent's life, the better such behavior (Darmasih, 2009).

For youngsters, their family is their primary educator. Reason, individual maturity, and personality structure are all cultivated in the family. Since kids imitate their parents' patterns and actions, families are another significant, realistic, and acceptable component of schooling. Building educational institutions, fostering social integration, forming personalities, and instilling lifelong good habits in children are all primarily made possible by the family.

Proper education of children to the correct standards, away from aberrations, is the family's responsibility. Family education plays a vital role in developing children's emotional lives since families are the earliest and most essential environments in which they form lasting relationships. The family lays the basis of religious and social education (Putri, 2011). In order to foster a relationship between them, parents' or families' support of their children is crucial. Conflicts in relationships that arise from parents who are not able to give their kids the kind of support they need will affect teenage sexual behavior. When it comes to an adolescent's sexual behavior, the family (parents) has the most influence.

The knowledge that parents provide to their adolescents about reproductive health, in particular and in general, is significant. According to Ahyuni (2012), family interactions are the most intense and early since parents are the critical environment in human relationships. Four hundred forty families and 2,020 adolescents aged 10 to 19 from 12,210 residents of Sunyaragi Village, Cirebon City, were included in RW 04 in 2021, according to the findings of a pilot research conducted there.

METHOD

This kind of research is descriptive correlation using a cross-sectional methodology. According to nursing theories, correlation research finds a link and makes estimates and tests; correlative research, on the other hand, looks at the tendency for one variable to follow another and involves two or more variables (Nursalam, 2013). The study population in the Sunyaragi Health Center Work Area of Cirebon City comprises families with teenagers. Four hundred forty families in the area have teenagers.

DISCUSSION

Family Characteristics in Dealing With Premarital Sex Behavior in Adolescents

The frequency of family characteristics in dealing with premarital sex behavior in adolescents obtained the following results:

Table 1. Family characteristics in dealing with premarital sex behavior in adolescents

Family Characteristics	Frequency	Percentage
Married Status		
Marry	26	81.3
Separate	6	18.8
Residence		
Same house	29	90.6
Separate	3	9.4
Interaction and Communication		
Positive	29	90.6
Negative	3	9.4
Family Culture		
One Culture	26	81.3
Different Culture	6	18.8

Based on table 1 above, it shows the characteristics of families with marital status are mostly separated or divorced, namely as many as 6 (18.8%), residences are mostly separated or not one house is as much as 3 (9.4%), interaction and communication are mostly in the negative category as much as 3 (9.4%) and family culture is mostly one culture, which is as much as 26 (81.3%).

The Duty of the Family in the Prevention of Premarital Sex Behavior in Adolescent Children

The frequency of family tasks in the prevention of premarital sex behavior in adolescents obtained results:

Table 2. The task of the family in the prevention of premarital sex behavior in adolescents

Family Duties	Frequency	Percent
Good	22	68.8
Less	10	31.3
Total	32	100.0

Based on table 2 above, it shows that the family's task in preventing premarital sexual behavior in adolescents is mostly good, namely as much as 22 (68.8%) while those that are less as much as 10 (31.3%).

The Relationship Between Marital Status and Family Duties in the Prevention of Premarital Sex Behavior in Adolescents

The results of research on the relationship between marital status and family duties in the prevention of premarital sex behavior in adolescents at the Sunyaragi Health Center in Cirebon City can be seen in the following table:

Table 3. The relationship between marital status and family duties in the prevention of premarital sex behavior in adolescents in the working area of the Sunyaragi Health Center in Cirebon City

Marital Status	Family Duties				Total		P-value
	Good		Less		F	%	
	F	%	F	%			
Marry	21	80.8	6	19.2	26	100	0.002
Separate	1	16.7	5	83.3	6	100	
Total	22	68.8	10	31.3	32	100	

The results of the Chi square test obtained a p-value of 0.002 smaller than a significant level of 0.05, it can be concluded that there is a relationship between marital status and family duties in the prevention of premarital sex behavior in adolescents.

Relationship Shelter with Family Duty in Prevention Premarital Sex Behavior in Adolescents

The results of research on the relationship between residence and family duties in the prevention of premarital sex behavior in adolescents of Sunyaragi Health Center in Cirebon City can be seen in the following table:

Table 4. The relationship between residence and family duties in the prevention of premarital sex behavior in adolescents in the working area of the Sunyaragi Health Center in Cirebon City

Residence	Family Duties				Total		P-value
	Good		Less		F	%	
	F	%	F	%			
Same house	22	75,9	7	24,1	29	100	0.007
Separate	0	0	3	100	3	100	
Total	22	68.8	10	31.3	32	100	

The results of the Chi square test obtained a p-value of 0.007 smaller than a significant level of 0.05, it can be concluded that there is a relationship between residence and family duties in the prevention of premarital sex behavior in adolescents.

The Relationship of Interaction and Communication with Family Duties in the Prevention of Premarital Sex Behavior in Adolescents

The results of research on the relationship of interaction and communication with family duties in the prevention of premarital sex behavior in adolescents of Sunyaragi Health Center in Cirebon City can be seen in the following table:

Table 5. The relationship of interaction & communication with family duties in the prevention of premarital sex behavior in adolescents in the working area of the Sunyaragi Health Center in Cirebon City

Interaction & Communication	Family Duties				Total		P-value
	Good		Less		F	%	
	F	%	F	%			
Positive	20	69	9	31	29	100	0.935
Negative	2	66,7	1	33,3	3	100	
Total	22	68.8	10	31.3	32	100	

Chi square test results obtained a p-value of 0.935 smaller than a significant level of 0.05, it can be concluded that there is no relationship with interaction and communication with family duties in the prevention of premarital sex behavior in adolescents.

Cultural Relationship with Family Duties in the Prevention of Premarital Sex Behavior in Adolescents

The results of research on the relationship between culture and family duties in the prevention of premarital sexual behavior in adolescents at the Sunyaragi Health Center in Cirebon City can be seen in the following table:

Table 6. Cultural Relationship with Family Duties in the Prevention of Premarital Sex Behavior in Adolescent Children in the Working Area of Sunyaragi Health Center in Cirebon City

Cultural Culture	Family Duties				Total		P-value
	Good		Less		F	%	
	F	%	F	%			
One Culture	19	73.1	7	26.9	26	100	0.272
Beda Culture	3	50	3	50	6	100	
Total	22	68.8	10	31.3	32	100	

Chi square test results obtained a pvalue value of 0.272 smaller than a significant level of 0.05, it can be concluded that there is no relationship between cultural culture and family duties in the prevention of premarital sex behavior in adolescents.

Family Characteristics in Dealing with Premarital Sex Behavior in Adolescents

The study's findings indicate that most families are either divorced or separated, accounting for as many as 6 (18.8%) compared to 26 (81.3%) married families. Additionally, most homes are either separate or not one house, accounting for as many as 3 (9.4%) and 29 (90.6%) residences; interactions and communication are primarily negative, accounting for as many as 3 (9.4%) and positive, accounting for as many as 29 (90.6%). Families have a predominantly single culture, accounting for as many as 26 (81.3%) versus six (18.8%) distinct family cultures.

The Duty of the Family in the Prevention of Premarital Sex Behavior in Adolescent Children

able 2 indicates that the majority of teenage premarital sex activity is related to family responsibilities; 68.8% of families have 22 members, while 31.3% have as few as ten members. Beginning with the phases of health improvement, prevention, treatment, and rehabilitation, the family's role is crucial to the many phases of health care. Everybody needs social and psychological support at some point in their lives. When someone is unwell or experiencing troubles, they will require more social support, which is when families come into play in helping them get through these trying times as soon as possible (Effendi & Mahfudi, 2009).

The Relationship Between Marital Status And Family Duties In The Prevention Of Premarital Sex Behavior In Adolescents

There is a correlation between marital status and family responsibilities and the prevention of premarital sex activity in adolescents, according to the Chi-square test results, which showed a p-value of 0.002, which is less than a significant level of 0.05. Family peace (p-value 0.04) and lifestyle (p-value 0.001) are associated with premarital sexual behavior, according to research by Sari Banun (2012) studies. Compared to those who report family harmony, the probability of family disharmony is 2.09 times higher. Premarital sexual behavior risk factors are 4.6 times more prevalent in lifestyles than in non-risky lifestyles.

The Relationship of Residence with Family Duties in the Prevention of Premarital Sex Behavior in Adolescents

There is a correlation between residence and family responsibilities in the avoidance of premarital sex activity in adolescents, according to the Chi-square test results, which yielded a p-value of 0.007, which is less than a significant threshold of 0.05—corresponding with the findings of Sari Banun's (2012) investigation. The findings of the Chi-square analysis demonstrated a significant or relevant link (p-value < 0.05) between premarital sexual conduct and place of residence. Presumptive sexual conduct is 0.6 times more likely to occur in boarding houses or dorms than in single-parent households. Put another way; boarding house living presents less of a danger for engaging in unsafe sexual behavior.

The Relationship of Interaction and Communication with Family Duties in the Prevention of Premarital Sex Behavior in Adolescents

A value of 0.935, which is less than a significant level of 0.05, was obtained from the chi-square test findings. This suggests that there is no correlation between family responsibilities and domicile in terms of preventing teenage premarital sex behavior. A lack of information and skills, attitudes and behaviors of teenagers toward health, a lack of concern from parents and the community for the health and welfare of adolescents, and inadequate government health service delivery are additional factors contributing to risky sexual behavior among adolescents (Ministry of Health, 2005).

The Relationship of Family Culture with Family Duties in the Prevention of Premarital Sex Behavior in Adolescents

Family culture and family responsibilities have little bearing on preventing teenage premarital sex behavior, according to the chi-square test results, which showed a value of 0.272, which is less than a significant level of 0.05. A culture is a collectively acknowledged way of seeing the world that encompasses behavioral patterns, attitudes, and thought patterns that manifest in both concrete and intangible forms. As such, the transmission of a culture from one generation to the next occurs organically. Schools are the primary establishments created to aid in the generational transfer of culture (Ariefa Efaningrum, 2009, p. 21).

CONCLUSION

In the prevention of teenage sexual behavior, there was a significant correlation (p-value of 0.002; $p < 0.05$) between marital status and family duties; in the prevention of teenage premarital sex behavior, there was a significant correlation (p-value of 0.007; $p < 0.05$) between residence and family duties.

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